**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-b  1) 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 2) If no judicial finding, give reason:  a) Article 10 Petition never filed with court;  b) Article 10 Petition withdrawn;  c) Case was dismissed;  d) Other,  3) Length of time children removed from home:  a) 0-3 days;  b) 4-60 days;  c) 60 days-15 months;  d) 15 months or more |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: |