

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE**

Group child care providers, who are not required by NYS law to be licensed or registered to operate a day care program, and who are not providing "informal" child care in a residence, use this form to enroll with a legally-exempt caregiver enrollment agency to provide subsidized child care. (Regulatory reference: 18 NYCRR 415).

**Instructions:** Please use black/blue pen.

- Provider/director must complete the "Child Care Provider Section" of this form and parent must review. Parent/caretaker must complete the "Parent Information Section" of this form and provider/program director must review.
- Both parent and provider/program director must sign at the end of the section.
- Submit the completed form to the enrollment agency serving the location where the child care is being provided.



**I. CHILD CARE PROVIDER SECTION**

**A. CHILD CARE PROVIDER/DIRECTOR AND PROGRAM**

**1. Child Care Provider/Program Director<sup>1</sup> Name:**

Mr.  Mrs.  Ms.

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Suffix

Other names known by: \_\_\_\_\_

Maiden, married, aliases, etc.

**2. Program Name and Federal Identification Number (Complete only if applicable):**

DBA (Doing Business As): \_\_\_\_\_ Federal Identification No: \_\_\_\_\_

Legal Name: \_\_\_\_\_

**3. Identifying and Contact Information:**

Enrollment Number: \_\_\_\_\_ Site Phone: ( ) \_\_\_\_\_  Unlisted  
(If Applicable)

Date of Birth: (mm/dd/yyyy) / / \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  Unlisted

Gender (M or F): \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Social Security No.<sup>2</sup>: \_\_\_\_\_ E-Mail Address<sup>3</sup>: \_\_\_\_\_  No E-Mail Address

**4. Child Care Location:** Give address where the child care is being provided.

Building Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

Address Line 2 \_\_\_\_\_ Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Borough \_\_\_\_\_

<b>(For Enrollment Agency Use)</b>	<b>(For Local District Use)</b>
Received Date ____ / ____ / ____	Parent's Case No. _____ Type: Local <input type="checkbox"/> ; WMS <input type="checkbox"/>
Complete Date ____ / ____ / ____	LSSD Office/Unit/Wkr. No. ____ / ____ / ____

<sup>1</sup> Director means the person who has responsibility for the development and supervision of the daily activity programs for children and the administrative authority and responsibility for the daily operations of the child care program.

<sup>2</sup> The Social Security Number is not required when a federal identification number is present. The social security number or federal identification number is **required when the local social services district issues child care subsidy payments** directly to a child care provider/program. Failure to provide the social security or federal identification number may delay payment. Social security number of the provider or federal identification of the program is **optional** when the local social services district issues child care subsidy checks to subsidy recipient (parent/caretaker). If the social security number or federal identification is provided, it may also be used by federal, State & local agencies for federal reporting, to prevent duplication of services and to prevent fraud.

<sup>3</sup> The e-mail address, if given, may be used by the enrollment agency to contact you.

5. Mailing Address: Is your mailing address the same as the child care location address given on page one?

- Yes.**  
 **No.** If No, give address below.

Building Number	Street	Apt.
Address Line 2		Floor
City	State	Zip
County/Borough		

6. Do you read English?  **Yes**  **No.** If **No**, what language do you read best? \_\_\_\_\_

7. Do you speak English?  **Yes**  **No.** If **No**, what language do you speak best? \_\_\_\_\_

8. Operating schedule for the **program listed on page one.**

A) The program operates (choose one):

- The full calendar  
 School year only  
 Summers Only  
 Other (please describe): \_\_\_\_\_

B) Provide information in the table below regarding the days and hours of operation for each age group and the numbers of children served.

Ages Served	Days of the Week	Daily Start and End Times	Current Number of Children	Maximum Number of Children
0-2 y				
3-4 y				
5-6 y				
7-12 y				
13+ y				

9. Does your organization operate **any other** child care program at the SAME site/location where you intend to provide child care?

- No.**  
 **Yes.** List below all **other** child care programs operated by your organization at the same site. Attach additional papers if needed.

PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	<b>OTHER OVERSIGHT AGENCY:</b> <input type="checkbox"/> NYC DOHMH (have Permit) <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	<b>RESOURCES SHARED WITH PROGRAM ON PAGE ONE:</b> <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:
PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	<b>OTHER OVERSIGHT AGENCY:</b> <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	<b>RESOURCES SHARED WITH PROGRAM ON PAGE ONE:</b> <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:

PROGRAM NAME:	CHILD CARE FACILITY ID NO.: <input type="checkbox"/> NYS License/ Registration <input type="checkbox"/> NYS Enrolled Legally-Exempt
PROGRAM DESCRIPTION (Include numbers of children by age, hours of care, etc.):	<b>OTHER OVERSIGHT AGENCY:</b> <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other Agency:
	<b>RESOURCES SHARED WITH PROGRAM ON PAGE ONE:</b> <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:

10. Legally-exempt group child care means child care provided by a provider/program, which is *not* a legally-exempt family child care or in-home childcare provider/program, AND, which is *not required* to be licensed or registered with the Office of Children and Family Services, or licensed by the City of New York, but which meets all applicable State or local requirements for such child care programs. The provider/program must meet the following requirement to be enrolled as legally-exempt.

*I, the provider and/or program director, attest that my program is NOT providing child care that is required to be licensed or registered with the Office of Children and Family Services, or licensed by the City of New York.*

- Yes.** If you have supportive<sup>4</sup> documentation, please provide it.
- No.**

**B. TYPE OF LEGALLY-EXEMPT CHILD CARE THAT YOU PROVIDE**

**To be enrolled to provide subsidized child care services, the provider/program director must attest that:**

- The provider/program is LEGALLY OPERATING under the auspices of another federal, State or local government agency; **OR**
- The provider/program is NOT REQUIRED to operate under the auspices of another federal, State or local government agency. These programs must meet additional health and safety requirements.

*Indicate in question 1 below, whether your program legally operates under the authority of another federal, State, or local government, or tribal agency, or, is not required to do so. Your answer to question 1 will determine whether you answer question 2 or question 3, within this subsection B.*

1. Choose the statement below that describes your program.
- A) My program legally operates under the auspices** of another federal, State, or local government, or a tribal agency AND my program meets all State and local requirement for such program. My program is described in question B.2. PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY.

