

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD CARE PROVIDER, STAFF, VOLUNTEER AND HOUSEHOLD MEMBER INFORMATION
CHILD CARE PROGRAMS

INSTRUCTIONS:

- Please **PRINT** clearly. This form **MUST** be completed by each applicant for child care provider, staff, volunteer and household member.
- If you are not sure which role to choose, refer to the child day care regulations and/or consult with your licensur, registrar, or legally-exempt enrollment agent.
- **List all other facility ID numbers you want your fingerprints to be associated with.**

PROGRAM INFORMATION

PROGRAM NAME:	FACILITY ID NUMBER:
FACILITY ID NUMBER OF PROGRAMS YOU WANT YOUR FINGERPRINTS ASSOCIATED WITH:	
BUSINESS CONTACT NAME:	
PHONE NUMBER: () -	EMAIL ADDRESS:

TYPE OF PROGRAM:	Family Day Care, Group Family Day Care, Small Day Care Centers, Legally-Exempt Informal	Day Care Center, School-Age Child Care, Legally-Exempt Group	All Programs
ROLE:	<input type="checkbox"/> Provider <input type="checkbox"/> Substitute (GFDC/FDC) <input type="checkbox"/> Assistant (GFDC/FDC) <input type="checkbox"/> Household Member	<input type="checkbox"/> Director <input type="checkbox"/> Group Teacher (DCC/SACC) <input type="checkbox"/> Assistant Teacher (DCC/SACC) <input type="checkbox"/> Teacher (LE GROUP)	<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee

PERSONAL INFORMATION

FULL NAME (First, Middle, Last):			
DATE OF BIRTH:		GENDER:	
ADDRESS:		APT:	FLOOR:
CITY:		STATE:	ZIP:
PHONE NUMBER:	EMAIL ADDRESS:		

Have you ever been known by any other name? YES NO

If YES, list all known names (including maiden name, aliases, pseudonyms) _____

Have you lived in another U.S. state or territory outside of NYS in the last 5 years? Prior residence in another country does not apply. YES NO

If **YES**, complete page 2 of this form entering all out of state addresses, including U.S. territories where you lived in the past five years. **Additional information and/or forms may be required.**

If **NO**, you do not have to complete page 2.

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

INSTRUCTIONS:

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

PROGRAM NAME:
PERSON'S NAME:

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

CERTIFICATION

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

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

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

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

SIGNATURE: _____

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

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

PROGRAM NAME: _____

FACILITY ID NUMBER: _____

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

Instructions:

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

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

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

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

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

First name: _____

Last name: _____

Middle initial: _____

Social security number: _____ - _____ - _____

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

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

Position applied for: _____