



Initial Application in FAMS Quick Start Guide

The purpose of this guide is to assist Group/Family Day Care programs with entering information into their initial application in FAMS.

- [What to Gather Before Starting Your Application](#)
- [Tips for Navigating Your Initial Application in FAMS](#)
- [Need Assistance Completing Your Application?](#)
- [Additional References](#)

What to Gather Before Starting Your Application

Before starting your application, you need to:

- Complete the online [orientation](#)
- [Review the Child Care Regulations](#)
- Obtain any inspections that are required
- Conduct a water inspection if required
- Create a health care [plan](#)
- Create an emergency [plan](#)
- Create a program [plan](#)

NOTE: You will have an option to create your own plans or use OCFS plans. It is highly recommended to select Yes to use an OCFS electronic form. This allows applicants to answer a series of questions to create the plan automatically. If you choose however to use your own plan, be absolutely certain that your plan covers ALL the required information to avoid delays in processing your application.



Tips for Navigating Your Initial Application in FAMS

View the progress of your application on your **Facility Dashboard**.

Facility Dashboard *Weasley, Ron (910158) FDC*

FACILITY ID
910158

FACILITY STATUS
APPLICATION REQUESTED

Note: Please reference your Facility ID in all communications with New York State employees.

Grant Opportunities
None available at this time

Applications

Type	Application	Created	Progress			Registration Date	Renewal Date
Initial	View Application	09/19/2023	In Progress	Submitted	Under Review	Completed	



As the **Applications** section progresses, the green will indicate completion while the yellow indicates the current status.

Applications

Type	Application	Created	Progress			Registration Date	Renewal Date
Initial	View Application	09/19/2023	In Progress	Submitted	Under Review	Completed	





All fields marked with an **asterisk (*)** must be satisfied before you can submit your application for your program to be licensed or registered.

Program Information *Granger, Hermione (910157) FDC*

OVERVIEW APPLICATION PROGRESS APPLICANT BUSINESS SITE CAPACITY AND FLOOR PLANS HOURS

PROGRAM EMERGENCY HEALTH CARE PLAN COMPLIANCE AGREEMENT MISCELLANEOUS DOCUMENTS

SUMMARY OF REQUIRED DOCUMENTS SUBMIT

You must complete each tab before submitting the application for consideration by the Office.
All fields marked with an asterisk(*) must be satisfied before your program can be licensed or registered.

Section 1 - Behavior Management Plan

Behavior Management Plan

Do you want to use the "OCFS-6018 Plan for Behavior Management" electronic form? *

Yes No

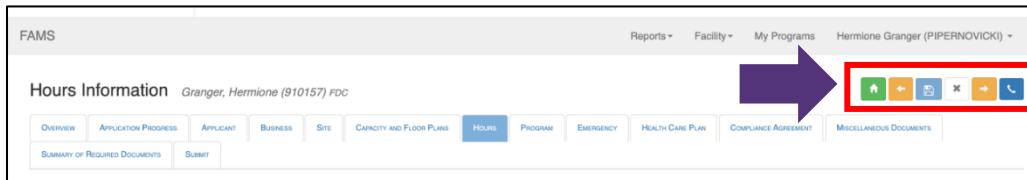
Select the **collapse/expand buttons** (or arrows) to collapse/expand sections.

Collapse All ▲ Expand All ▼

Page	Section
▼	APPLICANT
	Section 1 - Identifying Information
▼	BUSINESS
	Section 1 - Other Program Information
	Section 3 - Individual Sole Proprietorship

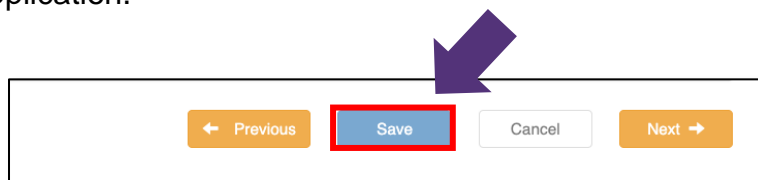


Navigate using the **icons** at the top or the bottom of the page.



