

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
COMPREHENSIVE BACKGROUND CHECK RENEWAL
REQUIRED FORMS AND CLEARANCE LIST
CHILD CARE PROGRAMS

Federal and state law that became effective in September 2019 require a comprehensive background check (CBC) for people in child care programs. An approved CBC background check is valid for up to five (5) years. The CBC renewal process will start approximately 364 days prior to the current CBC approval expiring for Licensed/Registered providers, employees, volunteers, Directors and Family Child Care household members over 18.

- All comprehensive background checks for individuals associated with licensed and registered programs should be completed electronically in the Facility Application and Management System (FAMS). Your authorized FAMS user may access the system through their program's MY.NY.GOV account. All of the required documentation below will be available to submit electronically within the FAMS system. If you are unable to access the FAMS system, please reach out to your program's regulator or email Ocfs.sm.FAMSCBCHelp@ocfs.ny.gov.
- Initial applications that have been received by the regional office will be able to enter their staff's CBC clearance information into FAMS.

The CBC renewal process starts at re-enrollment for Legally Exempt providers, employees, volunteers, Directors and Family Child Care household members over 18 (not related to all children in care).

- **Legally Exempt Informal Child Care Providers*, Staff and LE Family Child Care Household Members 18 and older****: Submit all required forms listed below to your enrollment agency. Make an appointment for fingerprinting, following the instructions on the form, **OCFS-4930**. Your clearances will **NOT** be processed without payment.

**Legally exempt informal child care providers who are related to ALL children in care as a grandparent, great-grandparent, sibling (who resides in a separate residence), aunt or uncle are exempt from comprehensive background check requirements, as are their staff and volunteers.*

***Legally exempt family child care household members age 18 or older who are related to ALL children in care in any way are exempt from comprehensive background check requirements.*

The following forms are required for **ALL** CBC renewals and must be submitted to the appropriate person at your licensed/registered facility:

LDSS-3370: Statewide Central Register Database Check (includes the form and instructions for completing the DCCS version)

OCFS-6001: Out of State Information

OCFS-6005: Criminal Conviction Statement (**this form is not required for Legally Exempt providers*)

OCFS-6022: Staff Exclusion List Check (SEL)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR NYS FINGERPRINTING SERVICES
Child Care Programs

Fingerprint image submissions are required for the owner/operator, director, on-site provider, site supervisors, assistants, substitutes, employees, volunteers and household members age 18 and over in family/group family programs, in accordance with New York State law and OCFS child care regulations.

1. Anyone who has been previously fingerprinted and approved by OCFS for the purposes of child day care may not need to be fingerprinted again. You may be eligible for a waiver. Contact your licensor/registrar before continuing:
 - If applicant was previously approved for child day care and has not had a break in service from a program for more than 180 days, they may not need to be fingerprinted again.
2. If anyone has not been fingerprinted by OCFS before, you must go to an authorized digital imaging center in New York state.
 - **Schedule an appointment** by calling **877-472-6915** or by going to the Website: <https://uenroll.identogo.com/workflows/15441V>

3. Schedule or Manage Appointment Online

Go to the [Identogo website](#).

Select Schedule or Manage Appointment.

You will be required to provide personal identifying information and day care program information:

- Enter required demographic and address information as requested.
- Select the appropriate role you will be assuming in the day care program.
- Make sure you have the facility/agency ID number and the facility name/address entered correctly. The facility/agency ID number is the license/registration number assigned to the program for which you are applying.
- Select which form of identification you will be bringing to the appointment.
- Search for available enrollment center(s) by entering postal code, city and state, or airport code.
- Select the location that is convenient for you and schedule appointment.

On the day of the fingerprinting appointment:

- Each person must bring appropriate identification (ID) as listed below. Fingerprinting will not be permitted without appropriate ID.
- Your picture may be taken, and your identification will be validated.

