



# CHILD CARE PROVIDER HANDBOOK

## A PROVIDERS MANUAL FOR THE CHILD CARE SUBSIDY PROGRAM (FOR OCFS REGULATED PROVIDERS)

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## **WHAT IS SUBSIDY?**

**The child care subsidy program provides financial assistance to eligible low income families to help meet their child care needs. The child care subsidy program is administered through the Westchester County Department of Social Services.**

## **TYPES OF SUBSIDY**

### **Child Care Subsidy**

Child care subsidy for parents/caretakers who are working and earning under 200% of the Federal Poverty Level or are students under 21 attending high school. Any income received by a student will also be considered when determining eligibility. Child care subsidy is available in exceptional situations to college students attending 2 and 4 year programs.

### **Child Care Title XX Subsidy**

Child care subsidy for parents/caretakers who are working or who are under 21 attending high school and earning above 200% of poverty the Federal Poverty Level but less than the following: under 275% for a family of two, under 255% for a family of 3 or under 225% of poverty level for a family of 4 or more.

### **TANF (Temporary Assistance to Needy Families)**

Child care subsidy for parents/caretakers who have an opened Temporary Assistance (TANF) case and the Department of Social Services has authorized child care for the parent to participate in an approved activity or work experience. These cases are managed from the District Offices, the TOP unit in Mount Vernon or the Homeless Unit in White Plains.

### **Transitional Child Care**

Child care subsidy for parents/caretakers whose TANF case has been closed due to increased income or child support and the parent/caretaker remains eligible for child care subsidy. These cases are transferred from the District Offices to the Child Care Subsidy Unit for an eligibility determination and for ongoing child care services.

Child care may be authorized for parents/caretakers who have an opened mandated preventive services case (MPS) or child protective (CPS) case.

## **INFORMATION TO HELP THE PROVIDER HELP PARENTS**

### **How Does A Family Apply For Child Care Subsidy?**

- Obtain an application packet by contacting by contacting the DSS Subsidy Unit at 914-995-6521 or 914-995-6522 or by contacting the Child Care Council of Westchester, Inc. 914-761-3456 extension 144.
- Complete the application - LDSS 2921.
- Provide the following required documentation (as listed on the Certification Requirements Checklist included with the application):
  1. Identity of child – a copy of child’s birth certificate, passport, baptismal certificate, school records, adoption records, official hospital records or naturalization records.
  2. Identity of parent – a copy of driver’s license, passport, etc.
  3. Social Security Card (optional) – a copy of the parent’s/caretaker’s and children’s social security card, if they have one.
  4. Proof of residency in Westchester County
    - o Shelter Verification Form (DSS-3688) completed by landlord\* OR
    - o Two Non-Relative Shelter Verification Forms\* if the family lives with a relative/non-relative who is the primary tenant or the family owns their home and has no landlord.
  5. Work Schedule\* – completed and signed by parent’s/caretaker’s employer. If there are two parents/caretakers in the family a work schedule for each parent/caretaker must be submitted.
  6. Family household income
    - o Copies of last four pay stubs (two if paid bi-weekly) or income verification for the pay period on company letterhead if a family does not have pay stubs.
    - o Copy of child support agreement if there is one or if parent/caretaker receives child support without a support agreement a letter from the absent parent stating how

- much child support he/she gives.
- o Copy of any other documentation of income received.
7. School verification\* – to be completed by the public/private school if child is above six years old.
  8. Provider form\* – see page 21 for instructions on how to complete.
  9. Permission for release of information\* – completed if the family wants to give permission for DSS to discuss their case with their provider.
    - o The family does not have to submit the application in person; the application can be mailed directly to the DSS Subsidy Unit. No face-to-face interview is required.

\* Form included in the application packet.

Tip: Suggest to the family that they keep copies of all paperwork submitted.

Tip: Families can receive assistance in completing the child care subsidy application through the Council's Subsidy Support Services. Offer the service to families. 914-761-3456 ext 144. See flyer: Addendum #10 on page 63.

### **What Happens Once the Application is Submitted?**

- The application is received by a 'screener' who determines that the application is complete; they do not look at the additional required documentation. If the application is complete, it is date stamped and the 30 day process for determining eligibility begins. If the application is not complete, the application and all documentation are returned to the family.
- If the application is complete it is forwarded to a certification worker who examines all the supporting documentation. If any documentation is missing, a Documentation Request letter is mailed to the family. The family is required to supply the missing documentation within the 30 day time frame. If all documentation is not received by day 30, the application is denied and the family will have to reapply.

## **WHO IS ELIGIBLE TO APPLY FOR CHILD CARE SUBSIDY?**

A family's eligibility for a child care subsidy is based on the need for care, the family service unit size and household gross income. The household must be programmatically eligible and financially eligible and must also use an eligible provider.

### **I. Programmatic Eligibility**

- Parents/caretakers must be working at employment that enables them to achieve self-sufficiency. Self-sufficiency is determined as 'employment that is paid at least at minimum wage standards'; in New York State the minimum wage is \$9.00 per hour.
- If the family includes both mother and father, both parents/caretakers must be working; unless there is a verified disability that does not allow one of the parents/caretakers to care for the child(ren). Child care would be paid during the hours that both parents/caretakers are working.
- Child care can be paid for full time, part time or part week as long as the child care is during the hours that the parents/caretakers work.
- Children for whom subsidy is authorized must be in this country legally. Parents/caretakers do not have to be in this country legally.
- Parents/caretakers who are obtaining a high school diploma and are under the age of 21 years old are also eligible for child care subsidy.
- Parents/caretakers attending 2 and 4 year colleges are eligible only in **exceptional** situations; eligibility is limited to Temporary Assistance recipients whose course of study has been approved by the Department of Social Services as a mandatory part of the parent's self sufficiency plan or to low income parents who are employed at least 30 hours per week and whose course of study has been approved by the Department of Social Services. A two or four year college degree program will be given favorable consideration when the Department of Social Services has concluded that acquiring the degree is an essential part of a plan that leads to independence and that eliminates the reliance on public programs.

- The family must live in Westchester County, N.Y. If a family lives in another county they have to apply for child care subsidy through that county. Families can use child care in any location that they choose but the application process must be handled by the county in which they live.

## II. How do you determine family size? Who is part of the family services unit?

- Mother and children
- Father and children
- If an unmarried mother and father are living together and they have child(ren) in common, the mother and father and all of their children would be included in the family services unit
- If the mother and father are married and live together, all of the children that live with them would be included in the family services unit.
- If an unmarried mother and father live together with no child(ren) in common they would apply as two separate family units: mother and her children and father and his children
- If a parent has a child and is living with his or her parents, the parent and child form the family unit. The child's grandparents are not included. Only the parent's income would be considered.
- If an 18, 19 or 20 year old lives in the household he/she would be included in the family services unit only if it benefits the family:
  - o If the 18, 19 or 20 year old is in school and not working including this child in the household benefits the family by making the family unit larger.
  - o If the 18, 19 or 20 year old is employed and earning income, this income would count toward the entire family income. It may or may not benefit the family to include the child in the family services unit.
- If a child is with a non-parent caretaker, only the child and the child's income count in the Family Services Unit.

New York State Income Standards based on 2009 New York State Income Standards (effective 6/1/15 – 5/31/2016)



<u>Family Size</u>	<u>200% Income</u>	<u>Title XX Income</u>
1 (child only)	\$23,540.00	\$32,368.00 (275%)
2	\$31,860.00	\$43,808.00 (275%)
3	\$40,180.00	\$51,230.00 (255%)
4	\$48,500.00	\$54,563.00 (225%)
5	\$56,820.00	\$63,923.00 (225%)
6	\$65,140.00	\$73,283.00 (225%)

Tip: Income levels can change in June of every year. To view current income levels go to [www.ChildCareWestchester.org](http://www.ChildCareWestchester.org), Help Paying for Child Care.

Low Income Subsidy - The total gross income received from all sources by the family service unit size (number of people in the family) must be under 200% of the poverty level to be eligible for low-income subsidy.

Title XX Subsidy - The total gross income received from all sources by the family service unit size (number of people in the family) must be under 275%, 255% or 225% of the poverty level to be eligible Title XX subsidy.

Title XX eligible families must use a Title XX provider. A Title XX provider is a child care provider that has a signed contract with the County of Westchester. Title XX providers must be licensed child care centers, licensed group family child care providers or registered school age child care programs.

**DOES THE FAMILY HAVE TO PAY ANYTHING TOWARD THEIR CHILD CARE?**

**Family Share Fee**

Families receiving child care subsidy are required to pay a family share fee directly to the provider, which is deducted from the amount DSS pays the provider.

The family share fee is based on income, it has no relation to how many days or hours the child is in the providers care. Even if a child is absent or

the program is closed, the monthly family share fee remains the same.

The family share fee may change during the authorization or recertification period if the family's income increases or decreases. The provider and family will receive notification of any change in the family share fee.

**I. How is the family share fee calculated?**

- The family share fee is calculated based on the family's total gross non-exempt income, minus the New York State 100% Income Standards (see below) multiplied by 27% (family share fee rate as of 2/1/2013) divided by 52 weeks. The result is the weekly amount the parent/caretaker must pay to the provider.
- Chart of New York State 100% Income Standards (effective 6/1/15)

<u>Family Size</u>	<u>100% of Poverty Level</u>
1 (child only)	\$11,770.00
2	\$15,930.00
3	\$20,090.00
4	\$24,250.00
5	\$28,410.00
6	\$32,570.00

▪ Example:

Family of 4; family's yearly income is	\$38,500.00
Less 100% of poverty for a family of 4 -	<u>\$24,250.00</u>
Difference is	\$14,250.00
Yearly family share fee is 27% of this difference	\$ 3,847.50
Divide by 52 weeks, weekly fee is	\$ 74.00
Weekly fee of \$74.00 times 4	\$ 296.00

\$296.00 is the monthly family share fee

**II. The provider's responsibility for collecting the family share fee**

The provider is required to collect the family share fee and provide a receipt of payment to the parent/caretaker. Families going through the recertification process must provide proof that they have paid the family share fee. Families that wish to change providers cannot do so without providing proof that their family share fee is up to date with the previous provider.

