



Child Care Subsidy Billing and Collections Best Practices Guide



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This guide was prepared by consultant Terry O’Keefe for the Child Care Council of Westchester, Inc. through an Innovative Services Grant awarded by the New York State Office of Children and Family Services to Child Care Resources of Rockland, Inc. and the Child Care Council of Westchester, Inc.

The Council undertook this project because of the significant role the child care subsidy program plays in the financial operation of Westchester child care programs and because we had heard from many in the field that help was needed to strengthen subsidy billing and collection practices.

The Council is extremely grateful to the Westchester child care centers and school age program that provided information on their subsidy billing and collection practices, leading to the creation of this guide.

The Council has also developed a comprehensive guide to the child care subsidy process from a programmatic perspective for OCFS regulated child care programs: *The Child Care Provider Handbook; A Providers’ Manual for the Child Care Subsidy Program*. We recommend that you reference both resources when looking at the subsidy process in your child care business. Both manuals are available on the Council’s website, www.ChildCareWestchester.org, or by calling 914-761-3456 ext. 122.



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SECTION 1: BOOKKEEPING

1. Use a computerized accounting system. There are a wide range of products appropriate for different sized programs, such as Quickbooks, Peachtree, FundEZ, Child Care Manager and others.
2. Prepare an annual budget at least one month prior to the beginning of your fiscal year. Break down the budget into monthly budgets and post to the accounting system. (Exhibit A)
3. Post all transactions to the accounting system on a timely basis.
4. Prepare periodic (monthly or quarterly) financial statements with comparison of actual to budget on current period and/or year-to-date basis. Investigate and analyze all significant variances. The occurrence of significant variances might necessitate re-forecasting the budget for the year. (Exhibit B)
5. Regularly review periodic financial statements with your board and/or
Balance all bank accounts monthly.



EXHIBIT A - SAMPLE BUDGET

FISCAL YEAR: JAN 1 - DEC 31, 2010

| | Budget | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|--|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| REVENUE | | | | | | | | | | | | | | |
| DSS Subsidy Payments Parent | 150,000 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 12,500 | 150,000 |
| Payments | 36,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 36,000 |
| Contributions Special Events | 24,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 24,000 |
| | 12,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 12,000 |
| TOTAL REVENUE | 222,000 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 18,500 | 222,000 |
| EXPENSES | | | | | | | | | | | | | | |
| SALARY | | | | | | | | | | | | | | |
| Program Dir | 50,000 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 50,000 |
| Teacher | 30,000 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 30,000 |
| Asst #1 | 26,000 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 26,000 |
| Asst #2 | 24,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 24,000 |
| TOTAL SALARY | 130,000 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 10,833 | 130,000 |
| P/R TAXES & FRINGES @ 20% | | | | | | | | | | | | | | |
| (N) | 26,000 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 2,167 | 26,000 |
| TOTAL PERSONAL | 156,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 13,000 | 156,000 |
| OTPS (OTHER THAN PERSONAL SERVICES) | | | | | | | | | | | | | | |
| Rent | (N) 18,000 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 18,000 |
| Advertising | 3,000 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 3,000 |
| Insurance | (N) 6,000 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 6,000 |
| Postage | 300 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 300 |
| Supplies | 3,000 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 3,000 |
| Printing | 600 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 600 |
| Telephone Professional services | 1,200 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1,200 |
| | 6,000 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 6,000 |
| Miscellaneous | 3,600 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 3,600 |
| TOTAL OTPS | 41,700 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 3,475 | 41,700 |
| TOTAL EXPENSE | 197,700 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 16,475 | 197,700 |
| SURPLUS (DEFICIT) | 24,300 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 2,025 | 24,300 |
| (N) - Non-controllable expenses | | | | | | | | | | | | | | |

