

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**ENROLLMENT FORM FOR PROVIDER OF LEGALLY EXEMPT IN-HOME CHILD CARE
AND LEGALLY EXEMPT FAMILY CHILD CARE**

Do <u>ALL</u> children in-care reside in the home where child care is provided?			
Yes		No	
Are you related to <u>ALL</u> children receiving child care subsidy as a grandparent, great-grandparent, sibling that lives in a separate residence, aunt or uncle? (check one)		Are you related to <u>ALL</u> children receiving child care subsidy as a grandparent, great-grandparent, sibling that lives in a separate residence, aunt or uncle? (check one)	
<input type="checkbox"/> YES = You are providing Relative-Only In-Home Child Care Complete ALL sections of application.	<input type="checkbox"/> NO = You are providing In-Home Child Care Complete all sections EXCEPT sections 6 and 9. Comprehensive Background Clearance (CBC) required. Refer to page 3 of the attached instructions.	<input type="checkbox"/> YES = You are providing Relative-Only Family Child Care (RO FCC) Complete ALL sections of application.	<input type="checkbox"/> NO = You are providing Family Child Care (FCC) Complete all sections EXCEPT sections 6 and 9. Comprehensive Background Clearance (CBC) required. Refer to page 3 of attached instructions.

Child Care Location: *All fields required. Include the full address of the location where child care will be provided.*

Street Address:	Apartment #	Floor #	City	State	Zip Code	County
Site phone number: *Valid working phone or immediate access to one is required at child care location: () -				Is another provider enrolled to provide care at same address?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provider's name:						
Site address/Care location same as: <input type="checkbox"/> Provider's address <input type="checkbox"/> Parent's/Caretaker's address <input type="checkbox"/> Other:						

IMPORTANT: Maximum capacity for Family Child Care (FCC) programs is no more than eight children may be in care at any given time. When non-related children are also in care, you may not care for more than two non-related children simultaneously, for more than three hours total per day. There is no capacity limit for In-Home child care when ALL children reside in the home.

Received Date: / /	Complete Date: / /
CCFS ID:	Facility Name:

Section 1: Provider Information

Provider Information:								
Name: First	Last (Please include any ALIASES or MAIDEN names in parentheses)					MI	Suffix	
Gender	Date of Birth / /		Social Security Number (optional)		Preferred Language			
Home Address: Street Address			Apt #	Floor #	City	State	Zip Code	County
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as Home			Apt #	Floor #	City	State	Zip Code	
Have you ever been previously enrolled? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please write your Enrollment ID:								
Email Address			Home Phone Number () -		Cell Number () -			

Section 2: Parent/Caretaker Information

Parent/Caretaker Information:								
Name: First	Last (Please include any ALIASES or MAIDEN names in parentheses)					MI	Suffix	
Date of Birth / /	Gender		Home Phone () -		Work Phone () -			
Cell Phone () -			Email Address					
Home Address: Street Address			Apt #	Floor #	City	State	Zip Code	County
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as Home			Apt #	Floor #	City	State	Zip Code	
Subsidy Paying County			Preferred Language					

Section 3: Children Receiving Subsidy (If the schedule varies, you **must** provide a schedule for a typical week of care for the child.)

Child's Full Name						Gender	DOB
First		Last				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Parent's Name						Provider's relationship to the child?	
First		Last					
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Drop-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Who will be responsible for meals/snacks? (Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent							
Who will administer medication? (Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent							

Child's Full Name						Gender	DOB
First		Last				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Parent's Name						Provider's relationship to the child?	
First		Last					
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Drop-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Who will be responsible for meals/snacks? (Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent							
Who will administer medication? (Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent							

Child's Full Name						Gender	DOB
First		Last				<input type="checkbox"/> M <input type="checkbox"/> F	/ /
Parent's Name						Provider's relationship to the child?	
First		Last					
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Drop-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Who will be responsible for meals/snacks? (Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent							
Who will administer medication? (Check one) <input type="checkbox"/> Provider (must meet requirements per instructions) <input type="checkbox"/> Parent							

Section 4: Other Children in Care NOT Receiving Subsidy None

Child's First Name	Age	Parent's First Name					
Provider's relationship to the child:							
Schedule of Child Care							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Drop-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Child's First Name	Age	Parent's First Name					
Provider's relationship to the child:							
Schedule of Child Care							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Drop-off	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Pickup	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

How many of the provider's own children (including foster children) are at the child care site during child care hours? <input type="checkbox"/> None	
Number of Children	List the ages of all the provider's own children at the child care site.

