MEMORANDUM

DATE: August 29, 2013

TO: Early Learn Providers

FROM: Jose Mercado

SUBJECT: Weekly Parent Fees
EL Memorandum Number #8

Please be advised that families receiving a Child Care subsidy from the City of New York Administration for Children’s Services (ACS) are required to pay a weekly parent fee. These fees are collected by the EarlyLearn contractors; ACS deducts these fees from the contractors’ payments. If the contractor does not collect the weekly parent fee, this will result in a cash flow problem for the contractor.

Effective September 9, 2013 families with children enrolled in EarlyLearn are required to pay a weekly parent fee without regard to the daily attendance of the child. This includes children who are absent for an entire week. ACS will be advising families to inform them that they will have to pay the weekly parent fees as long as the child remains enrolled in EarlyLearn. (Please see attached parent letter.)

All families in receipt of Child Care or a dually eligible child care slot (infant/toddler or preschool) are required to pay the weekly parent fees with the exception of families on Public Assistance or in receipt of Protective Services. If a preschooler is in a dually eligible slot, the fee is assessed on no more than six hours of service. The remaining hours of service are considered Head Start. There is no fee for a child in a Head Start slot.

It is important to note that the weekly parent fee is assessed on the family-level. For families with multiple children, the fee is “attached” to the youngest child receiving Child Care services and only the program providing services to that child is responsible for collecting the fee from the family. To determine if your program is responsible for collecting the weekly parent fee, please refer to placement notices which provide a record of all the children in the family and where they are enrolled.

Contractors should help their families understand that paying their weekly parent fee is a requirement for receiving subsidized care. By State
regulation, failure to pay fees is a reason for termination and contractors should immediately give a written notice of any past due fees to the family with a specified time period of 7 to 30 days within which satisfactory arrangements for such payment must be made. If full payment of weekly parent fees is not made within the time period specified, contractors should provide a second written notice to the family stating that failing to comply with paying their fee will result in termination from the program in 10 days.

Note: Attached, please find an updated version of the “Notice of Eligibility for Child Care Service and Fee Agreement” form. Please discard any prior versions of this form and use the attached moving forward.
August 29, 2013

SPECIAL NOTICE TO CHILD CARE PARENTS

Dear Parent/Caretaker:

The Division of Early Care and Education at the NYC Administration for Children’s Services is writing to remind you that weekly child care fees must be paid to your child care program/provider as long as your child is actively enrolled with a child care program/provider. This means weekly fees are due whether or not your child attends. Failure to pay fees will result in termination of child care services.

Fees are based on the type of care received (full-time or part-time), family income, and family size. They will continue to be collected by the program/provider servicing the youngest child in the family. If at least one (1) child in the family is receiving full-time care, then the full-time fee is assigned. The part-time fee is in effect only when all children in the family are attending part-time.

ACS has encouraged programs/providers to work with you regarding the payment of fees.
NOTICE OF ELIGIBILITY FOR CHILD CARE SERVICE AND FEE AGREEMENT

Name: ____________________________ Case Number: ____________________________

Eligibility Expiration Date: __ / __ / ___ Date of Notice: __ / __ / ___

NOTICE OF ELIGIBILITY

The Administration for Children’s Services, Division of Early Care & Education has reviewed your application for publicly-funded child care service and has found that you are eligible. Unless your circumstances change, the eligibility will continue until the date indicated above.

CHILD CARE SERVICE AGREEMENT

As the ____________________________ of ____________________________

I request the Administration for Children’s Services (ACS) to arrange for the day-time care of my child(ren) and, in consideration of such care, I agree to the following terms and conditions:

1. I understand that I (or my designated escort) am required to escort my child(ren) to and from the classroom or provider home at the regularly scheduled time. I agree to notify the program/provider by telephone and in writing of any change in the regular escort.
2. I understand that the hours of service will be reasonably related to my work and/or school/vocational training hours, as appropriate.

FEE AGREEMENT

1. I understand that the fee for child care services is based on my family size, gross income, the type of care received (full time or part time).
2. I understand that the fee is due each week, in advance, regardless of my child’s attendance.
3. I understand that child care services may be terminated if I do not pay the fee.
4. I understand that I will be notified in writing whenever my fee changes. Fees may change if a child enters or leaves care, if the type of care (full time or part time) changes, or as a result of my being recertified for care. The effective date of the fee, which appears on the written notice, will be the date of change in service. I understand that a new fee, associated with admission, is to be paid on the day a child is admitted to care. In all other cases, the new fee is due on the Monday following the effective date, however, if the effective date is Monday, the new fee is due on that day.
5. I agree to pay the fee listed below that applies to the day care provided to my child(ren):
   - $ _____________ at least one child full-time
   - $ _____________ all children part-time

It is continuing responsibility of the applicant or recipient of service to immediately report any changes in his/her needs, income, living arrangements, address or child care arrangements. Further, if you disagree with this decision of ACS, you may request a State Fair Hearing by telephoning (800) 342-3334; or by writing to: New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York, 12201-1930.

ACS Official: ____________________________ Title: ____________________________

Applicant’s Signature: ____________________________ Telephone No.: ( ) _______ Date: __ / __ / ___