Licensed Group Day Care Center Programs, which are not contracted by ACS, can receive a rate increase once a year, as long as the program can show that it qualifies for the rate increase and that the rate increase is not more than the New York State Market Rate.

**INSTRUCTIONS TO COMPLETE THE 2016 MARKET RATE
ADJUSTMENT REVIEW REQUEST APPLICATION**

It is recommended to download the 2016 Market Rate 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 submit 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: 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 June 2016 Market Rates and answer the question in the application:

 **CHART I – Licensed Group Day Care Center NYC Weekly Market Rates**

|  |  |  |
| --- | --- | --- |
| **CHILDAGE** | **DAYLENGTH** | **New York State Market Rate** |
| **WEEKLY RATE** | **DAILY RATE** |
| Infant | Full-Day | $371.00  | $74.20  |
| Toddler | Full-Day | $268.00  | $53.60  |
| Preschool | Full-Day | $242.00  | $48.40  |
| School Age | Full-Day | $210.00  | $42.20  |
| Infant | Part-Day | $195.00  | $39.00  |
| Toddler | Part-Day | $170.00  | $34.00  |
| Preschool | Part-Day | $155.00  | $31.00  |
| School Age | Part-Day | $140.00  | $28.00  |

**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.
* 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 to determine if you are eligible for a 2016 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, letters addressed to NYC Children’s Services with this information is not acceptable.

1. **Program Information:** Copies of a brochure, application or parents notice showing all fiscal information for the current period including:
	1. Detailed full-time and part-time tuition fees for each level of care [i.e. infant, toddler, preschool and school-age].
	2. Other costs incurred [insurance, registration, books/supplies, fundraising, membership, trip fares, etc.]
	3. 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 copy of a dated receipt for payment issued by the center or 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 ACS #1402 form.
6. **DOHMH permits**: Two copies of your current Department of Health and Mental Hygiene (DOHMH) permit(s). **This is required of all Licensed Group Day Center rate adjustment requests.**
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.
9. **Completed Program Rate & Fee Report:** Submission of two (2) completed reports with the Director’s or Administrator’s original signature (copies will not be accepted).

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

(Please print or type clearly)

|  |  |
| --- | --- |
| **Program Name:** |  |
| **Program ID Number**  |       |  |  |
| **Program Contact Name:** |       | **Program Contact Title** |       |
| **Program Street Address** |       |
| **Program City, State** |        | **Program Zip Code:** |       |
| **Program Telephone:** |       | **Request Date:** |      mm/dd/yyyy |

**PART II: ELIGIBILITY**

Please answer the following 2 questions to determine if you are eligible for a 2016 Market Rate increase.

1. Using the Licensed Group Day Care Center 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 June 2016 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 program 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 2.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.

1. Until March 31, 2017, qualifying programs may request a retroactive rate increase effective June 1, 2016 or later.

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# Program Rate & Fee Report for         , 20   through         , 20

**ACS PROGRAM NO:** **PROGRAM NAME:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCHOOL YEAR | INFANT RATES(6 wks. – 1 yr. 5 months) | TODDLER RATES(1 yr. 6 months – 2 yrs. 11 months) | PRESCHOOL RATES(3 yrs. – 5 yrs. 11 months) | SCHOOL AGE RATES(6 yrs. – 12 yrs. 11 months) |
| **SUMMER SESSION**July 20   ~ August 20   | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $     wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     \_[pm] |
| **SCHOOL YEAR SESSION**September 20   ~ June 20   | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $     wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     \_[pm] |
| **FULL YEAR SESSION**July 20   ~ June 20   | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $     wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     [pm] | **FULL TIME**Rate: $      [wk/mth]Hours:     [am]to     [pm] | **PART TIME**Rate: $      [wk/mth]Hours:     [pm]to     \_[pm] |
| **EXTENDED HOURS** | Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_[hr/wk/mth]Hours – from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ | Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_[hr/wk/mth]Hours – from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ | Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_[hr/wk/mth]Hours – from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ | Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_[hr/wk/mth]Hours – from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ |

***MISCELLANEOUS FEES:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Insurance Fees: | $       | Registration Fees | $       | Book/Supplies: | $       | Membership: | $       |
| Other Fees: | $       | Explanation: |       |
| Director’s or Administrator’s Name:       | Signature:  | Date:       |