

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PART A: ENROLLMENT FORM FOR LEGALLY EXEMPT GROUP CHILD CARE PROGRAM

Legally exempt group child care means a program in a facility, other than a residence, in which child care is provided on a regular basis and is not required to be licensed or registered with the New York State Office of Children and Family Services (OCFS) or permitted by the City of New York, but which meets all applicable state or local requirements for such child care programs.

Choose one of the following group child care programs you are providing, and complete sections indicated.

(Continued on page 2)

Type of Group Child Care	Program Subtype Description	Complete Sections
<input type="checkbox"/> Groups under the auspices (GUA): Operated by public school	Program is operated under the auspices of the New York State Department of Education (NYSED) AND Is operated by a public-school district that is providing elementary or secondary education, or both, in accordance with the compulsory education requirements of New York State (NYS) Education Law, AND Is a nursery school located on the same premises or campus where the elementary or secondary education is provided OR Is a kindergarten or pre-kindergarten program.	Section 1-8, 10-11 and Part B Section 4
<input type="checkbox"/> GUA: Non-public operated voluntary registered nursery school	Program is a nursery school voluntarily registered with NYSED, AND Is operating in accordance with Part 125 of NYSED regulations, AND Is operated by a nonprofit agency or organization or private proprietary organization, AND Is providing services for three hours or less per day, to preschool age children.	Section 1-8, 10-11 and Part B Section 4
<input type="checkbox"/> GUA: NYC Article 43 (School Based)	Program, located within New York City (NYC), is operated under Article 43 of NYC Health Code, AND Has filed appropriate notice with the NYC Department of Education on a form provided or approved by the NYC Department of Education, AND Is operated by a school recognized under the NYS Education Law and which provides compulsory education for children, AND Is located within or as part of such school and has identical ownership, operation management, and control of kindergarten and pre-kindergarten classes for children aged 3 through 5 and all other classes provided by the school.	Section 1-8, 10-11 and Part B Section 4
<input type="checkbox"/> GUA: NYSDOH Summer Day Camp NYCDOH Summer Day Camp Out-of-State Summer Day Camp	Program is a Summer Day Camp operating under the auspices of the NYS Department of Health (NYSDOH), AND Does NOT concurrently hold a current license or registration to operate a day care program issued by OCFS or NYC Department of Health and Mental Hygiene (NYSDOHMH) for this site, AND The Summer Day Camp is operated under the jurisdiction of the: NYSDOH in accordance with Subpart 7-2 of the State Sanitary Code, OR NYCDOHMH subsection 48.01.	Section 1-8, 10-11 and Part B Section 4

(For Enrollment Agency Use)

Received Date: / /		Complete Date: / /
CCFS ID:		Facility Name:
Type of Group Child Care	Program Subtype Description	Complete Sections
<input type="checkbox"/> Groups not under the auspices (GNUA): Private school or academy providing compulsory education (outside NYC)	Program is operated OUTSIDE of NYC by a private school or academy that is providing elementary or secondary education, or both, in accordance with the compulsory education requirements of the NYS Education Law AND Is located on the same premises or campus where the elementary or secondary education is provided.	Section 1-7, 9-11 and Part B Section 4
<input type="checkbox"/> GNUA: Private school or academy providing compulsory education (within NYC)	Program is operated WITHIN NYC by a private school or academy that is providing elementary or secondary education, or both, in accordance with the compulsory education requirements of the NYS Education Law AND Is located on the same premises or campus where the elementary or secondary education is provided.	Section 1-7, 9-11 and Part B Section 4
<input type="checkbox"/> GNUA: Non-profit or private agency not registered with NYSED (outside NYC)	Program is a nursery school for children 3 years of age or older or a program for preschool age children, AND Is NOT voluntarily registered with NYSED, AND Is operated by a non-profit agency or organization or a private proprietary agency, AND Provides services for three or less hours per day.	Section 1-7, 9-11 and Part B Section 4
<input type="checkbox"/> GNUA: Federal	Program is located on federal property AND Is NOT certified to operate by the United States Department of Defense.	Section 1-7, 9-11 and Part B Section 4
<input type="checkbox"/> GNUA: Tribal	Program is located on tribal property AND Is NOT a grantee of Child Care and Development fund.	Section 1-7, 9-11 and Part B Section 4
<input type="checkbox"/> GNUA: Unaffiliated School Age	Program cares for not more than six school-age children, during non-school hours, for three hours or less per day.	Section 1-7, 9-11 and Part B Section 4
<input type="checkbox"/> GNUA: Other	Program that meets the legal qualifications for a legally exempt group program AND Is NOT any other type listed above.	Section 1-7, 9-11 and Part B Section 4