*Programs operating under the auspices of another federal, State, tribal or government agency must:*

- Answer question B.2, PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, and then
- Complete only the sections and questions listed immediately below.

- I. Child Care Provider Section
  - A. Child Care Provider/Director and Program *(All questions.)*
  - B. Type of Legally-Exempt Child Care That You Provide *(Questions 1 and 2)*
  - C. Other Qualifications and Program Characteristics,
    - #2) Program’s Hours of Operation, and
    - #3) Cost of Care
  - F. Relevant History,
    - #2) Provider, Employees and Volunteers
  - G. Provider Agreements and Certification *(All questions.)*
  - H. Provider Certification *(All.)*
- II. Parent Information Section
  - A-D.#5. *(All questions are to completed by the parent/caretaker)*
  - D. Parental Acknowledgments & Certifications,
    - #6) Provider Certification

<sup>4</sup> Supportive documentation, issued by NYS Office of Children and Family Services, or the City of New York, may be required to establish that the provider/program is exempt from the requirement to be licensed/registered by NYS OCFS or NYC DOHMH.

- B) My program **does not** operate under the auspices of another federal, State, or local government or a tribal agency AND my program is **not legally required** to do such.

Programs that are NOT required to operate under the auspices of another federal, State, tribal or government agency, must:

- Skip question B.2 PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, on page 4, and
- Answer question B.3 PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY, on page 6, then
- Complete the Child Care Provider Section: ALL remaining subsections and questions.
- Complete within II. Parent Information Section, D. Parental Acknowledgements & Certifications: #6, Provider Certification, on page 19.

- C) None of the above. Your program might not be eligible to be enrolled. Contact the enrollment agency for assistance.

**2. PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY:**

Answer this question only if your answer to question 1, above, was "A".

Check  to choose the statement A, B, C, D, E, or F, that describes your legally-exempt child care program and the government or tribal agency under which you operate. Answer all related questions for the selected program.

- A) The program is operated in compliance with applicable **federal** laws and regulations and is **located on federal property**.

- 1) Name of Federal agency/property where located: \_\_\_\_\_
- 2) The type of child care provided is: (check  all that apply)
  - Day care center
  - Family day care home
  - Other child care program: \_\_\_\_\_

- B) The program is operated in compliance with applicable **tribal** laws and regulations and is **located on tribal property**.

- 1) Name of Tribe: \_\_\_\_\_
- 2) Name of tribal property where located: \_\_\_\_\_
- 3) The type of child care provided is: (check  all that apply)
  - Day care center
  - Family day care home
  - Other child care program: \_\_\_\_\_

- C) The program is operated under the auspices of the **NYS Department of Education**,
  - Is **operated by** a public school district, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of NYS Education Law, **AND**
  - Is **located on the same premises** or campus where the elementary or secondary education is provided, **AND**
  - The program meets all State and local requirements for such child care programs.

- 1) Name of school: \_\_\_\_\_
- 2) Name of school district: \_\_\_\_\_
- 3) The type of child care provided is: (check  all that apply)
  - Nursery school program, providing services only to children three years of age or older
  - Pre-kindergarten program, providing services only to children three years of age or older,
  - School-age child care programs conducted during non-school hours.

- D)** The program is a nursery school, voluntarily **registered** with the **NYS Department of Education**,
  - Operating in accordance with Part 125 of NYSED regulations, **AND**
  - Is operated by a nonprofit agency or organization or private proprietary organization, **AND**
  - Is providing services for 3 hours or less per day, to pre-school age<sup>5</sup> children, **AND**
  - The program meets all State and local requirements for such child care programs.

1)  **I HAVE ATTACHED** a copy of my current certificate of registration *which is valid for up to 5 years*.

2) Registration Number: \_\_\_\_\_

3) Date of Certificate of Registration: \_\_\_\_\_

4) The program hours are: \_\_\_\_\_

- E)** The program, located WITHIN New York City, is operated under Article 43 of the NYC Health Code
  - Has **filed** appropriate notice with the New York City Department of Education on a form provided or approved by the NYC Department of Education, **AND**
  - Is operated by a school recognized under the State Education law and which provides compulsory education for children, **AND**
  - Is located within or as part of such school and has identical ownership, operation management and control of kindergarten and pre-kindergarten classes for children ages three through five and all other classes provided by the school, **AND**
  - Is a pre-kindergarten or kindergarten program of instruction for children no younger than 3 years of age<sup>6</sup>, through 5 years and serving *only* children ages 3 to 5 years, **AND**
  - The program meets all State and local requirements for such child care programs.

1) Name of School: \_\_\_\_\_

2)  **I HAVE ATTACHED** a copy of the current **Certificate of Filing** issued by the **NYC Department of Health and Mental Hygiene (DOHMH)**.

3) Certificate of Filing DCID Number: \_\_\_\_\_

4) Filing Date: \_\_\_\_\_

- F)** The program is a **Summer Day Camp operating under the auspices of the Department of Health AND**
  - Does meet all State and local requirements for such child care programs, **AND**
  - Does NOT concurrently hold a current license or registration to operate a day care program issued by the New York State Office of Children and Family Services or by the New York City DOHMH for this site and program, **AND**

1) The Summer Day Camp is operated under the jurisdiction of the: *(choose the appropriate authority)*  
 New York State Department of Health (NYSDOH) in accordance with subpart 7-2 of the State Sanitary Code **OR**,  
 New York City Department of Health and Mental Hygiene (NYCDOHMH).

2) The Summer Day Camp opened on or is scheduled to open on *(date)*: \_\_\_\_\_

3) Does the program have a **current year** permit, from the New York State Department of Health or the New York City DOHMH, to operate as a legally-exempt summer day camp program?

a)  **Yes.** *You must attach the permit. Check  below to show you have met the requirement.*

i)  **I HAVE ATTACHED** a copy of my current year permit from the NYS DOH or the NYC DOHMH.

ii) Permit number: \_\_\_\_\_

iii) Expiration date: \_\_\_\_\_

<sup>5</sup> Per 18 NYCRR 413.2, "Preschooler" means a child who is at least three years of age and who is not yet enrolled in kindergarten or a higher grade.

