



# FAMILY INDEPENDENCE ADMINISTRATION

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## **POLICY DIRECTIVE #10-01-EMP** *(This Policy Directive Replaces PD #07-29-EMP)*

### **OUT-OF-SCHOOL-TIME (OST) REFERRALS**

<b>Date:</b> January 6, 2010	<b>Subtopic(s):</b> Childcare
<b>AUDIENCE</b>	The instructions in this policy directive are for Job Center staff and are informational for all others.
<b>REVISIONS TO THE PRIOR DIRECTIVE</b>	<p>The policy directive has been revised as follows:</p> <ul style="list-style-type: none"> <li>• “Public Assistance (PA)” has been changed to “Cash Assistance (CA).”</li> <li>• References to Important Information About Childcare (<b>LDSS-4647</b>) have been removed. The <b>LDSS-4647</b> has been made obsolete (see <a href="#">PD #09-38-OPE</a>).</li> <li>• Instructions on how to search for OST programs have been updated.</li> </ul>
<b>POLICY</b>	<p>Parents/guardians receiving Cash Assistance (CA) are required to engage in employment and/or assigned work activities. Childcare must be in place before a parent/guardian can be engaged in a work activity.</p> <p>Effective immediately, all parents/guardians of school-aged children must be given information and offered a referral to the Department of Youth and Community Development’s (DYCD) Out-of-School-Time (OST) programs for after-school care and/or summer care.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center*

**BACKGROUND**

New York City has over 600 DYCD-funded OST Programs. All are operated by organizations with extensive experience in providing high quality after-school programs. The programs are licensed by the Department of Health, are free of charge and have no income eligibility requirements. The programs have small group sizes and trained and qualified staff, and offer age-appropriate activities in a supportive environment. In order to meet both the developmental needs of children and the needs of working families, OST programs operate during after-school hours as well as on school holidays and during the summer.

**REQUIRED ACTION**

Parents/Guardians Who Indicate Childcare is Needed

Before a parent/guardian is assigned to a work-related activity the worker must:

- inform the parent/guardian of the childcare process and determine eligibility for childcare benefits
- stress to the applicant/participant his/her childcare rights and responsibilities as indicated in the New York State booklet titled **What You Should Know About Your Rights and Responsibilities (LDSS-4148A)**

See [PD #09-38-OPE](#)

To obtain the list of OST programs by zip code for parents of school-aged children:

Accessing the OST program guide from the DYCD Web Site

Revised instructions

- access the DYCD Web site [www.nyc.gov/dycd](http://www.nyc.gov/dycd)
  - On the left hand side of the DYCD home page, click on “After School Programs”:
  - or
  - On the right hand side of the DYCD home page there is a box with the heading “Find a Program”.

Through either method, you can search for programs by the

- type of program (after-school program, OST program, etc.)
- the grade/age level of the child
- the borough or zip code

- Select “OST” for program type and enter the child’s grade level/age and parent’s borough or zip code to narrow the search. A list of all OST programs in and around that zip code will appear.

- Write the name and address of the OST program(s) that is/are located in the applicant/participant's zip code on the Information and Referral Notice ([W-113E](#)).
- Give the parent/guardian contact information for OST programs in his/her own or nearest zip code.
- Give the parent/guardian a New York City: A Parent's Guide to OST (Out-of-School Time) brochure (see sample **Attachment A**).
- Post action code **100A** in NYCWAY to enter a comment: "Referral made to OST."

**Note:** In order to obtain additional copies of the OST brochure, Center Directors must follow the current process for obtaining forms from the Forms Warehouse.

