

Weidner, Antonia (OCFS)

From: Duffney, Rhonda (OCFS)
Sent: Friday, March 26, 2010 7:50 AM
To: Weidner, Antonia (OCFS)
Subject: Monroe Co Child Care NOD

Importance: High

Attachments: MCDHS-010 Day Care NOD 10-09 REVISED.doc

From: Duffney, Rhonda (OCFS)
Sent: Friday, October 16, 2009 8:12 AM
To: Hare, Kim (DFA2-A26)
Cc: Franklin, Robert (DFA2-A26)
Subject: FW: Monroe Co Child Care NOD
Importance: High

I have reviewed and approved the attached form.

From: Hare, Kim (DFA2-A26)
Sent: Thursday, October 15, 2009 4:16 PM
To: Duffney, Rhonda (OCFS)
Cc: Franklin, Robert (DFA2-A26)
Subject: RE: Monroe Co Child Care NOD
Importance: High

Rhonda- Attached is the revised NOD with the changes made as requested. I did not change the regulation citations.



MCDHS-010 Day
Care NOD 10-09 R...

This communication, together with any attachments hereto or links contained herein, is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or legally protected, and as such is not a public document. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying, dissemination, distribution or use of this communication is STRICTLY PROHIBITED. If you have received this communication in error, please notify the sender immediately by return e-mail message and delete the original and all copies of the communication, along with any attachments hereto or links herein, from your system.

Notice of Decision for Child Care Services

Monroe County Department of Human Services

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Open | <input type="checkbox"/> Group Family Day Care | <input type="checkbox"/> Accredited | <input type="checkbox"/> Temporary Assistance |
| <input type="checkbox"/> Redetermination | <input type="checkbox"/> Registered Family Day Care | <input type="checkbox"/> Accredited | <input type="checkbox"/> Transitional |
| <input type="checkbox"/> Change | <input type="checkbox"/> Center Care | <input type="checkbox"/> Accredited | <input type="checkbox"/> Services |
| <input type="checkbox"/> Closing | <input type="checkbox"/> Legally Exempt Care | | <input type="checkbox"/> Income Eligible |
| <input type="checkbox"/> Denial | | | <input type="checkbox"/> Child Care Dollar\$ |

Date: _____
 Case # SJO _____
 Case # BAO _____
 Case # SCO _____
 Case # S0 _____

Rochester, NY

Case Name _____

DAY CARE CENTER/PROVIDER

Vendor # _____

Child's Name

DOB

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Rochester, NY

PER DEPARTMENT REGULATION 415, YOUR CHILD CARE APPLICATION HAS BEEN:

<input type="checkbox"/> Payment authorized beginning:	_____	and ending:	_____
MCDHS is authorizing:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	and/or <input type="checkbox"/> Non-School hours for children 5 up to 13
While you are attending:	<input type="checkbox"/> work	<input type="checkbox"/> WEP	<input type="checkbox"/> work & WEP <input type="checkbox"/> Other: _____
			<small>(includes commute time as defined in County's Child Care Plan)</small>
<input type="checkbox"/> Denied	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Changed	<input type="checkbox"/> Terminated
		Effective: _____	Due to the following reason(s):
<input type="checkbox"/>	Insufficient funds: Monroe County is opening cases at or below _____% of the State Income Standard. MCDHS does not have sufficient funding available because all available funds are projected to be needed for open child care cases. Your family does not meet the eligibility under the federal mandated priorities or for a child care guarantee designation per the MCDHS approved Child Care Plan. [18NYCRR 415.2 (d)(3)(ii)]		
<input type="checkbox"/>	Insufficient funds: Monroe County is closing cases at or above _____% of the State Income Standard. MCDHS has committed all the funds available to it for child care and funding for your childcare is being discontinued as your family does not meet the eligibility under the federal mandated priorities or for a child care guarantee designation. Cases will be closed based on criteria outlined in the approved Monroe County Child Care Plan. [18NYCRR 415.2 (d)(4)]		
<input type="checkbox"/>	You have failed to have your child care eligibility redetermined.		
<input type="checkbox"/>	You have not provided the following document(s): _____		
<input type="checkbox"/>	Other: _____		

PAYMENT RESPONSIBILITY:

- You are responsible to pay a parent fee of \$_____ per week directly to the Center/Provider.
- MCDHS will pay up to \$_____ per month to the Center/Provider based upon attendance sheets submitted and level of care authorized. **You are responsible for any balance per your agreement with the Center/Provider**
- MCDHS will pay based upon attendance sheets submitted and level of care authorized. **You are responsible for any balance per your agreement with the Center/Provider.**
- Other: _____

REMINDER: PARENT/GUARDIAN: You must tell your worker immediately about any changes in employment, day care providers, your household composition (who lives with you or who you live with), get married or separated/divorced, or any other changes. You must pay your parent fee on time to your child(ren)'s day care provider. If you have any questions, call your worker. **PROVIDER:** You must notify the worker if a child has three (3) or more unexcused absences or if the parent/guardian quits day care or makes a major change in their hours. If there are payment problems, contact the worker. You must submit monthly attendance sheets to be paid.

Worker _____
 Approved by _____

Phone Number _____
 Phone Number _____

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
 BE SURE TO READ THE NEXT PAGE OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

RIGHT TO REJECT SERVICES: Approval of your application does not obligate you to accept the services. You may decline to accept services if you choose to do so.

RIGHT TO AID CONTINUING: If you request a fair hearing before the effective date in this notice and our action affects your Public Assistance, Medical Assistance, or Food Stamp benefits, you can continue to receive your benefits unchanged until the fair hearing decision is issued. You may not receive aid continuing if your application was denied.

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we have made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new Notice of Decision. You may ask for a conference by calling your worker or the supervisor at the number listed on the front of this form OR send a written request to your worker at the following address: Monroe County Department of Human Services, 111 Westfall Road, Rochester, NY 14620. If you ask for a conference you are still entitled to a fair hearing. **Even if you ask for a conference, you must request a fair hearing within 60 days of the date of the notice.** Read below for fair hearing information:

RIGHT TO A FAIR HEARING: If you believe that this action should not be taken, you may request a state fair hearing by either (1) telephoning 1-800-342-3334 or (2) faxing the completed form to 1-518-473-6735, (3) go to <http://www.otda.state.ny.us/oah/forms.asp> and select **E-Request** Form, or (4) by completing the following information on this form, sign, and mail it to the following address. **Please keep a copy for yourself.**

New York State Office of Administrative Hearings
Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201

I want a fair hearing. The Monroe County Department of Human Services is wrong because:

I wish to have my child care continued until the fair hearing decision is issued.

Signature of Client: _____

Date: _____

You have 60 Days from the date of this Notice of Decision to request a Fair Hearing. If you request a fair hearing, the State will send you a notice of decision informing you of the time and place of the hearing. You have the right to be represented by legal counsel, relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written or oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, child care bills, medical verification, letters, etc. That may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need help in the fair hearing, contact Monroe County Legal Assistance Corporation at (585) 325-2520.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you may have a right to look at your case file. If you call or write us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call the Fair Hearing Office at (585) 753-1301. Also, if you call or write us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date for the hearing. Documents will be mailed to you **only** if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, please contact the caseworker listed on the first page of this notice.

NOTICE TO INFORMAL PROVIDERS

This is to inform you that the Monroe County Department of Human Services and/or its agents, have the right to make announced and unannounced inspections of the records and premises of any provider who care for subsidized children, including the right to make inspections prior to subsidized children receiving care in a home where the inspection is for the purpose of determining whether the child day care provider is in compliance with applicable laws and regulations.