Failure of a family to pay the family share fee or to cooperate with DSS to make an arrangement to pay all delinquent fees constitutes a basis to close the child care case.

**V. Do all families pay a family share fee?**

No, families receiving child care services as part of their Temporary Assistance (TANF) case, Preventive Services case (MPS) or Protective Services case (CPS) are not required to pay a family share fee. The Department of Social Services pays the full amount of authorized child care.

Tip: Check your authorization letter to determine what the parent share fee is. Provide a receipt to each family when they pay their family share fee. The provider is required to collect this fee and cannot waive the family share fee under any circumstances.

## **AUTHORIZATION PROCESS FOR CHILD CARE SUBSIDY**

### **I. How long does the initial process take?**

Once a family submits an application for child care subsidy the Child Care Subsidy Unit has up to 30 days to determine if the family is eligible or not eligible for child care subsidy. The Child Care Subsidy Unit has up to 15 days after this initial determination to notify the parent of their determination. The provider that the parent has chosen will also be notified of this determination.

Incomplete applications will be returned to the parent/caretaker informing them of the section(s) that need to be completed. If there is missing documentation, a Documentation Request will be sent to the parent/caretaker. The parent/caretaker has up to 30 days from the date of receipt of a completed application to provide all necessary documentation for DSS to determine eligibility. If all documentation is not received in that time period, the application will be denied.

### **II. When does payment begin?**

Upon receipt of a completed application the Child Care Subsidy Unit date stamps the application. When the application is approved, child care subsidy payment can be retroactive to the date that the application was date stamped as long as all of the documents were received within the initial 30 day time frame; if care was provided on that date or later.

### **III. How long is the child care authorized for?**

Child care subsidy is usually authorized for a twelve month period. After six months DSS will send the parent/caretaker a form that must be completed. Information is requested regarding such things as family size, employment status, income, paid family share fee, etc. Failure to return the "Six Month Contact" form will result in the child care subsidy being discontinued.

The family is required to recertify the entire case at the end of the twelve month period. DSS will send the parent/caretaker an application and the family must apply again by completing an application and providing all necessary documentation to determine eligibility.

#### **IV. If the family does not agree with the determination what can they do?**

The family always has the right to call for a case conference with their worker or the worker's supervisor to resolve issues. The family can also request a Fair Hearing to dispute the decisions of DSS. A family may be able to obtain legal assistance from Legal Services of the Hudson Valley telephone (914) 949-1305 extension 142 or email [JSirotkin@lshv.org](mailto:JSirotkin@lshv.org). If the family requests a Fair Hearing they can ask for "aid to continue" and child care may continue to be paid until the Fair Hearing decision is reached. However, if the decision of the Fair Hearing is against the family they would have to pay back all monies paid for child care during the time they were deemed to be not eligible.

Directions on how to request a Fair Hearing are located on the back of Authorization Notifications (Addendums #2, #3, #4, and #5 on pages 51 to 58).

#### **WHAT IS A TITLE XX PROVIDER?** **WHO CAN BECOME A TITLE XX PROVIDER?**

A Title XX provider is a provider who has signed a contract with the County of Westchester to provide child care services.

Only licensed child care centers, licensed group family child care providers and registered school age child care programs are able to be Title XX providers.

Each year the Department of Social Services issues a public notice of their intent to contract with child care providers in Westchester County. The Child Care Council of Westchester, Inc. sends a notice to all licensed child care centers, licensed group family child care providers and registered school age child care programs notifying them of the process to become a Title XX provider. The provider is asked to submit a letter of intent to enter into a contractual agreement with Westchester County. Westchester County then sends the provider the actual contract, which needs to be signed and returned with all required documentation. The contract takes effect the first day of January of the following year.

There are approximately 215 child care programs (140 vendors) that are Title XX contracted providers for the year 2015.

The benefits in becoming a Title XX provider are:

- The provider will be paid for five holidays and or other closings as stipulated by contract per year, per child
- The provider will be paid for up to 12 temporary absences per quarter, per child (up to 48 absences per year, per child)
- The provider will be able to accept Title XX parents, opening up a new source of children that can potentially enroll in the program.
- If a family already enrolled in the program, under Low Income Subsidy becomes a Title XX family, they will not have to change providers and can continue in the program.

To be eligible to become a Title XX provider, the provider must have Worker's Compensation coverage and one million dollars of general liability insurance with an "A" rated insurance company.

Tip: The Child Care Council of Westchester, Inc. can assist you in applying to be a Title XX provider, as well as provide you with a list of "A" rated insurance companies. Contact the subsidy coordinator at 914-761-3456 ext. 144.

## **WHAT IS TRANSITIONAL CHILD CARE?**

If a family had an opened TANF case that was closed due to an increase in income from employment, child support or the family voluntarily ended their assistance the family is entitled to Transitional Child Care benefits. Transitional Child Care guarantees the family that child care will continue to be paid for one year as long as the family meets the criteria listed below:

- Their TANF case was opened for a least 3 of the 6 months prior to case closing.
- The family meets financial eligibility subsidy guidelines.
- The case closed for a reason that meets a specific criteria.

The family does not have to complete a new application. The application and supporting documentation is electronically transferred to the Child Care Subsidy unit. The family will be required to pay a Family Share Fee. Child Care Subsidy may request additional documentation from the family once the electronic the transfer is received from the TANF worker.

## **TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)**

TANF families are entitled to child care as part of their goal toward self-sufficiency

### **Child care can be paid for if the family is in an approved:**

- Work activity
- Training activity
- Job Search
- On the job training
- Vocational training and education
- Community service
- Substance abuse program
- Domestic violence associated program

### **How is child care handled for TANF families?**

- TANF families do not need to complete a separate application; child care financial assistance is part of the application the family completed when they applied for TANF.
  
  - TANF cases are handled out of the District Offices:
    - o Mount Vernon Department of Social Services  
100 East First Street  
Mount Vernon, New York 10550  
914-813-6000 (customer service 914-995-3333)
    - o Peekskill Department of Social Services  
750 Washington Street  
Peekskill, New York 10566  
914-862-5000 (customer service 914-995-3333)
    - o White Plains Department of Social Services  
85 Court Street  
White Plains, New York 10601  
914-995-5899 (customer service 914-995-3333)
    - o Yonkers Department of Social Services  
131 Warburton Avenue  
Yonkers, New York 10701  
914-231-2000 (customer service 914-995-3333)

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  - Providers receive a letter of approval from the District Offices
    - o case number and child(ren's) names
    - o dates child care is authorized
    - o hours authorized
    - o maximum amount of payment DSS can reimburse the provider
-

**There are two other situations that are handled differently for Temporary Assistance cases.**

**White Plains Homeless Unit**

- All families that are experiencing a homeless situation and are in receipt of Temporary Assistance are transferred to the homeless unit in White Plains regardless of where they live.

**The Top Unit (Transitional Opportunities Program)**

- Families that are employed but still eligible for Temporary Assistance have their case transferred to the TOP unit, which is located in the Mount Vernon District Office regardless of where they live.
- The TOP unit provides specialized services to help families achieve self-sufficiency. The TOP unit makes a Career Path Assessment of each family and helps customers make decisions regarding better jobs, obtaining a GED or obtaining a driver's license.

**WHO TO CONTACT FOR TEMPORARY ASSISTANCE CASES**

- Providers should contact the worker that is listed on the authorization form they received from the District Office.

Tip: If you have contacted the worker on the case and you are still having issues or concerns please contact the subsidy coordinator at the Child Care Council of Westchester, Inc at 914-761-3456 extension 144, who can provide further assistance.



## **CHILD CARE MARKET RATES** **(the maximum amount that can be paid to a provider)**

Payment rates are determined by the New York State Office of Children and Family Services (OCFS). Payment rates must be sufficient to ensure equal access for eligible families to child care services, comparable to those services provided to children whose parents/caretakers are not eligible to receive assistance under any child care programs. Every two years OCFS contracts with a market research firm to conduct a market rate survey via telephone. Prior to the phone survey OCFS mails a letter to all registered and licensed providers in NYS. This letter informs the providers that they may be contacted by phone to participate in the market rate survey. The letter also gives the providers the list of questions that will be asked during the phone survey. This data is analyzed and clustered into five distinct groupings of districts based on similarities in the rates among the districts. Westchester County is grouped with Nassau, Putnam, Rockland and Suffolk counties to determine the market rate.

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### **Child care payments are determined based upon three factors:**

- Age of child
- Hours/days of child care used
- Type of child care program

#### **Age of Child**

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Market rates differ according to the age of the child. The age categories are:

- Under 1 ½ year;
- 1 ½ years through 2 year;
- 3 years through 5 year; and
- 6 years through 12 years

A change in a child's age will result in a decrease in the amount that can be authorized for the care of that child. The market rate may be less as the child gets older; the new market rate limit is applied at the beginning of the first full month following such a change.

### Hours/days of child care used

- Weekly – care provided for 30 or more hours over the course of five or fewer days in a single week, up to 55 hours per week.
- Daily – care provided for less than 30 hours over the course of five or fewer days in a single week and for at least six but fewer than twelve hours per day.
- Part-day – care provided for at least three but fewer than six hours per day.
- Hourly – care provided for fewer than three hours per day.