Section 5: ALL Provider Formal Child Care History

*If you select yes to questions 1 or 2 below, you must complete the relevant questions in Section 11 , and provide the required true and accurate information.	Yes	No
1. Have you ever had an application for a license or registration to operate a child day care program denied?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a license or registration to operate a child day care program revoked, limited or suspended?	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Relative-Only Provider-Child Abuse/Maltreatment and Criminal History Disclosure

*If you select yes to questions 1, 2 or 3 below, you must complete the relevant questions in Section 11 , and provide the required true and accurate information.	Yes	No
1. Have you ever had your parental rights terminated under Social Services Law 384b or equivalent legal authority?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had a child(ren) removed from your care by court order in a proceeding under Article 10 of the Family Court Act?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a crime in the State of New York or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4.4(a) Have you ever been the subject of an indicated report of child abuse and maltreatment?	<input type="checkbox"/>	<input type="checkbox"/>
4.4(b) If Yes: Have you provided the parent/caretaker with true and accurate descriptions of the incident and the date of indication?	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Provider Training Requirements (See page 4, **Section 7**, of Instructions for more information)

Preservice Training (Select one) Only required for initial enrollment	
<input type="checkbox"/>	I am required to complete five hours of Health and Safety preservice training, and I have attached my certificate of completion.
<input type="checkbox"/>	I previously enrolled as a provider and have submitted my certificate to this enrollment agency.
<input type="checkbox"/>	Not applicable. I am a relative-only in-home or relative-only family child care provider.
Annual Training (Select one) Only required at re-enrollment for non-relative providers	
<input type="checkbox"/>	I have attached my certificates of completion of five hours of training (completed in the last 12 months) as proof of my completion of annual training.
<input type="checkbox"/>	Not applicable. I am not yet enrolled as a legally exempt provider.
<input type="checkbox"/>	Not applicable. I am a relative-only in-home or relative-only family child care provider.
Enhanced Rate Training (Select one) Only required if applying for the enhanced rate	
<input type="checkbox"/>	I have attached my certificates of completion of 10 or more additional hours of training as proof of eligibility for the enhanced rate.
<input type="checkbox"/>	Not applicable. I am not applying for the enhanced rate.

Section 8: Relative-Only Family Child Care and Family Child Care Household Members, Employees, and Volunteers None

THIS SECTION DOES NOT APPLY TO HOUSEHOLD MEMBERS FOR IN-HOME CHILD CARE.					
<i>Only complete this section if you have household members age 18 or older, employees or volunteers.</i>					
For relative-only family child care <u>and</u> family child care, list all persons who are age 18 and older residing in the home where family child care is provided. List all employees and volunteers.					
Full Name			Role	Date of Birth	Related to Child
First	Last	M			
			<input type="checkbox"/> Household Member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	/ /	<input type="checkbox"/> Yes. – if yes, how? <input type="checkbox"/> No
			<input type="checkbox"/> Household Member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	/ /	<input type="checkbox"/> Yes – if yes, how? <input type="checkbox"/> No
			<input type="checkbox"/> Household Member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	/ /	<input type="checkbox"/> Yes – if yes, how? <input type="checkbox"/> No

Section 9: Household Members, Employees and Volunteers Relevant History None

<i>Only complete this section if</i> you are a relative-only in-home child care <u>and</u> have employees or volunteers, <u>OR</u> if you are a relative-only family child care <u>and</u> have household members over the age of 18 residing in your home, employees or volunteers, <u>OR</u> if you are a family child care <u>and</u> have household members over the age of 18 who are related in any way to ALL children in care.		
<i>*If you select yes to question 1 below, you must complete Section 11, and provide the required true and accurate information.</i>	Yes	No

1. Have any of your employees, volunteers, persons over the age of 18 residing in your home where child care is provided been convicted of a crime in the State of New York or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. I have asked my employees, volunteers and persons over the age of 18 residing in the home, including those related in any way to all children in care where child care is provided, if they have been the subject of a case of indicated child abuse and maltreatment, AND if they have never been the subject of an indicated report of child abuse or maltreatment, OR they have been the subject of an indicated report of child abuse and maltreatment, and I provided the parent/caretaker with true and accurate descriptions of the incident and the date of indication (see instructions on page 6, Section 9 , for further clarification of these statements).	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Employee and Volunteer Training Requirements

Employee and Volunteer Preservice Training (Select one)	
<input type="checkbox"/>	All employees and volunteers have completed five hours of Health and Safety preservice training, and a copy of certificate of completion will be kept on-site.
<input type="checkbox"/>	Not applicable. Provider is related to every child receiving subsidy in care.
<input type="checkbox"/>	Not applicable. Provider does not have employees or volunteers.
Employee and Volunteer Annual Training (Select one) Required at re-enrollment	
<input type="checkbox"/>	All employees and volunteers have completed an additional five hours of annual training and a copy of certificates of completion will be kept on- site.
<input type="checkbox"/>	Not applicable. Provider is related to every child receiving subsidy in care.
<input type="checkbox"/>	Not applicable. Provider does not have employees or volunteers.

Section 11: History/Background Acknowledgements (Use additional paper as needed.)

History of Day Care Enforcement (Section 5)	
Name of day care program having enforcement action: Location: Type(s) of enforcement action (Check all that apply.): <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Limited Dates of enforcement actions: Description/reason for enforcement action:	
History of Criminal Convictions (Section 6, 9) Relative-Only In-Home and Relative-Only Family Child Care Provider and Employees, Volunteers and Adult Household Members	
Name of individual with criminal conviction: Specific conviction(s): Disposition date / / and penalty imposed: Description:	
History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal of a Child (Section 6) Relative-Only In-Home and Relative-Only Family Child Care-applies to provider only	
Date(s) of removal/termination: / /	Name of court:
County:	State:
Type of court involvement (Check all that apply.) <input type="checkbox"/> Judicial Termination of Parental Rights Under Social Services Law 384-b <input type="checkbox"/> Court-Ordered Removal of a Child Under Article 10 of the Family Court Act (Child Protective)	

Reasons underlying the loss of parental/custodial rights

Section 12: Provider Certification

To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care subsidy payments, and/or legal action against the provider for deliberately presenting false or misleading information.

Signature of Provider:

Date:

/ /

Section 13: Parent/Caretaker Certification

To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care subsidy payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.

Signature of Parent/Caretaker:

Date:

/ /

Detach here and retain for your own records.

Section 14: Provider Attestations and Agreements <https://ocfs.ny.gov/programs/childcare/regulations/415-Child-Care-Services.pdf>

By signing this enrollment application, the provider attests and agrees to the following:

ALL Providers:

- I have reviewed the Health and Safety Requirements listed in **18 NYCRR 415** and on pages 9-12 of the attached instructions guide **OCFS-LDSS-4699a** and agree to meet and continue to meet all requirements.
- I will immediately notify the enrollment agency and the parent/caretaker if there are changes to any section of this enrollment form.
- I agree to collect the family share (fee) if instructed to do so by the local social services district. I will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- I understand that I must not charge parents more for the cost of child care for children receiving subsidy than for children not receiving subsidy.
- I understand that I will not be paid by the local social services district for any child care that I provide to a child(ren) receiving a child care subsidy while I am deemed an ineligible provider by the enrollment agency.
- I understand that if I provide care in a child's own home, I am employed by the parent/caretaker, and the parent/caretaker is responsible to pay my wages, benefits, and all applicable federal and state employment taxes.
- I understand that I must be enrolled with an enrollment agency before any payment may be made.
- I understand that if the enrollment agency determines I cannot be enrolled, then the local social services district cannot issue payment for care that I have provided. The parent/caretaker has the right and responsibility to decide whether they want to use my child care services. If the parent/caretaker chooses to use my child care services when I cannot be enrolled, I can hold the parent/caretaker responsible to pay me for the child care.
- I have reviewed the Parent/Caretaker Attestations and Agreements in **Section 15** and agree with all requirements of the parent/caretaker.