Accepted Forms of Identification to bring to your appointment (must be valid and not expired):

- Driver license issued by a state or outlying possession of the U.S.
- Driver license permit issued by a state or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a territory of the U.S.
- State ID card (or outlying possession of the U.S.) with a seal or logo from state or state agency.
- Commercial driver license, issued by a state or outlying possession of the U.S.
- U.S. Department of Defense common access card.
- Employment authorization document that contains a photograph.
- Foreign driver license (Mexico and Canada only).
- Foreign passport.
- Military dependent's identification card.
- Permanent resident card or alien registration receipt card (form I-551).
- U.S. Coast Guard merchant mariner credential.
- U.S. military identification card.
- U.S. passport.
- U.S. Tribal card (enhanced only) or U.S. Bureau of Indian Affairs identification card.
- U.S. visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the U.S.
- Uniformed Services identification card (form DD-1172-2).

Identification if under 18 and nothing else available:

Persons under the age of 18 who are unable to present an acceptable photograph document listed above shall provide a Social Security card or a birth certificate. The [New York Photo ID Waiver for Minors](#), developed by the New York State Division of Criminal Justice Services, must be completed and signed by a parent or guardian at the time of fingerprinting at the fingerprinting site location.

Do not sign this form in advance.

NOTE: Staff with fingerprint images on file with OCFS may be eligible for a waiver. Contact the licensor/registrar or director of the program for more information.

Hard-to-Print Applicants

Please contact your regulator for assistance if someone is having difficulty with printing, due to a disability or medical condition.

Federal Bureau of Investigation Privacy Act Statement:

Privacy Act Statement: This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include federal statutes, state statutes pursuant to Pub. L. 92-544, presidential executive orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the NGI system and the FBI's blanket routine uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CRIMINAL CONVICTION STATEMENT
CHILD DAY CARE PROGRAMS

INSTRUCTIONS:

- **ALL** applicants for a licensure or registration, staff, volunteers, and household members 18 years of age or older must complete and sign this Criminal Conviction Statement.
- Please **PRINT** clearly

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|----------------|
| PROGRAM NAME: |
| PERSON'S NAME: |

| |
|-----------------------------|
| FACILITY ID NUMBER: |
| DATE OF BIRTH (mm/dd/yyyy): |

CERTIFICATION

I certify that to the best of my knowledge and belief:

I HAVE I HAVE NOT been convicted of a crime in New York State or other jurisdiction.

(A crime is a misdemeanor or felony only; this does not include violations. You do not need to disclose crimes that the court designated with a "Youthful Offender" status.)

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license or registration to provide child care at this site.

SIGNATURE: _____ DATE: (mm/dd/yyyy): ____ / ____ / ____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR STAFF EXCLUSION LIST CHECK
Child Day Care Programs

PROGRAM NAME: _____

FACILITY ID NUMBER: _____

The New York State Justice Center for the Protection of People with Special Needs (Justice Center) maintains a Vulnerable Persons Central Register. That register includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse. The SEL must be checked as part of the comprehensive background check process for the individuals identified below and on the **OCFS-6000** form.

Instructions:

- This form is used to check the Justice Center's (SEL).

To determine where to submit this form, find the type of program and the individual's position in the list below.

| Type of program / Role in the program | Where to submit |
|---|---------------------------------------|
| Family Day Care, Group Family Day Care and Small Day Care Center (Staff, Volunteers, and Household Members Age 18 and older) | The licensor/registrar of the program |
| Day Care Center and School-Age Child Care (Directors) | The licensor/registrar of the program |
| Day Care Center, Legally-Exempt Group Program and School-Age Child Care (Staff and Volunteers) | The director of the program |
| Legally-Exempt Group Program Directors, Legally-Exempt Informal Child Care (Providers, Staff, Volunteers, and Household Members Age 18 and older) | The Enrollment Agency of the program |

If the individual appears on the SEL, a determination will be made whether to hire or allow such a person to have regular and substantial contact with a child in child care programs.

Fill out all information below. Please **PRINT** clearly to avoid delays in processing.

First name: _____

Last name: _____

Middle initial: _____

Social security number: _____ - _____ - _____

Date of birth *Only if no social security number or alien registration number is available:* _____ / _____ / _____

Alien registration number *Only if no social security number is available:* _____

Position applied for: _____



Justice Center for the Protection of People with Special Needs

Request for Staff Exclusion List (SEL) Check Form for applicants without a Social Security Number email: SELcheck@justicecenter.ny.gov Fax: 518-549-0464

Authorized Person: I certify that the Applicant listed below has not been issued a Social Security Number (SSN) or Alien Registration Number (ARN). check here to certify. 14 NYCRR Part 702 provides the authority for the Justice Center to request SSN for purposes of a SEL check. SEL checks for Applicants with a SSN or ARN must be done online.

The Vulnerable Persons Central Register (VPCR) includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse and are deemed ineligible to work in a position involving regular and substantial contact with persons receiving services. Providers must request the Justice Center to conduct a check of the SEL before determining whether to hire or otherwise allow any person to have regular and substantial contact with a person receiving services.

Instructions:

- 1. The provider's Authorized Person must complete this form and email or fax it to the Justice Center for an Applicant under consideration to be hired or otherwise permitted to have regular and substantial contact with a person receiving services.
2. The Authorized Person will receive an email indicating the results of the SEL check.
3. If the Applicant is on the SEL, he or she may not be hired in a position involving regular and substantial contact with a person receiving services in a facility or provider agency defined in Social Services Law § 488(4) or by other providers of services in programs licensed or certified by the Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), Office of Addiction Services and Supports (OASAS), Office of Children and Family Services (OCFS), Department of Health (DOH), and State Education Department (SED).
4. If the Applicant is on the SEL, certain other providers have discretion whether to hire the individual as provided in Social Services Law § 495(3).
5. If the Applicant is not on the SEL, a criminal background check through the Justice Center, if required, and an inquiry of the Statewide Central Register of Child Abuse and Maltreatment through the OCFS, if required, must be conducted.

Last Name: First Name: MI:

Job title: Date of Birth:

Facility/Provider Name & Address:

Oversight Agency: (Please check one) []OMH []OPWDD []DOH []SED []OASAS []OCFS

Part 2. Authorized Person Information

Name: Work Email Required Facility/Provider Name: Phone:

Clear Form

Print Form

Instructions for Completing the Statewide Central Register**Database Check Form LDSS-3370, DCCS version**

ALL information on the LDSS-3370, DCCS version must be easily read so that data entry and results are accurate. Each *Statewide Central Register Database Check* form LDSS-3370, DCCS version submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

HOW TO COMPLETE THE FORM:**AGENCY INFORMATION****TOP LINE OF FORM**

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Day Care providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of RID number. (Contact your licensing agency/regional office if you have any questions.)
- Clearance Category letter code (see the back of form LDSS-3370, DCCS version) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

AGENCY ADDRESS AREA

- Agency Name: Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (The SCR response will be addressed to the liaison.) **The liaison cannot be the applicant or a relative of the applicant.**
- Agency Address: **Must** include street and city

APPLICANT INFORMATION**APPLICANT/HOUSEHOLD MEMBER AREA**

ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.

Remember to **write clearly** or **type** all information to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.

- First line: Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- Second line: Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- Remaining lines: Names of all other household members. (Attach an additional page if needed.)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

- First column: indicate the relationship to the applicant of each person listed. (Spouse, son, daughter, mother, father, friend, etc.)
- Sex M/F column: check either M (Male) or F (Female) for every person listed.
- Date of Birth column: fill in complete date of birth (mm/dd/yyyy) for everyone listed on the form.

ADDRESS AREA

The information required varies depending on the category (see the back of the form for categories).

- For Adoption, Foster Care and Family and Group Family Day Care, provide addresses for the applicant and any household member who is 18 years of age or older. For legally-exempt Family Child Care provide addresses for the applicant and any household member who is 18 years of age or older, unless the household member is related in any way to all children in care. **This information must date back to the last 28-years.** Attach supplemental pages if necessary, but **do not use** another LDSS-3370, DCCS version form to list this additional information. Be sure to associate address histories with individuals (i.e., indicate which addresses are for which household member).
- For all other categories, only the applicant's address history is required – for the **last 28-years**.
- Complete addresses are required. Include street name, street number, apartment number and city/town/village. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates (*months/years*) of residence. If the applicant has spent time in the military, list base names and locations along with dates (*months/years*).
- **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on, to the back of the form for the last 28-years. Staple the attached supplemental page to the form if more space is needed, but **do not use** another copy of the LDSS-3370, DCCS version for this additional information.

