

**APPENDIX G-1  
CHILD CARE SECTION  
DATED 2007-2009**

**County:** Schuylers County

**I. Administration (Required Section)**

Describe how your district is organized to administer the child care program including any functions that are subcontracted to an outside agency.

1. Identify the unit that has primary responsibility for the administration of child care for:

Public Assistance Families: **Day Care Unit**

Transitioning Families: **Day Care Unit**

Income Eligible Families: **Day Care Unit**

Title XX: **Children's Services**

2. Indicate the use of New York State Child Care Block Grant (NYSCCBG) Funds.

Total NYSCCBG Amount:	<b>\$650,000</b>
A. Subsidy	<b>\$625,000</b>
B. Other program costs (excluding subsidy)	<b>\$42,800</b>
C. Administrative costs	<b>\$25,000</b>

3. Does your district have a contract or formal agreement with another organization to perform any of the following functions?

<u>Function:</u>	<u>Organization:</u>	<u>Amount of Contract:</u>
<input type="checkbox"/> Eligibility screening		
Screening of legally-exempt providers		
X Assistance in locating care	<b>Schuylers County Child Care Coordinating Council</b>	<b>\$42,800</b>
Child Care Information Systems		
<input type="checkbox"/> Other		

## APPENDIX G-2

### II. Other Eligible Families if Funds are Available (Required Section)

Listed below are optional categories of eligible families that your district can include as part of its ICP. Select any categories your district wants to serve and describe any limitations associated with the category.

Optional Categories	Option	Limitations
1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	x Yes <input type="checkbox"/> No	
2. PA families or families with income up to 200% of the State Income Standard when the caretaker is:		
a) participating in an approved substance abuse treatment program	x Yes <input type="checkbox"/> No	
b) homeless	x Yes <input type="checkbox"/> No	
c) a victim of domestic violence	x Yes <input type="checkbox"/> No	
d) in an emergency situation of short duration	x Yes <input type="checkbox"/> No	
3. Families with an open child protective services case when child care is needed to protect the child.	x Yes <input type="checkbox"/> No	
4. Families with income up to 200% of the State Income Standard when child care services are needed because the child's caretaker:		
a) is physically or mentally incapacitated	x Yes <input type="checkbox"/> No	
b) has family duties away from home	x Yes <input type="checkbox"/> No	
5. Families with income up to 200% of the State Income Standard when child care services are needed for the child's caretaker to actively seek employment for a period up to 6 months.	x Yes <input type="checkbox"/> No	

6. PA families where a sanctioned parent is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	x Yes <input type="checkbox"/> No	
7. Families with income up to 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in:		
a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	x Yes <input type="checkbox"/> No	
b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	x Yes <input type="checkbox"/> No	
c) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level	<input type="checkbox"/> Yes x No	
d) a program providing literacy training designed to help individuals improve their ability to read and write;	<input type="checkbox"/> Yes x No	
e) English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading and writing the English language for individuals whose primary language is other than English	<input type="checkbox"/> Yes x No	
f) a two year full-time degree granting program at a community college, a two year college, or an undergraduate college with a specific vocational goal leading to an associate degree or certificate of completion	x Yes <input type="checkbox"/> No	
g) a training program, which has a specific occupational goal and is conducted by an institution licensed or approved by the State Education Department other than a college or university	x Yes <input type="checkbox"/> No	
h) a prevocational skill training program such as, a basic education and literacy training program	<input type="checkbox"/> Yes x No	

<p>i) a demonstration project designed for vocational training or other project approved by the Department of Labor.</p> <p><b>The parent/caretaker must complete the selected programs listed under number seven within 30 consecutive calendar months. The parent/caretaker cannot enroll in more than one program.</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>8.</b> PA recipients and low income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associates degree or certificate of completion and that is reasonably expected to lead to an improvement in the parent/caretaker's earning capacity) as long as the parent(s) or caretaker is also working at least 17 ½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>9.</b> PA recipients and low income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a four-year college or university program (leading to a bachelor degree and that is reasonably expected to lead to an improvement in the parent/caretaker's earning capacity) as long as the parent(s) or caretaker is also working at least 17 ½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## APPENDIX G-3

### III. Reasonable Distance, Very Low Income, Definition of Engaged In Work For Child Care In Lieu of Temporary Assistance, Family Share, Case Closings and Openings, and Fraud and Abuse Control Activities\_ (Required Section)

#### Reasonable Distance

Your district is required to define reasonable distance based on community standards for determining accessible child care.

