Informal child care refers to child care provided in a residence, which is not required to be licensed or registered pursuant to section 390 of the Social Services Law. This includes both family child care and in-home child care.

What kind of child care is being provided? Choose one of the following and complete sections indicated.

<table>
<thead>
<tr>
<th>Child Care Location</th>
<th>Provider’s Relationship to Children in Care</th>
<th>Type of Child Care</th>
<th>Complete Sections</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children in care live in the home where care is provided</td>
<td>Provider is related to <strong>ALL</strong> children as grandparent, great-grandparent, sibling (living in a separate residence), aunt, uncle</td>
<td>□ Relative-Only In-Home Child Care</td>
<td>All sections</td>
</tr>
<tr>
<td></td>
<td>Provider is <strong>NOT</strong> related to <strong>ALL</strong> children as grandparent, great-grandparent, sibling (living in a separate residence), aunt, uncle</td>
<td>□ In-Home Child Care</td>
<td>All sections except 6 and 9</td>
</tr>
<tr>
<td>None of the children live in the home where care is provided</td>
<td>Provider is related to <strong>ALL</strong> children as grandparent, great-grandparent, sibling (living in a separate residence), aunt, uncle</td>
<td>□ Relative-Only Family Child Care</td>
<td>All sections</td>
</tr>
<tr>
<td>OR only some of the children live in the home where care is provided</td>
<td>Provider is <strong>NOT</strong> related to <strong>ALL</strong> children as grandparent, great-grandparent, sibling (living in a separate residence), aunt, uncle</td>
<td>□ Family Child Care</td>
<td>All sections except 6 and 9</td>
</tr>
</tbody>
</table>

(For Enrollment Agency Use)

Received Date: / / Complete Date: / / CCFS ID: __________________________
### Section 1: Provider Information

<table>
<thead>
<tr>
<th>Provider Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: First</td>
<td>Last (Please include any ALIASES or MAIDEN names in parentheses)</td>
</tr>
<tr>
<td>Gender</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Home Address: Street Address</td>
<td>Apt /Flr #</td>
</tr>
<tr>
<td>Mailing Address: Street Address/P.O. Box</td>
<td>Same as above</td>
</tr>
<tr>
<td>Site Address: Street Address</td>
<td>Same as above</td>
</tr>
</tbody>
</table>

☐ Another provider is enrolled to provide care at same residence  ☐ Name of such other enrolled provider  Have you ever been previously enrolled?  ☐ Yes  ☐ No
If yes, please write your Enrollment ID:

Preferred Language

Site Phone
( ) -
Other phone number: Home or Cell
( ) -

### Section 2: Parent/Caretaker Information

<table>
<thead>
<tr>
<th>Parent/Caretaker Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: First</td>
<td>Last (Please include any ALIASES or MAIDEN names in parentheses)</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Gender</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>( ) -</td>
</tr>
<tr>
<td>Home Address: Street Address</td>
<td>Apt /Flr #</td>
</tr>
<tr>
<td>Mailing Address: Street Address/P.O. Box</td>
<td>Same as above</td>
</tr>
<tr>
<td>Subsidy Paying County</td>
<td>Preferred Language</td>
</tr>
</tbody>
</table>
### Section 3: Children Receiving Subsidy

<table>
<thead>
<tr>
<th>Child's Full Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Parent's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Last</td>
<td></td>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule of Child Care*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon</strong></td>
</tr>
<tr>
<td>DROP-OFF</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>PICKUP</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Who will be responsible for meals/snacks? (Check one.)
- Provider
- Parent

Who will administer medication? (Check one.)
- Provider (must meet requirements as stated in the instructions)
- Parent

---

<table>
<thead>
<tr>
<th>Child's Full Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Parent's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Last</td>
<td></td>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule of Child Care*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mon</strong></td>
</tr>
<tr>
<td>DROP-OFF</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>PICKUP</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Provider's relationship to the child:

Who will be responsible for meals/snacks? (check one)
- Provider
- Parent

Who will be responsible for medication administration? (check one)
- Provider (must meet requirements as stated in the instructions)
- Parent

* If the schedule varies, you **must** provide a schedule for a typical week of care for the child.
Section 4: Other Children in Care  □ Not Applicable

<table>
<thead>
<tr>
<th>Provider's relationship to the child:</th>
<th>Schedule of Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
</tr>
<tr>
<td></td>
<td>AM</td>
</tr>
<tr>
<td></td>
<td>PM</td>
</tr>
<tr>
<td>DROP-OFF</td>
<td></td>
</tr>
<tr>
<td>PICKUP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AM</td>
</tr>
<tr>
<td></td>
<td>PM</td>
</tr>
</tbody>
</table>

How many of the provider's own children are at the child care site during child care hours?

