

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

ENROLLMENT FORM FOR PROVIDER OF LEGALLY-EXEMPT GROUP CHILD CARE

Use this form to enroll with a legally-exempt caregiver enrollment agency to provide subsidized child care. (Regulatory reference: 18 NYCRR 415.1.)



INSTRUCTIONS: Please use black/blue pen.

- Provider/Director: Complete **Section 1 - Child Care Provider.**
- Parent/Caretaker: Complete **Section 2 - Parent Information.**
- The provider/director and the parent/caretaker walk through and inspect the site, review sections of the form, then sign and date the form where indicated.
- Submit the completed form to the enrollment agency serving the location where the child care is being provided.

SECTION 1 - CHILD CARE PROVIDER

A. CHILD CARE PROVIDER/DIRECTOR AND PROGRAM

1. CHILD CARE PROGRAM NAME¹ AND FEDERAL IDENTIFICATION NUMBER:

Legal Name: _____ Enrollment Number: _____
If Applicable

DBA (Doing Business As): _____

If using a DBA, I have attached a copy of the filing receipt of the Certificate of Assumed Name.

Site Phone (land line or cell): () _____ Federal Identification No: _____

Fax: () _____ Email Address:² _____ No Email Address

2. CHILD CARE PROVIDER/PROGRAM DIRECTOR³ NAME:

Mr. Mrs. Ms.

Last Name First Name Mi Suffix

Other names known by: _____
Maiden, Married, Aliases, Etc.

Date of Birth: / / Gender (M or F): _____

Do you read English? Yes No. *If no, what language do you read best?* _____

Do you speak English? Yes No. *If no, what language do you speak best?* _____

3. CHILD CARE PROGRAM LOCATION: Give address where the child care is being provided.

Building Number _____ Street _____ Apt. _____

Address Line 2 _____ Floor _____

City _____ State _____ Zip _____ County/Borough _____

<p>(For Enrollment Agency Use)</p> <p>Received Date / / _____</p> <p>Complete Date / / _____</p>	<p>(For Local District Use)</p> <p>Parent's Case No. _____ Type: Local <input type="checkbox"/> WMS <input type="checkbox"/></p> <p>LDSS Office/Unit/Wkr. No. _____ / _____ / _____</p>
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1 For programs operating under a permit or registration issued by another agency, the program names must be the same. For example, for summer day camps, the legal name or DBA reported on this page must match the program name on the Department of Health permit to operate the summer day camp.
 2 If you provide an email address, the enrollment agency may use it to contact you.
 3 "Program 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.

4. **MAILING ADDRESS:** Is the program's mailing address the same as the child care program location address given on page one?

Yes **No.** *If no, give mailing address below.*

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

5. For the program listed in Section I.A.1. (page 1), 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	NUMBER OF CLASSROOMS	CURRENT NUMBER OF CHILDREN	MAXIMUM NUMBER OF CHILDREN
PRE-SCHOOL	0-2 y⁴					
	3 y⁵					
	4 y					
	5 y					
SCHOOL AGE	5-9 y					
	10-12 y					
	13+ y					

6. Does your organization operate **any other** program for children at the SAME site/location listed on page 1?

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 #: <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.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH Permit ⁶ <input type="checkbox"/> None <input type="checkbox"/> Other agency: RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <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 #: <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.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other agency: RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <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 #: <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.):	OTHER OVERSIGHT AGENCY: <input type="checkbox"/> NYC DOHMH Permit <input type="checkbox"/> None <input type="checkbox"/> Other agency: RESOURCES SHARED WITH PROGRAM ON PAGE ONE: <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Space <input type="checkbox"/> No shared resources <input type="checkbox"/> Other resources:

⁴ Applicable only to programs on federal and tribal properties and to summer day camps operated in accordance with Section 7.2 of the State Sanitary Code. However, for summer day camps, child care subsidy cannot be authorized for a child under three years of age for child care provided.

⁵ Three years old means a child who is at least two years of age at the beginning of the school year but will turn three years of age on or before the applicable calendar date for which a child must be at least five years of age to be eligible for admission to school; and such a child shall be considered three years of age for the purposes of staff-t-child ratio and maximum group size.

⁶ New York City Department of Health and Mental Hygiene

7. 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 New York State Office of Children and Family Services (OCFS) 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 above requirement to be enrolled as legally-exempt. If you are not certain whether your program is required to operate under a license or registration, please contact OCFS’s regional office in your area.

Check box that applies to your program.

I, the program director, attest that the child care services provided by the program are **not** required to be licensed or registered with OCFS, or, licensed by the City of New York, but the program meets all applicable state or local requirements for such child care programs.

- Yes.** If you have supportive documentation,⁷ 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, as identified in Section I.A.1. (page 1), legally operates under the authority of another federal, state, local government, or a 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.