<sup>6</sup> Programs operating under NYC Health Code Article 43 use the definition within Article 43 for *Three years of age*: A child attending an elementary school where the school year starts in September shall be deemed to be three years of age if the child's third birthday occurs or will occur on or before December 31st of the school year. In a school where the school year starts during any other month, all children in a class of three year olds shall have their third birthday within four months of the start of the school year.

- b)  **No.** You cannot be *fully enrolled* until you submit the current year summer camp permit from DOH. To be *conditionally enrolled* prior to the issuance of the current year's DOH summer camp permit, you must:
- Attach proof that you have completed the application to DOH for a permit to operate a summer day camp, **AND**,
  - Have no outstanding compliance issues with the NYS DOH or NYC DOHMH, **AND**,
  - Agree to immediately notify the enrollment agency if you are *denied* a summer camp permit by the DOH or if you withdraw your request for a summer day camp permit, **AND**,
  - Agree to submit your current year's DOH summer day camp permit to the enrollment agency as soon as it is issued so that your enrollment will change from conditional enrollment to full enrollment. **Failure to submit the permit within 30 days of camp opening WILL result in a TERMINATION of enrollment.**
- i)  I have **ATTACHED** proof of my application for the DOH permit.
- ii) I submitted the camp permit application to DOH on (date): \_\_\_\_\_

### 3. PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY:

Choose the statement, *A*, *B* or *C*, that describes your legally-exempt child care program(s) that *does not operate under the auspices* of a federal, State, local government, or tribal agency.

- A)** The program is **operated OUTSIDE OF New York City, by a private school or academy**, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of the NYS Education Law, **AND**,
- Is (are) **located on the same premises** or campus where the elementary or secondary education is provided, **AND**,
  - Meets all State and local requirements for such child care programs.
- 1) Name of School: \_\_\_\_\_
- 2) The type of child care provided is: (check  all that apply)
- Nursery school program or pre-kindergarten program, providing services only to children three years of age or older,
  - A program for school-aged children conducted during non-school hours.
- B)** The program is **operated WITHIN New York City, by a private school or academy**, that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of the NYS Education Law, **AND**,
- Is (are) **located on the same premises** or campus where the elementary or secondary education is provided, **AND**,
  - Meets all State and local requirements for such child care programs.
- 1) Name of School: \_\_\_\_\_
- 2) The program is for school-aged children conducted during non-school hours and the program *does not serve* any children ages 0 to 4 years of age.
- C)** The program is a nursery school for children 3 years of age or older or program for preschool age children,
- Is not voluntarily registered with NYS Education Department, **AND**,
  - Is operated by a non-profit agency or organization or a private proprietary agency **AND**,
  - Provides services for three or less hours per day, **AND**,
  - Meets all State and local requirements for such child care programs.
- 1) Name of Agency/Organization: \_\_\_\_\_
- 2) The type of child care provided is: (check  all that apply)
- A nursery school
  - A program for preschool <sup>7</sup>aged children, at least 3 years of age.
- 3) The program hours are: \_\_\_\_\_
- D)** The program cares for not more than six school age children, during non-school hours, for three hours or less per day, **AND**,
- Is not located in a residence, **AND**,
- Meets all State and local requirements for such child care programs.

<sup>7</sup> Per 18 NYCRR 413.2, "Preschooler" means a child who is at least three years of age and who is not yet enrolled in kindergarten or a higher grade.

**C. OTHER QUALIFICATIONS & PROGRAM CHARACTERISTICS**

**1. PROVIDER’S/PROGRAM’S QUALIFICATIONS TO ADMINISTER MEDICATION**

*The questions pertaining to the administration of medication apply ONLY to group programs NOT operating under auspices of another government agency (Refer to pages 3-6 if you are not sure if this applies to your program.)*

**Note:** *The parent’s/caretaker’s plan for who is responsible for meeting the child(ren)’s medication needs is addressed in the Parent Information Section of this form.*

NYS Law restricts the right to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent, to specific medical professionals who are authorized by New York State. A caregiver may not administer medication to any child in his or her care except to the extent that the caregiver is a medical professional authorized under the Education Law to administer medications OR both the program and the medication administrant have met the requirements for the administration of medication as defined in 18 NYCRR 418-1.11. Pursuant to 18 NYCRR 418-1.11, some child care providers/programs *may be* “permitted”, to administer medications when certain requirements are met.

*Legally-exempt group child care programs, NOT operating under the auspices of another government agency, may administer medication on a limited basis only when the following conditions are met:*

- The program director is a Physician, Physician Assistant, Registered Nurse or Nurse Practitioner currently licensed by New York State Department of Education (NYSED) to administer medication

**OR**

- The program must be authorized by the Office of Children and Family Services (OCFS), to administer medication under a Health Care Plan for Administration of Medication, approved by a qualified health care consultant AND
  - The program’s designated medications administrant must meet OCFS training requirements,
  - The program’s medications administrant must be at least 18 years of age, and literate in the language in which the parental permissions and health care provider’s instructions will be given,
  - The program must be operating in compliance with the NYS regulation,
  - The program’s medications administrant must have permission to administer medication *to a specific child* from the child’s parent/caretaker, step-parent, legal guardian, or legal custodian,
  - The program’s medications administrant must follow the health care provider’s instructions for administration of medication, and
  - The program’s medications administrant may administer medication to *subsidized* children in care.

**Any child care provider, program employee or program volunteer who is not authorized by NYS Law or child care regulations, may only administer over-the-counter topical ointments, sunscreen and topical insect repellent.** Examples of medication they MAY NOT ADMINISTER include, but are not limited to: Tylenol, Ritalin, insulin, antibiotics, and ear, eye or nose drops.

- A) The provider/program director agrees the provider/program director will administer medication *only as the provider/program is permitted by NYS Law, as described above.* The provider/program director will make sure that each of the program’s employees and volunteers (present and future) administers medication only to the extent allowed by NYS Law.  
 **Yes.**  **No.**
- B) Is the program interested in seeking OCFS authorization to administer medication to the child(ren) in subsidized care?  
 **Yes.** The provider/program wants to learn how to start the process. Please send me the OCFS-LDSS-7007 Obtaining Authorization to Administer Medication to the Child(ren) in Legally-Exempt Care.  
 **No.** The provider/program will not be seeking authorization to administer medication at this time.
- C) Does this program (includes provider/director, employees, caregivers and/or volunteers) administer medication to any subsidized children in care?  
 **Yes.**  **No.**

D) Is the provider/program legally permitted to administer medication to the child(ren) in subsidized care? Check  statements 1 or 2. Provide all other information as it applies.

