



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #09-23-OPE

*(This Policy Directive Replaces PD #07-19-OPE)*

### SUMMER CHILD CARE PROCEDURE

<b>Date:</b> June 9, 2009	<b>Subtopic(s):</b> 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 THE PRIOR DIRECTIVE

This policy directive has been revised to change the:

- Summer Camp Program Child Enrollment Form (**W-274E**) to the Summer Camp Child Enrollment Form (Non-ACEE) (**CS-274E**);
- Summer Automated Child Care Eligibility and Enrollment Form (ACEE) (**W-274N**) to the Summer Camp Child Enrollment Form (**CS-274N**);
- contact person's name, address and fax number to which the request for payment of camp registration fees must be sent;
- floor number, listed on page 6 of this policy directive, for the New York City Administration for Children's Services (ACS) Summer Child Care Unit from the 10th floor to the 3rd floor;
- fax number, also on listed on page 6, for the Summer Child Care Unit Camp Coordinator to (212) 835-7739;
- name of the Summer Day and Country Camp Coordinator to Summer Child Care Unit Camp Coordinator;
- reference to the Country Sleep Away Camp to Sleep Away Camp;
- contact information from telephone number (212) 835-7070 to sending an email to: [summerchildcare@acs.nyc.gov](mailto:summerchildcare@acs.nyc.gov);
- instructions to send the Automated Child Care Eligibility and Enrollment (ACEE) Project forms to the Summer Child Care Unit;
- distribution of ACEE camp lists from Child Care Support Services (CCSS) to the Summer Camp Unit;
- include the Out of School Time (OST) process; and

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*

- Include a reminder that legally-exempt providers in the Bronx must be approved by the enrollment agency

**POLICY**

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

**BACKGROUND**

There are several summer child care options available to CA 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 the 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 sleep away camp program (formerly, country camp).

Note: The \$5 per day summer day and sleep away camp option is available to all CA 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 Work-Related Activities

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

Current school year provider

- If 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

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

- If the child will be enrolled with a temporary child care provider during the summer or will be enrolled in a summer camp, the parent/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 ([LDSS-4699](#)) or the Enrollment Form for Provider of Legally-Exempt Group Child Care ([LDSS-4700](#)), with the camp or provider and return it to the Job Center.

See [PD #08-46-EMP](#) for the legally-exempt child care provider enrollment process

**Reminder:** Parents/guardians utilizing legally-exempt child care providers in the Bronx must have the provider approved by the enrollment agency prior to receiving authorization for payment.

- If the parent/guardian needs assistance in securing temporary summer child care or a new permanent child care provider, the Worker must provide parents/guardians with names of available regulated child care providers, in accordance with current procedure.
- When the parent/guardian returns to the Job Center with the 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 **OCFS-LDSS-4700** forms will be available at Job Centers and 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.

Note: The process for enrollment in a \$5 per day summer day/sleep away camp, or a summer child care program participating in the Summer ACEE Project is different. These programs will use either form [CS-274E](#) or form [CS-274N](#). The Summer Child Care Unit will centrally process these forms. An explanation of these programs and the enrollment process is provided in the Summer Day/Sleep Away Camp section of this policy directive.

### Enrollment Process for Temporary Summer Child Care Providers or Summer Camp

Summer camps and temporary summer child care providers must be enrolled in ACCIS in order to receive payment. For summer camps, 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, 2009.

To enroll a child attending a regular rate summer camp or enrolled with a temporary provider in ACCIS, the Worker must:

- verify that the case/child is eligible; and
- begin the data entry process from Child Maintenance Screen 2 of 2 in ACCIS as follows:
  - 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

Requests must be received by the first week in July.

Camps that charge a registration fee must forward documentation requesting the registration payment to the Summer Child Care Unit, Attention: Beverly Smith-Hutson at 66 John Street, 7th Floor, New York, NY 10038, or fax the documentation to (212) 487-9166. Requests must be received by the first week in July.

Revised

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 CA and whose parents/guardians are in compliance with engagement requirements, or who are TCC families.

Summer Day and Sleep Away Camp Programs for Children on CA

Parents/guardians have the option of enrolling their child into a \$5/day summer day or sleep away camp, which are open to any child on CA. 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 sleep away camp programs are not eligible for registration fees.

Summer day and sleep away 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 sleep away camps accept children from ages seven to 16 years (as long as the child does not turn 16 before the camp start date). Sleep away camps are limited to a maximum stay of 21 days. Children may only participate in one or the other type of camp (day or sleep away 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/Sleep Away Camp Enrollment Process

Parents/guardians and Camp Directors must complete form **CS-274E** at the campsite. Form **CS-274E** will be available at all campsites. The Camp Director or designee will fax the completed **CS-274E** form and the Summer Camp Acceptance (**CS-931**) form to the Summer Child Care Unit, 109 East 16th Street, 3rd Floor, New York, NY 10003, to the attention of the Summer Child Care Unit Camp Coordinator at (212) 835-7739.

Camp Directors have been instructed by the Summer Camp Unit to make a copy of the completed **CS-274E** form and give it to the parent/guardian. The copy of the **CS-274E** form is the parent's/guardian's proof for engagement purposes that the child is enrolled in a summer day or sleep away camp.

Parents who bring form **CS-274E** to the Job Center

If a parent/guardian brings the completed form to the Job Center, the JOS/Worker must first scan form **CS-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 Child Care Unit at 109 East 16th Street, 3rd Floor, New York, NY or fax a copy to (212) 835-7739.

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

The Summer Child Care Unit 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 sleep away camp.

JOS/Workers or Camp Directors who have any questions regarding the enrollment process can contact [summerchildcare@acs.nyc.gov](mailto:summerchildcare@acs.nyc.gov) 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.

Form [CS-274N](#) is an expedited enrollment form to be completed for ACEE participants. Form **CS-274N** replaces forms **CS-274E** and **CS-274W** for all ACEE Project camps.

Confirmation of enrollment in the ACEE Project

The Summer Child Care Unit has instructed all Camp Directors to make a copy of the completed **CS-274N** form and give it to the parent/guardian as confirmation of enrollment of the child in the camp for engagement purposes.

Revised

The Summer Child Care Unit will distribute lists of programs participating in the ACEE Project and summer day and sleep away camps to all Job Center Child Care Liaisons.

If a parent/guardian reports to the Job Center with an original completed **CS-274N** form and the camp is one of those listed as part of the ACEE Project, the JOS/Worker must scan form **CS-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 Summer Child Care Unit at 109 East 16th Street, 3rd Floor, New York, NY 10003, to the attention of the Summer Child Care Unit, 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 Summer Child Care Unit 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 form [CS-274W](#); and
- forward the completed forms with a copy of the program license to Child Care Support Services (CCSS) at 109 East 16th Street, 3rd Floor, New York, NY 10003, or fax to (212) 835-8252. CCSS will enroll the new camp into ACCIS providing them with an ACCIS number and enroll the child in ACCIS.

Revised

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's/guardian's responsibility to pay the required camp fees.

Out of School Time (OST) Summer Day Camp Program

Refer to [PD #07-29-EMP](#) for information about OST Summer Child Care Programs.

Parents/guardians of school-aged children must be given information about the Department of Youth and Community Development (DYCD) Out of School Time (OST) summer day care camps for elementary and middle school children. The camps provide a mix of academic and recreational activities. They are open five days a week from 8:00 AM to 6:00 PM and operate from July 6 to August 21, 2009. OST Programs are available at no cost to families and have no income eligibility requirements.

The Worker can help the parent/guardian find an OST Summer Day Camp by:


- calling 311
- calling 800-246-4646, or
- visiting the DYCD web site at [www.nyc.gov/dycd](http://www.nyc.gov/dycd)

**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 the ACCIS shortcut on the desktop.



- Scan the completed and signed **LDSS-4699/LDSS-4700** and/or **CS-274W** form into the electronic case record. Enter a case comment for the child care by clicking 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) AND HEARING-IMPAIRED IMPLICATIONS**

For Limited English-Speaking (LESA) participants, make sure to obtain appropriate interpreter services in accordance with [PD #09-14-OPE](#). For hearing-impaired participants, make sure to obtain appropriate interpreter services in accordance with [PD #08-20-OPE](#).

**FAIR HEARING IMPLICATIONS**

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date.

Avoidance/  
Resolution

The applicant/participant must receive either adequate or timely and adequate notification of all actions taken, depending upon the circumstances of his/her case. When a parent's/guardian's **LDSS-4699/LDSS-4700** and/or **CS-274W** form, **CS-274E** form or **CS-274N** form are correct and the payments have not been authorized in a timely manner, the parent/guardian may 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 & Conference (FH&C) AJOS/Supervisor I at any time. If the applicant/participant comes to the Job Center and requests a conference, the Receptionist must notify the FH&C AJOS/Supervisor I. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C 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 the reason for the Agency's action(s) to the applicant/participant.