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>List the ages of all providers' own children at child care site.</th>
</tr>
</thead>
</table>
Section 5: ALL Provider Formal Child Care History

If you select yes to questions 1 or 2 below, you must complete the relevant questions in Section 11, and provide the required true and accurate information.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had an application for a license or registration to operate a child day care program denied?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Have you ever had a license or registration to operate a child day care program revoked, limited or suspended?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Section 6: Relative-Only Provider—Child Abuse/Maltreatment and Criminal History Disclosure

If you select yes to questions 1, 2, or 3 below, you must complete the relevant questions in Section 11, and provide the required true and accurate information.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had your parental rights terminated under Social Services Law 384b or equivalent legal authority?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Have you ever had a child(ren) removed from your care by court order in a proceeding under Article 10 of the Family Court Act?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have you ever been convicted of a crime in the State of New York or any other jurisdiction?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I have never been the subject of an indicated report of child abuse and maltreatment, OR I have been the subject of an indicated child abuse and maltreatment case and have provided the parent/caretaker with true and accurate descriptions of the incident and the date of the indication.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Section 7: Provider Training Requirements

Preservice Training (Select one.)

- ☐ I am required to complete preservice training and I have attached my certificate of completion.
- ☐ I previously enrolled as a provider and have submitted my certificate to this enrollment agency.
- ☐ Not applicable, I am a relative-only in-home or relative-only family child care provider.

Enhanced Rate Training (Select one.)

- ☐ I have attached my certificates of completion as proof of eligibility for the enhanced rate.
- ☐ Not applicable, I am not applying for the enhanced rate.

Annual Training (Select one.)

- ☐ I have attached my certificates of completion as proof of my completion of annual training.
- ☐ Not applicable, I am not yet enrolled as a legally-exempt provider.
- ☐ Not applicable, I am a relative-only in-home or relative-only family child care provider.
Section 8: Employees, Volunteers, and Family Child Care Household Members

**THIS SECTION DOES NOT APPLY TO HOUSEHOLD MEMBERS FOR IN-HOME CHILD CARE.**

*Only complete this section if you have employees, volunteers, or household members age 18 or older.*

List all employees and volunteers.

For relative-only family child care and family child care, list all person’s age 18 and older residing in the home where family child care is provided.

[ ] Not Applicable

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Role</th>
<th>Date of Birth</th>
<th>Related to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Last</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>[ ] Employee</td>
<td>Volunteer</td>
<td>/ /</td>
<td>□ Yes, if yes, how? □ No</td>
</tr>
<tr>
<td>[ ] Employee</td>
<td>Volunteer</td>
<td>/ /</td>
<td>□ Yes, if yes, how? □ No</td>
</tr>
<tr>
<td>[ ] Employee</td>
<td>Volunteer</td>
<td>Household Member</td>
<td>/ /</td>
</tr>
<tr>
<td>[ ] Employee</td>
<td>Volunteer</td>
<td>Household Member</td>
<td>/ /</td>
</tr>
</tbody>
</table>

Section 9: Employees, Volunteers, and Household Members Relevant History

*Only complete this section if you are relative-only in-home child care and have employees or volunteers OR if you are relative-only family child care and have employees, volunteers, or household members over the age of 18 residing in your home.*

*If you select yes to question 1 below, you must complete Section 11, and provide the required true and accurate information.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. Have any of your employees, volunteers, persons over the age of 18 residing in your home where child care is provided been convicted of a crime in the State of New York or any other jurisdiction? □ □

2. I have asked my employees, volunteers, and persons over the age of 18 residing in the home where child care is provided if they have been the subject of a case of indicated child abuse and maltreatment, **AND** they have never been the subject of an indicated report of child abuse or maltreatment, **OR** they have been the subject of an indicated report of child abuse and maltreatment, and I provided the parent/caretaker with true and accurate descriptions of the incident and the date of indication. □ □
Section 10: Employee and Volunteer Training Requirements