EXHIBIT B - SAMPLE ACTUAL VS. BUDGET REPORT

Six Mo Ended 6/30/10

| | Full Yr Budget | YTD Budget | YTD Actual | Variance | | Comments | Year End Reforecast | Better (Worse) than Budget |
|--|-------------------|----------------|----------------|----------------|--------------|---|------------------------|-------------------------------------|
| | | | | Better (Worse) | | | | |
| REVENUE | (6 mo) | | | \$ | % | | | |
| DSS Subsidy Payments | 150,000 | 75,000 | 74,000 | (1,000) | (1.3) | lower enrollment 1st qtr | 150,000 | - |
| Parent Payments | 36,000 | 18,000 | 17,500 | (500) | (2.8) | lower enrollment 1st qtr | 36,000 | - |
| Contributions | 24,000 | 12,000 | 13,000 | 1,000 | 8.3 | more contributors | 25,000 | 1,000 |
| Special Events | 12,000 | 6,000 | 2,000 | (4,000) | (66.7) | big event later in year | 12,000 | - |
| TOTAL REVENUE | 222,000 | 111,000 | 106,500 | (4,500) | (4.1) | | 223,000 | 1,000 |
| EXPENSES | | | | | | | | |
| SALARY | | | | | | | | |
| Program Director | 50,000 | 25,000 | 25,000 | - | - | | 50,000 | - |
| Teacher | 30,000 | 15,000 | 16,000 | (1,000) | (6.7) | excess O/T | 31,000 | (1,000) |
| Asst Teacher #1 | 26,000 | 13,000 | 13,000 | - | - | | 26,000 | - |
| Asst Teacher #2 | 24,000 | 12,000 | 10,000 | 2,000 | 16.7 | position vacant for one month | 24,000 | - |
| TOTAL SALARY | 130,000 | 65,000 | 64,000 | 1,000 | 1.5 | | 131,000 | (1,000) |
| P/R TAXES & FRINGES @ 20% | (N) 26,000 | 13,000 | 13,500 | (500) | (3.8) | NYSUI front-loaded | 26,200 | (200) |
| TOTAL PERSONAL SERVICES | 156,000 | 78,000 | 77,500 | 500 | 0.6 | | 157,200 | (1,200) |
| OTPS (OTHER THAN PERSONAL SERVICES) | | | | | | | | |
| Rent | (N) 18,000 | 9,000 | 9,900 | (900) | (10.0) | 10% rent increase on 1/1 reached full enrollment in 2nd qtr | 19,800 | (1,800) |
| Advertising | 3,000 | 1,500 | 1,000 | 500 | 33.3 | | 2,500 | 500 |
| Insurance | (N) 6,000 | 3,000 | 3,000 | - | - | | 6,000 | - |
| Postage | 300 | 150 | 160 | (10) | (6.7) | | 300 | - |
| Supplies | 3,000 | 1,500 | 1,000 | 500 | 33.3 | careful usage | 2,500 | 500 |
| Printing | 600 | 300 | 200 | 100 | 33.3 | careful usage | 500 | 100 |
| Telephone | 1,200 | 600 | 580 | 20 | 3.3 | | 1,200 | - |
| Professional services | 6,000 | 3,000 | 1,000 | 2,000 | 66.7 | audit fee at end of year | 6,000 | - |
| Miscellaneous | 3,600 | 1,800 | 500 | 1,300 | 72.2 | careful usage | 2,700 | 900 |
| TOTAL OTPS | 41,700 | 20,850 | 17,340 | 3,510 | 16.8 | | 41,500 | 200 |
| TOTAL EXPENSE | 197,700 | 98,850 | 94,840 | 4,010 | 4.1 | | 198,700 | (1,000) |
| SURPLUS (DEFICIT) | 24,300 | 12,150 | 11,660 | (490) | | | 24,300 | - |

(N) - Non-controllable expenses

SECTION 2: ENROLLMENT

1. Assist parents in completing DSS subsidy applications. Review applications for completeness prior to submission to DSS. Consider submitting applications to DSS on behalf of parents with return receipt requested or hand delivery. For further assistance contact the Child Care Council of Westchester's Subsidy Coordinator at 914-761-3456 ext 122.
2. Obtain a signed release from parents applying for subsidy to allow communication with the DSS Child Care Subsidy Unit.
3. Follow up regularly with parents as to the status of their applications. Keep notes on dates submitted and any feedback from DSS. Most applications are acted on by DSS within 30 days of receipt.
4. Children should not be permitted to attend until written approval has been received from DSS. If you decide to enroll prior to written authorization, have the parents prepay tuition pending DSS approval and sign a tuition contract obligating them to do so.
5. Enforce tuition contracts. Remember to renew tuition contracts if you have not received a new authorization letter from DSS after the period covered is over.
6. Maintain a detailed spreadsheet of all children with subsidy eligibility and the date on which their approval expires. (Exhibit C)
7. Perform a review of children's subsidy expiration dates at least monthly. For those expiring the following month, parents should be reminded in writing to begin the recertification process.



EXHIBIT C - SAMPLE ELIGIBILITY AND ABSENCE TRACKING FORM

Absence Tracking >>>

| | Name | | Effective Date | Expiration Date | 1st Qtr | | | | 2nd Qtr | | | | 3rd Qtr | | | | 4th Qtr | | | |
|----|----------|----------|----------------|-----------------|---------|-----|-----|-------|---------|-----|-----|-------|---------|-----|-----|-------|---------|-----|-----|-------|
| | Last | First | | | Jan | Feb | Mar | Total | Apr | May | Jun | Total | Jul | Aug | Sep | Total | Oct | Nov | Dec | Total |
| 1. | Ruth | Babe | Sep 15, 2010 | Apr 15, 2011 | 2 | 2 | 5 | 9 | 8 | 3 | | 11 | | | | - | | | - | |
| 2. | Thatcher | Margaret | Sep 15, 2010 | Apr 15, 2011 | 0 | 1 | 0 | 1 | 2 | 0 | | 2 | | | | - | | | - | |
| 3. | Cooper | Gary | Sep 15, 2010 | Apr 30, 2011 | 1 | 0 | 2 | 3 | 0 | 0 | | - | | | | - | | | - | |
| 4. | Earhart | Amelia | Sep 15, 2010 | Apr 30, 2011 | | | | - | | | | - | | | | - | | | - | |
| 5. | Jordan | Michael | Oct 1, 2010 | May 10, 2011 | | | | - | | | | - | | | | - | | | - | |
| 6. | Swift | Taylor | Oct 1, 2010 | May 12, 2011 | | | | - | | | | - | | | | - | | | - | |
| 7. | Guevara | Ernesto | Nov 15, 2010 | Jun 15, 2011 | | | | - | | | | - | | | | - | | | - | |
| 8. | Williams | Serena | Nov 15, 2010 | Jun 30, 2011 | | | | - | | | | - | | | | - | | | - | |

** Absences need to tracked by contracted providers for the purpose of identifying absences that can be approved for payment by DSS.
(sorted by expiration date)



SECTION 3: ATTENDANCE AND REPORTING

1. Maintain checklist calendar for receipt of DSS rosters, submission of completed rosters and attendance sheets, and receipt of DSS payment (Exhibit D).
2. Maintain a "diary" of other contacts you have with DSS. These include: 1) date you received a returned roster and/or attendance sheet and the reason it was returned; 2) date you re-submitted your documentation to DSS; 3) if you were ever contacted by DSS regarding your roster/attendance sheet; (4) the name of the person who contacted you and (5) the reason you were contacted.
3. Maintain written instructions for completion of the roster. Such instructions may be those provided by DSS (Exhibit E) or developed in-house.
4. Make sure that parent sign-ins and sign-outs tally with the DSS roster.
5. Include pro-ration calculation details on the roster submitted to DSS in accordance with DSS instructions (Exhibit F), or on a separate sheet. (Exhibit G).
6. Include grand total of payment due at the bottom of the last page of the roster.
7. Rosters should be reviewed and signed by a supervisor prior to submission.
8. Record roster billing total in accounting system when submitted to DSS in order to better monitor payments due from DSS. This is preferable to recording it only when payment is received.
9. For children whose names are missing from the roster, contact DSS immediately to ascertain status. Maintain a spreadsheet listing all missing names for follow-up (Exhibit H). In order for DSS to make a payment adjustment, discrepancies must be reported to DSS "by the end of the quarter after the quarter that the services were rendered."



EXHIBIT D - SAMPLE DSS SUBSIDY CALENDAR

| DSS Reporting Month | Roster Due from DSS | | Roster Submitted to DSS | | Payment Due from DSS | |
|---------------------|---------------------|--------|-------------------------|--------|----------------------|--------|
| | Plan | Actual | Plan | Actual | Plan | Actual |
| | | | (+5 days) | | (+10 days) | |
| Jan | Feb 10 | Feb 11 | Feb 15 | Feb 14 | Feb 25 | Feb 14 |
| Feb | Mar 10 | Mar 10 | Mar 15 | Mar 12 | Mar 25 | Mar 22 |
| Mar | Apr 10 | | Apr 15 | | Apr 25 | |
| Apr | May 10 | | May 15 | | May 25 | |
| May | Jun 10 | | Jun 15 | | Jun 25 | |
| Jun | Jul 10 | | Jul 15 | | Jul 25 | |
| Jul | Aug 10 | | Aug 15 | | Aug 25 | |
| Aug | Sep 10 | | Sep 15 | | Sep 25 | |
| Sep | Oct 10 | | Oct 15 | | Oct 25 | |
| Oct | Nov 10 | | Nov 15 | | Nov 25 | |
| Nov | Dec 10 | | Dec 15 | | Dec 25 | |
| Dec | Jan 10 | | Jan 15 | | Jan 25 | |

EXHIBIT E – ATTENDANCE MEMO



Andrew J. Spano
County Executive

Department of Social Services

Kevin P. Mahan
Commissioner

February 2, 2009

Dear Day Care Provider:

This letter is intended to remind you of your responsibilities when you are filling out the payment roster. **Remember, you must include the required attendance sheet to support the information you have entered on the roster each month.**

Pursuant to the regulations of the New York State Department of Social Services, 18 NYCRR section 415.6 (g), state reimbursement of payments made on behalf of children who are temporarily absent from child day care is allowable subject to the following conditions:

- (1) The provider rendering child care must be licensed or registered to provide child care by New York State Office of Children and Family Services
- (2) The social services district's contract with the provider must specify that payment is allowable in cases of temporary absence from child day care.

The 2009 WCDSS day care agreements with contracted agencies specify that payment for up to 12 absences per calendar quarter per child is allowable in cases of temporary absence from day care. Days when the program is closed cannot be considered temporary absences from the program. Payment for days when the program is closed and not covered under the contractual agreement cannot be authorized. **It is the responsibility of the day care provider to appropriately prorate the payment claims (See enclosed examples).** If you are not certain your agency has a 2009 contractual agreement with Westchester County, please contact Tom Hansen at 995-4099 to verify.

Payment for absences to providers without a contractual agreement with the County is not subject to state reimbursement and will therefore not be authorized. **It is the responsibility of the day care provider to prorate the payment claims to the county when submitting claims for children who have been absent from day care during the period covered by the voucher. It is also the responsibility of the day care provider to prorate the payment for any days the program was closed for business (See enclosed examples).**

ALL PAYMENT CLAIMS SUBMITTED TO THE COUNTY ARE SUBJECT TO RANDOM AUDIT FOR COMPLIANCE WITH STATE REGULATIONS. YOU MUST KEEP SIGN-IN AND SIGN-OUT ATTENDANCE RECORDS. IF YOU ARE UNABLE TO SATISFACTORILY VERIFY TO THE AUDITOR A CHILD'S ATTENDANCE THE SUBSIDY PAYMENTS YOU RECEIVED ON THE CHILD'S BEHALF WILL BE CONSIDERED AN OVERPAYMENT. THIS OVERPAYMENT MUST BE RETURNED TO WESTCHESTER COUNTY.

If you have questions regarding payment procedures, please contact:

Arlene Leuzzi, Child Care Council of Westchester at 761-3456 ext. 122

or

Paul Surovich, Supervising Eligibility Examiner (Westchester County) at 995-5425

or

Babu Sidhu, Eligibility Examiner II (Westchester County) at 995- 5418

Sincerely,

Paul Surovich, Supervising Eligibility Examiner

CC: Katherine Waluschka, Associate Commissioner

EXHIBIT F – PRO-RATION MEMO



Andrew J. Spano
County Executive

Department of Social Services

Kevin P. Mahon
Commissioner

February 2, 2009

EXAMPLES

During the month of May, 2009 a child is absent from child care for 2 days. Westchester County's monthly subsidy payment in this case is \$750.

The month of May, 2009 is made up of 20 weekdays and one holiday (Memorial Day).

1) Contracted Provider (The child has previously used 2 absences, therefore 10 of the 12 allowable absences remain for the quarter, April- June)

This provider is entitled to the full monthly payment of \$750 with no pro-rating required. As a contracted provider he/she is entitled to be paid for Memorial Day. In addition, the child still has paid absences available. The child will have 8 remaining for the quarter.

2) Contracted Provider (The child has no paid absences remaining- all 12 have been used)

There are 21 days that the provider is potentially eligible to receive payment. The provider will be paid for the holiday but not for the 2 absences since the 12 allowed per quarter have been used. The monthly subsidy payment of \$750 is divided by 21, the number of days the child is potentially eligible. This results in a daily amount of \$35.714. The subsidy payment for the month of May is \$35.714 X 19 days (21 – 2 absences), \$678.57.

Example # 2

Contracted Provider (Maximum Amount Authorized for month) X (Days in attendance + allowable absences + covered holidays) / total possible days of attendance in month + holidays + allowable absences = Total Payment

$$\frac{\$750 \times 19}{21} = \frac{14,250}{21} = \$678.57$$

3) Non- Contracted Provider

These providers are not entitled to payments for holidays or absences, therefore the provider can only be paid for days of attendance. In the example above the provider will be paid for 18 days, (21 days of potential eligibility – 3 (2 absences and the holiday)). The daily amount is calculated including the holiday the same as it is for a contracted provider. That is, \$750 divided by 21. The subsidy payment for the month of May is \$35.714 (the daily amount) X 18 days = \$642.85

Example # 3

Non –Contracted Provider (Maximum Amount Authorized for month) X (Days in attendance) / total possible days of attendance in month, including holidays = Total Payment

$$\frac{\$750 \times 18}{21} = \frac{13,500}{21} = \$642.85$$

EXHIBIT G – SAMPLE PRO-RATION CALCULATIONS

Month: May 2010

Calculation of Billable Days

Billable Days:

| | <u>Contracted Provider</u> |
|----------------------------------|----------------------------|
| School Days in Session | 20 |
| Holidays | 1 |
| Total Billable Days (used below) | 21 |

Non-Billable Days:

| | |
|---------------------------|----|
| Weekend Days | 10 |
| Closed Days: Non-Billable | 0 |
| Total Non-Billable Days | 10 |

| | |
|---------------------|----|
| Total Days in Month | 31 |
|---------------------|----|

Non-Contracted Provider

| |
|----|
| 20 |
| 0 |
| 20 |
| 10 |
| 1 |
| 11 |
| 31 |

Pro-Ration Calculations

| | <u>Child #1</u> no excess absences for quarter | <u>Child #2</u> two excess absences (A) | <u>Child #3</u> non-contracted provider (B) |
|----------------------------------|---|--|--|
| Days Attended | 18 | 18 | 18 |
| Holiday | 1 | 1 | 0 |
| Allowable Absences | 2 | 0 | 0 |
| Total Eligible Days | 21 | 19 | 18 |
| Total Billable Days (from above) | ÷ 21 | 21 | 20 |
| Attendance Ratio (C) | 1.000 | 0.905 | 0.900 |
| Full Monthly Subsidy | x 750.00 | 750.00 | 750.00 |
| Subsidy For Month | 750.00 | 678.57 | 675.00 |

(A) - 14 absences through May 31, which exceeds the calendar quarterly limit of 12 by 2

(B) - Non-contracted provider is not eligible to be paid for any holidays or absences

(C) - Attendance Ratio = child's total eligible days divided by provider's total billable days

Please note that you must take first into consideration for each child the number of days he/she has been approved to attend by his/her DSS worker, which is based on the actual employment of each child's parent(s). For our examples, we have assumed that all parents are working full-time and thus all children need full-time child care.

EXHIBIT H – SAMPLE NAME MISSING FROM DSS ROSTER

| Resolved | Name | | DSS Approval Date | Report Period | Amount Due | DSS Contact | Payment Received | | | Explanation of Difference |
|----------|---------|-------|-------------------|---------------|------------|----------------------------|------------------|--------|------------|---------------------------|
| | Last | First | | | | | Date | Amount | Difference | |
| 1. X | Bono | Cher | Mar 15, 2010 | Apr 2010 | 750.00 | T. Brady 914-955-7531 | Jun 30, 2010 | 600.00 | (150.00) | |
| 2. | Ramirez | Manny | Jul 10, 2010 | Jul 2010 | 500.00 | P. Manning 914-955-7532 | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |

(sorted by Report Period)



EXHIBIT I – EXCERPTS FROM COUNCIL **CHILD CARE PROVIDER HANDBOOK**

How Does The Provider Get Paid

On the Friday that follows the first Thursday of every month the Westchester County Department of Social Services will mail you a roster and attendances sheets. These forms are used to provide information from the previous month. The payments that you receive will always be for the previous month and these payments cannot be authorized until completed, correct forms are returned to DSS.

The provider is required to complete both the roster and the attendance sheet and submit these forms for payment. Once these form are received and reviewed, if everything is completed correctly, payment should reach you between 7 to 10 business days. If anything is missing or incorrect the forms will be returned to you for corrections which will delay your payment. It is very important that you take your time and complete both forms correctly.

The Attendance Sheet

On the left hand side fill in your name, your vendor # (or provider ID#) and address.

On the right hand side fill in your phone number, the month you are claiming payment for and the year you are claiming payment for.

You are only a contracted provider if you have signed a contract with the County of Westchester for the present year. If you are a contracted provider fill in your contract number, if you are not a contracted provider check no and leave contract number blank.

Note: The vendor number is not the same thing as a contract number.

On the left hand side fill in the names of the children in your care during the month you are claiming payment and whether care is provided full time or part time.

ONLY CONTRACTED PROVIDERS ARE PAID FOR ABSENCES, APPROVED CLOSURES, HOLIDAYS, AND TITLE XX ELIGIBLE CHILDREN. If there are discrepancies in the payment you receive or children are missing on your roster you must report this to DSS as soon as possible. DSS cannot resolve issues that are not presented to them in a timely manner.

The Attendance Sheet - Non-Contracted Provider

The provider on this case provides care Monday through Friday and cares for Mary Smith full time and Michael Smith part time. We have used the month of January 2010 as an example.



January 1, 2010 (Friday) was New Year's Day*; therefore, you would enter the letter "C" for the first day of January 2010. That means you were closed for New Years day and did not provide care.

January 2 and January 3 was a Saturday and Sunday and you are not authorized to provide care on Saturdays and Sundays. You would enter an "X" – non-authorized day.

January 4 2010 (Monday) you provided care and would enter the letter "P" for present on that day. You must enter the letter "P" for all the days that the child was present.

January 14 both children were absent. You would enter "A" absent for this day.

You then add up all the days you actually provided care during the month of January 2010 and enter this number under total days – total days in this example are 19 days.

*Some parents do work on holidays so if you provided care on New Year's Day because the parent worked on that day, you would enter the letter "P" for present.

You must sign and date this form.

The Attendance Sheet - Contracted Provider

The provider on this case provides care Monday through Friday and cares for Mary Smith full time and Michael Smith part time. We have used the month of January 2010 as an example.

January 1, 2010 (Friday) was New Year's Day*, you would enter the letter "H" – authorized closing for contracted providers only.

January 2 and January 3 was a Saturday and Sunday and you are not authorized to provide care on Saturdays and Sundays. You would enter an "X" – non-authorized day.

January 4, 2010 (Monday) you provided care and would enter the letter "P" for present on that day. You must enter the letter "P" for all days that the child was present.

January 14 both children were absent**. You would enter "A" for absent for this day.

You then add up all the days that you are entitled to received payment for, this would include holidays and absences. The total number of days is 19.

*Some parents do work on holidays so if you provided care on New Year's Day because the parent worked on that day, you would enter the letter "P" for present.

** As a contracted provider you are paid for up to 12 absences per quarter. If you have used up all 12 absences during the quarter you will not be paid for further absences.

You must sign and date this form.



The Roster

Listed on the roster are the names of the children for whom you provide care that are authorized to receive a payment from the Department of Social Services.

Under the child's name is listed the case number which would always begin with the letter S. Under the case number is the child's date of birth.



Going across the page it then lists the maximum amount of monies DSS is authorizing to pay you during the month and the dates during the particular month.

You then must fill in the Actual Days In Care (days you believe you should be paid for)

You then must fill in the Maximum Monthly Charge which is the same as the maximum amount of monies already printed on this case for this child.

The parent fee if there is one is usually already included on this printout.

The total DSS charge is the amount you are actually charging DSS for the care of each child for that month. You must deduct for any days that you are not authorized to receive payment.

The roster is a green and white bar form, the following is just an example of exactly what is on the roster.

Roster Directions for Non-Contracted Provider

On the sample provided for the non-contracted provider you are claiming payment for 20 days.

You must count how many actual days of authorized care there was in any given month.

In this example for the month of January 2010 for authorized care Monday through Friday there was the potential of caring for these children for 22 days.

The non-contracted provided would have to take the total maximum charge per child and divide by possible 22 days.



- For Mary \$649.50 divided by 22 possible days in January = \$29.523 per day
- \$29.523 times the 20 actual days you provided care = \$590.46.
- You would enter \$590.46 under Total DSS CHR for Mary.

- For Michael \$433.00 divided by 22 possible days in January = \$19.682 per day
- \$19.682 times the 20 actual days you provided care = \$393.64
- You would enter \$393.64 under Total DSS CHR for Michael.

The total billed amount would be the total of the two charges:

- \$590.46 for Mary
- \$433.00 for Michael
- Total is \$984.10 and you enter this as Total Billed Amt.

You then include this amount again on page two of the roster and sign the roster.

Roster Directions for Contracted Provider

On the sample provided as a contracted provider you are claiming payment for all 22 days.

You would claim the total maximum amount for both children.

- \$649.50 for Mary
- \$433.00 for Michael
- Total is \$1,082.50 and you enter this as Total Billed Amt

As a contracted provider if you were closed for any reason other than approved holidays, closures or absences you would put a "C" (program closed (no payment for day) on the attendance sheet and deduct that day from your totals.

A contracted provider is entitled to be paid for up to twelve absences per quarter. The quarter begins January of each year. Absences are pro-rated if the child does not begin attendance in your program at the beginning of any given quarter – 4 absences per month.

Keep track of absences so that you will be aware of when all twelve have been used as you will not be paid beyond the 12 allotted absences per quarter – total of 48 absences per year.



SECTION 4: COLLECTIONS - DSS

1. Upon receipt of check and Vendor Remittance Statement (VRS) from DSS, immediately compare the check amount to the control total on the corresponding Roster. Any difference must be investigated and resolved. Start by comparing the VRS and Roster amounts for each child and use enclosed Exhibit J - Reconciliation of DSS Check to Roster to identify all differences and how they will be resolved.
2. Immediately contact DSS about all unexplained differences. In order for DSS to make a payment adjustment, discrepancies must be reported to DSS "by the end of the quarter after the quarter that the services were rendered". Consider contacting Arlene Leuzzi at the Child Care Council if you require assistance.
3. Record all approved DSS adjustments in the accounting system in order to keep DSS revenue accurate.
4. If DSS revenue is accrued based on approved subsidies, prepare a regular reconciliation to actual Roster amounts submitted to DSS. (Exhibit K)
5. Maintain a spreadsheet of all unresolved DSS payment items if not generated by your accounting system.
6. Regularly review your accounts receivable aging report, which shows amounts owed to you and how old they are (Exhibit L). Aging should reflect amounts due 30, 60, 90 and 90+ days. Follow up with DSS on all amounts due 60 days or more.



EXHIBIT J – RECONCILIATION OF DSS
CHECK TO ROSTER

Service
Period:

| |
|----------|
| Apr 2010 |
|----------|

Total Roster Billing 20,000

DSS Check Amount: 19,200

| | |
|-----------------------------|--------------|
| DSS Over (Under) Payment | (800) |
|-----------------------------|--------------|

Reconciliation of Over (Under)
Payment:

| Name | | DSS Over (Under) | Explanation | Resolution |
|--------------|----------|------------------------|--------------------------------------|-----------------------------|
| Last | First | | | |
| Williams | Serena | (200) | Agency calc error | Agency to correct |
| Thatcher | Margaret | (600) | DSS error - terminated by mistake | DSS to issue separate ck |
| Total | | (800) | | |

EXHIBIT K – RECONCILIATION OF ACCRUED REVENUE TO ROSTER

Service
Period: Apr 2010

Total Roster Billing 20,000

Revenue Accrued per
Books 20,500

Books Over (Under)
Roster **500**

**Reconciliation of Over (Under)
Accrual:**

| Name | | Books Over (Under) | Explanation | Resolution |
|--------------|----------|--------------------------|-----------------------------|--------------|
| Last | First | | | |
| Marshall | Thurgood | 800 | Terminated Apr 10 | Adjust books |
| Armstrong | Lance | (1,000) | Enrolled Apr 1, not accrued | Adjust books |
| Wie | Michelle | 700 | Terminated March 15 | Adjust books |
| Total | | 500 | | |

EXHIBIT L - ACCOUNTS RECEIVABLE AGING REPORT

(sorted alphabetically)

| Name | | Number of Days Past Due | | | | Total |
|------|-------|-------------------------|---------|---------|-----|-------|
| Last | First | 0 - 30 | 31 - 60 | 61 - 90 | 90+ | |

DSS Subsidy

| | | | | | | | |
|--------------|----------|----------|-----------------|-----------------|---------------|---------------|-----------------|
| 1. | Cooper | Gary | 500.00 | - | - | - | 500.00 |
| 2. | Earhart | Amelia | 600.00 | 600.00 | 600.00 | 600.00 | 2,400.00 |
| 3. | Gehrig | Lou | 500.00 | - | - | - | 500.00 |
| 4. | Guevara | Ernesto | 800.00 | - | - | - | 800.00 |
| 5. | Jordan | Michael | - | - | - | - | - |
| 6. | Swift | Taylor | 500.00 | 500.00 | - | - | 1,000.00 |
| 7. | Thatcher | Margaret | 800.00 | - | - | - | 800.00 |
| 8. | Williams | Serena | 700.00 | - | - | - | 700.00 |
| Total | | | 4,400.00 | 1,100.00 | 600.00 | 600.00 | 6,700.00 |

Family Share Fee

| | | | | | | | |
|--------------|----------|----------|---------------|---------------|---------------|----------|---------------|
| 1. | Cooper | Gary | 100.00 | - | - | - | 100.00 |
| 2. | Earhart | Amelia | 125.00 | - | - | - | 125.00 |
| 3. | Gehrig | Lou | - | - | - | - | - |
| 4. | Guevara | Ernesto | - | - | - | - | - |
| 5. | Jordan | Michael | - | - | - | - | - |
| 6. | Swift | Taylor | - | - | - | - | - |
| 7. | Thatcher | Margaret | 100.00 | 100.00 | 100.00 | - | 300.00 |
| 8. | Williams | Serena | - | - | - | - | - |
| Total | | | 325.00 | 100.00 | 100.00 | - | 525.00 |

SECTION 5: COLLECTIONS - FAMILY SHARE

1. Issue regular invoices to all parents, preferably generated by your accounting system. (Exhibit K)
2. Have all parents sign a tuition contract that contains specific provisions regarding parent payment requirements prior to DSS subsidy approval (Exhibit L). Policy should be included in the parent handbook and discussed with parents at time of in-take.
3. Consistently pursue timely collection of family share payments.
4. Notify DSS if family share payments are not “up to date”. An eligibility requirement is that family share payments remain current. A parent with overdue payments will be discontinued until the arrears are paid or until a satisfactory repayment agreement is reached.
5. Maintain an up-to-date accounts receivable aging report for amounts due from parents and review it regularly.
6. Write off uncollectible amounts at least once per year, which may be done in connection with your annual audit.



EXHIBIT M - SAMPLE PARENT INVOICE

Exhibit K - Sample Parent Invoice

**XYZ Child Care Center
White Plains, NY**

INVOICE

**Mr. & Mrs. James Kirk
313 Central Park Avenue
Scarsdale, NY 10584**

Date: Jul 20, 2010
Invoice No: 09-08-123

**Child: Uhura
Kirk**

Tuition for the period: Monthly Aug 2010

Full Tuition **800.00**

Less: DSS Subsidy **(600.00)**

**Amount Due from Parent
(A) 200.00**

Prior Invoices Outstanding Jun 20, 2010 200.00

Total Balance Due 400.00

Payment is due in full no later than the 5th business day of the month.
(A) - Note: Cannot exceed "Parent Share" in the contract.



Child Care Council of Westchester, Inc.

313 Central Park Avenue, Scarsdale, NY 10583

914-761-3456 www.ChildCareWestchester.org