SIGNATURE AREA

- Signatures required depend upon the category (see the back of the form for categories).
- For Adoption, Foster Care and Family and Group Family Day Care, signatures are needed from the applicant and any household member who is 18 years of age or older. For legally-exempt Family Child Care, signatures are needed from the applicant and any household member who is 18 years of age or older unless the household member is related in any way to all children in care.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area. For example: Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked Applicant's Signature; household members over 18 years of age who are not applicants must sign in the boxes at the extreme bottom of the page marked Signature.
- All signatures must be dated (mm/dd/yyyy). **The SCR will not accept** a form with a signature date more than six-months old.

If you have questions regarding completion of this form, **please call the SCR at 518-474-5297.**

**SUBMIT YOUR COMPLETED LDSS-3370, DCCS VERSION TO THE PERSON REFERENCED IN OCFS-6000
INCLUDE THE REQUIRED FEE FOR EACH APPLICANT FOR EMPLOYMENT/TO BE A CHILD CARE PROVIDER**

TO ORDER A SUPPLY OF FORM, LDSS-3370, DCCS version:

Please access the OCFS-4627, *Request for Forms and Publications*, from the Intranet: http://ocfs.state.nyenet/admin/forms/Management_Services/

Internet http://ocfs.ny.gov/main/documents/forms_keyword.asp and mail the completed OCFS-4627, *Request for Forms and Publications* to: THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 116 SOUTH BLDG., RENNELAER, NY 12144.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

| |
|---------------------|
| SCR USE ONLY |
| REQUEST I.D.: |

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

| | | | | |
|--|---------------------|---|---|------------------------------------|
| AGENCY CODE: | RESOURCE I.D. (RID) | CHILD CARE FACILITY SYSTEM (CCFS) NUMBER: | CATEGORY (Use alpha codes on reverse): | PHONE NUMBER (Area Code): () - |
| PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: _____ AGENCY LIAISON: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ | | | The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above, are also on the reverse side of this form. FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below. (see reverse side for instructions) Attach additional page if necessary. | |

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the NYS Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA

PLEASE TYPE OR PRINT CLEARLY

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

| RELATIONSHIP TO APPLICANT | LAST NAME | FIRST NAME | SEX M/F | DATE OF BIRTH | | |
|-------------------------------------|-----------|------------|--|---------------|----|------|
| | | | | mm | dd | yyyy |
| APPLICANT | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| APPLICANT MAIDEN/ALIAS/MARRIED NAME | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
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| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | | | |

Please provide your current address and any other addresses at which you have resided for the last 28-years, including street, street number, city and state. For Adoption, Foster Care, Family and Group Family Day Care and legally-exempt Family Child Care, also include the same address history for household members 18 years of age or older.

| CURRENT STREET ADDRESS | APT # | CITY | STATE | ZIP | FROM (Mo/Yr) / | TO (Mo/Yr) / |
|-------------------------|-------|------|-------|-----|-------------------|-----------------|
| PREVIOUS STREET ADDRESS | APT # | CITY | STATE | ZIP | FROM (Mo/Yr) / | TO (Mo/Yr) / |
| PREVIOUS STREET ADDRESS | APT # | CITY | STATE | ZIP | FROM (Mo/Yr) / | TO (Mo/Yr) / |
| PREVIOUS STREET ADDRESS | APT # | CITY | STATE | ZIP | FROM (Mo/Yr) / | TO (Mo/Yr) / |
| PREVIOUS STREET ADDRESS | APT # | CITY | STATE | ZIP | FROM (Mo/Yr) / | TO (Mo/Yr) / |

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

| | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE (mm/dd/yyyy) / / | APPLICANT'S SIGNATURE | DATE (mm/dd/yyyy) / / |
|-----------------------|--------------------------|-----------------------|--------------------------|

EIGHTEEN-YEARS OF AGE OR OLDER:

I understand that as a person 18 years of age or older in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider or a legally-exempt family child care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

| | | | |
|-----------|--------------------------|-----------|--------------------------|
| SIGNATURE | DATE (mm/dd/yyyy) / / | SIGNATURE | DATE (mm/dd/yyyy) / / |
|-----------|--------------------------|-----------|--------------------------|

AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons 18 years of age or older residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

AGENCY CODE: Record your three-digit agency code. **NOTE:** Day Care, Family and Group Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha or Alpha/Numeric three-digit code with your licensing agency.

