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 2014 MARKET RATE   
ADJUSTMENT REVIEW REQUEST APPLICATION**

It is recommended to download the 2014 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 – 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 April 2014 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 | $233.00 | $46.60 |
| School Age | Full-Day | $215.00 | $43.00 |
| Infant | Part-Day | $185.00 | $37.00 |
| Toddler | Part-Day | $175.00 | $35.00 |
| Preschool | Part-Day | $155.00 | $31.00 |
| School Age | Part-Day | $145.00 | $29.00 |

**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 2014 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/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.
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 2014 Market Rate increase.

1. Using the 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 April 2014 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.

# 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: |