



Office of Children and Family Services

Andrew M. Cuomo
Governor

52 WASHINGTON STREET
RENSELAER, NY 12144

Sheila J. Poole
Acting Commissioner

Local Commissioners Memorandum

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| Transmittal: | 16-OCFS-LCM-18 |
| To: | Commissioners of Local Social Services Districts |
| Issuing Division/Office: | Division of Child Care Services |
| Date: | August 30, 2016 |
| Subject: | Child Care Market Rates 2016 |
| Contact Person(s): | Melinda Denham (518) 402-6785 Melinda.Denham@ocfs.ny.gov |
| Attachments: | Attachment A: Child Care Market Rates |
| Attachment Available Online: | N/A |

I. Purpose

The purpose of this release is to advise local departments of social services (LDSSs) of the filing of revised regulations related to the market rates and the maximum reimbursements for expenditures for child care services funded under the New York State Child Care Block Grant (NYSCCBG) and Social Services Block Grant (Title XX). These changes to Title 18 of the New York Codes, Rules and Regulations (NYCRR) Section 415.9 were filed as an emergency rule as well as a notice of proposed rule-making and were effective June 1, 2016. LDSSs were previously notified in 16-OCFS-INF-06, issued on May 27, 2016, about the revisions to the child care market rates. The regulations were adopted as a final rule on August 17, 2016.

II. Background

Federal and New York State law require the state to establish payment rates for child care subsidies that are sufficient to ensure equal access to child care services for eligible children [42 USC 9858c(a)(4)(A); 45 CFR Part 98.43(a);

Section 410-x(4) of the Social Services Law]. Federal regulation requires that payment rates be based on a local market rate survey [45 CFR Part 98.43(b) (2)]. State law requires the Office of Children and Family Services (OCFS) to establish, in regulation, the applicable market-related payment rate, which establishes a ceiling for state and federal reimbursement for payments for child care services (Section 410-x(4) of the Social Services Law).

Payment rates must be sufficient to ensure equal access for eligible families to child care services, comparable to those provided to children whose parents are not eligible to receive assistance under any federal or state child care programs. In addition, market rates must take into account the variations in costs of providing child care in different settings and to children of different age groups as well as the additional cost of providing child care for children with special needs.

In accordance with federal regulatory requirements, OCFS contracted with the Association for the Blind and Visually Impaired (ABVI), a subcontractor of the New York State Preferred Source Program for People Who Are Blind (NYSPSP), a preferred source contractor in NYS, to conduct a telephone survey of a sample of licensed or registered child care programs and providers. Prior to conducting the telephone survey, a letter was sent to all regulated child care providers to inform them that they might be included in the sample of providers called to participate in the market rate survey. A list of the questions accompanied the letters so that providers could prepare their responses in advance of their possible participation in the market rate survey. The contractor conducted the telephone survey in English and in Spanish and had resources available to assist providers in other languages. Market rate data was collected from 4,467 providers.

OCFS analyzed the data and clustered the rates into five distinct groupings of districts. Market rates were then established for each cluster at the 69th percentile.

The standard market rates for legally-exempt family child care and legally-exempt in-home child care providers are established at a 65 percent differential applied to the market rate established for registered family day care. The enhanced market rates for legally-exempt family child care and legally-exempt in-home child care providers are established at a 70 percent differential applied to the market rates established for registered family day care. Information pertaining to the establishment of the market rates for legally-exempt family child care and legally-exempt in-home child care can be found on pages 10-11.

The market rates for legally exempt group child care providers are established at a 75 percent differential applied to the market rate established for licensed or registered day care centers.

III. Program Implications

Actual Cost of Care

Effective June 1, 2016, payments for child care services under the NYSCCBG and under Title XX must be only for the actual cost of care, up to the applicable market rate as updated in Attachment A. The actual cost of care is:

- for care provided pursuant to a contract between the LDSS and the provider, the payment rate set forth in the contract; or,
- for care provided in instances other than pursuant to a contract between the LDSS and the provider, the amount charged to the general public for equal care in that facility or home. However, if the facility or home cares only for subsidized children, then the actual cost of care is the amount the provider is currently receiving from the LDSS for such children, unless the provider can demonstrate to the LDSS that the actual cost of providing care to such children is higher than that amount.

Federal and state reimbursement is available for child care services for eligible families only when the cost does not exceed the amount charged by the provider to the general public for similar care.

