All licensed group and registered family child providers can receive a rate increase once a year, as long as the provider can show that he or she qualifies for the rate increase. The increased paid rate cannot exceed the 2019 New York State Market Rate set by the New York State Office of Children and Family Services.

**INSTRUCTIONS TO COMPLETE THE 2019 MARKET RATE ADJUSTMENT REVIEW REQUEST APPLICATION**

It is recommended to download the 2019 Market Rate Adjustment Review Request Application for Licensed Group Family and Registered Family Child Care Providers from the Administration for Children’s Services (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

Or you e-mail a PDF of your completed application with supporting documentation to:

**FSCCrates@acs.nyc.gov**

**PART I: PROVIDER & RATE INCREASE ELIGIBILITY INFORMATION**

* Complete Provider and Rate Increase Eligibility Information chart
* Check the modality (Group Family or Family Child Care)

**PART II:** **ELIGIBILITY**

* Use the chart below to compare the weekly rate ACS last paid you for child care to the May 2019 Market Rates

|  |
| --- |
| **CHART I – Family Child Care NYC Weekly Market Rates**  |
| **May 2019 Market Rate** |
| **CHILD AGE** **(**Note: a child in care’s payment rate changes as the child ages)  | **Full Day** **or** **Part Day**  | **Group Family Child Care**  | **Registered Family Child Care**  |
| 1] Newborn up to 2 years | f] Full Day  | $200.00 | $200.00 |
| 2] From second birthday to third birthday  | f] Full Day  | $196.00 | $196.00 |
| 3] From third birthday to sixth birthday  | f] Full Day  | $185.00 | $185.00 |
| 4] From sixth birthday to twelfth birthday  | f] Full Day  | $170.00 | $170.00 |
| 1] Newborn up to 2 years | p] Part Day  | $135.00 | $135.00 |
| 2] From second birthday to third birthday  | p] Part Day  | $135.00 | $135.00 |
| 3] From third birthday to sixth birthday  | p] Part Day  | $115.00 | $115.00 |
| 4] From sixth birthday to twelfth birthday  | p] Part Day  | $115.00 | $115.00 |

* Answer the two questions in Part II Eligibility which is on page 1 of the application to determine if you are eligible for a 2019 Market Rate increase.

**PART III: DOCUMENTATION**

**1. Type of Children Served and Documentation Needed**

* Complete Table 1 by checking the type of children (ACS-subsidized and/or non-ACS-subsidized) you serve and therefore the explanation and documentation needed for a rate increase.
* Prepare documentation to demonstrate you qualify for a rate increase. You can demonstrate that your cost of care has increased in two ways:
	1. Proof of payment from a non-ACS subsidized parent who has paid you for child care and/or
	2. Bills, receipts, leases or other documents that shows your expenses have increased.

**2. Requesting a New Rate if Costs Have Increased**

If you provide care for either (1) subsidized or (2) both subsidized and non-subsidized (private pay) children and you are requesting a new rate because of increased costs:

1. Complete Table 2 to demonstrate the difference between the old weekly cost of providing care and the new weekly cost of providing care.
2. Complete Table 3 to determine the amount of your combined weekly rate increase. When completing table 3, the number of children must equal your NYC DOHMH licensed/registered capacity. The number of children in each child age category must meet the New York State child age capacity guidelines.

If the number in **Combined Weekly Cost CHANGE** (Table 2) is greater than or equal to the number you wrote in **Combined Rate Increase Request** (Table 3), your new rates will equal your Table 3 requested rate increase. Your payment rate will not exceed the 2019 Market Rate.

If the number you wrote in **Combined Weekly Cost CHANGE** (Table 2) is less than the number you wrote in **Combined Rate Increase Request** box (Table 3), your new rates will be proportionately adjusted to match the number your wrote in Table 2. Your payment rate will not exceed the 2019 Market Rate.