1. CHOOSE THE STATEMENT BELOW THAT DESCRIBES YOUR PROGRAM.

- A)** My program is legally **operating under the auspices** of another federal, state, local government, or a tribal agency, AND my program meets all state and local requirements for such program. My program is described on the next page within question 1.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 1.B.2, “Programs Operating Under the Auspices of Another Government Agency,” and then
- complete only the sections and questions listed immediately below.

Section 1 - Child Care Provider

- 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 Periods of Operation
 - 3) Cost of Care
 - 4) Pre-service Training Requirement
- F. Relevant History
 - 2) Provider’s, Employee’s, and Volunteers’ History
- G. Provider Agreements and Certification (*All questions*)
- H. Provider Certification (*All*)

- Review **Section 2 - Parent Information** (*all questions are to be completed by the parent/caretaker*) and sign the “Provider Certification” (at the bottom of part D.6 of **Section 2 – Parent Information**)

- B)** My program **is not required to** operate under the auspices of another federal, state, local government, or tribal agency. *Programs that are NOT required to operate under the auspices of another federal, state, local government, or a tribal agency, must*

- skip question 1.B.2, “Programs Operating Under the Auspices of Another Government Agency,” on page 4, and
- answer question 1.B.3, “Programs Not Operating Under the Auspices of Another Government Agency,” on page 6, then
- Complete **Section 1 - Child Care Provider.** ALL remaining subsections and questions.
 - **Review Section 2 - Parent Information** and sign the “Provider Certification” (at the bottom of part D.6 of **Section 2 – Parent Information**)

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

⁷ Supportive documentation, issued by the New York State Office of Children and Family Services (OCFS), 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 OCFS or the New York City Department of Health and Mental Hygiene.

2. PROGRAMS OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY

Answer this question only if you checked box "A" in 1B.1., above.

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 **located on federal property** and operated in compliance with applicable **federal** laws and regulations for such child care programs.
 - 1) Name of federal agency/property where located: _____
 - 2) The type of child care provided is (Check all that apply.)
 - a day care center
 - a family day care home
 - other child care program: _____

- B)** The program is **located on tribal property** and operated in compliance with applicable **tribal** laws and regulations for such child care programs.
 - 1) Name of tribe: _____
 - 2) Name of tribal property where located: _____
 - 3) The type of child care provided is (Check all that apply.)
 - a day care center
 - a family day care home
 - other child care program (describe): _____

- C)** The program is operated under the auspices of the **New York State Department of Education, AND**
 - is **operated by** a public school district that is providing elementary or secondary education or both, **in accordance with the compulsory education requirements** of New York State 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) Legal name of school: _____
 - 2) DBA (if applicable): _____
 - 3) Name of school district: _____
 - 4) The type of child care provided is (Check all that apply.)
 - a nursery school program, providing services only to children three years of age or older.
 - a pre-kindergarten program, providing services only to children three years of age or older.
 - a school-age child care programs conducted during non-school hours.

- D)** The program is a nursery school, voluntarily registered with the New York State Department of Education (NYSED), **AND**
 - is 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 three hours or less per day, to pre-school age⁸ 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 five years*.
 - 2) **Registration number:** _____
 - 3) **Date of Certificate of Registration:** _____ / _____ / _____
 - 4) **The program's hours are:** _____

⁸ 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.

- E) The program, located WITHIN New York City, is operated under Article 43 of the New York City Health Code,
 - has **filed** appropriate notice with the New York City Department of Education on a form provided or approved by the New York City Department of Education, **AND**
 - is operated by a school recognized under New York 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 3 through 5, 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*⁹ 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) Legal name of school: _____
- 2) DBA (if applicable): _____
- 3) I HAVE ATTACHED a copy of the current **Certificate of Filing** issued by the **New York City Department of Health and Mental Hygiene** (DOHMH)
- 4) Certificate of Filing DCID¹⁰ Number: _____
- 5) Filing date: _____

- F) The program is a **summer day camp operating under the auspices of the New York State 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 HAVE ATTACHED a copy of my current year permit from the NYS DOH or the NYC DOHMH.

Name¹¹ of permitted operation: _____

Location:¹² _____

Permit number: _____

Expiration date: _____

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 do the following:

- 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 summer day camp permit application to DOH on (date): ____ / ____ / ____

⁹ 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 3-year-olds shall have their third birthday within four months of the start of the school year.

¹⁰ The DCID number is found on the Certificate of Filing issued by the New York City Department of Health and Mental Hygiene.

¹¹ "Name of Program," as given on page one, must match the name on the permit.

¹² Must be the same as the "Child Care Program Location" on page 1.