1) **Yes.** Complete the applicable section below, a) or b), to show the legal authority.

a) The **program director** is legally permitted to administer medication because the provider/program director is a NYS medical professional authorized by New York State Department of Education (NYSED) to administer medication. Therefore, the program director is allowed to administer medication to children in the program director's care when the program director has appropriate permissions from the parent(s) and in accordance with the health care provider's instructions.

1) Profession (Check  one):

- Registered Nurse  Physician
- Nurse Practitioner  Physician Assistant

2) License number: \_\_\_\_\_

I have attached a copy of the current NYS professional medical license.

b) The program's **medication administrant**, designated in the Health Care Plan for the Administration of Medication, is legally permitted to administer medication because the provider/program has an OCFS-LDSS-7000, Health Care Plan for the Administration of Medication approved within the past 2 years and the designated **medication administrant** has met all basic and training requirements. The medications administrant named below is authorized to administer medication to subsidized children in the program's care when there are appropriate permissions from the parent, and, in accordance with the Health Care Plan for the Administration of Medication and the health care provider's instructions.

i) Approval date for Health Care Plan for the Administration of Medication: \_\_\_\_\_

I have attached a copy of the first page AND the approval page of my Health Care Plan for the Administration of Medication (OCFS-LDSS-7000).

ii) Name of the qualified **medication administrant**: \_\_\_\_\_

iii) Health Care Consultant (HCC) name: \_\_\_\_\_

iv) Health Care Consultant Profession (Check  one):

- Registered Nurse  Physician
- Nurse Practitioner  Physician Assistant

v) License Number: \_\_\_\_\_

2). **No.** None of the above permissions apply to the provider/program. The provider/program is not authorized by OCFS or NYSED. The program, **cannot administer** medication to child(ren) in care, **except:** over-the-counter topical ointments, sunscreen, and topically applied insect repellent.

**2. PROGRAM'S PERIODS OF OPERATION**

(All programs must answer.)

Indicate when the program is operating by checking  all that apply.

- Full Year (school year and summer)
- School Year
- Summer Only (June-September)

**3. COST OF CARE**

Do you charge parents receiving subsidy *the same amount or less* than you charge for non-subsidy child(ren) of the same age and similar care?

- Yes.**
- No.** I charge parents receiving subsidy **more** than I charge other parents.



**D. HEALTH AND SAFETY CHECKLIST**

**The Health and Safety Checklist questions must be answered by group programs that are not under auspices of another government agency as explained in Subsection I B.**

The provider/director and parent/caretaker must walk through and inspect the site, then complete the health and safety checklist together.

Check  an answer for each item below:

<b>YES</b>	<b>NO</b>	<b>The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements.</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider and all children have two separate & remote ways to leave the building in an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	2. The rooms for the child(ren) at the program site are well-heated, well-lighted and well-ventilated.
<input type="checkbox"/>	<input type="checkbox"/>	3. The child care premises is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces, and gas space heaters). If there are unsafe areas, sturdy barriers are in place around those areas that keep children from getting to them.
<input type="checkbox"/>	<input type="checkbox"/>	4. If child care is provided above the first floor, there are barriers or locks on the windows so the child(ren) cannot fall out.
<input type="checkbox"/>	<input type="checkbox"/>	5. The water supply at the child care premises is safe. There are working toilets and there is hot and cold running water all the time.
<input type="checkbox"/>	<input type="checkbox"/>	6. The provider, all employees, and volunteers who are likely to have regular contact with the child(ren) are physically, emotionally and mentally able to provide child care.
<input type="checkbox"/>	<input type="checkbox"/>	7. The provider, all employees, and volunteers who are likely to have regular contact with the child(ren) are free from any communicable diseases that pose a risk to the health and safety of the child(ren) in care. If the provider, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease, the provider/program, must have a statement from such person's health care provider that indicates that the presence of a communicable disease does not pose a risk to the health and safety of the child(ren) in care. <input type="checkbox"/> The provider/program has ATTACHED a doctor's statement, if the provider, any employee, or volunteer who is likely to have regular contact with the child(ren) has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.
<input type="checkbox"/>	<input type="checkbox"/>	8. The child care premises is free of any dangerous or unsafe conditions that could hurt the child(ren). This includes but is not limited to: <ul style="list-style-type: none"> <li>• Knives and other sharp objects are out of the reach of the child(ren).</li> <li>• Small rugs, runners, and electrical cords are held in place so the child(ren) won't trip.</li> <li>• Electrical cords do not run under furniture or rugs and are out of the reach of the small child(ren).</li> <li>• Extension cords are not overloaded.</li> <li>• Cords to window blinds and shades are out of the reach of the child(ren).</li> <li>• Hot liquids are out of the reach of the child(ren).</li> <li>• Small items that the child(ren) could choke on are out of the child(ren)'s reach.</li> <li>• To the extent that a legally-exempt group program provides cribs, those cribs must be in compliance with the federal requirements.</li> <li>• A carbon monoxide detector is installed on each floor where a carbon monoxide source is located and/or where the child(ren) sleep or nap.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	9. All matches, lighters, medicines/drugs, cleaning materials, detergents, aerosol spray cans and other poisonous or toxic materials are stored in their original containers. Care is taken so that they do not come in contact with the child(ren), where food is prepared, or otherwise may be a danger to the child(ren). The provider/program stores all of these potentially unsafe materials in an inaccessible area safely away from the child(ren).
<input type="checkbox"/>	<input type="checkbox"/>	10. The provider/program staff will give the child(ren) meals and snacks according to what the parent/caretaker and I have agreed.
<input type="checkbox"/>	<input type="checkbox"/>	11. The provider/program staff will refrigerate milk, formula and perishable food that goes bad if left out.
<input type="checkbox"/>	<input type="checkbox"/>	12. The provider/program staff will not heat formula, breast milk and other food items for infants in a microwave oven.
<input type="checkbox"/>	<input type="checkbox"/>	13. The provider/program staff will always allow the custodial parent/caretaker or caretaker to have unlimited access to his/her child(ren) in care, to the program site while the child(ren) is in care, and to any written records concerning the child(ren).