**DOCUMENTING the Cost of Child Care has Increased**

You will need to provide copies of bills, invoices, receipts and other documents that demonstrate that the cost of providing child care has increased from one year to the next. The increases in costs have to be solely related to or clearly attributable to the operation of the child care program. The following are the types of costs of care and the types of documents that you will need to supply to show that costs have increased:

1. **Rent, Mortgage & Utilities** – Copies of mortgage invoices, signed leases, rent invoices, rent payment receipts or a signed letter from your landlord, and/or electric or gas utility bills to show that rental costs have increased. You need to supply copies of the same type of document at least one year apart to demonstrate that expenses have increased. For example, copies of December 2017 and December 2018 Con Edison bills would show that your utility expenses have increased. Only the portion of rent or utilities increases that are used for child care purposes can be used. For example, providing eight hours of child care per day for five days per week equals 40 hours of child care per week. Because there are 168 hours in a week, you can demonstrate that 40/168 or 24% of your weekly utility cost increase is for providing child care.
2. **Insurance** – Only those costs that the insurance carrier has specifically attributed to the existence of the child care program will be considered. Copies of insurance bills from that insurance carrier related to providing child care can be used to demonstrate the increased cost of providing care.
3. **Equipment** – A store receipt for equipment that is specifically for child care to demonstrate that your child care costs have increased. Examples of equipment include playpens, children educational toys, and child safety devices.
4. **Supplies** – Store receipts for identical supplies that are specifically for child care that are one year apart can be used to demonstrate that your child care costs have increased. Examples include office, bathroom, cleaning, educational, and storage supplies.
5. **Food** – Proof of CACFP participation and store receipts for identical food items that are specifically for child care can be submitted to demonstrate that your child care costs have increased from one year to the next. Examples of food include baby formula, etc. Increased food costs incurred because a provider has voluntarily or involuntarily left the CACFP program will not be considered.
6. **Salaries and Benefits ‐** Group Family providers can use increased salaries and benefits to demonstrate increased cost of child care. Paystubs and cancelled checks that are one year apart for employees can be used to demonstrate increased cost of care. If the provider delivers direct child care, the provider may request an increase at the same percentage as the provider’s employees. For example, if the employees get a 5% increase, the provider can request up to a 5% increase. Paystubs and cancelled checks that are one year apart for the provider can be used to demonstrate increased cost of care.

All documented expense increases must be converted into a weekly increase in cost of care. If you have a demonstrated annual increase (i.e. a lease), take the portion of the increase that is for child care service and divide it by 52.2. If you have demonstrated monthly increases (i.e. utility bill), take the portion of the increase that is for child care service and divide it by 4.4. Equipment expense is treated as an annual cost and must be divided by 52.2.

**NOTE:** You may not include any costs that are associated with maintaining compliance with existing New York City Department of Health and Mental Hygiene or New York State regulations.

**3. Requesting a New Rate if Serving Private Paying/Non-ACS-Subsidized Children**

If you also provide care for non‐subsidized (private pay) children and you are requesting a rate because your private pay exceeds the amount paid by ACS:

1. Complete Table 4 to demonstrate the payment amount of your weekly rate.

**DOCUMENTING the Private Payment of Child Care**

If you provide child care for a private pay/non‐subsidized child and are paid more than ACS has been paying you to provide these child care services, you may use proof of this non‐subsidized payment to increase your child care payment rate. Proof of payment is:

a. Copy of a dated bill or an invoice from you to the parent for whom you are providing non‐subsidized child care

**AND**

b. One month of cancelled checks proving that the bill or invoice was paid.

If the **PAYMENT AMOUNT** in column [c] is greater than the **CURRENT WEEKLY RATE** in column [b], you qualify for a higher rate.

If the **CURRENT WEEKLY RATE** in column [b] is greater than the **PAYMENT AMOUNT** in column [c], submitting this form would reduce your rate.

**4. Requesting a New Rate if Group Family or Registered Family Providers**

Group Family and Registered Family Providers must submit a copy of their current NYC DOHMH license. The licensed capacity will determine the capacity for the rate increases.

**PART IV. ATTESTATION**

* Review application for completeness and accuracy. Sign and date the attestation. Submit completed application with documentation to ACS.

**ACS FINANCIAL SERVICES**150 William Street, 10th floor
New York, NY 10038
Attn: Rate Adjustment Review Unit

* You may also e-mail a PDF of your completed application along with all required documentation and signed forms to **FSCCrates@acs.nyc.gov**.