<table>
<thead>
<tr>
<th>Employee and Volunteer Preservice Training (Select one.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All employees and volunteers have completed preservice training and a copy of certificate of completion will be kept on-site.</td>
</tr>
<tr>
<td>☐ Not applicable. Provider is related to every child receiving subsidy in care.</td>
</tr>
<tr>
<td>☐ Not applicable. Provider does not have employees or volunteers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee and Volunteer Annual Training (Select one.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ All employees and volunteers have completed an additional five hours of annual training and a copy of certificates of completion will be kept on-site.</td>
</tr>
<tr>
<td>☐ Not applicable. Provider is related to every child receiving subsidy in care.</td>
</tr>
<tr>
<td>☐ Not applicable. Provider does not have employees or volunteers.</td>
</tr>
</tbody>
</table>

Section 11: History/Background Acknowledgements

**History of Day Care Enforcement (Section 5)**

Name of day care program having enforcement action:

Location:

Type(s) of enforcement action (Check all that apply.): ☐ Denied ☐ Revoked ☐ Suspended ☐ Limited

Dates of enforcement actions:

Description/reason for enforcement action:

**History of Criminal Convictions (Section 6, 9)**

Relative-Only In-Home and Relative-Only Family Child Care Provider and Employees, Volunteers, and Adult Household Members

Name of individual with criminal conviction:

Specify the crime(s):

Disposition date and penalty imposed:

**History of Termination of Parental Rights and/or Court-Ordered Article 10 Removal of a Child (Section 6)**

Relative-Only In-Home and Relative-Only Family Child Care—applies to provider only

Date(s) of removal/termination: / / 

Name of court:

County: 

State:

Type of court involvement (Check all that apply.)

☐ Judicial Termination of Parental Rights Under Social Services Law 384-b
☐ Court-Ordered Removal of a Child Under Article 10 of the Family Court Act (Child Protective)

Reasons underlying the loss of parental/custodial rights
### Section 12: Provider Certification

To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care subsidy payments, and/or legal action against the provider for deliberately presenting false or misleading information.

<table>
<thead>
<tr>
<th>Signature of Provider:</th>
<th>Date: / /</th>
</tr>
</thead>
</table>

### Section 13: Parent/Caretaker Certification

To the best of my knowledge, I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care subsidy payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.

<table>
<thead>
<tr>
<th>Signature of Parent/Caretaker:</th>
<th>Date: / /</th>
</tr>
</thead>
</table>
Section 14: Provider Attestations and Agreements
By signing this enrollment application, the provider attests and agrees to the following:

ALL Providers:

- I have reviewed the Health and Safety Requirements listed in 18 NYCRR 415 and agree to meet and continue to meet all requirements.
- I will immediately notify the enrollment agency and the parent/caretaker if there are changes to any section of this enrollment form.
- I agree to collect the family share (fee) if instructed to do so by the local social services district. I will immediately notify the local social services district if the parent/caretaker fails to pay the required family share.
- I understand that I must not charge parents more for the cost of child care for children receiving subsidy than for children not receiving subsidy.
- I understand that I will not be paid by the local social services district for any child care that I provide to a child(ren) receiving a child care subsidy while I am deemed an ineligible provider by the enrollment agency.
- I understand that if I provide care in a child's own home, I am employed by the parent/caretaker, and the parent/caretaker is responsible to pay my wages, benefits, and all applicable federal and state employment taxes.
- I understand that I must be enrolled with an enrollment agency before any payment may be made.
- I understand that if the enrollment agency determines I cannot be enrolled, then the local social services district cannot issue payment for care that I have provided. The parent/caretaker has the right and responsibility to decide whether they want to use my child care services. If the parent/caretaker chooses to use my child care services when I cannot be enrolled, I can hold the parent/caretaker responsible to pay me for the child care.
- I have reviewed the Parent/Caretaker Attestations and Agreements in Section 15 and agree with all requirements of the parent/caretaker.

Relative-Only In-Home Child Care Providers and Relative-only Family Child Care Providers:
I understand that:

- I must be related to all children in care as either a grandparent, great-grandparent, sibling living in separate residence, aunt or uncle, and have indicated such relationship to all children in Section 3 of this form.
- I must ask all employees, volunteers, and, for relative-only family child care, adult household members if they have been convicted of a misdemeanor or felony in the State of New York or any other jurisdiction.
- If I or any such individuals have been convicted of a misdemeanor or felony, I am required to provide true and accurate information about the crime to enable the parent/caretaker and enrollment agency to evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the child.
- I must not be enrolled as a relative-only in-home or family child care provider if I, an employee, volunteer, or for relative-only family child care, adult household member has been convicted of a misdemeanor or felony against a child.
- I may not be enrolled as a relative-only in-home or relative-only family child care provider if I have been, or if I employ a person or use a volunteer who has been, or for relative-only family child care, live with an adult household member who has been convicted of misdemeanor or felony other than crimes against a child, unless the enrollment agency finds the circumstances are consistent with guidelines issued by OCFS for evaluating such criminal conviction records.
- I must not be enrolled as a relative-only in-home or relative-only family child care provider if I knowingly make materially false statements in connection with a criminal background history or refuse to cooperate with the criminal history evaluation.
I must provide the information for myself, any employees or volunteers, and for relative only family child care, any adult household member, to allow the enrollment agency to conduct a check of the New York State Sex Offender Registry maintained by the New York State Division of Criminal Justice Services, via the registry’s toll-free telephone number to determine if such person is listed on the New York State Sex Offender Registry.