DAYCARE PROVIDERS: Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of RID number. (Contact your licensing agency/regional office if you have any questions).

RESOURCE I.D. (RID): Record your RID in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs and local departments of social services, have RIDs as of 9/2001. Verify your RID with your licensing agency. If you need assistance, email: ocfs.sm.conn_app@ocfs.ny.gov

CLEARANCE CATEGORIES: Record the appropriate alpha code in the category box.

| | |
|--|--|
| <p>A–Adult Services/Family Type Home for Adults</p> <p>CCE–Child Care Current Employee</p> <p>CCZ–Child Care Prospective Volunteer/Consultant</p> <p>CCS–Child Care Provider of Goods/Services</p> <p>D–Prospective employee (<i>Local DSS district - bill against reimbursement</i>) **</p> <p>F–Prospective/new employee other than day care employees. (fee required - see below) *</p> <p>G–This is a provider or employee, at legally-exempt in-home child care who does not reside in the home. No checks required when provider is a legally-exempt relative-only in-home child care provider. (This category is only to be used by Enrollment Agencies) (fee required - see below) *</p> <p>I–This is a provider, at legally-exempt family child care. No checks required when provider is a legally-exempt relative-only family child care provider. (This category is only to be used by Enrollment Agencies) (fee required - see below) * For providers, include address history for all household members 18-years old or over who are not related in any way to all children in care.</p> <p>J–Age 18 or Older Household Member (with no child care role)</p> | <p>L–This is a director or employee at legally exempt group child care. (This category is only to be used by Enrollment Agencies). (fee required - see below) *</p> <p>M–Director of a summer camp, overnight camp, day camp or traveling day camp.</p> <p>N–Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below) *</p> <p>P–Applying to be a family day care provider. (<i>fee required - see below</i>) * <i>Provide address history for all household members 18-years old or over.</i></p> <p>Q–Applying to be group family day care provider. (<i>fee required - see below</i>) * <i>Provide address history for all household members 18 years old or over.</i></p> <p>R–Applying to be kinship foster parents.</p> <p>U–Universal Pre-K Teacher (fee required - see below)*</p> <p>W–Applying to be foster parents or family care home providers.</p> <p>X–Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</p> <p>Y–Prospective <u>Day Care</u> employee (<i>fee required - see below</i>) * –Applying to be a Group Family Day Care Assistant. (fee required - see below) * Prospective employee of legally-exempt family child care (fee required-see below)*</p> |
|--|--|

AGENCY LIAISON: Record the name of the person to whom the response should be sent (cannot be the same as applicant or related to the applicant).

APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS: This information is to be provided by the applicant/employee/provider. (See front of form).

APPLICANT(S): -USE FIRST LINE (at least one person must be so designated)

MAIDEN NAME/ALTERNATIVE/AKA: MUST be completed for every applicant. Record **ALL** previous names used. Start with second line. Use as many lines as needed (one last name per line)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (ATTACH ADDITIONAL PAGE IF NECESSARY)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

*Social Services Law 424-a(1)(f) requires the collection of a **\$25.00 fee** for applicants for employment and applicants to be a child care provider. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of twenty-five dollars, is to accompany the form. The check must also include the applicant's name and the agency code.

N.B.: a separate check must accompany each form.

**Social Services Law 424-a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

If you have questions, please call the SCR at 518-474-5297.

**SUBMIT YOUR COMPLETED FORM, LDSS-3370, DCCS VERSION TO THE PERSON REFERENCED IN OCFS-6000
INCLUDE THE REQUIRED FEE FOR EACH APPLICANT FOR EMPLOYMENT/TO BE A CHILD CARE PROVIDER**

