**OCFS -4916** (7/2010)

**NEW YORK STATE**

**OFFICE OF CHILDREN AND FAMILY SERVICES**

**History of Day Care Enforcement and Parental Acknowledgment**

18 NYCRR, 415.4 (f)(8)(iii)(a)

*Applies to Child Care Provider only.*

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Child Care Provider: | |  | | | | |
| 1. Name of Day Care Program having enforcement action: | | | |  | | |
| 1. Location: |  | | | | | |
| 1. Type(s) of Enforcement Action *(Check all that apply):* | | | | | Denied  Revoked  Suspended | |
| 1. Dates of Enforcement Actions: | | |  | | | |
| * + Describe what led to the denial, revocation or suspension of your license/registration to operate a   child day care program: | | | | | | |
| * + Explain the underlying reasons why this occurred: | | | | | | |
| 6. Other Relevant Information: | | | | | | |
| I attest the above information is a true and accurate summary. | | | | | | |
| PROVIDER SIGNATURE | | | | | | DATE: |
| **PARENT ATTESTATION**  I understand that the provider I have selected named above, has a history of daycare enforcement 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: | | | | | | DATE: |