The following defines "reasonable distance": **25 miles or 30 minutes one way**

Describe any steps/consultations made to arrive at your definition: **This mileage/timeframe was arrived at by interviewing staff from DSS who live in surrounding counties, consultation with our childcare coordinator, the employment unit and our paralegal staff. The "reasonable distance" determination would allow ample time and distance opportunities for all persons seeking work in our 5 contiguous counties. Public transportation is not available to all surrounding counties and was not a consideration in this equation.**

#### Very Low Income

Very Low Income is defined by each district and is used in determining priorities for child care benefits.

Very Low Income is defined as 100% of the State Income Standard.

#### Definition of Engaged In Work For Child Care In Lieu of Temporary Assistance The minimum number of hours for Federal Fiscal Year 2006 are:

- 20 hours for a single parent with a child under the age of six years old
- 30 hours for a single parent whose children are six years of age and older
- in two parent families the parents must be working a combined total of 55 hours with at least one parent working 30 or more hours.

If a district proposes a higher minimum number of required hours of work describe the requirement below.

- hours for a single parent with a child under the age of six years old
- hours for a single parent whose children are six years of age and older
- in two parent families the parents must be working a combined total of 55hours with at least one parent working           or more hours.

- **Prior history of denial, case closing, or overpayments resulting from an investigation (i.e. fraud, FEDS, EVR)**
- **No absent parent information or information is inconsistent with application**
- **No documentation to verify identity or documentation of identity is questionable**
- **Self employed without adequate business records to support financial assertions**
- **Documents or information provided are inconsistent with such as different name used for signature**
- **P.O. Box used as a mailing address without a reasonable explanation**
- **Unsure of own address**

The district must describe below its sampling methodology used to determine which cases it will seek verification of an applicant or recipient's continued need for child care including, as applicable, verification of participation in employment, education or other required activities.

**We perform a full recertification for all cases every six months which includes: completing a new CC application; verifying client's need with pay stubs, employment verification forms or official class schedules.**

The district must describe below its sampling methodology used to determine which child care providers of subsidized child care services they will review for the purpose of comparing the child care providers attendance forms for children receiving subsidized child care services and any child and adult care food program inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

**SCCCCC will provide copies of the completed CACFP home inspection forms to the District on a monthly basis. The district will compare the CACFP attendance forms with the attendance forms submitted to the district. If any discrepancies are detected, a fraud investigation will take place. All cases will be reviewed on an annual basis**

## **REFERRAL & INVESTIGATIVE PROCESS PRE SCREENER**

Will pre screen all applications before interview is scheduled. Information will be screened thru NYSPIN, AAAWMS clearance reports, fraud files and CAMS and will note any discrepancies in the case record.

## **ELIGIBILITY WORKER**

If one or more of the FEDS indicators are discovered during the eligibility interview the eligibility examiner will submit a FEDS Referral to the Fraud Unit within 48 hours (2 working days) of the interview, with a copy of the FEDS Referral Form remaining in the case record. The FEDS Referral Form (Attachment I), the original application and any other pertinent documentation/ information will be submitted to the Fraud Unit as part of the referral process. The Application and documentation provided will be located in a central area in the Fraud Unit so that the eligibility worker can access it whenever necessary

After the FEDS referral is made, any inquiry to the eligibility worker from the applicant or other persons regarding the FEDS process should be directed to the Fraud Unit.

Specific information obtained throughout the course of any investigation should only be shared with other employees of the Department when a need to know exists.

If, due to mandated timeframes, the eligibility worker must make a determination prior to receiving the official FEDS investigative results from the Fraud Unit, the eligibility worker should attempt to follow up with the Fraud Unit regarding the status of the investigation. The eligibility worker will be responsible for meeting any State and/or Federal guidelines for issuance of benefits regardless of the status of the investigation.

## **INVESTIGATOR**

The Investigator will log the referral on the FEDS Referral Log (Attachment II) and initiate the investigation with 5 working days of receiving the referral. (Please note that since the current investigator does not work on Friday, any FEDS Referral Forms received in the Fraud Unit after 12:00 p.m. on Thursday will not be received by the investigator until the following Monday).