<b>YES</b>	<b>NO</b>	<b>The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements.</b>
<input type="checkbox"/>	<input type="checkbox"/>	14. The provider/program staff will hold fire/evacuation drills monthly with the child(ren) during hours that the child(ren) are in care so that the child(ren) and I will know what to do in the case of an emergency.
<input type="checkbox"/>	<input type="checkbox"/>	15. The provider/program has a working telephone OR can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local or State police or sheriff's department, poison control center and ambulance service are posted near the phone and are easy to see.
<input type="checkbox"/>	<input type="checkbox"/>	16. The provider/program will use protective caps, covers or permanently installed safety devices on all electrical outlets that the child(ren) could reach when I am caring for the child(ren) under 5 years old.
<input type="checkbox"/>	<input type="checkbox"/>	17. Paint and plaster are in good repair so that there is no danger of the child(ren) putting paint or plaster chips in their mouths or of it getting into food.
<input type="checkbox"/>	<input type="checkbox"/>	18. The child care premises has at least one operating smoke detector on each floor of the program site. I will check regularly to make sure all detectors work.
<input type="checkbox"/>	<input type="checkbox"/>	19. The provider/program has a portable first aid kit at the program site that is easy to get to in an emergency and my first aid supplies are kept in a clean container or cabinet away from the child(ren). It is stocked to treat common childhood injuries and problems. I will always replace things in the first aid kit as soon as possible after something has been used or is too old to be used.
<input type="checkbox"/>	<input type="checkbox"/>	20. The provider/program director has RECEIVED from the child(ren)'s parent/caretaker: <ul style="list-style-type: none"> <li>• signed proof from a doctor or other health care provider that: the child(ren) has received all of the immunizations appropriate for the child(ren)'s age; OR</li> <li>• proof that one or more of the immunizations would harm the child(ren)'s health; OR</li> <li>• a statement saying that the child(ren) has not been immunized due to the parent/caretaker's religious beliefs.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	21. The stairs, railings, porches and balconies are in good repair.

#### **E. PROVIDER/PROGRAM BEHAVIORAL CONDITIONS**

The Provider/Program Behavioral Conditions Checklist questions must be answered by group programs that are *not operating under auspices* of another government agency as explained in Subsection I B.

<b>YES</b>	<b>NO</b>	<b>The provider/program director agrees the program meets and will continue to meet the following basic health and safety requirements before caring for children:</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. The provider/program director understands and agrees that the provider, program staff and program volunteers will never use physical punishment or let others use physical punishment while child(ren) are in their care. Physical punishment means doing things directly to the child(ren)'s body to punish them, such as: <ul style="list-style-type: none"> <li>• Spanking, biting, slapping, shaking, twisting, or squeezing;</li> <li>• Making the child(ren) do physical exercises beyond what is normal;</li> <li>• Forcing the child(ren) to stay still for long periods of time;</li> <li>• Making the child(ren) stay in positions that hurt the child(ren) or are bizarre;</li> <li>• Bathing the child(ren) in unusually hot or cold water; and</li> <li>• Forcing child(ren) to eat or have in the child(ren)'s mouth soap, foods, hot spices or foreign substances.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2. The provider/program director understands and agrees that provider, program staff and program volunteers will never use or be under the influence of alcohol or drugs while the child(ren) are in care and will make sure that the child(ren) being cared for do not have contact with people using drugs or alcohol.
<input type="checkbox"/>	<input type="checkbox"/>	3. The provider/program director understands and agrees that provider, program staff and program volunteers will not smoke or allow smoking in indoor areas or other enclosed areas, such as cars or other vehicles, when the child(ren) are present.
<input type="checkbox"/>	<input type="checkbox"/>	4. The provider/program director understands and agrees that provider, program staff and program volunteers will never leave the child(ren) alone or unsupervised.

**F. RELEVANT HISTORY**

**1. PROVIDER’S HISTORY**

The questions in F.1.(A-C), must be answered only by Group Programs that are not operating under auspices of another government agency as explained in Subsection I B.

**A) PROVIDER/ DIRECTOR TERMINATION OF PARENTAL RIGHTS**

I certify and attest that (Check  one):

- I have **never had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
- I **have had** my parental rights terminated under Social Services Law 384-b or equivalent legal authority.
  - I have **ATTACHED** the OCFS-LDSS-4917<sup>8</sup>, History of Court-Ordered Removal Of A Child And/or Termination of Parental Rights.

**B) PROVIDER/DIRECTOR COURT ORDERED ARTICLE 10 REMOVAL**

I certify and attest that (Check  one):

- I **have never had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
- I **have had** a child removed from my care by court order in a proceeding under Article 10 (child protective) of the Family Court Act.
  - I have **ATTACHED** the OCFS-LDSS-4917, History of Court-Ordered Removal Of A Child And/or Termination of Parental Rights.

**C) PROVIDER/DIRECTOR DAY CARE ENFORCEMENT**

A child “day care” program includes licensed or registered day care centers, family day care homes, group family day care homes, small day care centers and/or school age child care programs.

1) I certify and attest that (check  one):

- I **have** had an application for a license or registration to operate a child day care program denied.
- I **have not** had an application for a license or registration to operate a child day care program denied.

2) I certify and attest that (Check  one):

- I **have** had a license or registration to operate a child day care program revoked or suspended.
- I **have not** had a license or registration to operate a child day care program revoked or suspended.

3) If the provider/program director has been denied a license or registration to operate a child day care program, OR if provider/program director has had a license or registration to operate a child day care program revoked or suspended, complete the following:

a) Name of the child day care program(s) for which this action occurred:

\_\_\_\_\_

b) Location:

c)  I have **ATTACHED** the OCFS-LDSS-4916, History of Day Care Enforcement and Parental Acknowledgement.

**2. PROVIDER’S, EMPLOYEE’S AND VOLUNTEER’S HISTORY**

These questions must be answered by ALL Group programs.

**The provider/director must ask each employee and each volunteer who is likely to have regular contact with the child(ren) in care if they have been convicted of a crime.**

A) Did the provider/director ask each employee and each volunteer who is likely to have regular contact with the child(ren) in care, if they have been convicted of a crime?