### Types of child care programs

- Licensed child care centers and legally-exempt group child care programs.
- Registered family child care homes.
- Licensed group family child care homes.
- Registered school-age child care programs.
- Legally-exempt family child care and legally-exempt in-home family child care providers

Providers cannot charge the Department of Social Services more for the care of children receiving subsidy than they charge to the general public for similar care.

## **HOW AND WHEN DOES THE PROVIDER GET PAID?**

There is a process to receive payment for care. It is important not only to understand the steps involved to receive payment but also to manage the paperwork needed to receive payment and immediately address any discrepancies.

### **Payments**

- The Westchester County Department of Social Services will mail the provider a roster and attendance sheets on the first Friday that follows the first Thursday of every month.
- The provider must to complete both the roster and the attendance sheet and submit these forms for payment to DSS Payment Processing in order to be paid. Once these forms are received and reviewed, if everything is completed correctly, payment should reach the provider in 7 to 10 business days. If anything is missing or incorrect, the forms are returned to the provider for corrections, which will delay payment. It is very important that the provider take the necessary time to complete both forms correctly. The provider also must either enter time and attendance through the web based CCTA (Child Care Time and Attendance System) or submit a Child Care Sign/In Out Sheet.
- The roster contains the names of all the children for whom the provider can expect payment for that month. If any child is missing the provider must contact the DSS worker to question why the child is missing from the roster. If a child is not on the roster the provider will not be paid for that child.

Tip: The provider must report any discrepancies on the roster to DSS no later than the calendar quarter after the calendar quarter that the services were rendered. DSS will not be able to adjust or issue missing payments if the provider does report the discrepancies in a timely manner.

Tip: If you have contacted the worker on the case and you are still having issues or concerns please contact the subsidy coordinator at the Child Care Council of Westchester, 914-761-3456 extension 144, for assistance.

## **HOW DOES CHILD CARE SUBSIDY KNOW WHAT TO PAY THE PROVIDER?**

Provider payments are based on the information the provider includes on the provider form. The Department of Social Services can pay a provider up to the currently established market rates in Westchester County. Providers may not charge the Department of Social Services more than they charge their private paying families.

### **Vendor Data Profile Form (WCDSS#2107/(11/11))**

If the child care provider does not already have a DSS issued vendor ID# the child care provider is required to complete the Vendor Data Profile form so that the Department of Social Services can input the providers rates and information into their payment systems and issue the provider a vendor number. (See Addendum #6)

### **The Provider Form**

When a family applies for child care subsidy or has been approved to receive child care subsidy, they are given a provider form for the child care provider to complete. This form is used to determine if the provider is eligible to be paid by the Department of Social Services and to determine the amount of the payment.

The child care provider must complete this form with the family. It is important that the provider fill out all the sections carefully because child care payments are based on the information the provider includes on this form.

### **How to Complete the Form**

*(sample on page 25-26)*

#### **Top Front of Form: # 1**

The Provider Completes:

- Provider's Name, address, & telephone number. Be very careful to list the actual name and address that appear on your license or registration.
- Social security number or vendor ID # if you have one. If you do not yet have a vendor ID # the Department of Social Services will give the family a W9 form for you to complete so that they may obtain a vendor ID # for you (You can also obtain a W9 Form by going to <http://www.irs.gov/pub/irs-pdf/fw9.pdf>).

The Vendor ID# is the number the provider uses for all families whose care is being paid for by the Department of Social Services.

The Family Completes:

- Case Name, which is the parent's/caretaker's name.
- Case Number, if the family has one. If the family is new to the subsidy system they may not have a case number yet, so the family would leave this blank.
- Address & telephone number
- Social security number (optional), if they have one

Middle Front of Form; # 2

The Provider Completes:

- Most Recent Date: The date the provider started to care for or will begin to start caring for the child(ren).
- Child's name and age
- Day(s) in Care: The days of the week the child will be in care.
- Time and No. of Hours each Day: Enter the number of hours that the child is in care each day.
- No. Hours Per Week: Enter the number of hours the child is in care per week.
- Amount you charge per week: Enter the amount the provider charges per week.
- Provider's relationship to the child.

Bottom Front of Form: COMPLETE A OR B BELOW Section

As an OCFS Regulated provider you need to complete Section (B)

The Provider Completes:

- Check your modality of child care
- Enter the license or registration number of the program
- Enter license or registration expiration date

## Back of Form:

As an OCFS Regulated provider you need to complete Section 2

The Provider Completes:

- Place a checkmark stating what type of child care program the provider is.
- Circle the answer requested on the bottom of the page.

The Provider & Family Completes:

- The provider and the parent/caretaker must sign this form.

Tip: Be very careful to fill out Section 2 on the back of the provider form – NOT SECTION 1 – Often providers fill in section 1 which is only for informal caregivers (legally-exempt providers) and will cause a long delay in the approval process.

**THE PROVIDER FORM**  
**OTHER REASONS THE PROVIDER WOULD NEED**  
**TO COMPLETE A PROVIDER FORM**

**Hours change**

- If the hours the provider is caring for the children change the provider must complete and submit a new provider form to the DSS worker that reflects the new hours and rates. Upon approval the DSS worker sends the provider a new letter of authorization reflecting the change in hours.

**School holidays and closures**

- If the provider cares for school age children for additional days or hours due to school closings, the provider must complete a new provider form each month that additional child care is being provided, including the additional charges the provider is requesting. This form is to be submitted to the DSS worker along with a copy of the local school calendar. Upon approval DSS will issue a separate check to cover these additional days.

**Summer care**

- If the provider cares for school age children during the summer the provider must complete a new provider form before the summer begins and submit to the DSS worker for approval.

**Department of Social Services  
CHILD CARE PROVIDER FORM**

Dear Provider,

Please complete this form. It will establish that the child care you provide is legal under the laws of New York State. PAYMENT WILL ONLY BE MADE AFTER THE CHILD CARE YOU PROVIDE HAS BEEN ESTABLISHED TO BE LEGAL.

PLEASE FORWARD THE COMPLETED FORM BY \_\_\_\_/\_\_\_\_/\_\_\_\_

TO: DSS Staff \_\_\_\_\_ **CHILD DAY CARE SUBSIDIES  
10 County Center Road-2<sup>nd</sup> Floor  
White Plains, New York 10607**

1) Provider's Name: Jane Smith Child Care Center  
 Address: 313 Central Park Avenue  
Scarsdale, NY 10603  
 Telephone# : (914) 761-3456 Cell #: \_\_\_\_\_  
 S.S. # OR Vendor #: 140332

CASE NAME: Parent's Name  
 CASE/ S.S. No.: if known: social security number is optional  
 Address: Parent's Address  
 Telephone # Home & Cell: (914) Parent's Phone Number

2) Anticipated start date of care or the date you are seeking payment for: MUST enter the specific date child is or planning to start in care  
 PLEASE provide information requested below for **EACH CHILD ON THIS CASE** in your care.

Child's Name	Child's Age	Time & Number of Day (s) in Care														Number of Hours Per Day	Total Hours Per Week	Amount You Charge Per Week	Providers Relationship to The Child
		M		T		W		TH		FR		SAT		SUN					
		In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out				
(SAMPLE) John Doe	6	8 AM	4 PM	8 AM	4 PM	10 AM	5 PM	10 AM	5 PM	NA	NA	11 AM	6 PM	NA	NA	7	49	\$495.00	Aunt
Mary Jones	3y	8 AM	6:30 PM	8 AM	6:30 PM	8 AM	6:30 PM	8 AM	6:30 PM	8 AM	6:30 PM	NA	NA	NA	NA	10.5	52.5	\$250.00	Provider
Michael Jones	7y	3 PM	6:30 pm	3 PM	6:30 pm	3 PM	6:30 pm	3 PM	6:30 pm	3 PM	6:30 pm	NA	NA	NA	NA	3.5	17.5	\$185.00	Provider

COMPLETE A OR B BELOW

**(A) UNLICENSED INDIVIDUALS COMPLETE THIS SECTION:** ( Circle one )

- I) Are you caring for more than 2 children who are related to you? **YES\*** **NO** If yes, complete section 1 (B)
- II) Are you under 18 years of age? **YES\*** **NO** If yes, complete section 1 (C)
- III) Is care provided in the child's home? **YES\*** **NO** If yes, complete section 1 (A)

**(B) LICENSED/REGISTERED PROVIDERS COMPLETE THIS SECTION**

Type of care you provide (check one)  
 \_\_\_\_\_ Family Care      \_\_\_\_\_ School Age Care  
 Center Based **your license Number:** 43578DCC  
 \_\_\_\_\_ Group family Day Care **Expiration Date:** 7/1/2015

**(C) IF YOUR ORGANIZATION IS LEGALLY EXEMPT PROVIDER OF GROUP DAY CARE, COMPLETE PAGE 2, AND SECTION 2 ON REVERSE SIDE.**

**YOU MUST COMPLETE AND SUBMIT PAGE 2 SECTION 1, BEFORE PAYMENT CAN BE EVALUATED.**

\*\*\*\*\*THIS FORM MUST BE SIGNED BY PARENT & PROVIDER\*\*\*\*\*

↓ ↓ → Providers Signature: Jane Smith Date: 11/15/2015 → Customer's Signature: Parent's Signs & Dates Date: \_\_\_\_\_



**SECTION 1**  
**INFORMAL CAREGIVER**

**SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.**

A. ( ) **I provide care in the child(ren)'s home.** I understand that if I provide care for more than 4 hours a day and more than 4 hours a week I am entitled to receive minimum wage and other applicable employee benefits. I understand that the person who hired me is responsible for the difference between minimum wage and the amount the County Department of Social Services can pay.