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

Choose the statement, A), B), C), or D), 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 New York State 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) Legal name of school: _____

2) School-specific DBA (if applicable): _____

- 3) The type of child care provided is (*Check all that apply.*)
 - a 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 New York State 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) Legal name of school: _____

2) School-specific DBA (if applicable): _____

3) 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 age¹³ or older or program for preschool age children, **AND**
 - is not voluntarily registered with the New York State 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 preschool⁵ aged children, at least 3 years of age.

- 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.

¹³ 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 AND 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.*

New York State 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 medications 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 to children receiving subsidies 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 the OCFS-LDSS-7000, *Health Care Plan for Administration of Medication for Legally-Exempt Providers*, 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 New York State 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 New York State 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 New York State 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 New York State law.

Yes No

B) Does this program (includes provider/director, employees, caregivers and/or volunteers) administer medication to any subsidized children in care?

Yes No

C) 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 New York State 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*):

- | | |
|---|--|
| <input type="checkbox"/> Registered nurse | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Nurse practitioner | <input type="checkbox"/> Physician assistant |

2) License number: _____

I have attached a copy of the current New York State professional medical license.

D. HEALTH AND SAFETY CHECKLIST ATTESTATION

The **Health and Safety Checklist Attestation must be completed** by group programs that are not under auspices of another government agency as explained in subsection 1 B.

The provider/director and parent/caretaker attest and certify that the program meets and will continue to meet the following basic health and safety requirements:

The program meets and will continue to meet the following basic health and safety requirements:

- Yes
- No

1.	The provider and all children have two separate and remote ways to leave the building in an emergency.
2.	The rooms for the child(ren) at the program site are well-heated, well-lighted and well-ventilated.
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.
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.
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.
6.	The provider, all employees, and volunteers with the potential for regular and substantial contact with child(ren) in care are physically, emotionally, and mentally able to provide child care.
7.	<p>The provider, all employees, and volunteers with the potential for regular and substantial contact with child(ren) in care are free from any communicable diseases that pose a risk to the health and safety of the child(ren) in care.</p> <p>If the provider, any employee, or volunteers with the potential for regular and substantial contact with child(ren) in care 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.</p> <p><input type="checkbox"/> The provider/program has ATTACHED a doctor's statement, if the provider, any employee, or volunteers with the potential for regular and substantial contact with child(ren) in care has a communicable disease and that such disease does not pose a risk to the health and safety of the child(ren) in care.</p>
8.	<p>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 the following:</p> <ul style="list-style-type: none"> • Knives and other sharp objects are out of the reach of the child(ren). • Small rugs, runners, and electrical cords are held in place so the child(ren) won't trip. • Electrical cords do not run under furniture or rugs and are out of the reach of the small child(ren). • Extension cords are not overloaded. • Cords to window blinds and shades are out of the reach of the child(ren). • Hot liquids are out of the reach of the child(ren). • Small items that the child(ren) could choke on are out of the child(ren)'s reach. • To the extent that a legally-exempt group program provides cribs, those cribs must be in compliance with the federal requirements. • 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.
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).
10.	The provider/program staff will give the child(ren) meals and snacks according to what the parent/caretaker, and I have agreed.
11.	The provider/program staff will refrigerate milk, formula, and perishable food that goes bad if left out.
12.	The provider/program staff will not heat formula, breast milk, and other food items for infants in a microwave oven.
13.	The provider/program staff will always allow the custodial parent/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).
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.
15.	The provider 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.
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.

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.
18. The child care premise has at least one operating smoke detector on each floor of the program site. I will check regularly to make sure all detectors work.
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.
20. The provider/program director has RECEIVED from the child(ren)'s parent/caretaker <ul style="list-style-type: none"> • 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 • proof that one or more of the immunizations would harm the child(ren)'s health; OR • a statement saying that the child(ren) has not been immunized due to the parent/caretaker's religious beliefs.
21. The stairs, railings, porches, and balconies are in good repair.

E. PROVIDER/PROGRAM BEHAVIORAL CONDITIONS

The **Provider/Program Behavioral Conditions** questions must be answered by group programs that are not operating under auspices of another government agency as explained in subsection 1.B.

The program meets and will continue to meet the following basic health and safety requirements.

- Yes
- No

1. The provider/program director understands and agrees that the provider, program staff, and program volunteers will never use corporal punishment or let others use corporal punishment while child(ren) are in their care. Corporal punishment means doing things directly to the child(ren)'s body to punish them, such as the following: <ul style="list-style-type: none"> • Spanking, biting, slapping, shaking, twisting, or squeezing • Making the child(ren) do physical exercises beyond what is normal • Forcing the child(ren) to stay still for long periods of time • Making the child(ren) stay in positions that hurt the child(ren) or are bizarre • Bathing the child(ren) in unusually hot or cold water • Forcing child(ren) to eat or have in the child(ren)'s mouth soap, foods, hot spices, or foreign substances
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.
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.
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 Section 1, 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 1.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-4917,¹⁶ *History of Termination of Parental Rights and/or Court-Ordered Article 10-Removal Acknowledgement.*

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-4917, *History of Termination of Parental Rights and/or Court-Ordered Article 10-Removal Acknowledgement.*

¹⁶ If you need a copy of this form, please contact your local social services district or your legally-exempt child care provider enrollment agency.