The investigation may include, but not be limited to, a "home visit" (in compliance with the home visit criteria in Section 351.28 of the NYCRR), other various field visits and/or collateral contacts, and an interview with the Fraud Unit. If an office interview is required a notification (Attachment III) will be mailed to the client/applicant.

The target turn-around time for completion of the investigation will be 10 working days from the date that the FEDS Referral Form is received in the Fraud Unit so that the investigative findings are a part of the eligibility decision. The Investigator will note investigative steps on the FEDS Disposition Form (Attachment IV). If the Investigator is not able to complete the

investigation within the specified timeframe, he/she will notify the eligibility worker of the reason for the delay and also inform the eligibility worker of the status of the investigation.

## **COMPLETION PROCESS**

### **INVESTIGATOR**

The Investigator will complete the Investigation Results portion of the FEDS Disposition Form and submit it to the eligibility worker immediately upon completion of the investigation.

### **ELIGIBILITY WORKER**

The eligibility worker will complete the Case Disposition portion of the FEDS Disposition Form and submit it to the Fraud Unit immediately after making the eligibility determination, but in no case should this be later than five calendar days in the month following the month that the eligibility determination was made to insure that the disposition can be included in the monthly FEDS Activity Report. A copy of the FEDS

Disposition will also be maintained in the case record, If the case is denied due to a FEDS investigation, the eligibility examiner should be sure to use the proper denial code so that the case can be used in the monthly cost avoidance figures. If the case is denied for other reasons, the eligibility examiner should be sure to state the specific reason for the denial on the FEDS Disposition Form.

### **FRAUD UNIT**

The Investigator will log the case disposition on the *FEDS* log and file the FEDS Disposition Form together with the *FEDS* Referral Form in the designated area of the Fraud Unit. The Fraud Unit is responsible for submitting the FEDS Activity Report to the State by the 10<sup>th</sup> day of each month.

## **SUPERVISORY REVIEW**

The supervisor of each unit will be responsible through supervisory review for verifying that the eligibility workers in their unit are submitting FEDS Referrals accurately and timely.

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

Referral Log #

**SCHUYLER COUNTY DEPARTMENT OF SOCIAL SERVICES  
FRONT END DETECTION SYSTEM (FEDS) REFERRAL**

Case Name: \_\_\_\_\_ Case # & Category \_\_\_\_\_  
Eligibility Examiner: \_\_\_\_\_ Pending Date: \_\_\_\_\_ Client Address:

Client Phone Number:

**Application has NO FEDS indicators.**

Eligibility Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility: Check the indicator(s) below and give a brief explanation: attach any necessary documentation.

**REASON FOR REFERRAL - FEDS INDICATORS**

- Financial obligations are current, but stated expenses exceed income *without a reasonable explanation*
- Working off the books (*currently or previously*)
- Supported by loans *or gifts from family/friends*
- Self-employed but without adequate business records to support financial assertions
- P.O. Box used as mailing address *without a reasonable explanation*
- Primary tenant with no utility bills (e.g., phone or electric) in his/her name
- No absent parent information or information is inconsistent with application
- Landlord does not verify *household* composition or *provides* information that is inconsistent with application

Unsure of own address

- Documents *or* information provided are inconsistent with application, such as different name used for signature or invalid SSN
- Prior history of denial, case closing, or overpayments *resulting from an investigation (i.e. fraud, FEDS, EVR)*
- Current application is inconsistent with prior case information

No documentation to verify identity *or* documentation of identity is questionable

Original to Fraud Unit, Copy to File

## FEDS REFERRALS

REFERRAL #

DATE

NAME

CASE TYPE

ACTION TAKEN

DISPOSITION



**APPLICANT NOTICE**

Your case has been selected for a pre-eligibility review.

The purpose of this review is to check certain items you have stated on your application or during the interview.

A meeting has been scheduled for you with the FEDS workers at the Schuyler County Department of Social Services, County Office Building, Watkins Glen, NY 14891 On: \_\_\_\_\_

At: \_\_\_\_\_ AM/PM

This review may include various collateral contacts.

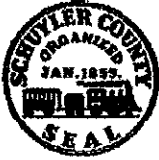
In addition, Schuyler County Investigators may visit your residence. They will show you identification upon arrival.