B. ( ) **I provide care in my home and:**

\_\_\_\_\_ I am ( Circle one) the grandparent, great grandparent, great great grandparent, aunt/uncle, great aunt/ great uncle, brother/ sister or first cousin of all the children in my care.

\_\_\_\_\_ I provide care for no more than two children in my home ( not counting my own children and not counting children who are over 14 years of age).

\_\_\_\_\_ I provide care for 3 or more children. However, I never have more than 2 children in care at the same time for more than 3 hours.

C. ( ) **I am under 18 years of age.** I understand that I can only be paid if I can check one of the statements below because it is true.

\_\_\_\_\_ I have working papers and I do not provide care during the hours I am supposed to be in school; **AND I am 14 or 15 years old** and I work no more than 3 hours per day and less than or equal to 18 hours per week while school is in session; **AND** I do not provide care between the hours of 7:00 PM and 7:00 AM.

\_\_\_\_\_ I have working papers and I do not provide care during the hours I am supposed to be in school; **AND I am 16 or 17 years old** and I work no more than 4 hours per day and less than or equal to 28 hours per week while school is in session; **AND** I do not provide care between the hours of 10:00 PM and 6:00 AM.

For the following questions, **CIRCLE** the answer which applies to you

For the following questions, **CIRCLE** the answer which applies to you

**I (allow) ( do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises whenever their children are in care.**

**I ( have) ( have not ) received all fees from the parents or legal guardian which are due to me as of this date.**

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY PARENT & PROVIDER**

**SECTION 2**  
**REGISTERED FAMILY DAY CARE, LEGALLY EXEMPT, OR LICENSED GROUP PROVIDERS/LICENSED DAY CARE CENTER**

**SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.**

( ) A nursery school, pre-kindergarten or day care program for children three years of age or older operated by a public school district or by a private school or academy which is providing elementary or secondary education or both in accordance with compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

( ) A program for school-aged children conducted during non-school hours operated by a public school district or by private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

( ) A nursery school or program for pre-school- aged children which provides services to children for three or less hours per day.

( ) A summer camp operated in accordance with Subpart 7-2 of the State Sanitary Code and holds a valid permit from the Department of Health. Attach a copy of your permit to operate a summer day camp.

( ) A day care center, family day care home or other child care program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.

( ) If none of the above describes your Program, you may need to be licensed. Westchester County DSS cannot pay you until you provide documentation of your License. For more information call (914) 995-5478.

( ) I am registered by the NYS Department of Social Services to provide child care services in my home or this is a NYS Licensed Group Day Care Center.

(  ) **DAY CARE CENTER**

For the following questions, **CIRCLE** the answer which applies to you

I (  allow ) ( do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises whenever their children are in care.

**Provider's Signature:** Jane Smith **Date:** 11/15/2015

**Parent's Signature:** Parent's Signs & Dates **Date:** \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY PARENT & PROVIDER**

## **THE CHILD CARE TIME AND ATTENDANCE SYSTEM** **CCTA (A.K.A "Web Submittal")**

- The Child Care Time and Attendance System (CCTA) is a web based computer program where child care providers enter the date and time each child arrives and leaves their program. It allows providers to electronically send attendance to the Department of Social Services over the internet. This system helps assure that subsidy payments are correct and on time. It also assures that eligibility and time and attendance are correct. The CCTA program also calculates and approves child care subsidy payments.
- There is no software that is needed to be purchased. The only item required is a desktop or a notebook/laptop computer that can access the internet.
- Title XX contracted providers must use the CCTA program as part of their contractual agreement with the Department of Social Services.
- All other programs can elect to participate in CCTA and use this program or complete and submit a separate Child Care Sign In/Out Sheet (see Addendum #7) to the Department of Social Services for each child in their care. Department of Social Services employees will then enter the information from the Child Care Sign In/Out Sheet sheets into the CCTA program.
- Providers who choose to enter time and attendance through the CCTA program will be required to submit a Verification Information Sheet. This sheet will allow the Department of Social Services to establish a verification code so that the provider will be able to log onto CCTA (see Addendum #8). Providers are also required to submit the Vendor Data Profile sheet (see Addendum #6).
- Providers who enter time and attendance into the CCTA system directly will receive payments faster than providers who choose not to.
- Providers must also continue to submit rosters and attendance sheets as well as enter the attendance into the CCTA program or submit the Child Care Sign In/Out Sheets.
- Training on how to use the CCTA system is available on line at <http://info-ccta-newyork.com/providers/training/>
- Providers can also contact Ms. Bsharat at the Department of Social Service Child Care Subsidy Unit for additional assistance at 914-995-5463 or at [Nab1@westchestergov.com](mailto:Nab1@westchestergov.com).

## **THE ATTENDANCE SHEET**

### How to Complete the Attendance Sheet:

#### *Westchester County: Daily Attendance Record for Child Day Care*

#### **For a Non- Contracted Provider**

A non-contracted provider is a provider that has not signed a written contract with Westchester County.

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Reference Sample attendance sheet on page 29.

#### Complete:

- Provider/Program: Fill in the provider's name, address and vendor number (the vendor number is the same number that is listed on the roster as a provider ID number).
  - Fill in the provider's phone number, reporting month and year.
  - Answer the question: Are you a contracted provider, by placing an X in the box that says "no".
  - Refer to the alphabet letters included on the form that instructs the provider as to which letter to use in each box on the calendar section.
  - The form must be signed and dated by the provider.
- 

#### The Calendar Section:

##### Sample on how to complete the calendar section

On this sample:

- The provider provides care Monday through Friday
- The month is January 2015
- Mary Jones full time
- Michael Jones part time

January 1, 2015 (Thursday) was New Year's Day\*, the provider enters the letter "C" for the first day of January 2009. That means the provider was closed for New Years Day and did not provide care.

January 2, 2015 (Friday) the children were present in the provider's program. The provider enters the letter "P" for present on that day.

January 3, 2015 and January 4, 2015 were a Saturday and Sunday and the provider is not authorized to provide care on Saturdays and Sundays. The

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provider enters an "X" – non-authorized day.

---

January 14, 2015 both children were absent. The provider enters "A" absent for this day.

January 19, 2015 the program was closed due to a power outage. The provider enters a "C" – program closed (no payment for day).

The provider adds up all the days care was actually provided during the month of January 2015. Enter this number under total days; total days in this sample are 19 days.

\*Some families do work on holidays. If child care was provided on New Year's Day because the family worked on that day the provider enters the letter "P" for present.

<p>Tip: Upon enrollment of the children the provider should explain to the family that Child Care Subsidy does not pay for absences. The family should be encouraged to avoid excess absences.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Westchester County  
Daily Attendance Record for Child Day Care**

**Non-Contracted Provider  
Sample is in blue**

Provider/Program Jane Smith Child Care Center  
 Vendor Number 140332  
 Address 313 Central Park Avenue  
White Plains, NY 10603

Phone Number ( 914 ) 761-3456  
 Report Month January  
 Year 2015

Are you a contracted provider? Yes  No

Contract Number  
 \$ \_\_\_\_\_ 09

Name of Child	Full-Time Part-Time	Day of Month																														Total Days	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31
1. Mary Jones	Ft	C	P	x	x	P	P	P	P	P	x	x	P	P	A	P	P	x	x	C	P	P	P	P	x	x	P	P	P	P	P	x	19
	Pt																																
2. Michael Jones	Ft																																
	Pt	C	P	x	x	P	P	P	P	P	x	x	P	P	A	P	P	x	x	C	P	P	P	P	x	x	P	P	P	P	x	19	
3.	Ft																																
	Pt																																
4.	Ft																																
	Pt																																
5.	Ft																																
	Pt																																
6.	Ft																																
	Pt																																
7.	Ft																																
	Pt																																
8.	Ft																																
	Pt																																

Provider Signature Jane Smith Date 2/8/15

**Important – If you do not sign and date this form, payment cannot be made.**

**01/01/15**

## **For a Contracted Provider**

A contracted provider is a provider that has signed a written agreement with Westchester County to provide child care services. Contracted providers are also referred to as Title XX providers.

Reference Sample attendance sheet on page 32.

### Complete:

- Provider/Program: Fill in the provider's name, address and vendor number (the vendor number is the same number that is listed on the roster as a provider ID number).
  - Fill in the provider's phone number, reporting month and year.
  - Answer the question, are you a contracted provider, by placing an X in the box that says "yes". Fill in the provider's contract number.
  - Refer to the alphabet letters included on the form that instructs the provider which letter to use in each box on the calendar section.
  - The form must be signed and dated by the provider.
- 

### The Calendar Section

#### Sample on how to complete the calendar section

On this sample:

- The provider provides care Monday through Friday
- The month is January 2015
- Mary Jones full time/full day
- Michael Jones part time/half day

January 1, 2015 (Thursday) was New Year's Day\*, the provider enters the letter "H" for the first day of January 2009. That means the provider was authorized by contract to be paid for this holiday closure.

January 2, 2015 (Friday) the children were present in the provider's program. The provider enters the letter "P" for present on that day.

January 3, 2015 and January 4, 2009 were a Saturday and Sunday and the provider was not authorized to provide care on Saturdays and Sundays. The provider enters an "X" – non-authorized day.

January 14, 2015 both children were absent. The provider enters "A" absent for this day.

---

January 19, 2015 the program was closed due to a power outage. The provider enters a "C" – program closed (no payment for day).

The provider adds up all the days that the provider is entitled to receive payment. These days include approved holidays and absences – total days in this example are 21 days.

Tip: Upon enrollment of the children the provider should explain to the family that Child Care Subsidy only pays contracted providers up to twelve temporary absences per quarter. The family should be encouraged to avoid excess absences.

**Westchester County  
Daily Attendance Record for Child Day Care**

**Contracted Provider  
Sample is in blue**

Provider/Program Jane Smith Child Care Center  
 Vendor Number 140332  
 Address 313 Central Park Avenue  
White Plains, NY 10603

Phone Number (914) 761-3456  
 Report Month January  
 Year 2015

Are you a contracted provider? Yes  No

Contract Number  
 S SS151 09

Name of Child	Full-Time Part-Time	Day of Month																														Total Days	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		31
1. Mary Jones	Ft	H	P	x	x	P	P	P	P	P	x	x	P	P	A	P	P	x	x	C	P	P	P	P	x	x	P	P	P	P	P	x	21
	Pt																																
2. Michael Jones	Ft																																
	Pt	H	P	x	x	P	P	P	P	P	x	x	P	P	A	P	P	x	x	C	P	P	P	P	x	x	P	P	P	P	x	21	
3.	Ft																																
	Pt																																
4.	Ft																																
	Pt																																
5.	Ft																																
	Pt																																
6.	Ft																																
	Pt																																
7.	Ft																																
	Pt																																
8.	Ft																																
	Pt																																

Provider Signature Jane Smith Date 2/8/15

**Important – If you do not sign and date this form, payment cannot be made.**

**01/01/15**



## **THE ROSTER**

### **How To Complete the Roster:**

#### **Requests for Payment of Day Care Services**

See reference Sample roster sheet on page 37-38 for non-contracted providers and page 41-42 for contracted providers. See the next section to determine how to calculate the charges that are entered on the roster.

### **How to read & complete the roster:**

#### **Page 1:**

- o Listed on the roster are the names of every child that the Department of Social Services has authorized child care payment to the provider for that month.
- o 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.
- o Going across the page it then lists the maximum amount of monies DSS is authorizing to pay the provider during the month and the dates of authorization for that particular month.

#### **Page 1: All Providers need to complete:**

- o ACTUAL DAYS CARE: The provider must fill in the Actual Days In Care (days the provider believes should be paid for that matches the days the provider completed on the attendance sheet)
- o MAX MO CHG: The provider 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.
- o MONTHLY PAR FEE: The parent fee, if there is one, is usually already included on this roster.
- o TOTAL DSS CHR: The total DSS charge is the amount the provider is actually charging DSS for the care of each child for that month. The provider must deduct any days that the provider is not authorized to receive payment.
- o TOTAL BILLED AMT.: The Total Billed Amount is the sum total of the Total DSS Charge column. Providers are not required to tally the dollar amount for those children that have the letter "C" placed

directly under their name. If the child has the letter "C" placed under their name include only the days the child attended. The letter "C" under the child's name indicates that that provider is entering time and attendance through the CCTA (Child Care Time and Attendance) system.

**Page 2: All Providers Must:**

- o Insert the amount that is being claimed for the month. If the provider has at least one child with the letter "C" placed directly under their name listed on the roster, the provider is NOT required to write the total dollar amount. If there is no child with the letter "C" placed directly under their name on the roster, the provider must write the total dollar amount.
  
- o Sign and date the roster.

Tip: The provider is required to report any discrepancies in payment to the Department of Social Services within the quarter following the quarter that the service was provided. If the provided does not report these discrepancies in a timely manner the Department of Social Services may not be able to adjust payments.

## **HOW TO PRO-RATE PAYMENT**

Providers need to accurately enter charges for the care they provide. The charges need to be pro-rated based on the actual days the child(ren) are in care and the days for which care is authorized. The roster shows the maximum authorization of payment for each child if they were in care every single day of authorization. When children are absent or the program is closed the provider must deduct those days from the maximum authorization amount listed on the roster.

### **Pro-rate Payment for a Non-Contracted Provider**

Reference Sample roster sheet on pages 37-38

- On the sample provided for the non-contracted the provider payment is requested for 19 days (based on the attendance sheet).
- The provider must count how many actual days of authorized care there were in the month. In this example, for the month of January 2015 for authorized care Monday through Friday there was the potential of caring for these children for 22 days.
- The non-contracted provider divides the total maximum charge per child by possible 22 days.

### **Example of pro-rated calculation**

Step One: Calculate total DSS CHR (charge) for each child.

Child 1: Mary Smith

\$1,082.50	(maximum monthly charge)
÷ 22 days	(total number of possible days in January)
\$49.205	cost per day
\$49.205	cost per day

$$\begin{array}{r} \times 19 \text{ days (total number of actual days in care)} \\ \hline \$934.90 \text{ total charge to DSS} \end{array}$$

- The provider enters \$934.90 under Total DSS CHR (charge) for Mary.

Child 2: Michael Smith

$$\begin{array}{r} \$801.05 \text{ (maximum monthly charge)} \\ \div 22 \text{ days (total number of possible days in January)} \\ \hline \$36.411 \text{ cost per day} \end{array}$$

$$\begin{array}{r} \$36.411 \text{ cost per day} \\ \times 19 \text{ days (total number of actual days in care)} \\ \hline \$691.81 \text{ total charge to DSS} \end{array}$$

- The provider would enter \$691.81 under Total DSS CHR for Michael.

Step Two: Calculate total billed amt. (amount)

Total billed amount is the total of the two charges:

$$\begin{array}{r} \$934.90 \text{ Total DSS CHR for Mary Smith} \\ + \$691.81 \text{ Total DSS CHR for Michael Smith} \\ \hline \$1,626.71 \text{ the provider enters this as Total Billed Amt. (amount)} \end{array}$$

- The provider enters \$1,626.71 on page two of the roster and signs the roster.



**Non-Contracted Provider**  
**Sample is in blue**

Report Date  
2/7/2015

WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES  
 P.O. BOX 1450  
 WHITE PLAINS, NY 10602  
 REQUEST FOR PAYMENT OF DAY CARE SERVICES  
 BICS REPORT RST000020

PAGE 1

PRINT FILE: SVDCROST

ROSTER NO: F0406409  
 PROVIDER ID: 140332

JANE SMITH CHILD CARE  
 313 CENTRAL PARK AVENUE  
 WHITE PLAINS, NEW YORK 10603

RECIPIENTS AUTHORIZED TO RECEIVE DAYCARE SERVICES FROM 01/01/2009 - 01/31/2009

LN NO	CHILD'S NAME CASE NO DOB	CLIENT ID	ST/SF	ISS AUTH ROSTER PER RATE/PER/MAX/AUTH	ACTUAL DAYS CARE	MAX MO CHG	MONTHLY PAR FEE	TOTAL DSS CHR
0001	JONES, MARY S1390537 7/21/2006	EC60096L	36 R	010115-013115 \$1,082.50 0040MA	19	\$1,082.50		\$934.90
0002	JONES, MICHAEL S1390537 6/4/2002	DU74512A	35 R	010915-013115 \$801.05 0012MA	19	\$801.05		\$691.81
Total Billed Amt.							\$1,626.71	

REPORT DATE  
2/7/2015

WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES      PAGE 2  
P.O. BOX 1450  
WHITE PLAINS, NY 10602  
REQUEST FOR PAYMENT OF DAY CARE SERVICES  
BICS REPORT RST000020                      PRINT FILE: SVDCROST

ROSTER NO F0406409  
PROVIDER ID: 140332

BILL FOR DAY CARE SERVICES FROM 1/01/2009 – 1/31/2009

PERSUANT TO THE PROVISIONS OF SECTION 415 OF THE NEW YORK STATE CODES AND REGULATION, I HEREBY  
CERTIFY THAT THE DAY CARE SERVICES, AMOUNTING TO \$1,626.71                      HAVE BEEN ACTUALLY PERFORMED  
AND THE AMOUNT CHARGED IS DUE AND OWING.

VENDOR SIGNATURE           Jane Smith                                DATE           2/8/15

## Pro-rate Payment for a Contracted Provider

Reference Sample roster sheet on pages 41-42

- On the sample provided for the contracted provider the provider is claiming payment for 21 days (based on the attendance sheet).
- The provider must count how many actual days of authorized care there were in any given month. In this example for the month of January 2009 for authorized care Monday through Friday there was the potential of caring for these children for 22 days.
- The contracted provider divides the total maximum charge per child by possible 21 days.

### Example of pro-rated calculation

Step One: Calculate Total DSS CHR for each child.

Child 1: Mary Smith

$$\begin{array}{r} \$1,082.50 \text{ (maximum monthly charge)} \\ \div \underline{22 \text{ days (total number of possible days in January)}} \\ \$49.205 \text{ cost per day} \\ \\ \$49.205 \text{ cost per day} \\ \times \underline{21 \text{ days (total number of actual days in care)}} \\ \$1,033.31 \text{ total charge to DSS} \end{array}$$

- The provider enters \$1,033.31 under Total DSS CHR for Mary.

Child 2: Michael Smith

$$\begin{array}{r} \$801.05 \text{ (maximum monthly charge)} \\ \div \underline{22 \text{ days (total number of possible days in January)}} \\ \$36.411 \text{ cost per day} \\ \\ \$36.411 \text{ cost per day} \\ \times \underline{21 \text{ days (total number of actual days in care)}} \\ \$764.63 \text{ total charge to DSS} \end{array}$$

- The provider enters \$764.63 under Total DSS CHR for Michael.
-



Step Two: Calculate Total Billed Amt.

Total billed amount is the total of the two charges:

\$1,033.31 Total DSS CHR for Mary Smith  
+ \$ 764.63 Total DSS CHR for Michael Smith  
\$1,797.94 the provider enters this as Total Billed Amt.