- Yes.
- No.

\_\_\_\_\_

<sup>8</sup> If you need a copy of this form, please contact your local social services district or your legally-exempt child care provider enrollment agency.

B) Has the provider/program director and/or the program's employee(s) and/or volunteer(s) ever been convicted of a crime in New York State or any other place?

- No.** Skip to Question D.
- Yes.** If yes, you must complete and attach the OCFS-LDSS-4915, History of Criminal Convictions And Parental Acknowledgement for person with a criminal convictions history and answer question C.
  - The provider/program director has ATTACHED the OCFS-LDSS-4915, History of Criminal Convictions And Parental Acknowledgement.

C) In the chart below, provide additional information on each person with a criminal convictions history who is present at the child care site.

ADDITIONAL INFORMATION ON CONVICTED PERSONS AT THE CHILD CARE SITE						
NAME (INCLUDE AND SPECIFY MAIDEN NAME AND ANY OTHER ALIAS NAMES BY WHICH VOLUNTEERS AND EMPLOYEES MAY BE KNOWN)				ROLE: EMPLOYEE, OR VOLUNTEER	GENDER (M OR F)	DATE OF BIRTH
1)	Last	First	MI	Suffix		/ /
2)	Last	First	MI	Suffix		/ /
3)	Last	First	MI	Suffix		/ /
4)	Last	First	MI	Suffix		/ /
5)	Last	First	MI	Suffix		/ /
	Last	First	MI	Suffix		/ /

**D) Indicated Reports Of Child Abuse Or Maltreatment**

The provider/program director must ask all volunteers who are likely to have regular contact with children in care and all employees, if they have been the subject of an indicated report of child abuse or maltreatment (Child Protective).

The provider/program must provide each parent/caretaker with a true and accurate written statement, indicating whether the provider/program director, any program employee, and/or any volunteers who are likely to have regular contact with children in care, have been the subject and person responsible on any indicated report of child abuse or maltreatment, including: a description of the incident, the date of the indication and any other relevant information.

1) I, the provider/program director, have asked all volunteers and employees if they have been the subject of an indicated report of child abuse or maltreatment. When any report of child abuse or maltreatment has been indicated against the provider/program director, employee or volunteers, I have given the parent/caretaker a true and accurate written description of the incident, the indication and any other relevant information.

- Yes.**
- No.**

**G. PROVIDER AGREEMENTS AND CERTIFICATIONS**

**1. RECORD KEEPING**

✂ On a daily basis, the provider/program maintains current and accurate attendance records, at the child care program, for each child being cared for, minimally including: the date, arrival time, departure time, and if absent for the full day, a note that the child is absent.

**2. SUBMITTING UPDATES AND CHANGES OF ENROLLMENT INFORMATION**

- ✂ I understand that enrollment of this provider/program to provide subsidized child care will only apply to the specific provider/program located at the site specified on page one. If the program relocates temporarily or permanently to a child care location different from the one given on this form, this enrollment will end. To remain eligible to provide subsidized child care I must submit a new enrollment request for the new site to the enrollment agency and begin the enrollment process anew.
- ✂ I understand that if, in the future there are new employees or volunteers, the requirements on pages 11-12 for Criminal History and Child Protective Indicated Reports apply to them.
- ✂ I understand I am required to inform the enrollment agency promptly if I add any new employees or volunteers who have a criminal conviction so their criminal history can be evaluated.

- ✘ I understand that the decision to enroll the program is based on the facts provided on the enrollment form and when there is a change to any of the information I have attested to, my eligibility to provide subsidized child care may also change. I will inform the enrollment agency immediately if there are changes in any information provided on the enrollment form or changes to the attachments.

**3. INFORMATION SHARING**

- ✘ I understand the enrollment agency and the local social services district will exchange information regarding the child care program's enrollment status.

**4. ELIGIBILITY AND PAYMENT**

- ✘ I understand that the program cannot be enrolled until all items marked "No" on the Health and Safety Checklist have been corrected.
- ✘ I understand that the program must be enrolled with the enrollment agency before any payment can be made.
- ✘ The program agrees to maintain and provide accurate attendance records as required by the local social services district.
- ✘ The program agrees to collect the family share (fee) if instructed to do so by the local social services district. The program will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- ✘ I understand that when I, any volunteer who is likely to have regular contact with the child(ren), or any employee has been convicted of a crime, the provider must give the parent and the Enrollment Agency true and accurate information about the crime which will enable the parent and Enrollment Agency to evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the children.
- ✘ I understand that no person convicted of a felony or misdemeanor against children or, for caregivers of legally-exempt family child care, whose household includes an individual convicted of such a crime may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.
- ✘ I understand that no legally-exempt informal child care program or legally-exempt group child care program which employs an individual or uses a volunteer convicted of a felony or misdemeanor against children may be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.
- ✘ I understand a legally-exempt caregiver enrollment agency may enroll a caregiver who has been convicted or whose employee, volunteer or household member has been convicted of other felony or misdemeanor offenses, consistent with guidelines issued by the office for evaluating applicants with criminal conviction records.
- ✘ I understand that if the enrollment agency determines the program cannot be enrolled, then the local social services district cannot issue payment for care provided. The program will not be paid by the local social service district for any child care that it provides to a child(ren) receiving a child care subsidy, while the program is deemed an ineligible provider by the enrollment agency. The parent/caretaker has the right and responsibility to decide whether he/she wants to use the program. If the parent/caretaker chooses to use the program when it cannot be enrolled, the parent/caretaker is responsible to pay the program for the child care.

**5. ADDITIONAL REQUIREMENTS FOR PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY-ONLY**

*(This section does not apply to programs operating under the auspices of another government agency).*

- ✘ I understand the program may not be eligible to provide child care AND that the local social services district may not be able to pay the program when:
  - I have a history of Article 10 (child protective) removal of a child by family court order, or
  - I have a history of termination of parental rights, or
  - I have a history of denial, revocation and/or suspension of a license or registration to operate a child day care program.
- ✘ I understand the provider/program may request, within 30 days of the Notice Date, that the enrollment agency review any extenuating circumstances, when the program's enrollment is denied or terminated based on:
  - Article 10 (child protective) removal of a child by family court order, or
  - History of termination of parental rights, OR
  - History of denial, revocation and/or suspension of a license or registration to operate a child day care program.