Relative-Only In-Home Child Care Providers and Relative-only Family Child Care Providers:

I understand that

- I must be related to all children in care as either a grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle, and have indicated such relationship to all children in **Section 3** of this form.
- I must ask all employees, volunteers and, for relative-only family child care, adult household members if they have been convicted of a misdemeanor or felony in the State of New York or any other jurisdiction. If I or any such individuals have been convicted of a misdemeanor or felony, I am required to provide true and accurate information about the crime to enable the parent/caretaker and enrollment agency to evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the child.
- I must not be enrolled as a relative-only in-home or family child care provider if I, an employee, volunteer, or for relative-only family child care, adult household member has been convicted of a misdemeanor or felony against a child.
- I *may* not be enrolled as a relative-only in-home or relative-only family child care provider if I have been, or if I employ a person or use a volunteer who has been, or for relative-only family child care, live with an adult household member who has been convicted of misdemeanor or felony other than crimes against a child, unless the enrollment agency finds the circumstances are consistent with guidelines issued by OCFS for evaluating such criminal conviction records.
- I must not be enrolled as a relative-only in-home or relative-only family child care provider if I knowingly make materially false statements in connection with a criminal background history or refuse to cooperate with the criminal history evaluation.

- I must provide the information for myself, any employees or volunteers, and for relative-only family child care, any adult household member, to allow the enrollment agency to conduct a check of the New York State Sex Offender Registry maintained by the New York State Division of Criminal Justice Services, via the registry's toll-free telephone number to determine if such person is listed on the New York State Sex Offender Registry.
- I must not be enrolled as a relative-only in-home or relative-only family child care provider if any such individual is listed on the New York State Sex Offender Registry.

Section 15: Parent/Caretaker Attestations and Agreements

By signing this form, the parent/caretaker attests and agrees to the following:

- I have reviewed the Health and Safety Requirements listed in **18 NYCRR 415** and agree that the provider must meet and continue to meet all requirements.
- My child care 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 staff for my child(ren)
 - Access to written records about my child(ren) except when otherwise restricted by law
- 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 program's care.
- I understand that this enrollment applies **ONLY** to the provider and the location of care listed in **Section 1**. If the provider **OR** the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new provider or the new location.
- I will immediately notify the local social services district and the 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, if any, as directed by the local social services district.
- I understand that if the provider is denied enrollment or has his or her enrollment terminated, the provider will be considered ineligible to provide child care. The local social services district cannot pay the provider or issue payment for the care given by a provider who cannot be enrolled or who is ineligible.
 - If I choose to use an ineligible provider, I am responsible to pay for the child care.
 - I understand I have the right to select another provider.
- If I choose a provider to provide care in my home, I am the sole employer of the provider. As the sole employer I am responsible for paying minimum wage and benefits to the provider as well as all applicable federal and state employment taxes required. I also understand that any child care benefit for which I am eligible may not cover the entire cost of care, and I am responsible for the costs the child care benefit does not cover.
- If the provider is denied enrollment or has their enrollment terminated, the provider will be considered ineligible to provide child care.
- If I selected a relative-only in-home or relative-only family child care provider, the provider must inform me if he/she, any employees or volunteers, or for family child care, any adult household member, has been the subject of an indicated report of child abuse and maltreatment. In circumstances when a provider has disclosed to me that he/she has been indicated as the subject of child abuse and maltreatment, I have received detailed information pertaining to the incident, **AND** I have carefully considered the information and I am selecting this provider.
- I have reviewed the Provider Attestations and Agreements in **Section 14** and understand and agree with all requirements of the provider.