LDSSs may negotiate contracts with individual providers. The negotiated payment rates may be the same as or lower than the rates charged to non-subsidized families. Even though the negotiated rate may be less than the usual charge to non-subsidized families, the negotiated rate is considered to be the actual cost of care for those child care services provided under a contractual agreement between the LDSS and the provider.

A contract cannot be made a condition of receiving payment under the NYSCCBG.

Determining Actual Cost of Care for Providers Without a Contract Who Care Only for Subsidized Children

If a provider cares only for children receiving child care subsidies, and does not have a contract with the LDSS, then the actual cost of care is the rate the provider currently receives from the LDSS. However, if the provider can document that he or she provides similar child care services to a non-subsidized child, currently or in the recent past, and that a higher rate was charged and received from the non-subsidized family, then the LDSS can establish that rate as the actual cost of care. Additionally, if a provider can document that the costs, excluding those that are reimbursed by other sources of funding, related to the provision of child care services have increased in the previous 12 months, then that provider may request a higher payment rate from the LDSS. For this purpose only, the LDSS should

consider the increases in costs related to employees' salaries and benefits, occupancy, insurance, equipment, supplies, and food.

The increases in costs have to be solely related to or clearly attributable to the operation of the child care program. For instance, not all costs of homeowners' insurance can be considered; only those costs that the insurance carrier has specifically attributed to the existence of the child care program should be considered. Furthermore, costs of home improvement or maintenance to the general residence would not be considered attributable solely to the operation of the child care program.

The costs associated with the child care program to maintain compliance with existing regulatory standards should not be considered. In offering services as a child care provider, the provider is attesting to the fact that he or she has been and will be satisfying the basic regulatory standards. A statement that he or she now has to charge more because the program was compelled to meet those standards does not present a legitimate expense attributable to the operation of a child care program. However, if new regulatory standards are created, the costs incurred by an existing program to meet the new regulatory standards should be considered. For instance, when Alyssa's Law was enacted certain physical modifications were required on some properties. The cost of modifications that were amortized by the provider over a reasonable period of time should have been considered solely attributable to the operation of the child care program. Other potential includable costs are those associated with compliance with the administration of medication requirements. For example, when out-of-pocket expenses related to retaining a health care consultant or obtaining required training are documented by a provider who is newly choosing to come into compliance with the administration of medication requirements, those expenses are to be considered by the LDSS.

In order to determine the amount of increase that is reasonable, the LDSS should annualize the appropriate costs, including amortizing any relevant capital expenditures over a reasonable multiple-year period; then the LDSS should spread the annualized costs over the capacity of the program and convert the costs to a weekly (or daily) increased cost per child. Providers and/or LDSSs can contact the local child care resource and referral agency if they need additional information on how to maintain business records for child care programs.

When considering increased food costs, the LDSS may consider whether the provider has chosen to use other available resources to offset food costs, particularly the Child and Adult Care Food Program (CACFP). If a provider has experienced increased food costs because he or she has voluntarily or involuntarily left the CACFP program, such additional food costs should not be considered. If the provider has never participated in CACFP, the LDSS could deny an increase or deny that part of the increase that could be offset by the provider by using the CACFP program.

Generally, the increase in the provider's own salary or profit drawn from the program would not be considered. However, to the extent that the provider has granted increases in the salaries to his or her employees and the provider also delivers direct child care services on-site to the children in his or her program, then a similar increase in the provider's own salary, if any, can be considered as an increase in costs to the program. Additionally, increased personnel costs for a substitute or alternate provider that are documented by the provider may be considered, so long as it is clear that the enhanced staffing was not offset by additional revenues that the provider was able to generate by serving more children.

Determining the Applicable Market Rate

The LDSS must consider at least three factors when selecting the applicable market rate for child care services. The factors that affect payment are: the type of provider, the age of the child, and the duration of care.

Additional factors affecting rates may apply when care is provided outside of the family's district of residence, when care is provided to a child with special needs, when a program is accredited or provides care during non-traditional hours, and when care is provided in excess of a weekly or daily period.