- The provider enters \$1,797.94 on page two of the roster and signs the roster.

Tip: Under the contract the provider signed with Westchester County the provider is entitled to be paid for up to 12 absences per calendar quarter. Keep track of the child(ren)'s absences as the provider will not be paid beyond the 12 absences per quarter allowed.

Report Date  
2/7/2015

WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES  
P.O. BOX 1450  
WHITE PLAINS, NY 10602  
REQUEST FOR PAYMENT OF DAY CARE SERVICES  
BICS REPORT RST000020

PAGE 1

PRINT FILE: SVDCROST

ROSTER NO: F0406409  
PROVIDER ID: 140332

JANE SMITH CHILD CARE  
313 CENTRAL PARK AVENUE  
WHITE PLAINS, NEW YORK 10603

RECIPIENTS AUTHORIZED TO RECEIVE DAYCARE SERVICES FROM 01/01/2009 - 01/31/2009

LN NO	CHILD'S NAME CASE NO DOB	CLIENT ID	ST/SF	ISS AUTH ROSTER PER RATE/PER/MAX/AUTH	ACTUAL DAYS CARE	MAX MO CHG	MONTHLY PAR FEE	TOTAL DSS CHR
0001	JONES, MARY S1390537 7/21/2006	EC60096L	36 R	010115-013115 \$1,082.50 0040MA	21	\$1,082.50		\$1,033.31
0002	JONES, MICHAEL S1390537 6/4/2002	DU74512A	35 R	010915-013115 \$801.05 0012MA	21	\$801.05		\$764.63
Total Billed Amt.							\$1,797.94	

REPORT DATE  
2/7/2015

WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES      PAGE 2  
P.O. BOX 1450  
WHITE PLAINS, NY 10602  
REQUEST FOR PAYMENT OF DAY CARE SERVICES  
BICS REPORT RST000020                      PRINT FILE: SVDCROST

ROSTER NO F0406409  
PROVIDER ID: 140332

BILL FOR DAY CARE SERVICES FROM 1/01/2009 – 1/31/2009

PERSUANT TO THE PROVISIONS OF SECTION 415 OF THE NEW YORK STATE CODES AND REGULATION, I HEREBY  
CERTIFY THAT THE DAY CARE SERVICES, AMOUNTING TO      \$1,797.94                      HAVE BEEN ACTUALLY PERFORMED  
AND THE AMOUNT CHARGED IS DUE AND OWING.

VENDOR SIGNATURE                     *Jane Smith*                            DATE                     *2/8/15*

## **PROVIDER RESPONSIBILITIES**

### **Responsibilities for providers who Provide Care for Families whose Child Care is Paid for by Child Care Subsidy**

- Keep accurate attendance records for all children receiving child care subsidies. (The provider should be keeping attendance records, including “sign-in” and “sign-out” verification, for all of the children in the provider’s care.)
- Maintain daily sign-in and sign-out logs.
  - Children and parents/caretakers must be listed and clearly identified using first and last names.
  - Children need to be signed in/out each time they leave and return to the program, even if more than once within the same day.
  - The adult/authorized individual signing the children in/out must be clearly identified by using first and last names.
  - Time in and time out must be indicated on the log, each time the child leaves and returns to the program on a given day.
  - The daily sign-in and sign-out logs must be retained for at least eighteen months.
  - Addendum #10 is a sample attendance sheet. Child care providers can use any sign-in and sign-out logs they want, there is no DSS required sign-in and sign out log.
- Accurately fill out the payment rosters.
  - Submit the county attendance sheets to support each roster.
  - Pro-rate the payment claimed on the roster. The provider cannot claim the maximum monthly payment authorized by DSS if the child has been absent or the facility has been closed and the provider’s contractual agreement with the county does not provide for payment in these circumstances.
  - Enter time and attendance through the CCTA system or submit the Child Care Sign In/Out Sheet for each child.
- Keep accurate payment records for non-subsidized children.
  - The provider may not charge for government subsidized services more than the provider actually charges and receives from unsubsidized customers.

- Keep accurate payment records for subsidized children.
  - Family share fee must be collected.
  - Family must be given a receipt for payment of family share fee.
  - Provider should retain a copy of the receipt.
  - Records must be accurate and must not be altered. Records must be made available to the county when there is an auditing visit.
  
- Pro-rate Payments
  - It is the responsibility of the child care provider to pro-rate the payment claims to the county when submitting claims for children who have been absent from child care during the period covered by the voucher. It is also the responsibility of the child care provider to prorate the payment for any days the program was closed for business.

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

## **HOW DOES THE PROVIDER KNOW IF THE CASE HAS BEEN AUTHORIZED?**

The Department of Social Services sends the family and the provider notifications regarding the case.

These authorizations tell the provider and the family the following information:

- Approval of the case
- Denial of the case
- Dates the provider will be paid to care for the children
- Hours the provider will be paid to care for the children
- Family share fee amount, if the family is required to pay a family share fee

Tip: Children should not be permitted to attend the providers program until the provider has received written approval from the Department of Social Services. If the family wants to start before the provider has received written approval, the provider should make a private pay agreement with the parent. Addendum #1 on page 50 provides a sample of a written letter of agreement for providers to use before the provider has received written approval from the Department of Social Services.

## **AUTHORIZATION FOR CHILD CARE SUBSIDY CASES:**

The below forms are sent to both the family and the provider.

Approval of Your Application For Child Care Benefits OCFS-LDSS-4779  
See sample in Addendum #2 on page 51.

This form tells the provider that the case has been approved. It tells the provider the effective dates of care; start date and end date. This form tells the provider how much the provider will be paid by DSS and what the family share fee is.

Tip: Keep track of the effective dates of care. Review the subsidy expiration dates at least monthly. Remind the family at least one month in advance that their child care authorization is ending. If the provider has not received written authorization to continue care beyond the end of the authorization period make a private pay agreement with the parent until the provider receives written authorization to continue care. See Addendum #1 on page 50 for sample of written private pay letter of agreement.

### Denial of Your Application For Child Care Benefits OCFS-LDSS-4780

See sample in Addendum #3 on page 53.

This form tells the provider that the case has been denied. This means the provider will not be paid by DSS for the care of these child(ren). It will not give the provider the reasons for the denial as this is confidential information. The family, however, is notified of the reasons for the denial.

### Notice of Intent To Change Child Care Benefits OCFS-LDSS-4781

See sample in Addendum #4 on page 55.

This form alerts the provider that something has changed on the case. It could be the family share fee, the hours of care, or the amount of authorized payment. This is usually based on information the family provided to their worker showing they are earning more or less income, their employment hours have changed, etc. It can also be the result of changes required by the regulations, such as a reduction because the child is older.

### Notice of Intent To Discontinue Child Care Benefits OCFS-LDSS-4782

See sample in Addendum #5 on page 57.

This form notifies the provider that the case will be discontinued. This notice is sent to you 10 days before the case actually closes. It does not give the provider the reasons for the case closing as this is confidential information. The family, however, is notified of the reasons for the closing.

## **AUTHORIZATION FOR TEMPORARY ASSISTANCE** **CHILD CARE CASES:**

### Approvals:

- The provider receives a letter from the District Offices (Mount Vernon, Yonkers, Peekskill or White Plains)
- This letter states that the District Office guarantees payment and tells the provider the amount of payment and the time frame covered.

### Discontinuances

- The provider receives a letter from the District Offices (Mount Vernon, Yonkers, Peekskill or White Plains)
- This letter states that the District Office will not be responsible for payments on behalf of the parent after a specified date.

## **WHO TO CONTACT AT CHILD CARE SUBSIDY**

- The Undercare/Recert Unit (Undercare/Recertification Unit) is the subsidy unit that makes any changes on a case once approved by the Cert Unit and that is not being handled by the District Office. The below list breaks down the case load by alphabet. The provider can contact the worker that has the family's last name in their section of the alphabet.
- The Cert L13 (Certification Unit) unit is the subsidy unit that reviews new applications. . There is no breakdown by alphabet caseload. The provider can contact the main number (914 995-6521) and ask to speak to the worker on any particular case.

### **DAY CARE STAFF**

10 County Center Road, White Plains, New York 10607

General Numbers: 995-6521 and 995-6522

Fax Number: 813-4309

### **As of October 2015**

Name	Title	Alpha	Ext.	ID/Email
<b>Rivera, I.</b>	<b>Manager I</b>		<b>X5478</b>	<a href="mailto:Iir3@westchestergov.com">Iir3@westchestergov.com</a>
<b>Scott, C.</b>	<b>Office Assistant</b>		<b>X5477</b>	<a href="mailto:Ccs5@westchestergov.com">Ccs5@westchestergov.com</a>
<b>Bsharat, N.</b>	<b>Program Specialist</b>		<b>X5463</b>	<a href="mailto:Nab1@westchestergov.com">Nab1@westchestergov.com</a>

### **CERTIFICATION UNIT**

<b>Maher, E.</b>	<b>Supervisor, EE</b>		<b>X2294</b>	<a href="mailto:Eemb@westchestergov.com">Eemb@westchestergov.com</a>
<b>Budhu, M.</b>	<b>Eligibility Examiner</b>		<b>X4216</b>	<a href="mailto:Msb3@westchestergov.com">Msb3@westchestergov.com</a>
<b>Jimenez, M.</b>	<b>Eligibility Examiner</b>		<b>X5752</b>	<a href="mailto:Eaj6@westchestergov.com">Eaj6@westchestergov.com</a>
<b>Huapaya, F.</b>	<b>Eligibility Examiner</b>		<b>X6357</b>	<a href="mailto:Fmh2@westchestergov.com">Fmh2@westchestergov.com</a>
<b>Jules-Perez, B.</b>	<b>Eligibility Examiner</b>		<b>X3858</b>	<a href="mailto:Bjp2@westchestergov.com">Bjp2@westchestergov.com</a>
<b>Mosby, A.</b>	<b>Eligibility Examiner</b>		<b>X6360</b>	<a href="mailto:Axm4@westchestergov.com">Axm4@westchestergov.com</a>
<b>Otten, K</b>	<b>Eligibility Examiner</b>		<b>X5329</b>	<a href="mailto:Kao1@westchestergov.com">Kao1@westchestergov.com</a>
<b>Pollock, M.</b>	<b>Eligibility Examiner</b>		<b>X5487</b>	<a href="mailto:Mbb3@westchestergov.com">Mbb3@westchestergov.com</a>

### **RECERTIFICATION/UNDER-CARE UNIT #1**

<b>Gomez, M.</b>	<b>Supervisor, EE</b>		<b>X2642</b>	<b>Mmge</b>
<b>Mathew, B.</b>	<b>Eligibility Examiner</b>	<b>A-CAS</b>	<b>X7210</b>	<a href="mailto:Bqm1@westchestergov.com">Bqm1@westchestergov.com</a>



<b>Smith-Uwaifo, J.</b>	<b>Eligibility Examiner</b>	<b>CAT-FO</b>	<b>X6459</b>	<a href="mailto:Jjs8@westchestergov.com">Jjs8@westchestergov.com</a>
<b>Dickerson, J.</b>	<b>Eligibility Examiner</b>	<b>FP-J</b>	<b>X6857</b>	<a href="mailto:Jqr6@westchestergov.com">Jqr6@westchestergov.com</a>
<b>Dickerson, J. A.</b>	<b>Eligibility Examiner</b>	<b>K-MAT S</b>	<b>X9370</b>	<a href="mailto:Jadj@westchestergov.com">Jadj@westchestergov.com</a>
<b>Owens, S.</b>	<b>Senior Info. Clerk</b>		<b>X5035</b>	<a href="mailto:Sae1@westchestergov.com">Sae1@westchestergov.com</a>
<b>Darling, C.</b>	<b>Temp</b>		<b>X6860</b>	<a href="mailto:Cdda@westchestergov.com">Cdda@westchestergov.com</a>

**RECERTIFICATION/UNDER-CARE UNIT #2**

<b>VACANT</b>	<b>Supervisor EE</b>		<b>X4919</b>	<a href="mailto:Tav3@westchestergov.com">Tav3@westchestergov.com</a>
<b>Morella, K.</b>	<b>Eligibility Examiner</b>	<b>MAT T-N</b>	<b>X2719</b>	<a href="mailto:Kxma@westchestergov.com">Kxma@westchestergov.com</a>
<b>Calderon, I</b>	<b>Eligibility Examiner</b>	<b>O-SE</b>	<b>X6519</b>	<a href="mailto:Imc2@westchestergov.com">Imc2@westchestergov.com</a>
<b>Robinson, D.</b>	<b>Eligibility Examiner</b>	<b>SF-Z</b>	<b>X6523</b>	<a href="mailto:Dar7@westchestergov.com">Dar7@westchestergov.com</a>
<b>Merdith, C.</b>	<b>Eligibility Examiner</b>		<b>X4593</b>	<a href="mailto:ccci@westchestergov.com">ccci@westchestergov.com</a>
<b>Greathouse, A,</b>	<b>Eligibility Examiner</b>		<b>X6859</b>	<a href="mailto:Amg7@westchestergov.com">Amg7@westchestergov.com</a>

**RECEPTION UNIT**

<b>Sidhu, B.</b>	<b>Assist Supervising EE</b>		<b>X3976</b>	<a href="mailto:Bss3@westchestergov.com">Bss3@westchestergov.com</a>
<b>Richardson, M</b>	<b>Jr. Office Assistant</b>		<b>X6521</b>	<a href="mailto:Myre@westchestergov.com">Myre@westchestergov.com</a>
<b>Simmons, R</b>	<b>Jr. Office Assistant</b>		<b>X6522</b>	<a href="mailto:Rms3@westchestergov.com">Rms3@westchestergov.com</a>

**\*Provider resolution requests should be sent to e-mail address:  
[DSS Child Care Liaison@Westchestergov.com](mailto:DSS Child Care Liaison@Westchestergov.com)**

Tip: If the provider has contacted the worker on the case and the provider is still having issues or concerns please contact the subsidy coordinator at the Child Care Council of Westchester, 914-761-3456 extension 144 who can provide further assistance. Please have the family complete the Child Care Council's Permission of Release of Information form (see Addendum #8 page 61) so that the subsidy coordinator can obtain information on any individual client case.

## **Child Care Provider Payment Resolution Request Form** **(DSS #21135(08/15))**

If the provider is having problems receiving payment or if the provider is having issues with the payment the provider received you can complete the Child Care Provider Payment Resolution Request Form (see Addendum #11). This payment resolution form is a formal process for child care providers to have their child care payment reviewed when discrepancies occur.

- Complete this form as accurately as possible
- This form must be submitted within 60 days of the end of the service month the provider is questioning
- The attendance sheets and the sign in/out sheets for each child must be submitted with this form
- The form must be mailed to:  
Westchester County Department of Social Services  
Child Care Subsidy Unit  
Attention: Child Care Provider Liaison  
10 County Center Road 2<sup>nd</sup> Floor  
White Plains, New York 10607
- DSS will review the request and notify the provider of the outcome within 10 business days from the date the form was received.

Jane Smith Child Care Center  
White Plains, New York

I have applied for child care subsidy financial assistance through the Westchester County Department of Social Services child care subsidy unit. The child care subsidy unit has up to 30 days to make a determination on my application.

I agree to pay you privately until my application is approved and you have received written authorization for payment of care. When you have received the money owed, for this time period, you will reimburse me. The reimbursement will be for the time and amount covered by the Department of Social Services, excluding my family share fee. This reimbursement will not occur until you actually receive this money.

My child/ren will be in child care on the following days:

1<sup>st</sup> Child Name: \_\_\_\_\_  
Days: \_\_\_\_\_ Hours: \_\_\_\_\_

2<sup>nd</sup> Child Name: \_\_\_\_\_  
Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Tip: Whenever the provider is working with a family applying for or receiving subsidy have the family complete the DSS Permission of Release of Information form (see Addendum #9 page 62). This form is included in the application and should be submitted with the application. Keep a copy in the family's file so that if the provider has any concerns on the case the DSS worker is able to speak to the provider. If the DSS worker does not have this form they cannot give the provider any information as the family's application is confidential.

I agree to pay \$ \_\_\_\_\_ per week for the above listed days/hours for the care of my child/ren.

This is an addendum to our Parent/Provider Child Care Contract.

Agreed to by Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_



**RIGHT TO REJECT SERVICES:** Approval of your application does not obligate you to accept the services. You may decline to accept services if you choose to do so.

**RIGHT TO CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference, you are still entitled to a fair hearing. Even if you ask for a conference, you still have only 60 days from the date of this notice to request a fair hearing. Read below for fair hearing information.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

(1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) 1-800-342-3334

OR

(2) **Writing:** Complete the information, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself.**

OR

(3) **FAX:** Your fair hearing request to (518) 473-6735

OR

(4) **Email:** Your fair hearing request to <http://www.otda.state.ny.us/oah/forms.asp>

I want a fair hearing. The Agency's action is wrong because:

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Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you **only** if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DENIAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
CASE NAME (And C/O Name if Present) AND ADDRESS				
		OR Agency Conference		
		Fair Hearing Information and assistance _____		
		Record Access _____		
		Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
<p>Your application has been <b>denied</b> and the reason or reasons your application has been denied are explained below.</p> <p>You are ineligible to receive benefits because:</p> <p><input type="checkbox"/> Your income of \$ _____ is over the allowed amount of \$ _____</p> <p><input type="checkbox"/> You have not provided us with the following documents: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> You are not programmatically eligible for child care services because: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____</p> <p>_____</p> <p>_____</p>				

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

CLIENT/FAIR HEARINGS COPY

**RIGHT TO CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference, you are still entitled to a fair hearing. Even if you ask for a conference, you still have only 60 days from the date of this notice to request a fair hearing. Read below for fair hearing information.

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

(5) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334**

**OR**

(6) **Writing:** Complete the information, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself.**

**OR**

(7) **FAX:** Your fair hearing request to (518) 473-6735

**OR**

(8) **Email:** Your fair hearing request to <http://www.otda.state.ny.us/oah/forms.asp>

**I want a fair hearing. The Agency's action is wrong because:**

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Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you **only** if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NOTICE OF INTENT TO CHANGE CHILD CARE BENEFITS**

NOTICE DATE:	EFFECTIVE DATE	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
		OR	Agency Conference	
			Fair Hearing Information and assistance	
			Record Access	
			Legal Assistance information	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

This notice is to inform you that this agency intends to change your Child Care benefits. The changes are explained below.  
Payment will be provided on behalf of the following:

Child(ren):	For this Provider:	Change from \$ to \$:*	Effective:	Full Time or Part Time

**\*Payment may vary based on fluctuations in your approved activity and/or absences.**

You are responsible for a family share which must be paid to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per week effective \_\_\_\_\_

The reason for this action is: \_\_\_\_\_

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The LAW(S) AND/OR REGULATION(S) that allows us to do this is: \_\_\_\_\_

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION  
CLIENT/FAIR HEARINGS COPY**



**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the front of this notice. The number is used only for asking for a conference. **It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference, alone will not result in continuation of benefits. Requesting an agency conference does not affect your right to also request a fair hearing. Read below for fair hearing information.**

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

(9) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334.**

**OR**

(10) **Writing:** Complete the information, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself.**

**OR**

(11) **FAX:** Your fair hearing request to (518) 473-6735.