SECTION 1: Child Care Program

Program Information:								
Child Care Program's Legal Name								
Enrollment Number (if applicable)				Federal Identification Number				
DBA (Doing Business As)				If DBA, <input type="checkbox"/> attached filing receipt and certificate of assumed name				
Have you ever been previously enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your enrollment ID:								
Program Location and Contact Information:								
Site Address: Street Address				Apt/FI #	City	State	Zip Code	County
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as above				Apt/FI #	City	State	Zip Code	County
Site Phone () -		Site Fax Number () -			Email Address			
On-Site Director's Information								
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses)				MI	Suffix	
Date of Birth / /		Gender		Preferred Language				
Administrative Director's Information <input type="checkbox"/> Same as above								
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses)				MI	Suffix	
Date of Birth / /		Gender		Preferred Language				
Period of Operation: (Select all that apply.) <input type="checkbox"/> Full year <input type="checkbox"/> School year <input type="checkbox"/> Summer								
	Ages Served	Days of Week in Operation	Daily Hours of Operation	Number of Classrooms	Enrolled Number of Children	Maximum Number of Children		
	0-2 years							
Pre-School	3 years							
	4 years							
	5 years							
School Age	5-9 years							
	10-12 years							
	13+ years							

SECTION 2: Other Programs at Same Site/Location

<i>Only complete this section if any other program operated by your organization operates at the same site listed in Section 1.</i>	
List below all other child care programs operated by your organization at the same site.	
<input type="checkbox"/> Not applicable. No other programs operate at the site listed in Section 1 .	
Program's Name:	Child Care Facility ID # <input type="checkbox"/> NYS License/Registration <input type="checkbox"/> NYS Enrolled Legally Exempt
Program's Description: <i>(Include numbers of children by age, hours of care, etc.)</i>	Resources Shared: <i>(Select all that apply.)</i> <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> No shared resources <input type="checkbox"/> Space <input type="checkbox"/> Other Resources:

SECTION 3: Director(s) Training Requirements

Director(s) Preservice Training (Select one.)	
<input type="checkbox"/>	Director(s) completed preservice training and attached certificate(s) of completion.
<input type="checkbox"/>	Director(s) previously submitted certificate(s) to this enrollment agency.
Director(s) Annual Training (Select one.)	
<input type="checkbox"/>	Director(s) completed annual training and attached certificate(s) of completion.
<input type="checkbox"/>	Not applicable. This program is not yet enrolled as a legally exempt program.
Director(s) Enhanced Rate Training (Select One.) Available only if local district has opted in.	
<input type="checkbox"/>	Director(s) completed Health and Safety: Competencies in Child Care for Day Care Center, School-Age Child Care, and Enrolled Legally Exempt Group Program Directors course or other course as approved by the Office AND a minimum of 15 hours of enhanced rate training and attached certificate(s) of completion.
<input type="checkbox"/>	Not applicable. This program is not applying for the enhanced rate at this time or is not available by the paying district.

SECTION 4: Staff and Volunteer Training Requirements

Preservice Training	
<input type="checkbox"/>	All staff and volunteers have completed preservice training and a copy of certificate of completion is attached.
Annual Training	
<input type="checkbox"/>	All staff and volunteers have completed an additional five hours of annual training and a copy of certificate of completion is attached.
<input type="checkbox"/>	Not applicable. This program is not yet enrolled as a legally exempt program
Enhanced Rate Training (in addition to pre-service training if initial enrollment or annual training if re-enrollment)	
<input type="checkbox"/>	All staff have completed a minimum of five hours of training, and a copy of certificate of completion is attached.
<input type="checkbox"/>	Not applicable. This program is not applying for the enhanced rate at this time.

SECTION 5: Medication Administration

The program must be legally permitted to administer medication to children in care receiving child care assistance. See instructions for details.		
Does the program administer medication (including over-the-counter topical ointments, lotions, creams, sprays, including sunscreen products and topically applied insect repellent) to any children in care receiving child care assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete applicable sections below.)		
<input type="checkbox"/> Medical Professional Authorized by NYSED	<input type="checkbox"/> OCFS Authorized	
Medication Administrant is a (<i>Check one</i>): <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Advanced EMT	Name of Medication Administrant:	Name of Medication Administrant:
Name of Medication Administrant:	Date of Approved Health Care Plan (if required): / /	Date of Approved Health Care Plan (if required): / /
Date of Approved Health Care Plan (if required): / /	<input type="checkbox"/> I have attached a copy of the first page and approval of my Health Care Plan.	<input type="checkbox"/> I have attached a copy of the first page and approval of my Health Care Plan.
<input type="checkbox"/> I have attached a copy of the first page and approval of my Health Care Plan.		

SECTION 6: On-Site Director Formal Child Care History

*If you select yes to either of the questions below, you must complete Section 7 and provide the required true and accurate information.	Yes	No
Have you ever had an application for license or registration to operate a child day care program denied?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a license or registration to operate a child day care program revoked, limited, or suspended?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: Formal Child Care History Acknowledgement

History of Day Care Enforcement
Name of day care program having enforcement action:
Location:
Type(s) of enforcement action (Check all that apply.): <input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Limited
Dates of enforcement actions:
Description/Reason for the enforcement action:

SECTION 8: Programs Operating Under the Auspices of Another Government Agency (GUA)

Group programs operating under the auspices of another federal, state, tribal, or government agency complete ONLY the row of the table below pertaining to your program type.		
GUA Subtype	Program Details	Additional Program Information
GUA: Operated by public school	Legal Name of School: Name of School District:	<input type="checkbox"/> Nursery School Program, 3 years of age and older <input type="checkbox"/> Pre-K Program, 3 years of age and older <input type="checkbox"/> School-Age Program, during non-school hours
GUA: Non-public operated voluntary registered nursery school	Registration Number: Date of Certificate of Registration: / /	<input type="checkbox"/> I HAVE ATTACHED a copy of my current certificate of registration, which is valid for up to five years.
GUA: NYC Article 43 (School Based)	Legal Name of School:	<input type="checkbox"/> I HAVE ATTACHED a copy of the current Certificate of Filing issued by the NYCDOHMH.
GUA: Summer Camp	Current Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I HAVE ATTACHED a copy of my current year permit from the NYSDOH or the NYCDOHMH. <input type="checkbox"/> I HAVE ATTACHED proof of my application for the NYSDOH or NYCDOHMH permit.
	Location of Summer Camp: Date summer camp opened or will open: / / Date summer camp will close or end: / / Date of DOH Application: / /	

SECTION 9: Programs Not Operating Under the Auspices of Another Government Agency (GNUA)

Group programs NOT operating under the auspices of another federal, state, tribal, or government agency complete ONLY the row of the table below pertaining to your program type.		
GNUA Subtype	Program Details	Additional Program Information
GNUA: Private school or academy providing compulsory education (outside NYC)	Legal Name of School:	<input type="checkbox"/> Nursery School or Pre-K, 3 years of age and older <input type="checkbox"/> School-Age Program, during non-school hours
GNUA: Private school or academy providing compulsory education (within NYC)	Legal Name of School:	
GNUA: Non-profit or private agency not registered with NYSED	Name of Agency/Organization:	<input type="checkbox"/> Nursery School, 3 years of age and older <input type="checkbox"/> Pre-School, 3 years of age and older
GNUA: Federal (non-DOD grantee)	Name of Federal Agency/Property Where Located:	
GNUA: Tribal (non-CCDF grantee)	Name of Tribe:	Name of Tribal Property Where Located:
GNUA: Unaffiliated School Age		
GNUA: Other		

SECTION 10: Additional Health and Safety Requirement Documents - These are required health and safety documents per NYCRR 415.13(b) (and 415.13(c), which pertain to the Health Care Plan if program is choosing to administer medications.

Attached forms:	
I have included the following documents with this enrollment form:	
<input type="checkbox"/>	Floor Plan
<input type="checkbox"/>	Certificate of Occupancy
<input type="checkbox"/>	Fire Inspection (completed within the past 12 months)
<input type="checkbox"/>	Health Care Plan, as applicable
<input type="checkbox"/>	Emergency Plan
<input type="checkbox"/>	Staff Roster
<input type="checkbox"/>	Other: <i>Describe</i>

Disclaimer:

Legally exempt group child care directors, employees, and volunteers must undergo criminal history review and background clearances as set forth in 415.15(d). Directors are responsible for making sure all staff complete the required paperwork necessary for these checks. Directors are also responsible for collecting and submitting staff training certificates to the enrollment agency along with this application.