1. Type of Provider

- a. Licensed or registered day care centers** - The maximum payment rate for care provided by licensed or registered day care center providers is the applicable market rate for day care centers.
- b. Registered family day care homes** - The maximum payment rate for care provided by registered family day care homes is the applicable market rate for family day care.
- c. Licensed group family day care homes** - The maximum payment rate for care provided by licensed group family day care homes is the applicable market rate for group family day care.
- d. Registered school-age child care programs** - The maximum payment rate for care provided by registered school-age child care programs is the applicable market rate for school-age child care programs.
- e. Legally-exempt group child care** – The maximum payment rate for care provided by caregivers of legally-exempt group child care as defined in 18 NYCRR Section 415.1 is the applicable market rate for legally-exempt group child care.

- f. **Legally-exempt family child care and legally-exempt in-home child care providers** - The maximum payment rate for care provided by legally-exempt family child care and legally-exempt in-home child care providers is the applicable market rate for legally-exempt family child care and in-home child care.

Note: All legally-exempt providers -- including legally-exempt group, legally-exempt family, and legally-exempt in-home providers -- must meet applicable health and safety standards and must be **temporarily enrolled or enrolled** by the legally-exempt caregiver enrollment agency before payment is made.

2. Age of Child

Market rates differ according to the age of the child. The age categories differ for center-based child care (licensed or registered day care centers, registered school age child care programs, and legally-exempt group care) and home-based child care (registered family day care, licensed group family day care, legally-exempt family child care, and legally-exempt in-home child care). Only two age categories apply to school-age child care programs: 3 years through 5 years and 6 years through 12 years. The age categories are:

- a. **under** 1 ½ years (center-based) or **under** 2 years (home-based);
- b. 1 ½ years **through** 2 years (center-based) or 2 years (home-based);
- c. 3 years **through** 5 years; and
- d. 6 years **through** 12 years.

When a change in a child's age results in his/her movement from one age category to another, the new market rate limit must be applied at the beginning of the first full month following such a change.

3. Duration of Care

Market rates also differ according to the number of hours of care that are needed.

- a. **Weekly**

The LDSS must apply the weekly market rates as the maximum payment limit only when the child care services are provided for **30 or more hours over the course of five or fewer days in a single week**.

b. Daily

The LDSS must apply the daily market rates as the maximum payment limit only when the child care services are provided for **less than 30 hours over the course of five or fewer days in a single week and for at least six but fewer than twelve hours per day**.

Some providers charge a daily rate for child care services provided for 30 or more hours over the course of five or fewer days in a single week. The daily market rates do not apply in those instances. The LDSS must apply the weekly market rates divided by five as the maximum daily payment limit.

c. Part-day

The LDSS must apply the part-day market rates as the maximum payment limit when the child care services are provided for **at least three but fewer than six hours per day**. Part-day market rates also must be applied for children who are enrolled in full-day pre-kindergarten, kindergarten, or higher grade who are provided care before and/or after school for less than three hours per day by day care centers or school-age child care programs that do not charge on an hourly basis.

d. Hourly

With the exception noted in the definition of the part-day rate, the LDSS must apply the hourly market rates as the maximum payment limit when the child care services are provided for **fewer than three hours per day**.

Weekly Versus Daily Market Rates

When a child care provider routinely charges non-subsidized parents on a weekly basis and has not signed a purchase of service contract or other written agreement for payment on a different basis, the LDSS must apply the weekly market rate as the maximum payment limit for child care services that are provided for 30 or more hours over the course of five or fewer days in a single week. To determine if care is provided for 30 or more hours over the course of five or fewer days in a single week, LDSSs must use Monday as the start of the weekly period.

When a child care provider routinely charges non-subsidized parents on a daily basis for child care provided for 30 or more hours over the course of five or fewer days in a single week and has not signed a purchase of service contract or other written agreement for payment on a different basis, the LDSS must apply the weekly market rate divided by five as the maximum daily payment limit for child care services.

When the child care services are provided for fewer than 30 hours over the course of five or fewer days in a single week, the LDSS must apply the daily, part-day or hourly market rates, or a combination thereof, as applicable. The market rate charts reflect daily rates for care that is provided for at least six but less than twelve hours per day, but for less than 30 hours over the course of five or fewer days in a single week.

Care in Excess of a Weekly or Daily Market Rate Period

When child care services are provided by a single provider in excess of one weekly or daily market rate period and the provider routinely charges an additional rate for these additional periods, payment for child care services must be based on the actual cost of care up to the applicable market rates. If care is provided for six or seven days in a week, then an additional market rate would apply for the sixth and/or seventh day. If care is provided for 12 hours or more in a day, then an additional market rate (daily, part-day, or hourly) would be applied. When determining the appropriate market rates, LDSSs must use Monday as the start of the weekly period.

An example of care in excess of a daily market rate period is as follows: a provider whose normal operating hours are 7:00 AM to 5:30 PM cares for a child from 7:00 AM to 11:00 PM (16 hours) per day, Monday through Friday, and charges an additional amount for care after 5:30 PM. In this example, the maximum payment available is one weekly market rate plus five part-day rates. One weekly market rate applies since care is provided for 30 or more hours over the course of five or fewer days in a single week. Since care is provided for 12 or more hours per day, five part-day market rates also apply for the four additional hours of care above the 12 hours per day provided from 7:00 PM to 11:00 PM, Monday through Friday.

An example of care in excess of a weekly market rate period is as follows: a provider whose normal operating hours are Monday through Friday 7:00 AM to 5:30 PM cares for a child from 9:00 AM to 5:00 PM (8 hours) per day, Monday through Friday, and from 7:00 AM to 11:00 AM (4 hours) on Sunday, and charges an additional amount for care after 5:30 PM and for care on the weekend. To determine if care is provided for 30 or more hours over the course of five or fewer days in a single week, start on Monday and determine the number of hours, if any, that service was provided for five days. Then determine if any care is provided for any days beyond the five days and determine if the daily, part-day or hourly market rate applies. In this example, the maximum payment available is one weekly market rate plus one part-day market rate for Sunday. One weekly market rate applies because care is provided for 30 or more hours for the five-day period Monday through Friday. Because care is provided for a sixth day in the week, one part-day market rate applies for the four hours of care on Sunday.

Care Provided for 24 Hours in a Day

LDSSs have the option to pay for child care services that are needed for 24 hours in a single day. Reimbursement is available to the LDSS if the LDSS has selected this option in its Child and Family Services Plan.

When a single provider provides child care services for 24 hours in a day, the LDSS must determine if care is provided for 30 or more hours over the course of five or fewer days in a single week. Then the LDSS must evaluate whether the care provided is in excess of a weekly or daily market rate period. Payment for the child care services must be based on the actual cost of care up to the applicable market rate.

An example of 24-hour care that leads to a total amount of care in excess of 30 or more hours over the course of five or fewer days in a single week is as follows: a provider whose normal operating hours are Monday through Friday 7:00 AM to 5:30 PM cares for a child from 12:00 AM on Monday to 12:00 AM on Tuesday (24 hours) and from 9:00 AM to 5:00 PM (8 hours) per day, Tuesday through Friday. The provider also charges an additional amount for care after 5:30 PM. In this example, the maximum payment available is one weekly market rate plus one daily market rate. One weekly market rate applies since care is provided for 30 or more hours during Monday through Friday. One daily market rate also applies because care is provided for 12 or more hours per day on Monday.

Care Provided by Multiple Providers

Where child care services are provided by multiple providers, reimbursement will be made for the actual cost of such services up to the applicable rate for each child care provider used. However, if the combined reimbursement to the multiple providers would exceed one weekly market rate, then in order to receive such reimbursement, the parent or caretaker must demonstrate that their schedule of employment, or other approved activity, or the special needs of the child necessitate that child care services be arranged with multiple providers. If the LDSS determines that the parent or caretaker has not demonstrated that there is a necessity to use multiple providers, reimbursement is limited to the one weekly market rate that is applicable for the type of provider who provides care for the highest number of hours. The LDSS will determine how to distribute the reimbursement for the multiple providers.

If the LDSS determines that the parent or caretaker has demonstrated that there is a need to use multiple providers when the combined reimbursement to the multiple providers would exceed one weekly market rate, reimbursement will be made to each provider for the actual cost of such services up to the applicable market rate for each provider. For example, a provider cares for a child from 7:30 AM to 4:30 PM, Monday through Friday. Another provider cares for that child from 6:00 PM to 9:30 PM on Tuesday and Thursday. The maximum payment available is one

weekly market rate for the first provider and two part-day market rates for the second provider.

Children with Special Needs

When child care services are provided for a child with special needs, LDSSs will receive reimbursement for payments in excess of the applicable market rate up to the statewide limit. Any payments in excess of the market rates must be related to the increased costs associated with meeting the special care needs of the particular child. Detailed requirements relative to the provision of child care services to children with special needs are set forth in 91 ADM-34.

The rate of reimbursement to a provider caring for a child determined to have special needs is the actual cost of care up to the statewide limit of the highest weekly, daily, part-day or hourly market rate for child care services in the state, as applicable, based on the amount of time the child care services are provided per week, irrespective of the type of child care provider used or the age of the child.

The highest applicable market rates in the state are as follows. These rates are also the maximum reimbursable rates for special needs children:

| | |
|----------|----------|
| Weekly | \$371.00 |
| Daily | \$60.00 |
| Part-Day | \$40.00 |
| Hourly | \$17.00 |

Location of Care

Whenever child care services are provided by a provider located outside the social services district that authorizes the subsidy, the LDSS must make payments based on the cost of care, up to applicable market rates, for the county in which the care is provided. The same standard applies to care provided in another state, but the LDSS must use NYS rules for calculating payments.

Standard and Enhanced Market Rates for Legally-Exempt Family Child Care Homes and In-Home Child Care Providers

LDSSs were notified in 09-OCFS-LCM-07 that the regulations were revised effective May 15, 2009, to change the enhanced market rate for legally-exempt family and legally-exempt in-home child care providers from a 75 percent differential applied to the market rates established for registered family day care to a 70 percent differential. The standard market rates for legally-exempt family child

care and in-home child care providers are based on a 65 percent differential applied to the market rates established for registered family day care.

These differential rates provide incentives to encourage legally-exempt family child care and legally-exempt in-home providers to improve the quality of the care they provide through training. Therefore, the market rates available for legally-exempt child care providers and legally-exempt in-home child care providers were restructured by authorizing a higher rate for providers who annually complete ten or more hours of training and a lower rate for those who do not obtain such training.

The enhanced market rate is available for providers of legally-exempt family child care and legally-exempt in-home child care who have demonstrated to the enrollment agency that they have completed ten or more hours of training annually in the areas set forth in section 390-a(3)(b) of the Social Services Law. The enrollment agency will inform the LDSS of the providers whom they have verified to have completed ten or more hours of training.

When the LDSS is notified by the enrollment agency that a legally-exempt family child care or legally-exempt in-home child care provider has completed ten or more hours of training, then the provider is eligible to receive the enhanced market rate for a period of 12 consecutive months. The LDSS must increase the payment amount to the enhanced market rate no later than the beginning of the first full month after the LDSS has been notified that the provider completed the ten hours of training. The LDSS must send the required notice, OCFS/LDSS-4781, *Notice of Intent to Change Child Care Benefits*, to the parent/caretaker. The provider remains eligible to receive the enhanced market rate for a period of 12 consecutive months, even if there is a gap in the family's child care subsidy or if the child care subsidy ends and the provider begins providing care for a different subsidized child during the 12-month period. In order to continue to receive the enhanced market rate beyond the 12-month enhanced rate eligibility period, the provider must complete an additional ten or more hours of training and submit documentation to the enrollment agency. The enrollment agency will notify the LDSS if the provider has completed an additional ten or more hours of training.

The regulation also provides flexibility to those LDSSs that wish to maintain the enhanced rate at a higher level (up to 75 percent of the registered family day care market rate). An LDSS has the option, if it so chooses in the child care portion of its Child and Family Services Plan, to increase the enhanced market rate for eligible legally-exempt family child care and in-home child care categories up to 75 percent of the applicable registered family day care market rate:

- for all providers;
- for those providers who were receiving the enhanced rate on the date of the regulations but only for the remainder of their current one-year enrollment period; or

- for those providers who were receiving the enhanced rate on the date of the regulations for the remainder of the time they remain enrolled and continue to meet the ten-hour annual training requirement.

The standard and enhanced market rates are included in Attachment A.

Differential Payment Rates

Nationally Accredited Programs

LDSSs may establish differential payment rates for child care services provided by validly licensed or registered child care providers or programs that have been accredited by a nationally recognized child care organization. Nationally recognized organizations that provide accreditation to licensed or registered child care providers include the National Association for Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), and National School Age Child Care Association (NSACCA).

Legally-exempt group child care, legally-exempt family child care and legally-exempt in-home child care providers are **not** eligible for the differential payment rate for nationally accredited programs.

Non-traditional Hours

LDSSs may establish differential payment rates for any eligible child care provider for child care services that are provided during non-traditional hours: evening, night or weekend hours. Social services districts may establish a differential rate for non-traditional hours provided by legally-exempt group, legally-exempt family, and legally-exempt in-home child care providers as well as by regulated providers.

Conditions Pertaining to Differential Payments

If an LDSS chooses to offer a differential payment, the LDSS must indicate this in its Child and Family Services Plan. The information in the plan must include the percentage above the applicable market rate that the LDSS opts to allow for accredited programs and/or for care provided during non-traditional hours, as applicable. The LDSS must also indicate in its Child and Family Services Plan if any restrictions or limitations are placed on providers who may be eligible for any differential payment.

The differential payment rates established by the LDSS may be up to 15 percent higher than the applicable market rates. For example, if the market rate is \$200, a differential of 15 percent would raise the market rate up to \$230 for eligible providers. LDSSs must pay a provider who qualifies for a differential payment rate the lower of the rate charged by that provider to the general public for equal care,

or the differential payment rate.

The differential payment rates the LDSS sets for accredited programs may be different than the rates it sets for care provided during non-traditional hours. There can be a total of only 15 percent in differential payment to any one provider. For instance, a provider who is nationally accredited and who also provides child care during non-traditional hours is eligible only for a maximum rate of a 15 percent increase above the market rate for the respective type of care and age of the child.

Waivers to Exceed 15 Percent

LDSSs may request a waiver from OCFS to establish differential payment rates that are in excess of 15 percent above the applicable market rate. The LDSS waiver request must show that the 15 percent maximum is insufficient to provide access within the district to accredited programs and/or care provided during non-traditional hours.

IV. System Implications

This LCM has no Welfare Management System implications.

V. Required Actions

All previous market rates are superseded by those published in this issuance.

LDSSs are required to use these market rates when determining the payment amounts for all cases that are opened on or after the effective date of the rates, and they must review all currently authorized cases to determine that payment is authorized for the actual cost of care up to the applicable market rate. Reviews must take place as soon as possible, but no later than the next case action or redetermination, whichever comes first.

Recipients of child care subsidies that have paid for child care costs in excess of the previous market rate are eligible for an increased payment from the LDSS (their actual child care charges up to the updated market rate). For example, a parent who has been paying an amount in excess of the previous market rates as of January 1, 2016, would only be eligible for the increased amount as of June 1, 2016. Parents who have documented out of pocket payments for the increased cost must be reimbursed for the out of pocket payment up to the market rate effective June 1, 2016.

Where the new market rates have increased from the previous market rates, providers who can provide documentation of the cost of care to private pay families in excess of the previous market rate are eligible for an increased payment from the LDSS (their actual child care charges for private pay families, up to the updated market rate). The increased payment is effective the date the provider

begins charging the increased rate, but no earlier than June 1, 2016. For example, a provider who has been charging private pay families an amount in excess of the previous market rates as of January 1, 2016, would only be eligible for the increased amount as of June 1, 2016. However, if the provider increased the rate for private pay families on or after June 1, 2016, the provider is eligible for the cost of care up to the market rate from the date the provider increased the rate or June 1, 2016, whichever is later, upon proper documentation of this increase.

In instances in which the market rates have decreased from the previous market rates, the LDSS will need to reduce benefits. Please note that when a benefit is reduced due to changes in the market rates, the effective date for the reduction is not retroactive to June 1, 2016. Benefit reductions are to be made prospectively. For those cases in which an LDSS did not make the necessary reductions at the next case action that occurred on or after June 1, 2016, the amount the LDSS paid above the market rate is not reimbursable from State and federal funds.

Whenever the amount of child care benefits changes, LDSSs must provide recipients with appropriate notice as required by 18 NYCRR Part 358.

If the provider's rate is in excess of the market rate and the LDSS does not have a contract with the provider, the parent who chooses to continue care with the provider must make up the difference. If the LDSS has a contract to pay a rate that is higher than the market rate, the amount above the market rate is not reimbursable from State and federal funds.

VI. Effective Date

The effective date of this release is June 1, 2016.

/s/ Janice M. Molnar

Janice M. Molnar, Ph.D.
Deputy Commissioner
Division of Child Care Services

ATTACHMENT A

CHILD CARE MARKET RATES

Market rates are established in five groupings of social services districts as follows:

- Group 1: Nassau, Putnam, Rockland, Suffolk, Westchester
- Group 2: Columbia, Erie, Monroe, Onondaga, Ontario, Rensselaer, Schenectady, Tompkins, Warren
- Group 3: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Oneida, Orleans, Oswego, Otsego, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Washington, Wayne, Wyoming, Yates
- Group 4: Albany, Dutchess, Orange, Saratoga, Ulster
- Group 5: Bronx, Kings, New York, Queens, Richmond

MARKET RATES

The market rates established for each group apply to all districts in the designated group.

GROUP 2 COUNTIES: Columbia, Erie, Monroe, Onondaga, Ontario, Rensselaer, Schenectady, Tompkins and Warren

DAY CARE CENTER

| | AGE OF CHILD | | | |
|----------|------------------|----------------|--------------|-------------|
| | <u>Under 1 ½</u> | <u>1 ½ - 2</u> | <u>3 - 5</u> | <u>6-12</u> |
| WEEKLY | \$259 | \$242 | \$225 | \$200 |
| DAILY | \$53 | \$49 | \$45 | \$42 |
| PART-DAY | \$35 | \$33 | \$30 | \$28 |
| HOURLY | \$9.00 | \$8.50 | \$8.25 | \$8.00 |

FAMILY DAY CARE HOME AND GROUP FAMILY DAY CARE HOME

| | AGE OF CHILD | | | |
|----------|----------------|----------|--------------|-------------|
| | <u>Under 2</u> | <u>2</u> | <u>3 - 5</u> | <u>6-12</u> |
| WEEKLY | \$185 | \$175 | \$175 | \$165 |
| DAILY | \$40 | \$36 | \$35 | \$34 |
| PART-DAY | \$27 | \$24 | \$23 | \$23 |
| HOURLY | \$6.00 | \$6.00 | \$6.00 | \$6.00 |

SCHOOL-AGE CHILD CARE

| | AGE OF CHILD | | | |
|----------|------------------|----------------|--------------|-------------|
| | <u>Under 1 ½</u> | <u>1 ½ - 2</u> | <u>3 - 5</u> | <u>6-12</u> |
| WEEKLY | \$0 | \$0 | \$225 | \$200 |
| DAILY | \$0 | \$0 | \$45 | \$42 |
| PART-DAY | \$0 | \$0 | \$30 | \$28 |
| HOURLY | \$0 | \$0 | \$8.25 | \$8.00 |

(Group 2 Counties)
 LEGALLY-EXEMPT GROUP CHILD CARE

| | AGE OF CHILD | | | |
|----------|-------------------------|-------------------------|---------------------|--------------------|
| | <u>Under 1 ½</u> | <u>1 1/2 – 2</u> | <u>3 - 5</u> | <u>6-12</u> |
| WEEKLY | \$0 | \$0 | \$169 | \$150 |
| DAILY | \$0 | \$0 | \$34 | \$32 |
| PART-DAY | \$0 | \$0 | \$23 | \$21 |
| HOURLY | \$0 | \$0 | \$6.19 | \$6.00 |

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE
 STANDARD RATE

| | AGE OF CHILD | | | |
|----------|-----------------------|-----------------|---------------------|--------------------|
| | <u>Under 2</u> | <u>2</u> | <u>3 - 5</u> | <u>6-12</u> |
| WEEKLY | \$120 | \$114 | \$114 | \$107 |
| DAILY | \$26 | \$23 | \$23 | \$22 |
| PART-DAY | \$18 | \$16 | \$15 | \$15 |
| HOURLY | \$3.90 | \$3.90 | \$3.90 | \$3.90 |

LEGALLY-EXEMPT FAMILY CHILD CARE AND IN-HOME CHILD CARE
 ENHANCED RATE

| | AGE OF CHILD | | | |
|----------|-----------------------|-----------------|---------------------|--------------------|
| | <u>Under 2</u> | <u>2</u> | <u>3 - 5</u> | <u>6-12</u> |
| WEEKLY | \$130 | \$123 | \$123 | \$116 |
| DAILY | \$28 | \$25 | \$25 | \$24 |
| PART-DAY | \$19 | \$17 | \$16 | \$16 |
| HOURLY | \$4.20 | \$4.20 | \$4.20 | \$4.20 |

SPECIAL NEEDS CHILD CARE

The rate of payment for child care services provided to a child determined to have special needs is the actual cost of care up to the statewide limit of the highest weekly, daily, part-day or hourly market rate for child care services in the state, as applicable, based on the amount of time the child care services are provided per week regardless of the type of child care provider used or the age of the child.

The highest full time market rate in New York State is:

WEEKLY \$ 371

DAILY \$ 60

PART-DAY \$ 40

HOURLY \$ 17.00