OCFS-6001 (Rev. 01/2020)

### NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

# CHILD CARE PROVIDER, STAFF, VOLUNTEER AND HOUSEHOLD MEMBER INFORMATION CHILD CARE PROGRAMS

#### **INSTRUCTIONS:**

- Please PRINT clearly. This form MUST be completed by each applicant for child care provider, staff, volunteer and household member.
- If you are not sure which role to choose, refer to the child day care regulations and/or consult with your licensor, registrar, or legally-exempt enrollment agent.
- List all other facility ID numbers you want your fingerprints to be associated with.

PROGRAM IN	IFOF	RMATION					
PROGRAM NAME: Grow A Child Childcare, Inc.				FACILITY ID NUMBER:			
To come the control of the control of				884141			
FACILITY ID NUMBE	ER OF	PROGRAMS Y	OU WANT YOUR FINGERPRINTS ASSO	OCIATED WITH:			
, ,			, , ,	,			
BUSINESS CONTAC	Colonia di Colonia						
Michelle	Wilc	OX.					
PHONE NUMBER: EMAIL ADDRESS:							
(585) 728 -9540		40	Growachildchildcare@gn	nail.com			
TYPE OF PROGRAM:				Day Care Center, School-A Care, Legally-Exempt Gro		All Programs	
ROLE:		rovider		Director	The second secon	□ Volunteer	
			GFDC/FDC)	☐ Group Teacher (DCC/SA	(CC)	☐ Employee	
		ssistant (Gl		Assistant Teacher (DCC/			
		lousehold M		☐ Teacher (LE GROUP)			
L							
PERSONAL II	NFO	RMATIO	N				
FULL NAME (First, N	∕liddle,	Last):					
DATE OF BIRTH:				GENDER:			
ADDRESS:				APT:		FLOOR:	
CITY:				STATE:		ZIP:	
PHONE NUMBER:			EMAIL ADDRESS:				
			any other name? ☐ YES ☐ cluding maiden name, aliase				
Have you lived does not apply.			state or territory outside of N° )	YS in the last 5 years? Price	or residence	in another country	
			form entering all out of state formation and/or forms may		erritories wh	ere you lived in the	
If NO, you do no	ot ha	ve to comp	olete page 2.				

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APPLICANT NAME:	
*APPLICANT SOCI	AL SECURITY NUMBER (voluntary):
APPLICANT EMAIL	

#### OUT OF STATE ADDRESSES (Previous 5 years)

- PRINT CLEARLY
- YOU MAY BE ASKED TO SUBMIT ADDITIONAL FORMS FOR OUT OF STATE CLEARANCES.

Previous Street Address	City	State	Zip	From (Mo/Yr)	To (Mo/Yr)
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<sup>\*</sup>Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance the SSAN is solicited pursuant to 42 USC §9858f and New York State Social Services Law §390-b and will be used as a unique identifier to confirm your identity with other states and territories because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

### NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

### QUALIFICATIONS Child Day Care Programs

PROGRAM NAME:  Grow A Child Ch	nildcare, Inc.			FACILIT 884	YID NUMBER 141			
NAME OF PERSON W	TH PENDINGROLE:			DATE OF	BIRTH (mm/c	dd/yyyy):		
and minimum required the regulations. Relative times.	uirements for care egulations can be	dren and Family Serv egiving staff in child o e obtained at ocfs.ny	day cà <mark>v.gov</mark> a	ire progi and fror	rams. The in your lice	information is nsor/registrar	s include	
	_	qualification and mini						
100		o your role in the prod dditional documentat	-		-		a arabi	ild care avections
<ul> <li>Please PRINT</li> </ul>		dulional documentat	LIOIT LO	demons	strate educ	auon, tranım	g, or cri	nd care expenence
TYPE OF PROGRA	AM:	Family Day Care, Gr Care and Small Day			y Day Ca	re Center and	d School	I-Age Child Care
ROLE IN PROGRA	<u>M</u>		Volun Substi		☐ Dire	ctor up Teacher		lunteer sistant Teacher
Education/Trainin	<b>g</b> (if applicable fo	or pending role)						
Date Range	Namo	Degree, Major, e of Credential, or Tra	ining			Institution		Number of Credits (if applicable)
Child Care Experi	ence							
Date Range	Description				Location			Age of Children
Supervisory Expe	rience (applicable	e for pending role of Dire	ectora	t Day Ca	re Center/S	chool-Age Ch	ild Care <sub>l</sub>	program)
Date Range	Description					Location		
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						et en		

OCFS-6003 (Rev. 08/2019)

### NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

# REFERENCES Child Day Care Program

#### **Instructions**:

- Please provide complete information for two people (one employment reference and one personal reference) we can contact.
- Relatives may NOT be used as references
- If you have been employed outside the home, please include an employer as one of your references

Please PRINT cle	arly					
ROGRAM NAME: Grow A Child Chi	ldcare, Inc.		FACILITY ID NUMBE 884141	ER:		
AIVIL.					**************************************	
TYPE OF PROGRAM	<u>N</u>	Family Day Care, G Care and Small Day		Day Care Cente Child Care	er and Schoo	ol-Age
ROLE IN PROGRAN	1	☐ Provider ☐ Assistant ☐ Substitute		☐ Director ☐ Teacher ☐ Volunteer		
EFERENCE #1 (lease check appropri	ate reference type:		oyment			
	NAME (Last, First, MI):					
BUSINESS NAME:					APT:	FLOOR:
ADDRESS:						
CITY:	***************************************		S	TATE:	ZIP:	
DAYTIME PHONE:		E-MAIL:				
REFERENCE #2	ate reference type:	☐ Personal ☐ Emplo		oken:		
REFERENCE #2 (lease check appropri	(Required) ate reference type:  NAME (Last, First, MI):	☐ Personal ☐ Emplo		oken:		
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