

## Notification of New York City Requirement for Relative-Only Child Care Providers

Only complete this form if you are related to ALL children as a grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle

OR

An employee, volunteer or adult household member of a relative-only child care provider

**I. Additional Local Requirement:** If you are related to all children for whom you are providing care, New York City Administration for Children's Services (NYC ACS) will ask the New York State Office of Court Administration (NYS OCA) to conduct a criminal history record search. NYC ACS will provide the record of any criminal convictions to the Women's Housing and Economic Development Corporation (WHEDCo), the legally exempt enrollment agency for NYC. WHEDCo will evaluate the criminal history in accordance with the Office of Children and Family Services guidelines.

A provider, who has been presumptively denied enrollment, can request that WHEDCo consider and review any extenuating circumstances relating to the conviction.

### II. Who needs to complete the form

The additional requirement applies to relative-only child care provider (grandparent, great-grandparent, sibling living in a separate residence, aunt, or uncle) and anyone listed in Section 8 of the **OCFS-4699, Enrollment for Legally-Exempt In-Home and Family Child Care Provider Form**

- Employee of relative-only child care provider
- Volunteer of relative-only child care provider
- Household member age 18 and over of relative-only child care provider

**III. Instructions:** Complete this release for EACH person listed above. The provider completes Section IV of the form below. Employees, volunteers and household members complete Section V on the back of this form. **Submit the completed releases with the OCFS-4699, Enrollment for Legally-Exempt In-Home and Family Child Care Provider Form**, to WHEDCo. The enrollment packet cannot be considered complete until all signed releases are received by WHEDCo. Failure to submit a complete enrollment packet will preclude the provider from becoming enrolled to provide subsidized child care.

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**IV. Relative-Only Provider Release:** I hereby grant full permission for NYC ACS to request a search of the NYS OCA Criminal History Records. I also grant full permission to NYC ACS to share any information obtained through a criminal history record search with WHEDCo, the legally exempt enrollment agency for NYC. This information will be used to verify I have provided complete and accurate information to the parent/caretaker. If there is a determination of a conviction for a crime that would make you ineligible for enrollment, I will have to request a review of extenuating circumstances to be enrolled as a provider.

Full Name of Provider (printed): \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**V. Employee, Household Member and Volunteer Release:** I hereby grant full permission for NYC ACS to request a search of the NYS OCA Criminal History Records. I also grant full permission to NYC ACS to share any information obtained through a criminal history record search with WHEDCo, the legally exempt enrollment agency for NYC. This information will be used to verify I have provided complete and accurate information to the parent/caretaker. If there is a determination of a conviction for a crime that would make the provider ineligible for enrollment, the provider will have to request a review of extenuating circumstances to be enrolled as a provider.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check role(s) that applies:

- Employee     Volunteer     Household Member

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check role(s) that applies:

- Employee     Volunteer     Household Member

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check role(s) that applies:

- Employee     Volunteer     Household Member

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check role(s) that applies:

- Employee     Volunteer     Household Member

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check role(s) that applies:

- Employee     Volunteer     Household Member

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check role(s) that applies:

- Employee     Volunteer     Household Member