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-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 with the potential for regular and substantial contact with child(ren) in care if they have been convicted of a crime.

A) Has the provider/program director and/or the program's employee(s) and/or volunteer(s) with the potential for regular and substantial contact with child(ren) in care ever been convicted of a crime in New York State or any other place?

- No.** Skip to question F.2.C.
- Yes.** If yes, you must complete and attach OCFS-4915, *History of Criminal Convictions and Parental Acknowledgement* for each person with a criminal convictions history and answer question F.2.B.
 - The provider/program director has ATTACHED the OCFS-4915, *History of Criminal Convictions and Parental Acknowledgement* for each person convicted.

B) 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			/ /

C) Indicated Reports of Child Abuse or Maltreatment

The provider/program director must ask all volunteers with the potential for regular and substantial contact with child(ren) 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 with the potential for regular and substantial contact with child(ren) 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 with the potential for regular and substantial contact with children in care 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. STAFF-TO-CHILD RATIOS AND MAXIMUM GROUP SIZE

- The program meets and will continue to meet the following minimum staff-to-child ratios and maximum group size requirements unless a more stringent standard is required by law:

	Staff to Child Ratios by Age of Children		
	3 years	4 years	5 to 12 years
Seated Activities	1:20	1:20	1:25
Non-Seated Activities	1:10	1:12	1:25
Maximum Group Size Total	30 children	36 children	50 children

- I understand when children are younger than 5 years of age are cared for in mixed age groups, the staff-to-child supervision ratio and maximum group size applicable to the youngest child in the group must be followed.

2. RECORD KEEPING

- On a daily basis, the provider/program maintains, at the child care program, current and accurate attendance records on 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.

3. 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 with a caregiving role or volunteers with the potential for regular and substantial contact with child(ren) in care, the requirements on pages 12-13 for “Provider’s Employee’s and Volunteer’s History” apply to them.
- I understand I am required to inform the enrollment agency promptly if I add any new employees or volunteers with the potential for regular and substantial contact with child(ren) in care who have a criminal conviction so their criminal history can be evaluated.
- I understand that the decision to enroll in 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.

4. INFORMATION SHARING

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

5. ELIGIBILITY AND PAYMENT

- 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 volunteers with the potential for regular and substantial contact with child(ren) in care, 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 services 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.
- I understand child care assistance cannot be authorized for a child under 3 years of age for child care provided by legally-exempt group care except for:
 - child care programs located on Federal or tribal property operated in compliance with applicable Federal or tribal laws and regulations for such child care programs, or
 - a child who is at least 2 years of age at the beginning of the school year but will turn 3 years of age on or before the applicable calendar date for which a child must be at least 5 years of age to be eligible for admission to school. Such a child shall be considered 3 years of age for the purposes of staff-to-child ratio and maximum group size.

6. ADDITIONAL REQUIREMENTS ONLY FOR PROGRAMS NOT OPERATING UNDER THE AUSPICES OF ANOTHER GOVERNMENT AGENCY

(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.
- The program meets and will continue to meet the health and safety requirements including behavioral conditions.

7. 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 the following:
 - 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 **Section 2 - Parent Information** 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’S SIGNATURE: X	DATE: / /
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2. PARENT CERTIFICATION

I have reviewed **Section 1 - Child Care Provider** of this form. 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’S SIGNATURE: X	DATE: / /
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3. MY CHILD(REN)'S MEALS AND SNACKS

For each of the parent's 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 the parent's 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

I understand the child care provider must ask and is required to inform me whether the following people, who may be in contact with my child(ren), have been the subject of an indicated report of child abuse or maltreatment:

- The provider
- Volunteers with the potential for regular and substantial contact with child(ren) in care
- Employees

I have specifically asked the provider if the provider, volunteers with the potential for regular and substantial contact with child(ren) in care, and/or employees have been the subject of an indicated report of child abuse or maltreatment.

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 AND 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 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, or
 - 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 volunteers with the potential for regular and substantial contact with my child(ren) in care, 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 volunteers with the potential for regular and substantial contact with my child(ren) in care, 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 on this form in **Section 1 - Child Care Provider** are true and accurate.
- 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 **Section 1 - Child Care Provider** 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 department of social services 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'S/CARETAKER'S SIGNATURE: X	DATE:
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6. PROVIDER CERTIFICATION

I have reviewed **Section 2 - Parent Information** of this form. 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'S SIGNATURE: X	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: