

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

**HISTORY OF CRIMINAL CONVICTIONS AND PARENTAL ACKNOWLEDGMENT 18 NYCRR, 415.4(F)(7)(I)**

Applies to the child care provider, employees, volunteers, and, for Legally-Exempt Family Child Care, household members 18 years of age or older. Use one history form per person. Attach additional pages if necessary.

Name of Child Care Provider: _____	
Name of Individual with Criminal Conviction: _____	
Specify Crime(s) Name and Penal Law/Code: _____	
Disposition Date(s) and Penalties Imposed: _____	
Description(s):	
Other Relevant Information:	
I attest the above information is a true and accurate summary.	
SIGNATURE OF PERSON WITH CRIMINAL HISTORY- if not the provider	DATE:
PROVIDER SIGNATURE	DATE:
<b>PARENT ATTESTATION</b>	
<input type="checkbox"/> I understand that the provider I have selected, or, other person named above who may be on the premises of the child care program, has a criminal history described above. I may request that the Enrollment Agency consider this provider for enrollment.	
<input type="checkbox"/> 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.	
PARENT/CARETAKER SIGNATURE:	DATE:
PRINT PARENT/CARETAKER NAME:	