I must not be enrolled as a relative-only in-home or relative-only family child care provider if any such individual, is listed on the New York State Sex Offender Registry.

Section 15: Parent/Caretaker Attestations and Agreements

By signing this form, the parent/caretaker attests and agrees to the following:

- I have reviewed the Health and Safety Requirements listed in 18 NYCRR 415 and agree that the provider must meet and continue to meet all requirements.
- My child care program must give me unlimited and on demand access including:
  - Access to my child(ren).
  - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren).
  - Access to the staff for my child(ren).
  - Access to written records about my child(ren) except when otherwise restricted by law.
- I will notify the enrollment agency immediately if
  - my address or phone number changes, or
  - I have any concerns about the health and safety of my child(ren) in the program’s care.
- I understand that this enrollment applies ONLY to the provider and the location of care listed in Section 1. If the provider OR the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new provider or the new location.
- I will immediately notify the local social services district and the provider if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- I agree to pay my family share, if any, as directed by the local social services district.
- I understand that if the provider is denied enrollment or has his or her enrollment terminated, the provider will be considered ineligible to provide child care. The local social services district cannot pay the provider or issue payment for the care given by a provider who cannot be enrolled or who is ineligible.
  - If I choose to use an ineligible provider, I am responsible to pay for the child care.
  - I understand I have the right to select another provider.
- If I choose a provider to provide care in my home, I am the sole employer of the provider. As the sole employer I am responsible for paying minimum wage and benefits to the provider as well as all applicable federal and state employment taxes required. I also understand that any child care benefit for which I am eligible may not cover the entire cost of care, and I am responsible for the costs the child care benefit does not cover.
- If the provider is denied enrollment or has their enrollment terminated, the provider will be considered ineligible to provide child care.
- If I selected a relative-only in-home or relative-only family child care provider, the provider must inform me if he/she, any employees or volunteers, or for family child care, any adult household member, has been the subject of an indicated report of child abuse and maltreatment. In circumstances when a provider has disclosed to me that he/she has been indicated as the subject of child abuse and maltreatment, I have received detailed information pertaining to the incident, AND I have carefully considered the information and I am selecting this provider.
- I have reviewed the Provider Attestations and Agreements in Section 14 and understand and agree with all requirements of the provider.
W-9

Request for Taxpayer Identification Number and Certification

1. Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=Corporation, S=Single-member, P=partnership) ________

   Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4. Exemptions (codes apply only to certain entities, not individuals); see instructions on page 3:
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

   [Applies to accounts maintained outside the U.S.]

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I: Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▪

Date ▪

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA codes entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
Dear Provider:

We are asking providers to participate in a system called child care time and attendance (CCTA). Enclosed is the information regarding the CCTA system and how it will work. **If a provider chooses not to participate in the CCTA system, Providers are still required to provide their rates.** Enclosed is a form that needs to be completed and returned. If you choose to participate in the CCTA system, provider also must fill out the agreement form and have the form notarized. All information must be returned Delaware Opportunities in order to process any payments. Please call if you have questions (607) 746-1620.

Providers Name: __________________________

Providers Address: __________________________

I will participate: __________ in the CCTA system.

I will not participate: __________ in the CCTA system.