Failure to keep this appointment may result in your application being denied. You have a right to have a representative with you at this interview.

If you have any questions concerning these reviews, please contact the FEDS workers in the Fraud Unit at (607)53 535-8303.

FEDS worker signature

*"An Equal Opportunity/Affirmative Action  
Employer "*



*SCHUYLER COUNTY*  
*DEPARTMENT OF SOCIAL SERVICES*  
*Weiss County Office Building*  
*Commissioner 105 Ninth Street, Unit 3*  
*Watkins Glen, NY 14891*  
*(607) 535-8303*

*William J.*

**Beverly K. Clickner**  
**Deputy Commissioner**

Date:

Case Name Address

Re: Case Number

**APPLICANT NOTICE**

As you have been advised, your case has been selected for a pre-eligibility review.

The purpose of this review is to check certain items you have stated on your application or during the interview.

Investigators from the Schuyler County Department of Social Services Fraud and Resource Recovery Unit were at your home this date but were unable to make contact with you.

You still must appear for your scheduled interview with the FEDS investigators at the Schuyler County Office Building, Watkins Glen, NY 14891

On: \_\_\_\_\_ At: \_\_\_\_\_ AM/PM

IF YOU NO LONGER ARE IN NEED OF ASSISTANCE AND WISH TO WITHDRAW YOUR APPLICATION, PLEASE FILL OUR THE BOTTOM OF THIS FORM AND MAIL IT TO:

Fraud and Resource Recovery Unit  
Schuyler County Department of Social Services  
105 Ninth Street, Unit 3  
Watkins Glen, NY 14891

-----+I ++++++ ++I+-----f+--+-----+ ++++++-----+ I I I b++++-I-+i-----+

Name: \_\_\_\_\_

Case No. \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ I

WISH TO WITHDRAW MY APPLICATION FOR ASSISTANCE.

Signature

FEDS worker signature

*An Equal Opportunity/Affirmative Action R Employer"*

**SCHUYLER COUNTY DEPARTMENT OF SOCIAL SERVICES FEDS**

**REFERRAL RESPONSE**

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

To:

Case Name \_\_\_\_\_

Case Number:

- FEDS investigation found no additional eligibility information.
- Applicant requests withdrawal of application (see attached).
- Applicant failed to show for interview. Ineligible for assistance until compliance.
- The following information must be considered in making an eligibility determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_ FEDS Worker

+++++

**FEDS CASE DISPOSITION**

The following action was taken on this case:

- Investigation completed - no errors found Case Opened.
- Applicant did not keep FEDS appointment. Case Denied.
- Case Denied/Withdrawn as a result of FEDS findings.
- Grant reduced due to FEDS findings.
- Case denied for other

reasons: \_\_\_\_\_  
\_\_\_\_\_

Eligibility Worker \_\_\_\_\_ Date: \_\_\_\_\_

Original to File , Copy to Fraud Unit

*Attachment*

## APPENDIX G-4

### IV. District Options (Required Section)

Districts have certain flexibility to administer the child care subsidy program to meet local needs. Check which options that your district wishes to include in your county plan. Complete attachments for any area(s) checked.

1.  Our district has identified local priorities in addition to the federal priorities (complete Appendix G-5).
2.  Our district has chosen to establish funding set-asides for NYSCCBG (complete Appendix G-6).
3. x Our district is using Title XX funds for the provision of child care services (complete Appendix G-7).
4.  Our district has chosen to establish additional local standards for child care providers (complete Appendix G-8).
5. x Our district has chosen to make payments to child care providers for absences (complete Appendix G-9).
6. x Our district has chosen to make payments to child care providers for program closures (complete Appendix G-10).
7.  Our district has chosen to pay for transportation to and from a child care provider (complete Appendix G-11).
8.  Our district has chosen to pay up to a 15% higher than the applicable market rates for regulated child care services that have been accredited by a nationally recognized child care organization (complete Appendix G-11).
9. x Our district has chosen to pay up to 15% higher than the applicable market rates for non-traditional hours (complete Appendix G-11).
10. x Our district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix G-11).
11. x Our district has chosen to make payments to child care providers who provide child care services, which exceed 24 consecutive hours (complete Appendix G-12).
12. x Our district has chosen to include 18, 19 or 20 year olds in the Child Care Services Unit (complete Appendix G-12).

