

New York State
Office of Children and Family Services

New York State Day Care Center

SAMPLE



Pursuant to the Americans with Disabilities Act, the State Office of Children and Family Services will make this material available in large print or on audiotape upon request.

SAMPLE

Your Day Care Center Renewal Package

Prepared For:

Your Package Includes:

Identifying Information

A-1



Site Information

B-1



Agreements

C-1



Tear Here

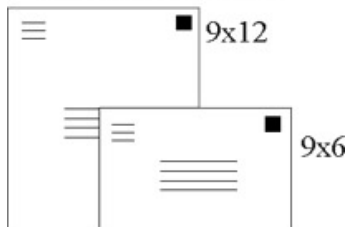
SAMPLE



Filling out the Renewal Package

This renewal application package contains only the information necessary for completing the renewal process. The checklist, "Day Care Center Required Documents", specifies each item which needs to be completed and submitted to complete your renewal with us. Please notice that some of the information will need to be maintained on site as well. You can use this checklist to make sure you've completed the renewal properly.

Envelope Sizes



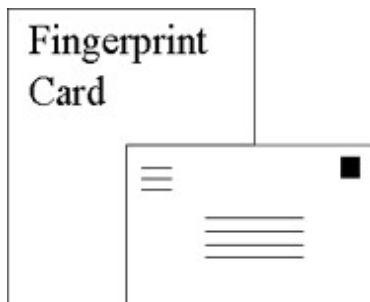
It is not necessary to return this entire booklet to us. There are perforations on each page so you can either tear out the pages to return to us and keep the booklet, or tear out the pages you need to keep on file and mail the rest of the booklet to us.

You will need to judge what kind of envelope you will need to mail your application to us - a regular business envelope could be large enough based on the number of pages you need to send in. The illustration to the left shows two envelope sizes that could be used. The larger one will hold all of your application pages if you send in the bound package.

You should send the completed application pages to...

We look forward to working with you as you complete the renewal process.

Fingerprint Cards



If you or any staff member age 18 or older have not yet been fingerprinted, you will need to have this done. If so, please contact your licensor or registrar. Once you have been fingerprinted, use the envelope provided to return the card to...

Criminal History Review Unit
NYS Office of Children and Family Services
P.O. Box 839
Rensselaer, NY 12144-9953

SAMPLE

This page left blank intentionally.

Day Care Center Required Documents

INSTRUCTIONS








Maintain
On-Site

- This listing specifies those documents that you are required by regulation to submit and/or maintain on-site
- Use this form to keep track of the required documents and when they are submitted
- Some documents are included in this package, some are obtained from outside sources, others you will need to create

Document Listing

- ✓ Regulation requirements
It is recommended that you maintain a copy of everything you submit

		 Maintain On-Site	 Submit	Date Submitted (mm/dd/yyyy)
 Identifying Information	A-1			
General Information	A-3		✓	/ /
Business Information	A-5 and A-6		✓	/ /
 Site Information	B-1			
Required Inspections / Approvals	B-2	✓		/ /
Report of Water Supply Testing	B-3	✓	✓	/ /
Environmental Hazards Inspection	B-5	✓	✓	/ /
DOT Inspection	State Dept. of Transportation	✓ as needed		/ /
Fire Safety Inspection	Local Code Officials		✓	/ /
Health Inspection	State/Local Health Unit		✓	/ /
Fire Alarm/Detection Inspection	Certified Inspector		✓	/ /
Fire Suppression	Fire Extinguishing Agency		✓	/ /
Heating System	NYS Dept. of Labor Heating Contractor		✓	/ /
 Agreements	C-1			
Child Support Obligation Statement	C-3		✓	/ /
Applicant Compliance Agreement	C-5		✓	/ /



Identifying Information

General Information..... A-3

Business Information..... A-5

SAMPLE

..... Tear Here



SAMPLE

This page left blank intentionally.



General Information

INSTRUCTIONS



Submit

- If you have a DBA (Doing Business As) certificate and have not already submitted a copy, or if the DBA name has changed, submit it with the application
- If any of the prefilled information is incorrect, please cross out, and enter the correct information
- Please print clearly

Director

Print the following information about the Director

Mr. Mrs. Ms.

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

Name: Last First MI

SSN / ID:

Home Address: Apt.

Phone: () Ext.

City: Floor

Unlisted: Yes No

County/Boro: State Zip

Fax: ()

Do you speak English? Yes No

E-Mail:

If no, please specify language spoken

Mailing Address (if different from home address):

Site

Day Care Center Name (DBA):

Site Address: Apt.

Phone: () Ext.

City: Floor

Unlisted: Yes No

County/Boro: State Zip

Fax: ()

Federal ID #: (if applicable):

E-Mail:

Mailing Address (if different from site address):

Hours of Operation

Typical child care operating days and hours are Monday through Friday, approximately 6:00 A.M. to 7:00 P.M.

Do you plan to operate outside of these typical operating days and hours? Yes No

If yes, specify operating days and hours:

Tear Here

SAMPLE

This page left blank intentionally.