**6. OTHER AGREEMENTS**

- ✘ I agree to operate in compliance with all applicable State and local laws.
- ✘ I understand and agree the program will allow the parent/caretaker unlimited and on demand access including:
  - Access to the parent's/caretaker's child(ren),
  - The right to inspect at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety to the child(ren),
  - Access to the providers/caregivers caring for the child(ren),
  - Access to written records about the parent's/caretaker's child(ren) except when otherwise restricted by law.
- ✘ I understand and agree that the program will allow representatives of the enrollment agency, the local social services district and the State of New York access to the premises where subsidized child care is provided to confirm that information on my enrollment form and/or on attendance forms is true and accurate and that child care services are being provided as listed on these forms. I understand that if I do not allow such access, then the program will be considered ineligible, the program's enrollment will be terminated and the program will not be paid by the local social services district.
- ✘ I understand and agree to meet all of the conditions stated on this form for as long as I am providing child care. I understand that I am required to inform the enrollment agency and the parent/caretaker if there is a change in the information stated on the enrollment form.

**H. CERTIFICATION**

**1. PROVIDER CERTIFICATION**

By signing this form I certify to the best of my knowledge that:

- I understand and agree to continue to meet all conditions stated above.
- I have reviewed the "Parent Information Section" of this form.
- I understand the decision to enroll the program is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If I provide child care services while enrolled under false pretenses, or while I am an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, take legal action against the provider/program or the parent/caretaker and the provider/program may be required to repay any money I receive for such services.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER SIGNATURE: <b>X</b>	DATE:
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**2. PARENT CERTIFICATION**

I have reviewed the "child care provider" section of this form. Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT/CARETAKER SIGNATURE: <b>X</b>	DATE:
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**II. PARENT INFORMATION SECTION**

The parent/caretaker receiving or applying for child care subsidy must complete this section AND review the "Child Care Provider" Section. The provider must review and sign this section.



**A. PARENT/CARETAKER<sup>9</sup> INFORMATION**

**1. Parent/Caretaker's Name:**

Mr.  Mrs.  Ms.

\_\_\_\_\_ Last First MI Suffix

Other names known by: \_\_\_\_\_

Maiden, married, aliases, etc

**2. Identifying and Contact Information:**

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm/dd/yyyy)

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_

Listed  Unlisted

Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

E-Mail Address:<sup>10</sup> \_\_\_\_\_

No E-Mail Address

**3. Do you read English?**  Yes  No. If No what languages do you read best? \_\_\_\_\_

**4. Do you speak English?**  Yes  No. If No, what languages do you speak best? \_\_\_\_\_

**5. Home Address:**

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

**6. Mailing Address:** Is your mailing address the same as your home address?  Yes  No. If no, give mailing address below.

House Number Street Apt.

Address Line 2 Floor

City State Zip County/Borough

**7. Parent's /Caretaker's Child Care Subsidy Case<sup>11</sup>:**

Subsidy Paying County: \_\_\_\_\_ Temporary Assistance No.: \_\_\_\_\_

Subsidy Case Number: \_\_\_\_\_ Parent's CIN Number: \_\_\_\_\_

**8. Child Care Provider's Name:**

Mr.  Mrs.  Ms.

\_\_\_\_\_ Last First MI Suffix

<sup>9</sup> Caretaker means the child's parent, legal guardian, caretaker relative or any other person with whom a child lives and who has assumed responsibility for the day-to-day care and custody of the child.

<sup>10</sup> The e-mail address if given may be used by the enrollment agency to contact you.

<sup>11</sup> The Temporary Assistance Number, Subsidy Case Number and Parent's CIN (Client Identification Number) are optional. If given, they will be used to facilitate information sharing with the local social services district regarding your eligibility and payment for child care.

**B. CHILD(REN) IN THE PROVIDER'S CARE**

**1. MY CHILD(REN) THAT THE PROVIDER CARES FOR.**

A) Child's Name: \_\_\_\_\_  
Last First  
 District CIN: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_  Male  Female  
(mm/dd/yyyy) Gender

B) Child's Name: \_\_\_\_\_  
Last First  
 District CIN: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_  Male  Female  
(mm/dd/yyyy) Gender

C) Child's Name: \_\_\_\_\_  
Last First  
 District CIN: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_  Male  Female  
(mm/dd/yyyy) Gender

D) Child's Name: \_\_\_\_\_  
Last First  
 District CIN: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_  Male  Female  
(mm/dd/yyyy) Gender

**2. MY CHILD(REN)'S MEDICATION NEEDS**

- A). Child care providers/programs **can only administer medication in accordance with State Laws and regulations.**
- 1) OCFS does NOT oversee the administration of medication by legally-exempt group programs operating under the auspices of a federal, State or local government or tribal agency (see pages 3-5). Such programs must follow the regulations set forth by the federal, State or local government or tribal agency that the program is operating under. If your child is attending such a program, ask the program about its medication administration policies.
  - 2) OCFS **DOES OVERSEE** administration of medication by legally-exempt group *programs **NOT** operating under the auspices of a federal, State or local government or tribal agency* (see pages 3-6).
    - a) Review pages 7-8 to determine if the child care program is authorized to administer medication. When the child care program IS AUTHORIZED by OCFS and following a Health Care Plan for the Administration of Medication, the *medications administrant* designated in the Health Care Plan for the Administration of Medication may administer over-the-counter medication and some prescription medication to subsidized child(ren) with the permission of the parent and following physician's instructions.
    - b) When the child care program is authorized by OCFS to administer medication and following a Health Care Plan for the Administration of Medication, the child's parent/caretaker may choose to allow the program to be responsible for the medication needs of the child. When the child care program is responsible for medication administration, the parent must provide written permissions and physician's instructions to the child care program.



c) Parent/Caretaker, indicate below your decision on who will be responsible for administering medication to each of your child(ren).