FOUR (4) PAGE APPLICATION FOLLOWS

**PART I: PROVIDER & RATE INCREASE ELIGIBILITY INFORMATION**

(Please print or type clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Name:** |  | **Provider ID Number** |  |
| **Provider Street Address** |       | **Provider Apartment #** (if applicable) |       |
| **Provider City, State** |        | **Provider Zip Code:** |       |
| **Provider Telephone:** |       | **Request Date:** |      mm/dd/yyyy |

|  |
| --- |
| [ ]  Group Family Child Care Provider [ ]  Registered Family Child Care Provider  |

**PART II:** **ELIGIBILITY**

Please answer the following 2 questions to determine if you are eligible for a 2019 Market Rate increase.

1. **Weekly Rate:**

Using the Family Child Care NYC Weekly Market Rate chart in the instructions, compared to the weekly rate ACS last paid you for child care:

Was your last payment rate lower than the May 2019 Market Rate? [ ]  Yes [ ]  No

If you answered **YES**, you may be able to receive a rate increase, continue to Question 2.

If you answered **NO**, STOP: you do not qualify for a rate increase.

1. A provider can only receive a rate increase once a year. Complete below to establish the earliest day you can request a new rate.

|  |  |  |
| --- | --- | --- |
| [2.A.]  | Write the date of your last ACS rate increase in the box to the right. If you have never had a rate increase, write the date that ACS started paying you for child care in the box to the right. |       |
|  |  |  |
| [2.B.]  | Add one year to your answer to question 1.A. Write that date in the box to the right. This is the earliest date you can request a rate increase. |       |
|  |  |  |

 If the answer for 2.B. is before the above stated “Request Date”, continue to Part III.

 If the answer for 2.B. is **NOT** before the above stated “Request Date”, you may not request a new rate until after the date in 2.B.

**PART III: DOCUMENTATION**

1. **Check the Type of Children Served and Documentation Needed:**

|  |  |
| --- | --- |
| **Table 1: Type of Children Served** | **Tables to be Completed** |
| [ ]  I care for only subsidized children. | Tables 2 & 3: Requesting a New Rate if Costs Have Increased |
| [ ]  I care for both subsidized and non-subsidized children. | Tables 2 & 3: Requesting a New Rate if Costs Have Increased And/OrTable 4: Requesting a New Rate if Serving Private Paying/Non-ACS-Subsidized Children |

1. **Demonstrating the Difference in Cost of Child Care**

Complete Table 2 below to demonstrate the difference between the old weekly cost of providing care, and the new weekly cost of providing care.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 2:** **INCREASED COST OF CARE** | **[a]** | **[b]** | **[c]** | **[d]** |
| **Type of Cost** | **OLDWeekly Cost** | **NEWWeekly Cost** | **Weekly CostCHANGE** | **Document Date** |
|  |  |  |  |  |
|  |  |  |  |  |
| **1] Rent, Mortgage & Utilities** |       |       |       |       |
|  |  |  |  |  |
| **2] Insurance** |       |       |       |       |
|  |  |  |  |  |
| **3] Equipment** |       |       |       |       |
|  |  |  |  |  |
| **4] Supplies** |       |       |       |       |
|  |  |  |  |  |
| **5] Food (CACFP Participants only)** |  |  |  |  |
| **6] Salaries & Benefits**  |       |       |       |       |
|  |  |  |  |  |
|  |  |  |
| ***Column [a]*** | **Old Weekly Cost:** For each row, write the old cost of providing child care from the documents you gathered. If you have more than one document for the old costs of providing child care, add them together and write the total in column [a]. |
|  |  |
| ***Column [b]*** | **New Weekly Cost:** For each row, write the new cost of providing child care from the documents you gathered. If you have more than one document for the new costs of providing child care, add them together and write the total in column [b]. |
|  |  |
| ***Column [c]*** | **Weekly Cost change:** For each row, subtract column [a] from column [b] |
| ***Column [d]*** | **Document Date:** For each row, write the date of the document you used in column [b]. |
|  | **COMBINE WEEKLY COST CHANGE:** Write the total lines 1 through 6 from column [c]. |

Complete Table 3 below to demonstrate the amount of your combined weekly rate increase.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3: Weekly Rate Increase Rate** | **[a]** | **[b]** | **[c]** | **[d]** | **[e]** | **[f]** |
| **CHILD AGE** | **Full DayorPart Day** | **Number of Children** | **LastWeekly Rate** | **New Weekly Rate** | **Weekly Rate Increase** | **Full Increase Request** |
| 1] Newborn up to 2 years | f] Full Day |       |       |       |       |       |
| 2] From second birthday to third birthday  | f] Full Day |       |       |       |       |       |
| 3] From third birthday to sixth birthday | f] Full Day |       |       |       |       |       |
| 4] From sixth birthday to twelfth birthday | f] Full Day |       |       |       |       |       |
| 1] Newborn up to 2 years | p] Part Day |       |       |       |       |       |
| 2] From second birthday to third birthday  | p] Part Day |       |       |       |       |       |
| 3] From third birthday to sixth birthday | p] Part Day |       |       |       |       |       |
| 4] From sixth birthday to twelfth birthday | p] Part Day |       |       |       |       |       |
| **LICENSED CAPACITY** |       | **COMBINED RATE INCREASE REQUEST** |       |
| ***Column [a]*** |  | **Full Day or Part Day:** Part Day is less than 6 hours of child care. Full day is 6 or more hours of child care. |
| ***Column [b]*** |  | **Number of Children:** Write how many children you are licensed to care for |
| ***Column [c]*** |  | **Last Weekly Rate:** Write how much per child ACS last paid you each week for child care |
| ***Column [d]*** |  | **New Weekly Rate:** Write how much did you want ACS to pay you per week per child |
| ***Column [e]*** |  | **Weekly Rate Increase:** For each row, subtract column [c] from column [d] |
| ***Column [f]*** |  | **Full Increase Request**: Multiply column [b] times column [e] |
|  |  | **CURRENT ENROLLMENT: Write the sum of the children in column [b]. This number must Equal your licensed capacity** |
|  |  | **COMBINED RATE INCREASE REQUEST:** Write the sum of the amounts in column [F].(Documentation must demonstrate this amount in order to receive a rate increase.) |

1. **Demonstrating the Difference in Private Payment of Child Care**

Complete Table 4 below to demonstrate the payment amount of your weekly rate.

(Proof of payment is a copy of a bill or an invoice from you to the parent for whom you are providing non-subsidized child care **AND** one month of cancelled checks proving that the bill or invoice was paid.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 4 - Payment Increase** | **[a]** | **[b]** | **[c]** | **[d]** |   |
| **CHILD AGE** | **Full DayorPart Day** | **CurrentWeekly Rate** | **Payment Amount** | **Payment****Week** |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
| 1] Newborn up to 2 years | f] Full Day |       |       |       |   |
| 2] From second birthday to third birthday  | f] Full Day |       |       |       |   |
| 3] From third birthday to sixth birthday | f] Full Day |       |       |       |   |
| 4] From sixth birthday to twelfth birthday | f] Full Day |       |       |       |   |
| 1] Newborn up to 2 years | p] Part Day |       |       |       |   |
| 2] From second birthday to third birthday  | p] Part Day |       |       |       |   |
| 3] From third birthday to sixth birthday | p] Part Day |       |       |       |   |
| 4] From sixth birthday to twelfth birthday | p] Part Day |       |       |       |   |
| ***Column [a]*** | **Full Day or Part Day:** Part Day is less than 6 hours of child care. Full day is 6 or more hours of child care. |  |
| ***Column [b]*** | **Current Weekly Rate:** Write how much ACS is paying you each week for child care. |  |
| ***Column [c]*** | **Payment Amount:** Write how much a non-ACS parent paid for a week of child care. The amount must match the Payment documentation.  |  |
| ***Column [d]*** | **Payment Week:** Write the week you were paid for child care. The week must match the Payment documentation. |  |

**Part IV: ATTESTATION**

I attest, to the best of my knowledge, that the information on this form and the documents accompanying this form are true and accurate.

PROVIDER NAME: (type or print clearly):

PROVIDER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail your completed application along with all required documentation and this signed form to: **ACS FINANCIAL SERVICES,** 150 William Street, 10th floor, New York, NY 10038, Attn: Rate Adjustment review Unit.

You may also email a PDF of your completed application along with all required documentation and this signed form to **FSCCrates@acs.nyc.gov**.