**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.*

|  |  |
| --- | --- |
| 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:      |