NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**Emergency Employment Attestation for Adults**

Child Day Care Programs

**INSTRUCTIONS**

* A signature is required on this form.
* Please PRINT clearly.

|  |  |  |
| --- | --- | --- |
| Person’s name: |  | Facility ID number: |
| Program name:  |  | Date of birth:**/** **/**  |
| Program site address:      |
| **Type of Program** | **Family Day Care, Group Family Day Care and Small Day Care Centers** | **Day Care Center and** **School-Age Child Care** | **All Programs** |
| **ROLE** | [ ]  Provider [ ]  Substitute [ ]  Assistant [ ]  Household Member (GFDC/FDC)  | [ ]  Director [ ]  Volunteer[ ]  Group Teacher [ ]  Assistant Teacher  | [ ]  Employee |

**Typical Child Day Care Duties**

|  |  |  |
| --- | --- | --- |
| * + Lifting and carrying children
 | * + Driver of vehicle
 | * + Facility maintenance
 |
| * + Close contact with children
 | * + Food preparation
 | * + Evacuation of children in an emergency
 |
| * + Direct supervision of children
 | * + Desk work
 |  |

**Following to be completed by Individual applicant ONLY**

Medical Status

|  |  |  |
| --- | --- | --- |
| I am not currently exhibiting signs of a communicable disease that would pose a risk to the health and safety of children in care. | [ ]  YES | [ ]  NO  |
| I do not have a diagnosed psychiatric or emotional disorder that would pose a risk to the health and safety of children in care. | [ ]  YES | [ ]  NO  |
| I do not have a physical condition that would prevent me from providing typical child day care duties as described above. | [ ]  YES | [ ]  NO  |
| I do **not** have any symptoms of a respiratory infection (e.g. , cough, sore throat, fever or shortness of breath).  | [ ]  YES  | [ ]  NO  |
| I have **not** traveled to a country for which the CDC has issued a **Level 2 or 3 travel** **designation** within the last 14 days. | [ ]  YES  | [ ]  NO  |
| I have **not** had any contact with any persons under investigation (PUIs) for COVID-19 within the last 14 days or with anyone with known COVID-19. | [ ]  YES  | [ ]  NO |

**CRIMINAL HISTORY CERTIFICATION**

I certify that to the best of my knowledge and belief:

[ ]  I HAVE [ ]  I HAVE NOT been convicted of a crime in New York State or other jurisdiction.

(A crime is a misdemeanor or felony only; this does not include violations. You do not need to disclose crimes that the court designated with a "Youthful Offender" status.)

To the best of my knowledge the information provided is true and accurate. I understand that my failure to truthfully and accurately state the below information may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license or registration to provide child care.

|  |  |
| --- | --- |
|       |       |
| Signature (Individual) | Title/Role |

|  |  |
| --- | --- |
|       |       /       /       |
| Name (Please Print Clearly) | Date of Signature |