**OCFS-4915** (7/2010)

**NEW YORK STATE**

**OFFICE OF CHILDREN AND FAMILY SERVICES**

**History of Criminal Convictions and Parental Acknowledgment** 18 NYCRR, 415.4(f)(7)(i)

Applies to the child care provider, employees, volunteers, and, for Legally-Exempt Family Child Care, household members 18 years of age or older. Use one history form per person. Attach additional pages if necessary.

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| Name of Child Care Provider: |  | | |
| Name of Individual with Criminal Conviction: | |  | |
| Specify Crime(s) Name and Penal Law/Code: | |  | |
| Disposition Date(s) and Penalties Imposed: | |  | |
| Description(s): | | | |
| Other Relevant Information: | | | |
| I attest the above information is a true and accurate summary. | | | |
| Signature of Person WITH Criminal History- if not the provider | | | DATE: |
| PROVIDER SIGNATURE | | | DATE: |
| **PARENT ATTESTATION**  I understand that the provider I have selected, or, other person named above who may be on the premises of the child care program, has a criminal history described above. I may request that the Enrollment Agency consider this provider for enrollment.  I understand that I have the right to select another provider. If I need help locating another provider, I can request such help from the local child care resource and referral agency and/or the local district. I hereby waive this right and, by signing this form, I am stating that I choose to have this provider care for my child. | | | |
| PARENT/CARETAKER SIGNATURE: | | | DATE: |
| Print Parent/caretaker Name: | | | |