



**2011 MARKET RATE
RATE ADJUSTMENT REVIEW REQUEST
FOR GROUP DAY CARE CENTER PROGRAMS**

Group Day Care Center Programs, which are not contracted by the Administration for Children’s Services (ACS), can receive a rate increase once a year, as long as the program can show that it qualifies for the rate increase. The increased rate cannot exceed the 2011 New York State Market Rate set by the New York State Office of Children and Family Services.

**INSTRUCTIONS TO COMPLETE THE 2011 MARKET RATE
ADJUSTMENT REVIEW REQUEST APPLICATION**

It is recommended to download the 2011 Market Rate Adjustment Review Request Application from the ACS website. Complete the four parts of the application on the computer, save a copy for your files, then print and sign a completed copy and mail (with required documentation) to ACS at:

ACS FINANCIAL SERVICES
150 William Street, 10th floor
New York, NY 10038
ATTN: Rate Adjustment Review Unit – Center-based Program

PART I: PROGRAM & RATE INCREASE ELIGIBILITY INFORMATION

- Complete Program and Rate Increase Eligibility Information chart

PART II: ELIGIBILITY

- Use the chart below to compare the weekly rate ACS last paid you for child care to the October 2011 Market Rates and answer the question in the application:

CHART I – Group Day Care Center NYC Weekly Market Rates

CHILD AGE	DAY LENGTH	New York State Market Rate	
		WEEKLY RATE	DAILY RATE
Infant	Full-Day	\$330.00	\$66.00
Toddler	Full-Day	\$255.00	\$51.00
Preschool	Full-Day	\$217.00	\$43.40
School Age	Full-Day	\$210.00	\$42.00
Infant	Part-Day	\$175.00	\$35.00
Toddler	Part-Day	\$155.00	\$31.00
Preschool	Part-Day	\$135.00	\$27.00
School Age	Part-Day	\$125.00	\$25.00

RATE CHANGE CALCULATION BY SERVICE PERIOD

Your rate change will be based on your center’s Program Rate & Fee Report submission and calculated based upon the following:

- For Programs with a Summer Session Only [July – August]: Rates will be based on the rates associated with a two-month session.
- For Programs with a Regular School Session Only [September– June]: Rates will be based on the rates associated with a ten-month session.



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- For Programs with a combined Regular School Year and Summer Session [July – June]: Rates will be based on the rates associated with a twelve-month session.
- Answer the two questions on page one of the application to determine if you are eligible for a 2011 Market Rate increase.

PART III: DOCUMENTATION

Prepare documentation to demonstrate you qualify for a rate increase. Along with a completed rate survey (Part IV of application), programs need to submit the following:

Please note: Documents must be printed with your official name clearly displayed on business letterhead. Letters addressed to NYC Children’s Services on plain stationery with this information are not acceptable.

- 1) **Program Information:** Copies of a brochure, application, or parents notice showing all fiscal information for the current period including:
 - a) Detailed full-time and part-time tuition fees for each level of care [i.e. infant, toddler, preschool and school-age].
 - b) Other costs incurred [insurance, registration, books/supplies, fundraising, membership, trip fares, etc.].
 - c) Days and hours of operation.
- 2) **Proof of payment:** Proof of payment demonstrating each part-time and full-time child-age group rate. A proof of payment is a) a copy of a dated receipt for payment issued by the center or, b) a copy of a check issued to the center by a parent for child care service accompanied by an invoice.
- 3) **Calendar of Service Days:** A list of scheduled closings and holidays for the current period. (Any amendments/changes in this list for any particular month must be submitted for consideration prior to the submission of the attendance form [ACS1] for that month)
- 4) **Field trips:** A schedule of planned, educational field trips with the cost per trip for each child.
- 5) **ACS #1402 form:** Two completed copies of the ACS #1402 form.
- 6) **DOHMH permits:** Two copies of your current Department of Health and Mental Hygiene (DOHMH) permit/NPR letter for each level of care.
- 7) **Employer Identification Number:** Copy of Internal Revenue Service correspondence showing assignment of Employer Identification Number [EIN] and copy of completed IRS W-9 Form.
- 8) **Program name/address change:** If applicable, a notarized letter explaining changes in address and/or Program name.

PART IV: Program Rate & Fee Report

Submission of two (2) completed reports with the Director or Administrator’s original signature (copies will not be accepted).