*I, the parent/caretaker, have read the Provider's Qualifications to Administer Medication on pages 7-8 and the section above. I understand whether this provider/program is or is not legally permitted to administer medication to my child(ren) and my plan is: (Choose the correct statement(s) below and list children's names).*

The Child Care Program is NOT *legally permitted* to administer medication to my children, AND, I, the parent/caretaker will be responsible for the medication needs of (list children's names):

Although, the Child Care Program is *legally permitted* to administer medication to my children; I, the parent/caretaker will be responsible for administering medication to my child (ren):

The Child Care Program is *legally permitted* to administer medications through its Health Care Plan for the Administration of Medication. The *medications administrant(s)* designated in the program's Health Care Plan for Administration of Medications will administer medication to my child(ren) in accordance with the procedures set forth in the Child Care Program's Health Care Plan for the Administration of Medication. The CHILD CARE PROGRAM<sup>12</sup> will be responsible for administering medication to my child (ren):

**3. MY CHILD(REN)'S MEALS AND SNACKS**

For each of my child(ren) in the provider's care, either the parent or the provider must provide meals and snacks. Who will provide meals and snacks for your child(ren) while in care?

The parent/caretaker will be responsible for the meals and snacks for the following child(ren):

The provider/program will be responsible for the meals and snacks for the following child(ren):

**C. RELEVANT HISTORY OF THE PROVIDER AND PEOPLE AT THE CHILD CARE LOCATION**

1. I understand the child care provider **must tell me** whether the provider, employees and volunteers who are likely to have regular contact with child(ren) in care, have been the subject of an indicated report of child abuse or maltreatment.

- I have specifically asked the provider if the provider, volunteers who are likely to have regular contact with child(ren) in care and/or employees, have been the subject of an indicated report of child abuse or maltreatment.
- The provider has informed me whether any indicated reports of child abuse or maltreatment exist, which name as subject of the report: the provider, employees and/or volunteers who are likely to have regular contact with child(ren) in care.
- When an indication of child abuse or maltreatment exists, the provider has given me **written information** regarding such indication of child abuse or maltreatment, including: **a description of the incident, the date of the indication and any other relevant information.**
- I understand I have the right to select another provider. I agree that I have carefully considered the information on child abuse and maltreatment indications that I have been given and I am selecting this provider.

- Yes.**
- No.**

**D. PARENTAL ACKNOWLEDGEMENTS & CERTIFICATIONS****1. PARENT RESPONSIBILITIES TO MONITOR QUALITY OF CARE**

- ✘ I understand it is my responsibility to choose a provider that meets the needs of my child(ren). I certify that I have selected this provider/program to care for my child(ren).
- ✘ My child care provider/program must give me unlimited and on demand access including:
  - Access to my child(ren),
  - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren),
  - Access to the provider/caregivers caring for my child(ren),
  - Access to written records about my child(ren) except when otherwise restricted by law.
- ✘ I understand the provider/program director *must provide me with a written statement* indicating whether the provider/program director, any program employee, and/or any volunteers who are likely to have regular contact with children in care has been the subject of any indicated report of child abuse or maltreatment, including: a description of the incident, the date of the indication and any other relevant information.
- ✘ I understand it is my responsibility to monitor the quality of care my child(ren) receives from the child care provider/program. I understand that these agreements apply for as long as this provider is caring for my child(ren).

**2. CHANGES TO ENROLLMENT INFORMATION**

- ✘ I will notify the enrollment agency immediately if:
  - My address or phone number changes,
  - I have any concerns about the health and safety of my child(ren) in the provider's care.

**3. ELIGIBILITY AND PAYMENT ISSUES**

- ✘ I understand that this enrollment applies **ONLY** to the provider/program and the location of care listed on page one. If the provider/program OR the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new provider/program or the new location.
- ✘ I will immediately notify the local social services district and my provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- ✘ I agree to pay my family share (fee), if any, as directed by the local social services district.
- ✘ I understand that the provider/program must be accepted for enrollment with the Enrollment Agency before any payment can be made.
- ✘ I understand a provider/program may not be eligible to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren) or any employee has been convicted of a crime.
- ✘ I understand a provider/program *is not eligible* to provide child care if the provider, any volunteer who is likely to have regular contact with my child(ren), or any employee has been convicted of a *crime against a child*.
- ✘ I understand that if the provider/program is denied enrollment or has his or her enrollment terminated, the provider/program will be considered ineligible to provide child care. The local social services district cannot pay the provider/program or issue payment for care given by a provider/program who cannot be enrolled or who is ineligible.
  - If I choose to use an ineligible provider/program, I am responsible to pay for the child care myself.
  - I understand I have the right to select another provider/program.

**4. PROGRAM NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY**

- ✘ For the duration of the enrollment, the provider must meet all the basic health and safety requirements listed on the Health and Safety checklist. The provider/program director and I have inspected the program site and completed the Health and Safety checklist together. All statements on the Health and Safety checklist- located in the Child Care Provider Section-of this form are true and accurate.
- ✘ I understand, that for group child care programs not operating under the auspices of another federal, State, or local government or tribal agency, payment cannot be made until all items marked "No" on the Health and Safety Checklist have been corrected.
- ✘ The provider and I will notify and provide documentation to the enrollment agency when any item on the checklist has been corrected or changed.
- ✘ I understand that my provider/program may not be eligible to provide child care and that the local social services district may not be able to pay the provider when the provider has a history of:
  - Termination of parental rights, or
  - Article 10 (child protective) removal of a child(ren) by family court order, or
  - Denial, revocation and/or suspension of a license or registration to operate a child day care program.

**5. PARENT CERTIFICATION**

By signing this form I certify to the best of my knowledge that:

- I have reviewed the "Child Care Provider" section of this form.
- I understand and agree to continue to meet all conditions stated above.
- I understand the decision to enroll my provider is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my provider's eligibility to provide subsidized child care, and/or a denial or termination of enrollment. If my provider/program provides child care services while enrolled under false pretenses, or while the provider/program is an ineligible child care provider, the Local Social Services District may refuse to issue child care subsidy payments, terminate child care subsidy payments, and/or take legal action against me or the child care provider.
- Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PARENT/CARETAKER SIGNATURE: <b>X</b>	DATE:
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**6. PROVIDER CERTIFICATION**

I have reviewed the "Parent Information Section" of this form. Under the penalty of perjury, I agree that to the best of my knowledge all statements made on this enrollment form and any attachments to it are true and accurate.

PROVIDER SIGNATURE: <b>X</b>	DATE:
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**This enrollment form is a legal agreement. Make a copy of this form for your records. Return this form and its attachments to:**