Business Information

INSTRUCTIONS



Submit

- If any of the prefilled information is incorrect, please cross out, and enter the correct information
- If your incorporation information changes, submit copies of the Certificate of Incorporation or Amendment and the filing receipt from the Secretary of State
- Please print clearly

Director Name: _____

Day Care Center Name: _____

Legal Information

This information does not apply

Please check one of the boxes below and complete the following information:

- Corporation Limited Liability Company (LLC) Legal Partners
 Unincorporated Association

Legal Name: _____

Mailing Address: _____ Phone: () Ext. _____

_____ Apt. _____ Fax: ()

_____ Floor _____ E-Mail: _____

City: _____ State _____ Zip _____ Contact Name: _____

Contact Phone: () _____

Legal Partners, Board Members / Managers (if applicable)

List the names, titles, home addresses and phone numbers of all legal partners (including yourself). Attach additional sheets if necessary.

Name: _____ Last First MI	Title: _____
Address: _____ Street City State/Zip	Phone: () _____

Name: _____ Last First MI	Title: _____
Address: _____ Street City State/Zip	Phone: () _____

Name: _____ Last First MI	Title: _____
Address: _____ Street City State/Zip	Phone: () _____

Name: _____ Last First MI	Title: _____
Address: _____ Street City State/Zip	Phone: () _____

Tear Here



Site Information

Required Inspections / Approvals.....	B-2
Report of Water Supply Testing	B-3
Environmental Hazards Inspection.....	B-5

SAMPLE

Tear Here





Required Inspections/Approvals

INSTRUCTIONS



Maintain
On-Site

- Use this document as a reference for obtaining the required inspection reports and local approvals
- All local inspection requirements must be met. These requirements can vary among localities. Check with your local authorities.

Inspections/Approvals

Type	Regulation	Purpose	Suggested Agencies to Contact	Inspection Form Enclosed
Water Supply	418-1.2 (a) (5)	To verify that the water supply is safe for human consumption and household use	Agency approved by NYS Health Department	✓
Environmental Hazards	418-1.2 (d) (4)	To ensure that there are no hazards of an environmental nature to children or staff	State/Local Health Unit EnCon - Department of Environmental Conservation EPA - Environmental Protection Agency Nuclear Regulatory Commission	✓
DOT Inspection	418-1.2 (d) (1)	If transportation is provided, inspection and approval of the vehicle(s) used is required by NYS DOT	Local office of the NYS Department of Transportation	

The remaining inspections are required if you do not have a Certificate of Occupancy from the State Education Department.

Fire Safety Inspection	418-1.15 (c) (16)	To verify that no fire hazards are present and that the facility complies with NYS Uniform Fire Prevention and Building Code	Local Code Enforcement Officials or Fire Marshall	
Health Inspection	418-1.15 (c) (19)	If food is prepared in the center, this will ensure that there are no hazards to children. If this site is newly constructed the local Department of Health will need to inspect.	State/Local Health Unit	
Fire Alarm & Detection Inspection	418-1.15 (c) (14)	To verify that the fire alarm system works effectively	Agency certified and licensed by the Department of State	
Fire Suppression (a) Sprinkler standpipe system	418-1.15 (c) (15)	To ensure the system meets the requirements of the Uniform Code and fire safety equipment will function properly	Inspecting/testing fire extinguishing agency	
(b) Hood suppression system		To ensure the system meets the requirements of the Uniform Code and fire safety equipment will function properly	Inspecting/testing fire extinguishing agency	
Heating System	418-1.15 (c) (17)	To ensure that the heating system is safe and will function effectively	Heating Contractor Boilers only – NYS Department of Labor Large Insurance Companies	

Tear Here



Report of Water Supply Testing

INSTRUCTIONS



Submit



Maintain
On-Site

- All Directors must complete this form regardless of testing requirement
- Sites that use a private water supply, well, or spring must have had bacterial, chemical, and physical contamination tests performed within the last 12 months
- You must provide evidence of an adequate and safe water supply that complies with State and local laws

Director Name: _____

Site Address: _____

Director Section – The Director must check the appropriate box and follow the instructions provided.

Water Supply Statement

- No** The child care site **does not** use a private water supply system.
(Water testing is NOT required. Do not complete the remainder of this form.)
- Yes** The child care site **does** use a private water supply system.
(Water testing is required by an Approved Water Testing Authority/Inspector or attach the report of inspection and approval.) Contact one of the water testing authorities listed below to submit a water sample for testing.
- County Health Units (see Appendix)
 - Local Water District or Department
 - Cooperative Extension
 - Private Medical or Testing Laboratories

Water Testing Authority Section – An approved water testing authority must complete the section below.

Please read the following statement and check the appropriate box.

The water supply has been tested in accordance with health standards and is found to be:

SATISFACTORY

UNSATISFACTORY

Type of Supply Inspected: _____ Inspection Date: ____ / ____ / ____

Explanation: _____ (mm/dd/yyyy)

Signature of Inspector: _____ Telephone: ()

Name: (Please Print) _____ Address: _____

Agency or Company: _____

Note to Director: If the **UNSATISFACTORY** box is checked, follow the instructions below:

- Contact the County Health Unit for instructions (see Appendix for Listing)
- Explain their instructions and your plan for implementing them to provide safe drinking water at your site
- Attach any written correspondence from a County Health Unit or other testing source

Tear Here

SAMPLE

This page left blank intentionally.



Environmental Hazards Inspection

INSTRUCTIONS



Submit



Maintain
On-Site

- All Directors must complete this form regardless of inspection requirements
- Sites must be inspected where hazardous activity or conditions have been identified
- If you have multiple environmental hazards requiring inspection, duplicate this form and properly complete one for each inspection
- If you need further information, please contact the fire safety representative at the regional office
- If there is a potential environmental hazard, provide as much descriptive detail as possible

Director Name:

Site Address:

Environmental Hazards

Sites located on or near hazardous areas would require an inspection. Such areas include:

- Dry Cleaners
- Combustible or flammable liquid including gas stations, gas refueling/ transfer/ pump stations
- Chemicals and other hazardous substances emitted into the atmosphere or seeping into the ground

Environmental Hazards Statement

Not Hazardous I have verified that this building and all its grounds and premises are not now used, nor have been used in the past, for any purpose involving a hazardous substance. No potentially hazardous conditions/activities were seen during my visual inspection of all surrounding buildings and properties.

(No testing is required. Do not fill out the remainder of this form.)

Hazardous I have identified the following potentially hazardous conditions either historically or currently in this building, grounds, or premises, or on property adjacent to or in the surrounding area.

(Record the appropriate results below and complete the remainder of this form)

Tear Here

SAMPLE

This page left blank intentionally.



Environmental Hazards Inspection

INSTRUCTIONS

- Only have this inspection done when requested by your licensor or registrar



Submit



Maintain
On-Site

Director Name: _____

Site Address: _____

Inspection Information

Sources

Contact one of the appropriate authorities listed below if any potentially hazardous environment is identified:

- County Health Unit (see Appendix)
- Nuclear Regulatory Commission
- Dept. of Environmental Conservation (EnCon)
- Environmental Protection Agency (EPA)

To Be Completed By Environmental Testing Authority

<input type="checkbox"/> Air Testing	<input type="checkbox"/> Soil Testing	<input type="checkbox"/> Water Testing
<input type="checkbox"/> Does pose health hazard	<input type="checkbox"/> Does pose health hazard	<input type="checkbox"/> Does pose health hazard
<input type="checkbox"/> Does not pose health hazard	<input type="checkbox"/> Does not pose health hazard	<input type="checkbox"/> Does not pose health hazard

Hazard Inspected: _____ Inspection Date: ____ / ____ / ____
(mm/dd/yyyy)

Recommendation for Correction: _____

Signature of Tester: _____ Telephone: () _____
 Name: (Please Print) _____ Address: _____
 Agency or Company: _____

Tear Here

SAMPLE

This page left blank intentionally.



Agreements

Child Support Obligation Statement..... C-3
Provider Compliance Agreement..... C-5

SAMPLE

Tear Here



SAMPLE

This page left blank intentionally.



Child Support Obligation Statement

INSTRUCTIONS



Submit

- Owner must complete this form
- This form must be signed in the presence of a notary public
- Please print clearly

Director Name: _____

Day Care Center Name: _____

Statements

As of the date of this application, do you have an obligation to pay child support?

- No, I do not.
- Yes, I am under an obligation to pay child support.

If you answered "Yes", please check any of the following conditions that apply to you.

- I am not four months or more in arrears in the payment of child support.
- I am making payments by income execution, by court agreed payment or repayment plan, or by a plan agreed to by the parties to the support proceeding.
- My child support obligation is the subject of a pending court proceeding.
- I am currently in receipt of public assistance or supplemental security income.
- None of the above apply.

I hereby solemnly swear that the information provided by me in this certification is true and accurate to the best of my knowledge. I acknowledge that this statement is given under oath.

Owner Signature: _____ Sign in the presence of a notary
Print Name: _____

Sworn to before me this _____ Day

day of _____ Month _____ Year

Notary Public – State of New York (affix stamp)

Tear Here

SAMPLE

This page left blank intentionally.



Compliance Agreement

INSTRUCTIONS

- The Director must complete and sign this form
- Please print clearly



Submit

Director Name:

Day Care Center Name:

Program Qualifications Statements

- I certify that I am 18 years of age or older.
- I have received and read, and I understand Part 418 of the New York State Office of Children and Family Services regulations for the operation of a Day Care Center. I will operate the facility in compliance with these regulations.
- I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.

Labor & Tax Statements

I am not an employer,

-or-

As an employer, I certify that to the best of my knowledge and belief, I am operating my program in compliance with federal and state labor and tax laws. I am providing those employment benefits (minimum wage, social security, federal and state unemployment insurance, workers' compensation, and disability benefits) for which I am responsible. Yes No

To the best of my knowledge the statements in this application are true and accurate.

Director Signature: _____

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

Tear Here