SECTION 11: On-Site Director Certification - Please be sure to read *Section 12* before signing.

To the best of my knowledge, I hereby affirm that the information provided on <i>Part A</i> of this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care assistance payments, and/or legal action against the provider for deliberately presenting false or misleading information. I certify that I have read, attest, and agree to the On-site Director Attestations and Agreements in <i>Section 12</i> and am aware of the above disclaimer.	
Signature of On-Site Director:	Date: / /

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Detach from Part A and retain for your own records.

Section 12: On-Site Director Attestations and Agreements

By signing this enrollment application, the on-site director attests and agrees to the following:

- I have reviewed the Health and Safety Requirements listed in 18 NYCRR 18 415 and agree to meet and continue to meet all requirements.
- The program meets and will continue to meet the following minimum staff-to-child ratios and maximum group size requirements unless a more stringent standard is required by law:

	Staff-to-Child Ratios by Age of Children		
	3 years	4 years	5 to 12 years
Seated Activities	1:20	1:20	1:25
Non-Seated Activities	1:10	1:12	1:25
Maximum Group Size Total	30 children	36 children	50 children

- I understand when children are cared for in mixed age groups, the staff-to-child supervision ratio and maximum group size applicable to the youngest child in the group must be followed.
- On a daily basis, the provider/program maintains, at the child care program, current and accurate attendance records on each child being cared for, minimally including: the date, arrival time, departure time, and if absent for the full day, a note that the child is absent.
- I understand that enrollment of this program to provide child care to children receiving child care assistance will only apply to the specific program located at the site specified in **Section 1**. If the program relocates temporarily or permanently to a child care location different from the one given on this form, the enrollment will end. To remain eligible to provide child care to children receiving child care assistance, I must submit a new enrollment request for the new site to the enrollment agency and begin the enrollment process anew.
- I understand that I am required to inform the enrollment agency promptly if I add any new employees or volunteers.
- I understand that if in the future there are new employees or volunteers, all staff will be subject to comprehensive background checks and are not permitted to be employed or present at the program until the Office notifies the program.
- I understand that the decision to enroll in the program is based on the facts provided on the enrollment form, and when there is a change to any of the information I have attested to, my eligibility to provide child care to children receiving child care assistance may also change. I will inform the enrollment agency immediately if there are changes to any information provided on the enrollment form or changes to the attachments.
- I understand the enrollment agency and the local social services district will exchange information regarding the child care program's enrollment status.
- I understand that the program must be enrolled with the enrollment agency before any payment can be made.
- The program agrees to maintain and provide accurate attendance records as required by the local social services district.
- The program agrees to collect the family share if instructed to do so by the local social services district. The program will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- I understand that I must not charge parents more for the cost of child care for children receiving assistance than for children not receiving assistance.
- I understand that if the enrollment agency determines the program cannot be enrolled, then the local social services district cannot issue payment for care provided. The program will not be paid by the local social services district for any child care that it provides to a child(ren) receiving a child care assistance while the program is deemed an ineligible provider by the enrollment agency. The parent/caretaker has the right and responsibility to decide whether he/she wants to use the program. If the parent/caretaker chooses to use the program when it cannot be enrolled, I can hold the parent/caretaker responsible to pay the program for the child care.

- I understand child care assistance cannot be authorized for a child under 3 years of age for child care provided by legally exempt group care except for
 - child care programs located on federal or tribal property operated in compliance with applicable federal or tribal laws and regulations for such child care programs; or
 - a child who is at least 2 years of age at the beginning of the school year but will turn 3 years of age on or before the applicable calendar date for which a child must be at least 5 years of age to be eligible for admission to school. Such a child shall be considered 3 years of age for the purposes of staff-to-child ratio and maximum group size.
- I agree to operate in compliance with all applicable state and local laws.
- I understand and agree the program will allow the parent/caretaker unlimited and on-demand access including the following:
 - Access to the parent/caretaker's child(ren)
 - The right to inspect at any time all parts of the facility used for child care or which could present a hazard to the health and/or safety to the child(ren)
 - Access to the staff caring for the child(ren)
 - Access to written records about the parent's/caretaker's child(ren) except when otherwise restricted by law
- I understand and agree that the program will allow representatives of the enrollment agency, the local social services district and the State of New York access to the premises where child care is provided to children in receipt of child care assistance to confirm that information on my enrollment form and/or on attendance forms is true and accurate, and that child care services are being provided as listed on these forms. I understand that if I do not allow access, then the program will be considered ineligible, the program's enrollment will be terminated, and the program will not be paid by the local social services district.
- I understand and agree to meet all of the conditions stated on this form for as long as I am providing child care. I understand that I am required to inform the enrollment agency and the parent/caretaker if there is a change in the information stated on the enrollment form.
- I agree to review each **Part B, Enrollment Form for Parent/Caretaker for Legally Exempt Group Child Care Program**, for each child enrolled in this group program.
- I understand the decision to enroll in the program is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of my eligibility to provide child care to children in receipt of child care assistance, and/or denial or termination of enrollment. If I provide child care services while enrolled under false pretenses, or while I am an ineligible child care provider, the local social services district may refuse to issue child care assistance payments, terminate child care assistance payments, take legal action against the program or the parent/caretaker, and the program may be required to repay any money I receive for such services.

PART B: ENROLLMENT FORM FOR PARENT/CARETAKER FOR LEGALLY EXEMPT GROUP CHILD CARE PROGRAM

Part B must be completed by the parent/caretaker enrolling his/her child(ren) receiving assistance in a legally exempt group child care program.

SECTION 1: Program Information

Program Information					
Child Care Program's Legal Name:			Enrollment Number (if known)		
Site Address: Street Address	Apt/FI #	City	State	Zip Code	County

SECTION 2: Parent/Caretaker Information

Parent/Caretaker Information:					
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses.)		MI	Suffix
Date of Birth / /	Gender	Home Phone () -		Work Phone () -	
Cell Phone () -		Email Address			
Home Address: Street Address		Apt /FI #	City	State	Zip Code County
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as above		Apt/FI #	City	State	Zip Code
Child Care Assistance Paying District:		Preferred Language			

(For Enrollment Agency Use)

Received Date: / /	Completed Date: / /
CCFS ID:	Facility Name:

SECTION 3: Children Receiving Child Care Assistance

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First	Last	MI	Date of Birth / /	Gender
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name: First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

SECTION 4: Parent/Caretaker Certification

To the best of my knowledge, I hereby affirm that the information provided on *Part B* of this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care assistance payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.

Signature of Parent/Caretaker:

Date:

/ /

SECTION 5: On-Site Director Certification

I hereby affirm that I have reviewed *Part B* of this form, and that to the best of my knowledge, the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment for deliberately presenting false or misleading information.

Signature of On-Site Director:

Date:

/ /

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Detach here and retain for your own records.

SECTION 6: Parent/Caretaker Attestations and Agreements

By signing this enrollment application, the parent/caretaker attests and agrees to the following:

- I understand it is my responsibility to choose a program that meets the needs of my child(ren). I certify that I have selected this program to care for my child(ren).
- I have reviewed the Health and Safety Requirements listed in the **18 NYCRR 415** and agree that the provider must meet and continue to meet all requirements.
- My child care program must give me unlimited and on-demand access to the following, including:
 - Access to my child(ren)
 - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren)
 - Access to the staff for my child(ren)
 - Access to written records about my child(ren) except when otherwise restricted by law
- I will notify the enrollment agency immediately if
 - my address or phone number changes, **OR**
 - I have any concerns about the health and safety of my child(ren) in the program's care.
- I understand that this enrollment applies **ONLY** to the program and the location of care listed in **Part A, Section 1**. If the program **OR** the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new program or the new location.
- I will immediately notify the local social services district and the program if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- I agree to pay my family share, if any, as directed by the local social services district.
- I understand that if the program is denied enrollment or has its enrollment terminated, the program will be considered ineligible to provide child care. The local social services district cannot pay a program or issue payment for the care given by a program that cannot be enrolled or is ineligible to receive child care payment.
 - If I choose to use an ineligible program, the program can hold me responsible to pay for the child care.
 - I understand I have the right to select another program.
- I understand the decision to enroll in this program is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of the program's eligibility to provide child care to children receiving child care assistance, and/or a denial or termination or enrollment. If the program provides child care services while enrolled under false pretenses, or while the program is an ineligible child care provider, the local social services district may refuse to issue child care assistance payments, terminate child care assistance payments, and/or take legal action against me or the child care provider.