**OR**

(12) **Email:** Your fair hearing request to <http://www.otda.state.ny.us/oah/forms.asp>

**I want a fair hearing. The Agency's action is wrong because:**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

**I understand I may be eligible for aid continuing. My benefits have been reduced and I wish to have my benefits restored (aid continuing): If you request a fair hearing within ten (10) days** of the date of the postmark of the mailing of this notice, your child care will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care you receive that you were not entitled to, which may be collected by reduction of future child care allotments, lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care.

I do **not** want my benefits continued unchanged until the hearing decision is issued.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you **only** if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER		CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	
CASE NAME (And C/O Name if Present) AND ADDRESS			----- OR    Agency Conference _____ Fair Hearing Information and assistance _____ Record Access _____ Legal Assistance information _____	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
This notice is to inform you that your case will be closed effective _____				
This agency intends to <b>stop</b> your payment of Child Care benefits effective _____				
The reason for this action is: _____				
The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____				

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the front of this notice. The number is used only for asking for a conference. **It is not the way you request a fair hearing. If you ask for a conference, you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference, alone will not result in continuation of benefits. Requesting an agency conference does not affect your right to also request a fair hearing. Read below for fair hearing information.**

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

(13) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334.**

OR

(14) **Writing:** Complete the information, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201-1930. **Please keep a copy for yourself.**

OR

(15) **FAX:** Your fair hearing request to (518) 473-6735.

OR

(16) **Email:** Your fair hearing request to <http://www.otda.state.ny.us/oah/forms.asp>

**I want a fair hearing. The Agency's action is wrong because:**

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Signature of Client: \_\_\_\_\_ Date \_\_\_\_\_

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay-stubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

**I understand I may be eligible for aid continuing. My benefits have been stopped and I wish to have my benefits restored (aid continuing):** If you request a fair hearing **within ten (10) days** of the date of the postmark of the mailing of this notice, your child care will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care you receive that you were not entitled to, which may be collected by reduction of future child care allotments, lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care.

I do **not** want my benefits continued until the hearing decision is issued.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page one of this notice.

## VENDOR DATA PROFILE

Contact information – License information – Hours of operation – Rate Schedule

**\*\*\*If you provide more than one type of care, please complete a spate sheet for each type\*\*\***

**DCC**-Day Care Center / **GFDC**- Group Family Day Care / **FDC**- Family Day Care / **SACC** – School Age Child Care Program

**Business / Center Name:** \_\_\_\_\_

CCFS / License #: \_\_\_\_\_ Type of care: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Address of Care: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Primary Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Mail City: \_\_\_\_\_ Mail State: \_\_\_\_\_

Mail Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Hours of Operation** (Example M-F 7:30 AM – 5:45 PM): \_\_\_\_\_

Rate of Schedule	Rate & Age			
	Under 1 ½ Years	1 ½ to 2 Years	3 to 5 Years	6 to 12 Years
<b>Hourly Rates</b> Care is provided for less than 3 hours per day	\$	\$	\$	\$
<b>½ Day Rates</b> Care is provided for at least 3 but less than 6 hours per day	\$	\$	\$	\$
<b>Daily Rates</b> Care is provided for at least 6 but fewer than 12 hours per day	\$	\$	\$	\$
<b>Weekly Rate</b> Care is provided for 30 or more hours over the course of 5 or fewer days in a week	\$	\$	\$	\$

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES  
CHILD CARE SIGN IN / OUT SHEET**

PROVIDER/CENTER NAME: _____ ADDRESS OF CARE: _____ VENDOR #: _____ Type of Care: _____ Teacher: _____ CLASS: _____	CASE NAME: _____ CASE NUMBER: _____ CHILD NAME: _____ CHILD CIN: _____ CHILD DOB: _____
-----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

#	DATE OF SERVICES	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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Pursuant to the providers of section 415 of the New York State codes and regulations, I hereby certify the care services amounting to \$\_\_\_\_\_ have been actually performed and the amount charged is due and owing.

Provider's Full Signature and Date: \_\_\_\_\_

Parent's Full Signature and Date: \_\_\_\_\_





**New York State Office of Children and Family Services  
(OCFS)  
Child Care Time and Attendance Project**

**Pre-Registration Verification Information**

In order to establish a log on verification code so that you may register your program and be able to log on and enter time and attendance please provide the following for each person at your program that will be using the Child Care Time and Attendance System (CCTA) at your program . Each person will receive a separate verification code.

Again this person or persons should be the actual person entering time and attendance and/or the person who will review and authorize submission of time and attendance.

**Name of your program** \_\_\_\_\_

**Vendor Number** \_\_\_\_\_

Name \_\_\_\_\_

**Please print and be accurate as this is the name you will be required to log on and register with once you have a verification code.**

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

**Please print and be accurate as this is the name you will be required to log on and register with once you have a verification code.**

Date of Birth \_\_\_\_\_

# Monthly Sign In/Out Sheet

Addendum #9

Child's Name \_\_\_\_\_

Month \_\_\_\_\_

Parent's Name \_\_\_\_\_

Year \_\_\_\_\_

Provider's Name \_\_\_\_\_

Case # \_\_\_\_\_

Date	Time In	Time Out	Time In	Time Out	Parents Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
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**Robert P. Astorino**  
County Executive

Department of Social Services

Kevin M. McGuire  
Commissioner

**CHILD CARE PROVIDER PAYMENT RESOLUTION REQUEST**

The payment resolution process is a formal process for child care providers to have their child care payment reviewed when discrepancies occur. To initiate the review, this form must be completed by the child care provider and should be submitted within 60 days of the end of the service month in question. **The attendance sheets and the sign in / out sheet for each child and service month listed below MUST be submitted with this form.**

Please mail all information to: Westchester County Department of Social Services, Child Care Subsidy Unit Attention: **Child Care Provider Liaison**, located at 10 County Center Road 2<sup>nd</sup> Floor White Plains, NY 10607. **Incomplete forms or forms submitted without attendance sheets may delay the process.**

**Note:** Submission of this form does not guarantee payment. WCDSS will review the request and verify the child’s and provider’s eligibility. WCDSS will notify the provider of the outcome within 10 business days from the date the Payment Resolution Request is received.

<b>Child Care Provider / Facility Name:</b>		<b>Vendor Number:</b>	
<b>Contact Name:</b>	<b>Email:</b>	<b>Telephone #:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

*The information provided below along with the attendance sheet will be used to review payment. Attach additional sheets if more space is needed.*

Case Name	Case #	Child’s Name	CIN #	Service Month	Reason for Review

**\* In the reason for review column, please enter the letter that best describes the situation:**

A- The child was not on my roster  
 B- The rates are incorrect  
 C- I provided more hours of care than the child was authorized  
 D- I was not paid the correct amount  
 E- Other reasons - please explain in the space below

**Explanation:**

<b>Provider Signature:</b>	<b>Date:</b>
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Addendum #11

**Permission for Release of Information**

I, \_\_\_\_\_ (your name) am applying for or receiving Child Day Care Benefits with the Westchester County Department of Social Services. I have chosen The Child Care Council of Westchester, Inc. to help me with the application process and to provide on-going support services related to my application. I authorize the Westchester Department of Social Services and my child care provider to release to The Child Care Council of Westchester, Inc. any and all information regarding my application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number (if available) \_\_\_\_\_ for identification purposes only.

Case # (if known) \_\_\_\_\_

Return to: Melanie Santana, Subsidy Support Specialist  
Child Care Council of Westchester  
313 Central Park Avenue  
Scarsdale, NY 10583  
Fax # 914-761-0389  
Phone # 914-761-3456 Ext. 122  
E-Mail MelanieS@cccwny.org

**DEPARTMENT OF SOCIAL SERVICES  
Child Day Care Subsidies**

*Addendum #12*

**Authorization for Release of Information**

<b>Customer's Name:</b>		<b>Date:</b>	
<b>Case Number:</b>		<b>Customer's SS # (last 4) :</b>	
<b>Customer's Address:</b>	<hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(Street)</span> <span>(City)</span> <span>(State)</span> <span>(Zip)</span> </div>		

I, \_\_\_\_\_, hereby authorize the Westchester County Department of Social Services to:

disclose information       receive information from       exchange information with

<b>To release information to:</b>	<b>Name(s):</b>
	<b>Agency Name:</b>
	<b>Agency Address:</b>
	<small>(Street)                      (City)                      (State)                      (Zip)</small>

<b>The information to be disclosed is: (Be</b>	
------------------------------------------------	--

<b>The information identified above will be used for:</b>	
-----------------------------------------------------------	--

<b>This release of information consent remains in effect until (provide date):</b>	
------------------------------------------------------------------------------------	--

**Customer's Consent:**

This authorization is voluntary and remains in effect until the above date, unless specifically revoked by written notice to Westchester County Department of Social Services. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality.

**Customer's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
**Witness:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_



# NEED HELP PAYING FOR CHILD CARE?

You may be eligible for financial assistance through the public child care subsidy program if you are working or a high school student under 21 years old.

## WE CAN HELP YOU:

- Complete the Child Care Subsidy application to **HELP YOU PAY** for child care
- Gather the necessary documentation
- Understand the rules and regulations



Servicios disponibles en español

### CONTACT:

**Melanie Santana,**

**SUBSIDY SUPPORT SPECIALIST**

**Call:** (914) 761-3456 ext 144

**E-Mail:** [MelanieS@cccwny.org](mailto:MelanieS@cccwny.org)



313 Central Park Avenue  
Scarsdale, New York 10583