If the applicant/participant has in fact presented good cause for the infraction or shown that the outstanding NOI needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will Settle in Conference (SIC), enter detailed case notes in New York City Work, Accountability and You (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 the Welfare Management System (WMS), the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form ([LDSS-3722](#)), change the 02 to 01 if the case has been granted Aid to Continue (ATC), or prepare and submit a PA Recoupment Data Entry Form – WMS ([LDSS-3573](#)) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report ([M-186a](#)).

If the participant fails to show good cause for the infraction or if it is determined that the Agency’s action(s) should stand, the AJOS/Supervisor I will explain to the applicant/participant why he/she cannot SIC. The AJOS/Supervisor I must complete form **M-186a**.

**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 include a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken, and copies of NYCWAY **Case Notes** screens.

**RELATED ITEM**

[PD #08-46-EMP](#)  
[PD #07-27-OPE](#)

**ATTACHMENTS**

- CS-274E** Summer Camp Child Enrollment Program Form (Non-ACEE) (Rev. 7/08)
- CS-274N** Summer Camp Child Enrollment Program Form (ACEE) (Rev. 7/08)
- CS-274W** Child Care Provider Enrollment Supplement (Rev. 4/08)

 Please use Print on Demand to obtain copies of forms.

# Summer Camp Child Enrollment Form

Division of Child Care / Head Start  
(Non-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*

Cash 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*

\_\_\_\_\_  
*Camp Director Name (please print)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Camp Director Signature* \_\_\_\_\_ *Date*

**Fax this form along with the Summer Camp Acceptance Form (CS-931) to (212) 835-7739.  
Email questions to [summerchildcare@acs.nyc.gov](mailto:summerchildcare@acs.nyc.gov).**

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

## Información del Campamento

Nombre del Campamento de Verano: \_\_\_\_\_

Dirección del Campamento de Verano: \_\_\_\_\_

*Línea de Dirección 1 del Campamento*

\_\_\_\_\_  
*Línea 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: \_\_\_\_\_

*Línea de Dirección 1 del Padre/de la Madre*

\_\_\_\_\_  
*Línea 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 Comienza en del Campamento	Fecha en que Termina el Campamento	Si	No

\_\_\_\_\_  
*Firma del Padre/Madre*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Fecha*

\_\_\_\_\_  
*Nombre del Director del Campamento*

\_\_\_\_\_  
*Firma del Director del Campamento*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Fecha*

**Envie este formulario por fax con el formulario de Aceptación al Campamento de Verano (CS-931) al (212) 835-7739.**

**Email preguntas a [summerchildcare@acs.nyc.gov](mailto:summerchildcare@acs.nyc.gov).**

# Summer Camp Child Enrollment Form

Division of Child Care / Head Start (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*

Cash 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

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*

**Fax this form (for manual enrollments only) along with the Summer Camp Acceptance Form (CS-931) to (212) 835-7739.  
Email questions to [summerchildcare@acs.nyc.gov](mailto:summerchildcare@acs.nyc.gov).**

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



## Información del Campamento

Nombre del Campamento de Verano: \_\_\_\_\_

Dirección del Campamento de Verano: \_\_\_\_\_

*Línea de Dirección 1 del Campamento*

*Línea 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: \_\_\_\_\_

*Línea de Dirección 1 del Padre/de la Madre*

*Línea 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 Comienza 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*

**Para matriculaciones manuales solo, envíe un fax de este formulario junto al formulario de Aceptación al Campamento de Verano (Summer Camp Acceptance Form) (CS-931) al (212) 835-7739.  
Email preguntas a [summerchildcare@acs.nyc.gov](mailto:summerchildcare@acs.nyc.gov).**



# 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>From</b>	<b>To</b>	
<b>Monday</b>									
<b>Tuesday</b>									
<b>Wednesday</b>									
<b>Thursday</b>									
<b>Friday</b>	SAMPLE								
<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				

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: \_\_\_\_\_

<p><b>For Agency Use Only:</b>                  Is child care authorized for this applicant/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No                  Agency-approved start date for child care: _____ / _____ / _____  <span style="margin-left: 100px;">MM</span> <span style="margin-left: 100px;">DD</span> <span style="margin-left: 100px;">YYYY</span></p>
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