Sincerely:

Judy Velten
CFD Coordinator
CCFS#: ____________________________________________

Provider Name: ____________________________________

Address: __________________________________________

Date of Birth: ______________________________________

Contact Name: ______________________________________

Phone #: __________________________________________

If you operate with specific hours please indicate them here (example M-F 6 am to 7 pm)

<table>
<thead>
<tr>
<th>Rate/Age</th>
<th>Under 1 ½ years</th>
<th>1 ½ to 2 years</th>
<th>3 to 5 years</th>
<th>6 to 12 years</th>
</tr>
</thead>
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<td>Weekly Rate</td>
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<td>Care provided for 30 or more hours over the course of 5 or fewer days in a week.</td>
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<td>Daily Rate</td>
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<td>Care is provided for at least 6 but fewer than 12 hours per day</td>
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<td>Part Day Rate</td>
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<td></td>
<td>Care is provided for at least 3 but less than 6 hours per day</td>
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<td>Hourly Rate</td>
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<td>Care is provided for less than 3 hours per day</td>
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CHILD CARE TIME AND ATTENDANCE USER AGREEMENT

The Provider would like to commence using the New York State Office of Children and Family Services, Child Care Time and Attendance (NYS OCFS CCTA) electronic filing system to submit time records for child care services to Delaware Opportunities Inc, Delaware County Department of Social Services electronically.

Upon execution of this agreement, the Provider will electronically submit all claims for payment and all required child attendance information to the County through the use of the NYS OCFS CCTA system.

The Provider acknowledges that they are solely responsible for the information submitted to the County electronically through the NYS OCFS CCTA system pursuant to the provisions of Section 415 of the State of New York Codes, Rules and Regulations and Section _____ of the County Law of the State of New York. The Provider affirms that such information will be complete and accurate. The Provider understands and agrees that the County will hold the Provider responsible for any false, incomplete or misleading information submitted to the County by the Provider or under the Provider’s name.

The Provider further understands and acknowledges that he/she could be prosecuted under applicable Federal and State laws for any false claims, statements, documents, or payment submitted to the County.

The Provider acknowledges and agrees that any information submitted to the County by the Provider’s or on the Provider’s behalf will be treated as if the Provider has personally signed the sheets upon which the information is contained and that the Provider will be held to the same standard as if the submissions were made in written form as opposed to electronic form.

The County reserves the right to rescind this agreement and the Provider’s use and access to the NYS OCFS CCTA system. This agreement may be rescinded at any time effective the beginning of the month following the County’s notice to the Provider. The Provider may terminate this agreement and their use of NYS OCFS CCTA system upon providing the County with at least thirty (30) days written notice. Such termination to be effective the beginning of the month following the thirty (30) day written notice. This agreement shall remain in full force and effect until terminated pursuant to this paragraph.

Provider Name: ________________________________________

Provider Number: ______________________________________

Provider Address: ______________________________________

______________________________
Signature:

______________________________
Date:

______________________________
Print Name:

Acknowledged and affirmed to before me appeared _____________ on this ______day of _____________, 2014.

________________________________
Notary Public
Dear Provider:

We are proud to announce that we will be using an automated system called Child Care Time and Attendance (CCTA) to improve the accuracy and timeliness of New York State’s child care subsidy payments. This new time and attendance system will begin operation in Delaware County on April 1, 2011. To participate in this exciting new opportunity, and be the first to start using the new CCTA system, contact Delaware Opportunities, Judy Velten or Lisa Calaci at (607) 746-1620.

What are the main benefits of having a statewide CCTA system?
- Simplify time and attendance workload;
- Save money on postage operating costs; and
- Improve timeliness and accuracy of payments to child care providers.

What will CCTA do?
- Verify if providers are eligible to receive payment for subsidized child care;
- Track the time and attendance of children;
- Calculate and authorize child care payments;
- Allow parents and other caretakers to check their children in and out of a child care program using the provider’s computer which will be connected to the new system through a Web-based time clock; and
- Allow providers to see when children in their care lose their eligibility to receive subsidy.

What equipment is needed to use CCTA?
With CCTA there is no software for you to purchase. The only item required is a desktop or notebook computer that can access the Internet by using any of the following web browsers: Internet Explorer (IE); Firefox, Chrome or Safari.

How do you use CCTA?
You use the Internet to access CCTA to record and submit your attendance for children receiving a child care subsidy. If you don’t have a computer with Internet access, you can use your local library’s computer or any other computer with Internet access, to record your time and attendance records. In addition, if you choose the time clock option, parents or other caretakers use your computer to access CCTA and check their children in and out of your day care. This saves you from typing in the attendance for each child. Access and passwords and provided.

How do you learn how to use CCTA?
Online training is available to teach you how to use CCTA. There is also a call center for assistance.

What do you need to do before you start to use CCTA?
Getting started is easy. Let us know that you want to use CCTA and we provide your access. The only requirement is to fill out the provider rate form with your child care hours and rate. We are looking forward to working with our providers using this new and efficient automated time and attendance system. Welcome aboard, we’re glad you joined us!