#### Parents/Guardians Who Indicate Childcare is not Needed

Childcare not needed

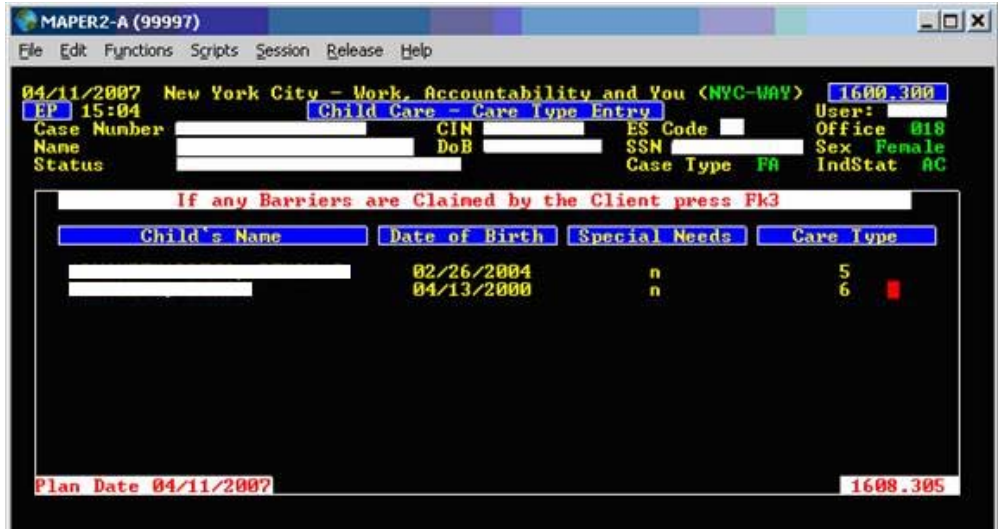
For parents/guardians who indicate that no childcare is needed or that childcare is not a barrier to participating in a work-related activity, the JOS/Worker must:

- have the parent/guardian annotate on top of the Childcare Provider Enrollment Supplement (**CS-274W**) "Childcare Not Needed" and initial the statement;
- have the parent/guardian sign and date the **CS-274W**;
- give the parent/guardian a copy of the **CS-274W**;
- scan and index childcare documents;
- access the "Childcare – Care Type Entry" screen of the Employment Plan (EP) and select either:
  - Care Type **4** (Not Required – Child Over 13)
  - Care Type **5** (Childcare in Place – Licensed at No Cost)
  - Care Type **6** (Childcare in Place – Informal at No Cost)

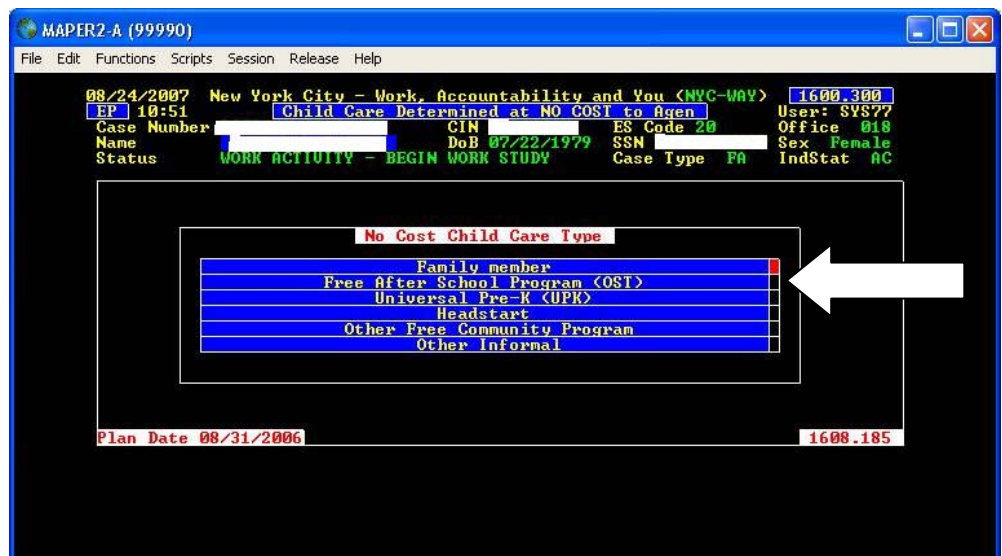
Note: A care type must be enter for each child

- transmit

When Care Type **4** is selected, action code **9330** (applicant) or **1330** (participant) will auto post in NYCWAY and allow assignment to activities.



