

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

HISTORY OF DAY CARE ENFORCEMENT AND PARENTAL ACKNOWLEDGMENT
18 NYCRR, 415.4 (F)(8)(III)(A)

Applies to Child Care Provider only.

1. Name of Child Care Provider: _____	
2. Name of Day Care Program having enforcement action: _____	
3. Location: _____	
4. Type(s) of Enforcement Action (<i>Check all that apply</i>):	<input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended
5. Dates of Enforcement Actions: _____	

- Describe what led to the denial, revocation or suspension of your license/registration to operate a child day care program:

- Explain the underlying reasons why this occurred:

6. Other Relevant Information:

I attest the above information is a true and accurate summary.

PROVIDER SIGNATURE	DATE:
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PARENT ATTESTATION

- I understand that the provider I have selected named above, has a history of daycare enforcement described above. I may request that the Enrollment Agency consider this provider for enrollment.
- 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:
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PRINT PARENT/CARETAKER NAME:	DATE:
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