**APPENDIX G-4 (continued)**

- 13.  Our district is seeking a waiver from one or more regulatory provisions. Such waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix G- 12).
- 14. x Our district has chosen to pay for breaks in activity for low income families (non public assistance families, complete Appendix G-12).
- 15. x Our district has chosen to use local equivalent forms such as, but not limited to, child care application, client notification and/or legally exempt enrollment forms (attach copies of the local equivalent forms your district uses). *see attached application-unable to scan into document-see hard copy*

Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.





**APPENDIX G-10**  
**PAYMENT TO CHILD CARE PROVIDERS FOR PROGRAM CLOSURES**

The following providers are eligible for payment for program closures:

Day Care Center

Legally Exempt Group

Group Family Day Care

School Age Child Care

Family Day Care

Our district will only pay for program closures to providers with which the district has a contract or letter of intent.     Yes     No

Enter the number of days allowed for program closures (maximum allowable program closures is five days). **5**

List the allowable program closures for which the district will provide payment. **inclement weather; power outages; road closures ; emergency situations which the provider has no control over.**

Note: Legally exempt family child care and in-home child car providers are **not** allowed to be reimbursed for program closures.

**APPENDIX G-11**  
**TRANSPORTATION, DIFFERENTIAL PAYMENT RATES, SLEEP**

**Transportation**

Describe below under what circumstances and limitations if any your district will use to reimburse for transportation, what type of transportation will be reimbursed (public vs. private), and how much your district will pay (per mile or trip). Note if paying for transportation, Appendix F will need to reflect this choice.

**Differential Payment Rates**

Indicate below the percentage above the market rate your district has chosen.

Accredited Programs may receive a differential payment up to \_\_\_\_\_ % above market rate.

Care during non-traditional hours may be paid up to **15%** above market rate.

Limitations to the above differentials are as follows: **Care provided by regulated, contracted providers for care provided evenings, weekends, nights and major holidays (Christmas, new Years, Thanksgiving).**

Payments may not exceed 15% above market rate. However, if your district wishes to establish a payment rate that is in excess of 15% above the applicable market rate must describe below why the 15% maximum is insufficient to provide access within the district to accredited programs and/or care provided during non-traditional hours.

**Sleep**

The following describes the standards that will be used in evaluating whether or not to pay for child care services while a parent or caretaker that works a second or third shift sleeps and any limitations pertaining to payment:

**parent working 3<sup>rd</sup> shift- up to an additional 8 hours will be paid for sleep time.**

Indicate the number of hours allowed by your district (maximum number of hours allowed is eight). **8**

**APPENDIX G-12  
CHILD CARE EXCEEDING 24 HOURS, CHILD CARE SERVICES UNIT,  
WAIVERS, BREAKS IN ACTIVITIES**

**Child Care Exceeding 24 Hours**

Child care services may exceed 24 consecutive hours when such services are provided on a short-term emergency basis or in other cases where the caretaker's approved activity necessitates care for 24 hours on a limited basis.

Describe any limitations for payment of child care services that exceed 24 consecutive hours.  
**Emergency or short term only-payment to regulated providers only.**

**Child Care Services Unit**

The Child Care Service Unit is the basis upon which a district will determine which household and/or family members should be counted in determining family size and countable family income.

Our district will include the following in the Child Care Services Unit (check which ones apply).

18 year old       19 year old       20 year old

**-OR-**

Our district will include only the following in the Child Care Services Unit when it will benefit the family (check which ones apply).

x 18 year old      x 19 year old      x 20 year old

Describe the criteria your district will use to determine whether or not an 18, 19 or 20 year old is included in the Child Care Services Unit. **Income of an 18-20 yr olds and all relevant income of persons 14 yrs and older.**

**Waivers**

Districts have the authority to request a waiver of any regulatory provision that is non-statutory. Describe and justify why your district is requesting a waiver.

**Breaks in Activities**

Districts may pay for child care services for low income families during breaks in activities for a period not to exceed two weeks or for a period not to exceed one month where child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period (check one).

x two weeks       four weeks

Districts may provide child care services while the caretaker is waiting to enter an approved activity or employment or on a break between approved activities. The following low income families are eligible for child care services during a break in activities (check any that are eligible):

entering an activity     waiting to begin employment    x break between activities