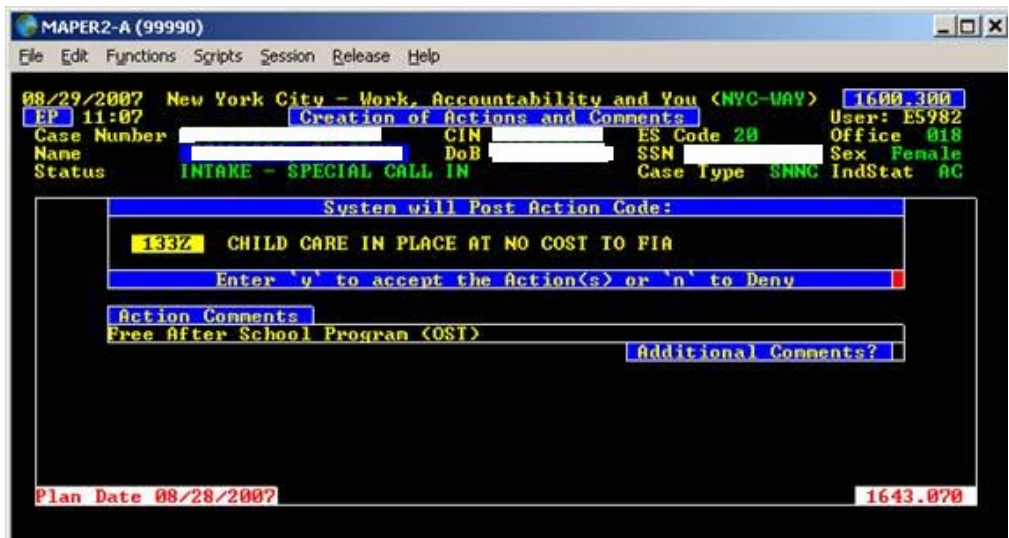
If care type **5** or **6** is entered, the “Child Care determined at NO COST to Agency” screen below will appear.



On the above screen, Workers will:

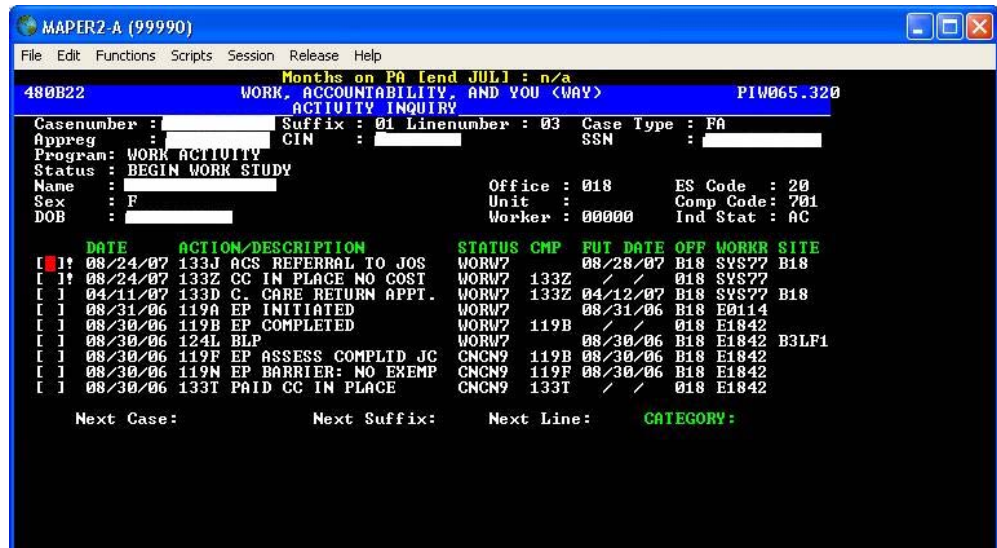
- enter “**Y**” next to: “Free After School Program (OST)”
- enter “**N**” next to all other programs which are not selected
- transmit

- Once OST is selected as the childcare type, the “Creation of Actions and Comments” screen will appear indicating:
  - action code **933Z** (applicant) or **133Z** (participant) will auto post in NYCWAY
  - “Free After School Program (OST)” will appear in the “Action Comments” section



The Worker must:

- Enter “Y” to accept the proposed action and Transmit
- Assign applicant/participant to the appropriate work activity (Back-to-Work [BTW], Training, etc.)
- Review the “Activity Inquiry” screen to ensure codes have properly transmitted.



- Review the “Activity Record” screen for a summary of actions taken



**PROGRAM IMPLICATIONS**

Paperless Office System (POS) Implications

There are no POS implications.

Food Stamp Implications

There are no FS implications.

Medicaid Implications

There are no Medicaid implications.

**FAIR HEARING IMPLICATIONS**

Avoidance/ Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken, on their case.

## Conferences

An applicant/participant can request and receive a conference, with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain to the applicant/participant, the reason for the Agency's action(s).

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation, submitted by the applicant/participant, to the appropriate JOS/Worker, for corrective action to be taken. In addition, if the adverse case action still shows on the "Pending" (08) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/ Case Update Data Entry Form ([LDSS-3722](#)), change the 02 to an 01 if the case has been granted aid continuing (ATC) or prepare and submit a PA Recoupment Data Entry Form ([LDSS-3573](#)), to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report ([M-186a](#)).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand then the AJOS/Supervisor I will explain to the applicant/participant why s/he cannot settle the issue(s) in conference (SIC). The AJOS/Supervisor I must complete a Conference Report

## Evidence Packets

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY "Case Notes" screens.


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**RELATED ITEMS**

[PD #09-38-OPE](#)

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**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

- Attachment A** New York City: A Parent's Guide to OST (Out-of-School Time) Brochure
- CS-274W** Child Care Provider Enrollment Supplement (Rev. 4/08)
- CS-274W-S** Child Care Provider Enrollment Supplement (Spanish) (Rev. 4/08)



## WHAT IS OUT-OF-SCHOOL TIME?

New York City's Out-of-School Time (OST) system provides high-quality programs for youth during non-school hours — after school, on holidays, and during the summer. Led by the Department of Youth and Community Development (DYCD), Out-of-School Time features a mix of academic, recreational and cultural activities that enrich and reinforce what your child learns in school.



Michael R. Bloomberg, Mayor  
City of New York  
Jeanne B. Mullgrav, Commissioner  
Department of Youth and  
Community Development

THIS GUIDE WAS MADE POSSIBLE WITH THE  
SUPPORT OF THE WALLACE FOUNDATION.

## TO LOCATE AN OUT-OF-SCHOOL TIME PROGRAM

go to: [www.nyc.gov/findafterschool](http://www.nyc.gov/findafterschool)  
search: ZIP CODES or BOROUGH

or call: 311  
For government services  
and information

# NEW YORK CITY OST OUT-OF-SCHOOL TIME A PARENT'S GUIDE





## 10 THINGS TO EXPECT FROM AN OUT-OF-SCHOOL TIME PROGRAM

- 1 Academic assistance that includes homework help and project-based learning
- 2 Stimulating activities that complement the school day curriculum
- 3 Regular engagement in fitness, sports, arts and culture
- 4 Experienced, well-trained, and committed staff members
- 5 Positive peer and adult interaction
- 6 Facilities that are licensed, safe, clean and well-maintained
- 7 Opportunities for parental feedback and input
- 8 Strong connections with the local community
- 9 Field trips and exploration of other New York City communities
- 10 Healthy snacks or supper provided daily



## WHY PARENTS LIKE OUT-OF-SCHOOL TIME

Out-of-School Time reinforces your child's school day lessons through homework help and project-based learning, such as science experiments and museum field trips. Working parents can take comfort in the knowledge that their child is in a healthy, safe and educational environment during non-school hours. Parents have the opportunity to become involved in Out-of-School Time programs and help support activities that contribute to their child's growth.

## WHY YOUTH LIKE OUT-OF-SCHOOL TIME



Children participate in challenging and fun activities that support their growth: music, sports, arts, and computers are all involved. Programming is provided in a safe and supportive environment where your child can learn new skills and develop talents in a variety of areas. Your child has the opportunity to make new friends and develop meaningful relationships with caring adults.



# Child Care Provider Enrollment Supplement\*

To be used with LDSS-4699/LDSS-4700 for all unregulated providers

PARENT/CARETAKER'S NAME:		CASE NUMBER:
ADDRESS:		
TELEPHONE:	SOCIAL SECURITY NUMBER (OPTIONAL, SEE BELOW): <sup>1</sup>	ACCIS CASE NUMBER:
PROVIDER'S NAME:		DATE OF BIRTH: <sup>2</sup>
ADDRESS WHERE CARE IS GIVEN:		
PROVIDER'S ADDRESS (IF DIFFERENT):		
TELEPHONE:	PROVIDER'S SOCIAL SECURITY/LICENSE NUMBER/EIN	
<p><sup>1</sup> The parent/caretaker may, but does not have to, list his/her Social Security number. You cannot be required to disclose your Social Security number as a condition of eligibility for child care services. If provided, your Social Security number will be used to assist in identifying your child care file. It may also be used by Federal, State and local agencies to prevent duplication of services and fraud, and for Federal reporting.</p> <p><sup>2</sup> Legally-responsible relatives (parents, stepparents, and legal guardians) cannot be paid as child care providers for their own child(ren).</p> <p><sup>3</sup> If the provider is less than 18 years old, the Employment of Minors Form must be completed.</p>		

Provider/Agency Name: \_\_\_\_\_

ACCIS Provider Number (if available): \_\_\_\_\_

Provider's License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM      DD      YYYY

**Provider Rate** (All providers, except ACS-contracted programs, must complete this section.)

My weekly child care rates are as follows:

Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL-AGE 6 – 12 years
<b>Full time (30 hours or more per week)</b>				
<b>Part time (15 – 29 hours per week)</b>				
<b>Hourly (1 – 14 hours per week but less than 3 hours per day)</b>				

**\*ATTENTION:** 1. Regulated/licensed providers are not required to complete the **LDSS-4699** or the **LDSS-4700**. They should complete only pages 1 and 2 of this form and return to the parent/legal guardian. Regulated providers without an ACCIS number must also submit a copy of their license along with the completed **CS-274W**.

2. Informal providers must provide documentation of BOTH their identification and their address in order to be paid by ACS. Please ask your JOS/ACS Worker for the Proof of ID and Residency for Your Child Care Provider or "Babysitter" (**CS-574FF**), which is the list of approved types of ID.

Indicate the weekly schedule(s) of child care services for the child(ren) listed below:

Child's Name	CHILD'S NAME			CHILD'S NAME			CHILD'S NAME		
Date of Birth	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Date Care Began	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Weekly Schedule	<b>From</b>	<b>To</b>		<b>From</b>	<b>To</b>		<b>From</b>	<b>To</b>	
<b>Monday</b>									
<b>Tuesday</b>									
<b>Wednesday</b>									
<b>Thursday</b>									
<b>Friday</b>									
<b>Saturday</b>									
<b>Sunday</b>									
<b>OFFICE USE ONLY</b>	Total Hours per Week			Total Hours per Week			Total Hours per Week		
	ACS Child Care Rate			ACS Child Care Rate			ACS Child Care Rate		

SAMPLE

I acknowledge that receiving payment from the City of New York for child care services provided does not make me an employee of the City of New York. I am an employee of the parent/legal guardian of the child for whom I provide care.

**Provider Certification**

I am enrolling this child in a child care program. I understand that I will be paid only after the child's attendance data is received by ACS and for so long as the above parent/guardian is engaged in an FIA-approved activity or employed. If the parent/guardian fails to meet these criteria, I will be sent a letter from ACS informing me that ACS will no longer pay for child care. I agree that the amount I am charging this parent is not more than the amount I charge for other children of the same age. **I understand that I cannot be paid if I do not list all my rates.**

I will allow the parent/guardian of the children named on this form unlimited access to his/her children and the premises and will make myself available whenever the children are in my care.

I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled.

Provider's Name (print clearly): \_\_\_\_\_ Official Title (if applicable): \_\_\_\_\_

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

**Parent/Guardian Certification**

I certify that I have reviewed the above information and that it is correct. I understand I must report any changes to ACS.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Agency Use Only:**

Is child care authorized for this applicant/participant?  Yes  No

Agency-approved start date for child care: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

## Suplemento de Inscripción del Proveedor de Cuidado Infantil\*

(a ser usado con LDSS-4699-S/LDSS-4700s para todos los proveedores no regulados)

NOMBRE DE LA/DEL MADRE/PADRE/CUIDADOR:		NÚMERO DEL CASO:
DIRECCIÓN:		
TELÉFONO:	NÚMERO DE SEGURO SOCIAL (OPCIONAL, VEA MÁS ABAJO): <sup>1</sup>	NÚMERO DE CASO ACCIS
NOMBRE DEL PROVEEDOR:		FECHA DE NACIMIENTO: <sup>2</sup>
DIRECCIÓN EN DONDE SE CUIDA AL/A LOS NIÑO(S):		
DIRECCIÓN DEL PROVEEDOR (SI ES DISTINTA):		
TELÉFONO:	NÚMERO DE SEGURO SOCIAL/NÚMERO DE LICENCIA/EIN	
<p><sup>1</sup> La madre, el padre o el cuidador puede proporcionar su número de Seguro Social, pero no está obligado(a) a ello. No se le exige a usted que revele su número de Seguro Social como condición de elegibilidad de servicios de cuidado infantil. Si lo proporciona, su número de Seguro Social será utilizado para la identificación de su expediente de cuidado infantil. También puede ser usado por agencias Federales, Estatales o locales para evitar el fraude y la duplicación de servicios, y para elaborar informes Federales.</p> <p><sup>2</sup> Los parientes legalmente responsables (padres, padrastros, y guardianes legales) no pueden ser pagados como proveedores de cuidado infantil para su(s) propio(s) hijo(s).</p> <p><sup>3</sup> Si el proveedor es menor de 18 años, el Formulario de Empleo de Menores (Employment of Minors Form) tiene que llenarse.</p>		

Nombre del/de la Proveedor/Agencia: \_\_\_\_\_

Núm. de ACCIS del Proveedor (si disponible): \_\_\_\_\_

Tipo de licencia del proveedor: \_\_\_\_\_ Núm. de licencia: \_\_\_\_\_

Fecha de Vencimiento: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DÍA      MES      AÑO

**Tarifas del Proveedor** (Todo proveedor, excepto programas contratados por ACS, tienen que llenar esta sección.)

Mis tarifas semanales de cuidado infantil son las siguientes:

Indique la tarifa cobrada para cada grupo de edad	BEBÉ Menor de 18 meses	NIÑO PEQUEÑO 18 meses – menor de 3 años de edad	PRE- ESCOLAR 3 años – menor de 6 años	EDAD ESCOLAR 6–12 años
<b>Tiempo completo (30 horas o más a la semana)</b>				
<b>Tiempo parcial (15–29 horas a la semana)</b>				
<b>Por hora (1–14 horas a la semana pero menos de 3 horas al día)</b>				

**\*ATENCIÓN:** 1. Los proveedores con licencia/regulados no tienen que llenar el **LDSS-4699-S** o el **LDSS-4700S**. Solamente deben llenar las páginas 1 y 2 de este formulario y devolvérselas al/a la padre/madre/tutor. Los proveedores regulados sin número de ACCIS también tienen que presentar una copia de la licencia junto con el **CS-274W-S** llenado.

2. Los proveedores informales deben proporcionar documentación de AMBOS su identificación y su dirección para poder recibir pagos por parte de HRA. Favor de pedirle a su Trabajador de JOS/ACS el formulario Prueba de Identidad y Domicilio de su Proveedor de Cuidado Infantil o “Niñera” (**CS-574FF-S**), que consiste en la lista de tipos de identificación admisibles.



Indique el horario semanal de cuidado infantil para cada niño nombrado más abajo:

Nombre del Niño	NOMBRE DEL NIÑO		NOMBRE DEL NIÑO		NOMBRE DEL NIÑO	
Fecha de Nacimiento	MES	DÍA	AÑO	MES	DÍA	AÑO
Fecha de Inicio de Cuidado	MES	DÍA	AÑO	MES	DÍA	AÑO
Horario Semanal	De	A	De	A	De	A
Lunes						
Martes						
Miércoles						
Jueves						
Viernes						
Sábado						
Domingo						
<b>OFFICE USE ONLY</b>	Total Hours per Week		Total Hours per Week		Total Hours per Week	
	ACS Child Care Rate		ACS Child Care Rate		ACS Child Care Rate	

Yo entiendo que el hecho de recibir pagos por parte de la Ciudad de Nueva York por servicios de cuidado infantil no significa que soy un empleado de la misma. Soy empleado del/de la padre/madre/tutor del niño a quien le presto cuidado.

**Certificación del Proveedor**

Estoy inscribiendo a este niño en un programa de cuidado infantil. Entiendo que será pagado solo después de que la FIA reciba los datos de asistencia del niño siempre y cuando el/la antemencionado(a) padre/madre/tutor esté trabajando o participando en una actividad aprobada por la FIA. En caso de que el/la padre/madre/tutor no reúna estos criterios, la FIA me enviará una carta avisándome de que la FIA ya no pagará por el cuidado infantil. Yo doy fe de que la cantidad que le estoy cobrando a este/a padre/madre no es más de la que cobro por otros niños de la misma edad. **Entiendo que no se me pagará si no indico todas mis tarifas.**

Yo le permitiré al/a la padre/madre/tutor de los niños nombrados en este formulario acceso ilimitado a sus niños y al local de cuidado, y estaré disponible siempre que los niños estén bajo mi cuidado.

Doy fe de que las declaraciones más arriba son verídicas y exactas, según mi leal saber y entender. Entiendo que el proporcionar información falsa puede resultar en la suspensión o terminación de pagos y la recuperación de cualquier pago al cual yo no haya tenido derecho.

Nombre del Proveedor (en letra de molde): \_\_\_\_\_ Cargo Oficial (si corresponde): \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Certificación del/de la Padre/Madre/Tutor**

Doy fe de que he leído y repasado la información más arriba y que la misma es correcta. Entiendo que tengo que reportar cualquier cambio a la FIA.

Nombre del/de la Padre/Madre/Tutor: \_\_\_\_\_

Firma del/de la Padre/Madre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

<p><b>For Agency Use Only:</b></p> <p>Is child care authorized for this applicant/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency-approved start date for child care: ____ / ____ / ____</p> <p style="text-align: center;">MM                  DD                  YYYY</p>
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