FAMS Application - Navigation Menu		
	Facility Dashboard	This button will take you to the home page in the application.
	Previous	This button will take you to the previous page in the application.
	Save	This button will save your current progress in the application.
	Cancel	<p>This button will ask</p> <div style="border: 1px solid black; padding: 5px;"> <p>Reload site?</p> <p>Changes you made may not be saved.</p> <div style="text-align: right;"> <input type="button" value="Reload"/> <input type="button" value="Cancel"/> </div> </div> <p>Reload will refresh the page as it was before you started entering information. Cancel will keep your new information and allow you to proceed entering information.</p>
	Next	This button will take you to the next page in the application.
	Regulator Contact Information	This button will display the Regulator Contact Information for your area.

Save often so you do not lose your data. **Select** the **Save** button at the bottom of each section of the application.







You can choose to **upload** a document, or you can **mail** a copy of the document to your Regulator or Regulatory Office as listed on your FAMS dashboard.

NOTE: Although the option to mail a copy of documents into the office is allowed, we strongly encourage applicants to upload all documents. This will help speed up the process since the application will not be reviewed and marked received until all documents are either uploaded or received by the office.

Health Care Plan upload: * Upload your completed OCFS-7021 Health Care Plan form.

 Mail a copy of my Health Care Plan. 

Health Care Plan	
Document Type	
Health Care Plan	
Uploaded Files	Upload Date
No Documents Uploaded	


NOTE: If you chose not to upload a document, you must maintain a copy of the record on-site for 5 years.

Applications cannot be submitted until all required fields listed under the **Submit** tab are completed.

Outstanding Tasks

In order to submit you application, all required(*) fields must be satisfied. To view sections that are incomplete, click on the link(s) below.

Page	Section
▼	APPLICANT
	Section 1 - Identifying Information
▼	BUSINESS
	Section 1 - Other Program Information
	Section 3 - Individual Sole Proprietorship





Need Assistance Completing Your Application?

The contact information for your assigned regulator and your Regional Office or Child Care Resource and Referral agency is populated on the **Submit** tab. Learn more about [CCR&Rs](#).

Submit Granger, Hermione (910157) FDC

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PROGRAM EMERGENCY HEALTH CARE PLAN COMPLIANCE AGREEMENT MISCELLANEOUS DOCUMENTS

SUMMARY OF REQUIRED DOCUMENTS **SUBMIT**

Regional Office:	Swithins Headstart 99 Otis Swithins, NY 11111 Telephone: (555) 555-5555 Fax:	Regulator:	Adam Regulator 99 Otis Swithins, NY 11111 Telephone: (555) 555-5555 Email: adam.regulator@ocfs.ny.gov
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If you no longer wish to continue your electronic application, please contact your regional office for more information.

Outstanding Tasks

You can also use the **Phone** icon at the top of each page in the application to view your **Regulator Contact Information** and communicate with them.

Overview Weasley, Ron (910158) FDC

OVERVIEW APPLICATION PROGRESS APPLICANT BUSINESS SITE CAPACITY AND FLOOR PLANS HOURS

PROGRAM EMERGENCY HEALTH CARE PLAN COMPLIANCE AGREEMENT MISCELLANEOUS DOCUMENTS

SUMMARY OF REQUIRED DOCUMENTS SUBMIT

Regulator Contact Information



Whatever you type in the **Questions/Comments:** box will be sent to the Regulator connected with this application.

Regulator Contact Information

Adam Regulator
99 Otis
Swithins, NY 11111
Telephone: (555) 555-5555

Questions/Comments :

(300 character limit)

E-mail: adam.regulator@ocfs.ny.gov

Submit Close

Additional References

- [Information for Applicants](#)
- [Program Development](#)
- [Nutrition](#)
- [Health and Safety](#)
- [Emergency Planning](#)
- [Child Care Assistance Program](#)
- [Child Care Contact Information](#)
- [Child Care Resource and Referral Agencies](#)
- [Comprehensive Background Checks Information](#)