**OCFS-4917** (7/2014)

 NEW YORK STATE

 OFFICE OF CHILDREN AND FAMILY SERVICES

**History of Termination of Parental Rights and/or Court–Ordered Article 10-Removal of a Child and Parental Acknowledgment** 18 NYCRR 415.4 (f)(8)(ii)(a)(2)

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| *Applicable to Child Care Provider only.* |
| Name of Child Care Provider:      |
| Date(s) of removal/termination:      | Name of Court:      |
| Names of Children involved:      | County and State:      |
| **TYPE OF COURT INVOLVEMENT** (*Check all that apply*):  |
| [ ]  A) Judicial Termination of Parental Rights Under Social Services Law 384-b1) Legal Reason for Judicial Termination of Parental Rights:[ ]  a) Permanent Neglect; [ ]  b) Mental Retardation; [ ]  c) Severe or Repeated Abuse;  [ ]  d) Other,       |
| [ ]  B) Court-Ordered Removal of a Child under Family Court Act Article 10 (Child Protective)1) Judicial Finding: [ ]  a) Neglect; [ ]  b) Abuse; [ ]  c)Severe or Repeated Abuse; [ ]  d) No Finding, 2) If no judicial finding, give reason: [ ]  a) Article 10 Petition never filed with court; [ ]  b) Article 10 Petition withdrawn;[ ]  c) Case was dismissed; [ ]  d) Other,      3) Length of time children removed from home:[ ]  a) 0-3 days; [ ]  b) 4-60 days; [ ]  c) 60 days-15 months; [ ]  d) 15 months or more |
| * **Describe** the situation(s) that led to the termination of parental rights and/or the removal of children
 |
| * **Explain** the reasons underlying the termination of parental rights and/or the removal of children

 *Attach additional pages if necessary.*      |
| I attest the above information is a true and accurate summary. |
| Signature of Provider:**X** |  date:      |
| **PARENT ATTESTATION**[ ]  I understand that the provider named above has a history of termination of parental rights and/or a child protective removal of a child, 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. |
| Signature Of Parent/Caretaker:**X** | Date:      |
| Print Parent/Caretaker Name:      | Date:      |