

If **NO**, you do not have to complete page 2.

APPLICANT NAME: \_\_\_\_\_

\*APPLICANT SOCIAL 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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**\*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 Childcare, Inc.	FACILITY ID NUMBER: 884141
NAME OF PERSON WITH PENDING ROLE:	DATE OF BIRTH (mm/dd/yyyy): /     /

The New York State Office of Children and Family Services (OCFS) child day care regulations identify qualifications and minimum requirements for caregiving staff in child day care programs. The information is included in section .13 of the regulations. Regulations can be obtained at [ocfs.ny.gov](http://ocfs.ny.gov) and from your licensor/registrar.

**Instructions:**

- Consult OCFS regulations for qualification and minimum requirements for your role.
- Complete sections that apply to your role in the program. You may attach a resume.
- You may be asked to submit additional documentation to demonstrate education, training, or child care experience.
- Please **PRINT** clearly

<b>TYPE OF PROGRAM:</b>	<b>Family Day Care, Group Family Day Care and Small Day Care Centers</b>	<b>Day Care Center and School-Age Child Care</b>
<b><u>ROLE IN PROGRAM</u></b>	<input type="checkbox"/> Provider <input type="checkbox"/> Volunteer <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Volunteer <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher

**Education/Training** (if applicable for pending role)

Date Range	Degree, Major, Name of Credential, or Training	Institution	Number of Credits (if applicable)

**Child Care Experience**

Date Range	Description	Location	Age of Children

**Supervisory Experience** (applicable for pending role of Director at Day Care Center/School-Age Child Care program)

Date Range	Description	Location

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** clearly

PROGRAM NAME: <b>Grow A Child Childcare, Inc.</b>	FACILITY ID NUMBER: <b>884141</b>
NAME:	

<b>TYPE OF PROGRAM</b>	<b>Family Day Care, Group Family Day Care and Small Day Care Centers</b>	<b>Day Care Center and School-Age Child Care</b>
<b>ROLE IN PROGRAM</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Volunteer

**REFERENCE #1 (Required)**Please check appropriate reference type: ☐ Personal ☐ Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (Last, First, MI):		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: (     ) -	E-MAIL:		

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken:**REFERENCE #2 (Required)**Please check appropriate reference type: ☐ Personal ☐ Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (Last, First, MI):		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: (     ) -	E-MAIL:		

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken:**REFERENCE #3 (Optional)**Please check appropriate reference type: ☐ Personal ☐ Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (Last, First, MI):		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: (     ) -	E-MAIL:		

Does reference speak English? ☐ Yes ☐ No If NO, please specify language spoken: