



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #07-19-OPE

(This Policy Directive Replaces PD #05-18-EMP and PB #02-119-OPE)

SUMMER CHILD CARE PROCEDURE

Date: June 8, 2007	Subtopic(s): Child Care
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AUDIENCE The instructions in this policy directive are for JOS/Workers in the Job Centers who process child care and are informational for all others.

REVISIONS TO ORIGINAL DIRECTIVE

This policy directive has been revised to:

- update the names and form numbers of the child care provider enrollment forms required
- obsolete the School Break Child Care Provider Application and Voucher (**W-273PP**)
- change the form number of the Provider Attendance Sheet (**HRA1**) and Child Care Provider Enrollment Supplement (**W-274W**) to the **ACS1** and **CS-274W**.
- To inform staff that although the form number will remain the same, the following forms are now under the jurisdiction of the Administration for Children's Services:
 - Summer Camp Program Child Enrollment form (ACS' form **W-274E**)
 - Summer Automated Child Care Eligibility and Enrollment (ACEE) form (ACS' form **W-274N**)
 - Summer Camp Acceptance form (ACS form **M-931**)

POLICY

Child care for the summer months must be in place for all school-age children to ensure that parents/guardians on public assistance will be able to continue in work-related activities.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

BACKGROUND

There are several summer child care options available to public assistance families. Parents/guardians who are engaged in work-related activities have the option of:

Summer child care for parents/guardians in work-related activities

- keeping their child with the current school year provider
- enrolling the child with a temporary summer child care provider
- enrolling the child in a regular rate summer camp
- enrolling the child with a new year-round program or provider, or
- enrolling the child in a \$5 per day summer day or country sleepaway camp program.*

*This option is available to all public assistance (PA) children. The parent/guardian does not have to be engaged in a work-related activity to take advantage of this program.

A mailing is sent each year to parents/guardians regarding preparation for summer child care. The purpose of the mailing is to remind parents/guardians of the need to plan for the summer vacation and inform them of options for summer child care. Each year, staff will be notified under separate cover when the mailing is conducted.

REQUIRED ACTION

Summer Child Care for Parents/Guardians Engaged in a Work-Related Activity

The process for securing child care during the summer months for parents already engaged in work-related activities is as follows:

Current school year provider

- When the child will remain with the current school year provider during the summer, no forms need to be submitted. Providers caring for the child more than six hours per day need only indicate this in the “FT Days” column on the Provider Attendance Sheet (**ACS1**). Providers utilizing the Child Care Automated Phone System (CAPS) must enter the number of full-time days in the system.

Temporary summer child care

- When the child will be enrolled with a temporary child care provider during the summer or will be enrolled in a summer camp, the parent or guardian must complete the Child Care Provider Enrollment Supplement (**CS-274W**) and either the Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4699**), or the Enrollment Form for Provider of Legally-Exempt Group Child Care (**OCFS-LDSS-4700**) with the camp or provider and return it to the Job Center.

The **CS-274W**, **OCFS-LDSS-4699**, and **OCFS-LDSS-4700** replace the **W-273PP**.

- If the parent/guardian needs assistance in securing temporary summer

child care or a new permanent child care provider, the Worker must provide parents with names of available regulated child care providers in accordance with current procedure.

- When the parent/guardian returns to the Job Center with completed forms, Workers must process the child care requests in the Automated Child Care Information System (ACCIS).

Parents/guardians in WEP/vendor activities

For parents/guardians participating in approved work activities, the **CS-274W**, **OCFS-LDSS-4699**, and the **OCFS-LDSS-4700** will be available at the Job Centers and the WEP/vendor sites. The parent/guardian must bring the completed forms to the Job Center for processing. Transitional Child Care (TCC) families that need to make new child care arrangements should contact the TCC hotline at (212) 835-7681 to request forms.

Please note: The process for enrollment in a summer day/sleepaway camp, or a summer child care program participating in the Summer Automated Child Care Eligibility and Enrollment (ACEE) program is different. These programs will use either the Summer Camp Program Child Enrollment form (ACS form **W-274E**) or the Summer Automated Child Care Eligibility and Enrollment (ACEE) form (ACS form **W-274N**). A separate unit in the Child Care Support Services (CCSS) will centrally process these forms. An explanation of these programs and the enrollment process is provided in the *Summer Day/Country Sleepaway Camp* section of this directive.

Enrollment Process for Summer Camp or Temporary Summer Providers

Summer camps and temporary providers must be enrolled in ACCIS in order to receive payment. Workers can enter summer child care information into ACCIS up to four weeks prior to the camp start date but no earlier than June 1. To enroll a child attending a regular rate summer camp or enrolled with a temporary provider in ACCIS, the Worker must:

Child must meet eligibility for child care criteria on the start date.

- Verify that the case/child is eligible
- Begin the data entry process from the Child Maintenance Screen 2 of 2 in ACCIS:
 - Terminate the Current Enrollment
 1. Click **Modify – F4**
 2. Enter **25** (Transfer to Another Program) in **TC** field
 3. Enter the last day of care by this provider in the **End Date**
 4. Enter the last day of care by this provider in the **Drop Date**

- Enter the Summer Enrollment

1. Enter the enrollment information of the temporary provider: **Hrs, Loc, Provider/Program**
 2. Enter the date day care begins with this provider in the **Start Date**
 3. Enter **31** (Summer Enrollment for Voucher Use Only) in **TC** field
 4. Enter the date day care will end with this provider in **End date**
 5. Leave **Drop Date** blank
 6. Click **Save – F7**
- Enter Regular School Session Provider (for children returning to current school-year provider at the end of summer break)
 1. Click **More – F10**
 2. Click **Complete/Supplementary Enrollment** on menu
 3. Click **Supp.** on the **Supp. Indicator box**
 4. Click **Modify – F4** on the **Supplementary Enrollment** screen
 5. Enter the enrollment information: **Hrs, Loc, Provider/Program**
 6. Enter the date child will return to current provider in the **Start date**
 7. Click **Save – F7** on the **Supplementary Enrollment** screen

Summer Child Care Program/Camp Registration Fees

Request must be received by the first week of July.

Camps that charge a registration fee must forward documentation requesting the registration payment to the Deputy Director of Child Care Support Services (CCSS), 109 East 16th Street, 10th Floor, New York, NY 10003 or fax the documentation to (212) 835-8252. The Voucher Payment Unit (VPU) will only process requests for registration fees (up to a maximum of \$50) for newly enrolled children who are on public assistance and whose parents/guardians are in compliance with engagement requirements, or who are TCC families.

Summer Day and Country Sleepaway Camp Programs for Children on Public Assistance

Summer day and country sleepaway camp programs are not eligible for registration fees.

Parents/guardians have the option of enrolling their child into a \$5/day summer day camp or country sleepaway camp, which are open to any child on public assistance. The parent/guardian does not have to be enrolled in a work-related activity for his/her child to participate in this program. The camps have agreed to accept a supplemental fee from ACS to offset the camp cost. Summer day and country sleepaway camp programs are not eligible for registration fees. Parents should be aware that many of the day camps participating in this program do not offer full day or full summer sessions. Summer day camps accept children through age 16 and summer country camps accept children from ages seven to 16 years (as long as the child does not turn 16 before the camp start date). Country camps are limited to a maximum stay of 21 days. Children may only participate in one or the other type of camp (day camp or sleepaway camp), not both.

Note: Households in receipt of Emergency Assistance to Adults (EAA)/Emergency Assistance to Families (EAF) or Emergency Safety Net Assistance (E-SNA) are ineligible for camp payments.

Summer Day/
Country Sleepaway
Camp Enrollment
Process

Parents/guardians and Camp Directors must complete the ACS form **W-274E** at the campsite. The ACS form **W-274E** will be available at all of the campsites. The Camp Director or designee will fax the completed ACS form **W-274E** and the Summer Camp Acceptance form (ACS form **M-931**) to 109 East 16th Street, 10th Floor, New York, NY 10003, to the attention of the Summer Day and Country Camp Coordinator at (212) 835-7739.

Camp Directors have been instructed by the CCSS to make a copy of the completed ACS form **W-274E** and give it to the parent/guardian. The copy of the ACS form **W-274E** is the parent/guardian's proof for engagement purposes that the child(ren) is/are enrolled in a summer day or country sleepaway camp.

Parents who bring
W-274E to Job Center

If a parent/guardian brings the completed form to the Job Center, the JOS/Worker must first scan the ACS form **W-274E** and file it in the electronic case record, then forward the original to the Job Center Child Care Liaison. The Liaison must ensure that the form is forwarded to the Summer Day and Country Camp Coordinator at 109 East 16th Street, 10th Floor, New York, NY or fax a copy to (212) 835-7739.

Forms may be sent by
mail, fax or interoffice
mail.

The Summer Day and Country Camp Coordinator will process the enrollment forms. In processing these forms, the current school year provider must be temporarily terminated in order to enroll the child into the summer day or country sleepaway camp.

JOS/Workers or Camp Directors who have any questions regarding the enrollment process can call (212) 835-7070 for information.

Summer Automated
Child Care Eligibility
and Enrollment
(ACEE) Project

The ACEE project, implemented in June 2004, allows selected programs/camps to submit the enrollment information via the Internet for automated eligibility determination and enrollment of eligible children.

The ACS form **W-274N** is an expedited enrollment form to be completed for ACEE participants. The ACS form **W-274N** replaces the ACS form **W-274E** and the **CS-274W** for all ACEE project camps.

Confirmation of
enrollment in the ACEE
project

The CCSS has instructed all Camp Directors to make a copy of the completed ACS form **W-274N** and give it to the parent/guardian as confirmation of enrollment of the child(ren) in the camp for engagement purposes.

The CCSS will distribute lists of Programs participating in the ACEE project and the summer day and country sleepaway camps to all Job Center Child Care Liaisons.

If a parent/guardian reports to the Job Center with an original completed ACS form **W-274N** and the camp is one of those listed as part of the ACEE project, the JOS/Worker must scan the ACS form **W-274N**, file it in the electronic case record, and then refer the parent/guardian to the Child Care Liaison. The Child Care Liaison will forward the original form to the Child Care Support Services Unit (CCSS) at 109 East 16th Street, 10th Floor, New York, NY 10003, to the attention of the Summer Day and Country Sleepaway Camp Coordinator, who will expedite the enrollment process.

Camps Not Listed

For parents/guardians wanting to enroll a child in a camp that is not included on the CCSS lists or in ACCIS, the JOS/Worker must:


- inform the parent/guardian that the camp must be willing to accept direct payment from ACS
- complete the **CS-274W**
- forward the completed forms with a copy of the program license to CCSS. CCSS will enroll the new camp into ACCIS providing them with an ACCIS number
- enroll the child in ACCIS


If the camp does not accept direct payment from ACS but the parent/guardian still wishes to enroll the child in that particular camp, the JOS/Worker must inform the parent/guardian that it is the parent/guardian’s responsibility to pay the required camp fees.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

Workers at POS Centers will record child care expenses on the Other Expenses Window in the “Has Child or Dependent Care Expenses?” question. POS does not budget any child care expenses entered. Workers at POS Centers may access ACCIS to make child care entries by

minimizing POS and clicking on the ACCIS shortcut  on the desktop.

- Scan the completed and signed **LDSS-4699/LDSS-4700** and/or the **CS-274W** form into the electronic case record. Enter a case comment for the child care by clicking on the case comments  icon or pressing <ALT>M on the keyboard.
- Scan all non-POS-generated forms and notices that are signed by the individual into the electronic case record.

Food Stamp Implications When the actual summer child care expense exceeds the maximum permitted child care allowance, the excess child care expense is counted as an out-of-pocket expense for Food Stamp budgeting. This may or may not increase the Food Stamp allotment.

Medicaid Implications There are no Medicaid implications.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

When a parent/guardian's **LDSS-4699/LDSS-4700** and/or **CS-274W**, ACS form **W-274E** or ACS form **W-274N** is correct and the payments have not been authorized in a timely manner, s/he is entitled to request a Fair Hearing. In an effort to resolve the issue without a Fair Hearing, the JOS/Worker must review the case record and the documentation submitted. If all the documentation is in order and the provider is eligible, authorize payment.

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.

The FH&C AJOS/Supervisor I will listen to and evaluate the applicant/participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, s/he will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect or correct but lacking the supporting documentation, 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**) if the case has been granted aid continuing (ATC) to change the **02** to an **01**, or a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The **M-186a** must also be prepared.


Evidence Packets Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing which has already been 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.

REFERENCES

[18 NYCRR, § 415.4](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

ACS FORMS

- W-274E** Expedited Summer Camp Program Child Enrollment Form (Rev. 3/29/07)
- W-274N** Summer Automated Child Care Eligibility and Enrollment (ACEE) (Rev. 3/29/07)
- CS-274W** Child Care Provider Enrollment Supplement (Rev. 4/07)
- M-931** Summer Camp Acceptance (Rev. 4/20/07)

OBSOLETE FORMS

- W-273PP** School Break Child Care Provider Application and Voucher Form – Part 1 (Obsolete)



**Administration for Children's Services
Division of Child Care/Head Start**

**Summer Camp Program
Child Enrollment Form**

Camp Information

Summer Camp Name: _____

Camp Address: _____

Camp Address Line 1

Camp Address Line 2

City

State

Zip Code

ACCIS Program Number: _____

Family Information

Parent Name: _____

Parent Address: _____

Parent Address Line 1

Parent Address Line 2

City

State

Zip Code

Public Assistance Case Number: _____

Parent Social Security Number: _____
(Optional)

**Will the child(ren)
return to the
school year
provider?**

Child(ren)'s Name	Date of Birth	Camp Start Date	Camp End Date	Yes	No

_____ Signature of Parent	_____ Date
_____ Name of Camp Director	_____ Camp Director Signature
	_____ Date



**Formulario de Inscripción Acelerada de Niños en el
Programa de Casmpamentos de Verano**

Información sobre el Campemento

Nombre del Campamento de Verano: _____

Dirección del Campamento de Verano: _____

Linea de Dirección 1 del Campamento

Linea de Dirección 2 del Campamento

Ciudad

Estado

Código Postal

Nombre del Programa ACCIS : _____

Información sobre la Familia

Nombre del Padre/de la Madre: _____

Dirección del Padre/de la Madre: _____

Linea de Dirección 1 del Padre/de la Madre

Linea de Dirección 2 del Padre/de la Madre

Ciudad

Estado

Código Postal

Número del Caso de Asistencia Pública: _____

Número del Seguro Social del Padre/de la Madre: _____

(opcional)

¿Regresarán los niños al mismo proveedor del año escolar?

Nombre(s) del/de los Niño(s)	Fecha de Nacimiento	Fecha en que Comienza el Campamento	Fecha en que Termina el Campamento	¿Regresarán los niños al mismo proveedor del año escolar?	
				Si	No

Firma del Padre/de la Madre	Fecha
Nombre del Director del Campamento	Firma del Director del Campamento
	Fecha



Administration for Children's Services
Division of Child Care/Head Start

Summer Automated Child Care
Eligibility and Enrollment (ACEE)

Camp Information

Summer Camp Name: _____

Camp Address: _____
Camp Address Line 1

Camp Address Line 2

City State Zip Code

ACCIS Program Number: _____

Family Information

Parent Name: _____

Parent Address: _____

Parent Address Line 1

Parent Address Line 2

City State Zip Code

Public Assistance Case Number: _____

Parent Social Security Number: _____

(Optional)

Will the child(ren)
return to the school
year provider?

Table with 6 columns: Child(ren)'s Name, Date of Birth, Camp Start Date, Camp End Date, Yes, No. Multiple rows for data entry.

I understand and acknowledge that the program will have access to the names of all children under the age of 16 in the household. I authorize ACS to provide the program with information about my children's eligibility for participation and enrollment in this program.

Signature of Parent _____ Date _____

Are you the parent of all children under the age of 16 in the household? [] Yes [] No

If no, the head of household must sign this form.

Head of Household Name (please print) _____ Head of Household Signature _____ Date _____

Camp Director Name (please print) _____ Camp Director Signature _____ Date _____



**Administration for Children's Services
Division of Child Care/Head Start**

**Inscripción y Elegibilidad Automatizada
de Cuidado Infantil de Verano (ACEE)**

Información del Campamento

Nombre del Campamento de Verano: _____

Dirección del Campamento de Verano: _____

Linea de Dirección 1 del Campamento

Linea de Dirección 2 del Campamento

Ciudad

Estado

Código Postal

Nombre del Programa ACCIS: _____

Información sobre la Familia

Nombre del Padre/de la Madre: _____

Dirección del Padre/de la Madre: _____

Linea de Dirección 1 del Padre/de la Madre

Linea de Dirección 2 del Padre/de la Madre

Ciudad

Estado

Código Postal

Número del Caso de Asistencia Pública: _____

Número del Seguro Social del Padre/de la Madre: _____
(opcional)

¿Regresarán los niños al mismo proveedor del año escolar?

Nombre(s) del/de los Niño(s)	Fecha de Nacimiento	Fecha de Comienzo en del Campamento	Fecha en que Termina el Campamento	¿Regresarán los niños al mismo proveedor del año escolar?	
				Si	No

Entiendo y reconozco que el programa tendrá acceso a los nombres de todos los niños en el hogar menores de 16 años de edad. Autorizo a la Administración de Servicios Infantiles (Administration for Children's Services – ACS) a que proporcione información sobre la elegibilidad de mi(s) hijo(s) respecto a la inscripción y participación en el programa.

Firma del Padre/Madre _____
Fecha

¿Es usted el padre/madre de todos los niños menores de 16 años en el hogar? Sí No

De ser no, el jefe del hogar debe firmar este formulario.

Nombre del Jefe del Hogar (en letra de molde, por favor)

Firma del Jefe de Hogar

Fecha

Nombre del Director del Campamento (en letra de molde, por favor)

Firma del Director del Campamento

Fecha

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): ¹	ACCIS CASE NUMBER:
PROVIDER'S NAME:		DATE OF BIRTH: ²
ADDRESS WHERE CARE IS GIVEN:		
PROVIDER'S ADDRESS (IF DIFFERENT):		
TELEPHONE:	PROVIDER'S SOCIAL SECURITY/LICENSE NUMBER/EIN	
<p>¹ 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>² 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
Full time (30 hours or more per week)				
Part time (15 – 29 hours per week)				
Hourly (1 – 14 hours per week but less than 3 hours per day)				

***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	From	To	From	To	From	To	From	To	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
OFFICE USE ONLY	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



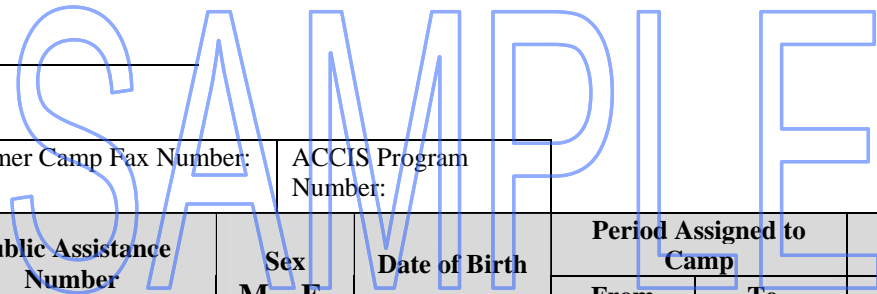
Please check one:
 Day camp Country Camp

SUMMER CAMP ACCEPTANCE
Fax form to 212-835-7739

Date: _____
 To: _____
 Summer Day and Country Camp Coordinator
 From: _____
 Name of Summer Camp

 Name of Summer Camp Employee

Program Name: Summer Day and Country Camp Unit
 Program Address: 109 East 16th Street, 10th Floor
 New York, NY 10003



Summer Camp Telephone Number:	Summer Camp Fax Number:	ACCIS Program Number:						
Child's Name	Public Assistance Number	Sex		Date of Birth	Period Assigned to Camp		ACCIS # (CHILD #)	Eligibility Outcome
		M	F		From	To		
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					
		M <input type="checkbox"/>	F <input type="checkbox"/>					

How many **W-274Es** are attached? _____

Checked and approved by: _____

Summer Day and Country Camp Liaison

Telephone Number

Date

School Break

Child Care Provider Application and Voucher Form - Part I

Completed by FIA Worker	Provider or Program ACCIS Number
Eligibility Start Date for Child Care	ACCIS Case Number

I. Parent or Guardian:

If you have more than one provider, give a separate form to each one.

Complete this section. Ask your provider to complete section II, submit the documentation required as proof of ID in section III, and sign section V. You must review and sign section IV. You and your provider must then complete the rest of this form together.

No payment can be made until this form is completed and reviewed by FIA.

Last Name: _____ First Name: _____

Address: _____ (Number, Street, Apartment No.)
 _____ (Borough, Zip Code) SSN: _____ (Optional)
 Case Number: _____

Telephone Number: _____ CIN Number: _____

Legally responsible relatives (parents, stepparents and legal guardians) cannot be paid as child care providers for their own child(ren).

II. Child Care Provider:

You must complete this section *

Provider/Agency Name: _____

Address: _____ (Number, Street, Apartment No.)
 _____ (Borough, Zip Code) Network Name (if affiliated): _____
 Telephone No.: _____

Social Security No.: _____ or Employer Identification No.: _____
 (Taxpayer identification is acceptable)

Date you began caring for the children listed below and on page 2: _____

Child's Name: _____							Date of Birth: _____		OFFICIAL USE ONLY	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hours per week	FIA Rate	\$	
From:	From:	From:	From:	From:	From:	From:				
To:	To:	To:	To:	To:	To:	To:				
Total hours:	Total hours:	Total hours:	Total hours:	Total hours:	Total hours:	Total hours:				
Child's Name: _____							Date of Birth: _____		OFFICIAL USE ONLY	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hours per week	FIA Rate	\$	
From:	From:	From:	From:	From:	From:	From:				
To:	To:	To:	To:	To:	To:	To:				
Total hours:	Total hours:	Total hours:	Total hours:	Total hours:	Total hours:	Total hours:				

* **Informal Providers:** If you are less than 18 years old, you must also complete the "Under 18" section on page 3. **Licensed or Registered Providers:** you must complete **Section B on page 2**. **All Providers:** You must indicate the rates you charge for each age level on page 2.

School Break

Child Care Provider Application and Voucher Form - Part I

Child's Name: _____							Date of Birth: _____		OFFICIAL USE ONLY	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hours per week		FIA Rate	
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____				
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____			\$	
Total hours: _____	Total hours: _____	Total hours: _____	Total hours: _____	Total hours: _____	Total hours: _____	Total hours: _____				

Legally Exempt Group and Informal Providers: You must complete pages 3-6.

Licensed or Registered Providers: Please complete the following section. Check the appropriate box for the type of license or permit you have and attach a copy of it.

Family Day Care Capacity: _____ ACD Program Number: _____
 Group Family Care
 Center Based High Age: _____ Your License/Permit Number: _____
 After School Low Age: _____ Expiration Date: _____

III. Informal Provider ID Verification Source:

In order to verify your name and address, please provide a copy of one of the following documents. Check the document you are submitting.

- Utility, tax, telephone or rent bill
 NYCHA rent book
 Mortgage payment coupon or receipt
 Deed to your home
 Front of a canceled check if it shows your current address
 A letter from your landlord on his or her stationery stating your address if you are not the primary tenant, a letter from the primary tenant is required, stating that you reside at the address you indicated. If you are providing child care to the primary tenant, you must submit a statement that child care is provided in the home of the parent or guardian.

For privacy reasons, you may cross out financial information. Documents cannot be more than 60 days old.

IV. Parent or Guardian:

I certify that the information provided is correct. I understand I must report any changes to FIA. I authorize FIA to inform my provider of my work attendance.

Signature: _____ **Date:** _____

V. Provider:

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 FIA and for so long as the above parent or guardian is engaged in an FIA approved activity or employed. If the parent or guardian fails to meet these criteria, I will be sent a letter from FIA informing me that FIA will no longer pay for child care.

I will allow the parent or guardian of the children named on this form unlimited access to his or 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 recovery of any payments to which I was not entitled.

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.**

My weekly child care rates are as follows:	INFANT Under 18 months	TODDLER 18 months - under 3 years	PRE-SCHOOL 3 years - under 6 years	SCHOOL-AGE 6 years- 12 years
Full Time (30 hours or more per week)	\$	\$	\$	\$
Part Time (15-29 hours per week)	\$	\$	\$	\$
Hourly (1-14 hours per week but less than 3 hours per day)	\$	\$	\$	\$

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY FIA Workers: Indicate Provider ID Verification Source and sign below.		ACCIS DATA ENTRY DATE:
Document used to verify ID: _____		_____
FIA Worker's Signature _____		Date _____
Supervisor's Signature _____		Date _____

School Break

Application for Legally Exempt Group and Informal Child Care Providers - Part II

I. PROVIDER'S STATUS

Informal Providers only: check all statements that apply.

- I PROVIDE CARE IN THE CHILD'S HOME.
- I PROVIDE CARE IN MY OWN HOME OR IN ANOTHER PERSON'S HOME. Check the box that applies.
 - I am the grandparent, great-grandparent, great-great grandparent, aunt, uncle, great aunt, great uncle, brother, sister or first cousin of a child in my care.
 - I provide care for no more than 2 children (not counting my own or any children 13 years or older).
 - 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 three hours.
 - I provide care that is different from the choices above. *Explain:* _____
- I AM ON PUBLIC ASSISTANCE. Case Number: _____

Under 18: check all statements that apply.

I am under 18 years of age. I understand that I can be paid only if one of the statements below is true.

- I am 14 or 15 years old, work no more than 3 hours a day (less than or equal to 18 hours a week while school is in session) and I do not provide care between the hours of 7 p.m. and 7 a.m.
- I am 16 or 17 years old. I have working papers and I do not provide care during the hours I am required to be in school. I work no more than 4 hours per day (less than or equal to 28 hours a week while school is in session) and I do not provide care between the hours of 10 p.m. and 6 a.m.

MINIMUM WAGE

I understand that if I provide care in a child's home, I am entitled to the minimum wage. I understand that the person who hired me is responsible for paying me the difference between the minimum wage and the FIA payment rate. I have written the amount I charge on the Child Care Provider and Voucher Form and understand that FIA will pay me that amount provided that it does not exceed New York State authorized child care rates.

MEALS AND SNACKS

Legally Exempt Group and Informal Providers: check the arrangement that you have chosen.

Meals and snacks may be supplied by either the parent or the provider. Check the arrangement to which you have agreed. If you want information about how you can get money to help pay for meals and snacks, call the Child and Adult Care Food Program (CACFP) at (800) 942-3858.

- The provider will supply snacks and meals.
- The parent or guardian will supply snacks and meals.
- Other. *Explain:* _____

II. TYPE OF PROGRAM

Legally Exempt Group Providers only: check the statement that describes your program.

1. This program is a nursery school, pre-kindergarten or day care program for children age 3 or older, **operated by a public school district** that 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.
2. This program is a nursery school that is **voluntarily registered with the NYS Education Department** and operated in accordance with Part 125 of its regulations. **Attach a copy of your registration.**
3. This program is a summer day camp **operated in accordance with Subpart 7-2 of the State Sanitary Code. Attach a copy of your Department of Health permit to operate a summer day camp.**
4. This program is 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.**
5. This is a nursery school, pre-kindergarten or day care program for children age 3 or older (or a program for school-aged children conducted during non-school hours), **operated by a 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.

School Break

Application for Legally Exempt Group and Informal Child Care Providers - Part II

II. TYPE OF PROGRAM (continued)

6. This program is a nursery school or program for preschool children **operated by a nonprofit agency or organization or a private proprietary agency** which is not voluntarily registered with the NYS Education Department and which provides services to children for no more than three hours per day.
7. None of the above. In this case, you may need to be licensed or registered. Unless you can provide documentation that you are legally exempt from such requirements, FIA cannot pay you to provide child care. For information about licensing, contact the Bureau of Early Childhood Resources and Information at 212-929-0815 or call the Department of Health Day Care Division at 212-280-9251.

Name of Program: _____

Operated by: _____

Provider's Signature: _____

*** IF YOU CHECKED STATEMENTS 1, 2, 3 OR 4: DO NOT COMPLETE SECTION III, THE HEALTH & SAFETY CHECKLIST. GO DIRECTLY TO SECTION IV, THE CRIMINAL HISTORY CERTIFICATION, on page 5.**

*** IF YOU CHECKED STATEMENTS 5 OR 6: YOU MUST COMPLETE THE REST OF THIS FORM.**

III. HEALTH AND SAFETY CHECKLIST

The Provider and the parent or guardian must complete this form together. Check "yes" or "no."

A. The Provider must meet the following safety requirements:

Yes No

- The provider and all the children have two separate and remote ways to leave the building in an emergency.
- Rooms for children are well-heated, well-lighted and well-ventilated.
- The home is free of unsafe areas (such as swimming pools, open drainage ditches, wells, holes, wood or coal burning stoves, fireplaces and gas space heaters) unless they are equipped with sturdy barriers to keep the children away.
- If child care is provided above the first floor, there are barriers or window guards so children cannot fall out.
- The water supply is safe. There are working toilets. There is hot and cold running water at all times.
- The provider and anyone else who will be helping to care for the children is physically able to provide child care and is free of any communicable disease. If care is provided in the provider's home, all persons living in the home, all volunteers who are likely to have regular contact with the children and all employees are also free of any communicable diseases.
- The home or facility is free of any dangerous or unsafe conditions that could hurt a child. Specifically:
- Knives and other sharp objects are out of the reach of children.
 - Small rugs, runners and electrical cords are held in place so that a child will not trip.
 - Electrical cords do not run under furniture or rugs and are out of the reach of small children.
 - Extension cords are not overloaded.
 - Guns and other firearms are stored unloaded in a locked drawer or cabinet and the key is kept in a safe place.
 - Cords to window blinds and shades are out of the reach of children.
 - Hot liquids are out of the reach of children.
 - Small items that a child could choke on are out of the children's reach.
- All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol spray cans and other poisonous materials are stored in their original containers safely away from the children. Care is taken so that they do not come in contact with children or food, nor otherwise endanger the children.
- Each child will receive meals and snacks according to the agreement between the parent and the provider.
- Milk, formula and any food that goes bad if left out will be kept refrigerated.
- Formula, breast milk and other food items for infants will not be heated in a microwave oven.
- The provider will always allow the custodial parent or guardian to have access to the child while in care, to the home where the child is in care and to any written records concerning the child.
- The provider will hold evacuation drills at least once a month, with the children, so they will know what to do in an emergency.
- The provider has a working telephone or can get to one very quickly in an emergency. Emergency telephone numbers for the fire department, local police or sheriff's department, poison control center and ambulance service are posted near the telephone and are easy to see.
- Protective caps, covers or permanently installed safety devices are used on all electrical outlets within reach of the children if they are under 5 years of age.
- Paint and plaster are in good condition so that there is no danger of paint or plaster chips getting into food or of children putting the chips in their mouths.
- There is at least one operating smoke detector on each floor of the home. The provider will check regularly to make sure all detectors work.
- The home has a portable First Aid Kit that is easy to get to in an emergency and is kept away from children in a clean container. It is stocked to treat common childhood injuries or problems. The provider will always replace articles in the First Aid Kit as soon as possible after something has been used or is too old to be used.

School Break

Application for Legally Exempt Group and Informal Child Care Providers – Part II

III. HEALTH AND SAFETY CHECKLIST (continued)

Yes No

- The parent or guardian has given the provider signed proof from a doctor or other health care provider that the child has received all of the immunizations appropriate for the child's age or that one or more of the immunizations would harm the child's health. Alternatively, the child's parent has provided a statement saying that the child has not been immunized because of the parent's religious beliefs.
- Stairs, railings, porches and balconies are in good repair.

NOTE: FIA cannot approve child care if any statement has been checked "no."

B. THE PROVIDER AGREES TO THE FOLLOWING CONDITIONS:

Agree

- The provider WILL NEVER use corporal punishment or let others use corporal punishment while children are in care. Corporal punishment means doing things directly to a child's body, such as spanking, biting, shaking, slapping, twisting or squeezing, making the child do physical exercise beyond what is normal, forcing the child to stay still for long periods of time, making the child stay in positions that hurt the child or are bizarre, bathing the child in unusually hot or cold water, forcing the child to eat or putting soap, foods, hot spices or foreign substances in the child's mouth.
- The provider WILL NEVER use or be under the influence of alcohol or drugs while children are in care and will make sure that children do not have contact with people using drugs or alcohol while in care.
- The provider WILL NOT smoke or allow smoking in indoor areas, cars or other vehicles when in use by children.
- The provider (and anyone else that the parent or guardian has approved to help take care of the children) WILL NEVER leave children alone or in the care of other people.

List all individuals, 18 or over, who are likely to have regular contact with the children in your care.

Employees or Volunteers Caring for Children	Members of Your Household	Age

BY SIGNING THIS HEALTH & SAFETY CHECKLIST, THE PARENT OR GUARDIAN AND PROVIDER AGREE THAT THEY HAVE INSPECTED THE HOME OR FACILITY AND THAT ALL STATEMENTS ON THE FORM ARE TRUE.

Provider's Name (*print*): _____

Provider's Signature: _____ Date: _____

Parent or Guardian's Name (*print*): _____

Parent or Guardian's Signature: _____ Date: _____

IV. CRIMINAL HISTORY CERTIFICATION

The child care provider must complete this section.

I certify that I have asked each person who is age 18 or over, and who is living in the home, and is an employee or a volunteer likely to have regular contact with the children, if he or she has been convicted of a crime.

I certify that all those who live, work or volunteer at this home or facility have provided true and accurate information in writing to the parents of the children concerning any criminal convictions, including the date, crime and any other relevant details.

I understand that I may not be eligible to provide child care if I, or anyone else listed on this page, have been convicted of any of the following crimes:

- homicide
- kidnapping
- incest
- promoting prostitution as a felony
- possession of a weapon as a felony
- any felony relating to the possession or sale of a controlled substance within the last 5 years.
- sex offenses, including rape, sodomy, sexual misconduct and abuse
- **any crime against children**

I certify to the best of my knowledge and belief that I (choose one):

- have been convicted of a crime in New York State or anywhere else.** *Explain:* _____
- have not been convicted of a crime in New York State or anywhere else.**

School Break

Application for Legally Exempt Group and Informal Child Care Providers - Part II

IV. CRIMINAL HISTORY CERTIFICATION (continued)

I certify to the best of my knowledge and belief that anyone 18 or older who is helping me (whether as a volunteer or as an employee who is likely to have regular contact with the children in care):

- has been convicted of a crime in New York State or anywhere else. *Explain:* _____
- has not been convicted of a crime in New York State or anywhere else.

If care is provided in a home other than the child's home, I certify to the best of my knowledge and belief that the persons living in the home who are 18 years of age or older:

- have been convicted of a crime in New York State or anywhere else. *Explain:* _____
- have not been convicted of a crime in New York State or anywhere else.

I believe the conviction (or convictions) described above was (were) the result of extenuating circumstances.

Please check one: I am requesting a review of these circumstances and will provide all documents or references required. I am not requesting a review of these circumstances.

This review is justified because (*explain*): _____

Provider's Name (*print*): _____

Provider's Signature: _____ Date: _____

V. PARENT OR GUARDIAN AND PROVIDER CERTIFICATION

Both the parent (or guardian) and the provider (Exempt Group or Informal) must read this section, check their agreement, sign and date it.

A. PROVIDER CERTIFICATION:

- I will notify FIA immediately if the hours of care or the number of children in my care changes.
- I agree to collect the family share (fee) from the parent or guardian if instructed to do so by FIA. I will immediately notify FIA if the parent fails to pay the required family share.
- I agree to provide accurate attendance records as required by FIA.

B. PARENT OR GUARDIAN CERTIFICATION:

- I understand that FIA may not be able to pay the provider if the provider, or anyone else 18 years or over who lives, works or volunteers in the home (other than the child's own), and who is likely to have regular contact with my children, has been convicted of a crime.
- Even if FIA determines that payment can be made to the provider when there is a criminal conviction, I have the right and responsibility to decide whether I want to use this provider. I understand that I have the right to select another provider.
- I will notify FIA of any change in circumstances, such as the hours that I need care or anything else that affects eligibility for care. I agree to pay my share of the fee as directed by FIA.
- I certify that I have selected this provider to care for my children. I understand that it is my responsibility to monitor the quality of care furnished to my children.
- I am aware that if I employ an **in-home** provider, I am responsible for paying this individual the minimum wage and any other applicable benefits. When the total cost of child care (including benefits) exceeds the amount that is paid by FIA, I understand it is my responsibility to pay the difference.

C. PARENT OR GUARDIAN AND PROVIDER CERTIFICATION:

- We state that to the best of our knowledge and belief all statements made on this form and any attachments are accurate and true. We understand that providing false information may result in the termination of payments and legal action by FIA.
- This will confirm that the parent or guardian has specifically asked the provider, volunteers who are likely to have regular contact with children in care, employees and persons living in the home (other than the child's own) who are 18 or over, if they have been the subject of **child abuse or maltreatment indications**.
- The provider has given the parent or guardian true and accurate information **in writing** regarding any indications of child abuse or maltreatment. The parent or guardian has considered this information and is nevertheless choosing this provider. The parent or guardian understands, however, that he or she has **the right to select another provider**.
- The provider and the parent or guardian state that we have completed the Health & Safety Checklist together. We understand that payment cannot be made until items marked "no" have been corrected. We agree to notify and provide documentation to FIA when any "no" item on the Checklist has been corrected or changed.

The parent or guardian and Exempt Group or Informal Provider must read this section, sign below and date.

Provider's Name (*print*): _____

Provider's Signature: _____ Date: _____

Parent or Guardian's Name (*print*): _____

Parent or Guardian's Signature: _____ Date: _____