NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BOULEVARD | UNIONDALE, NEW YORK 11553
DAY CARE SERVICES

CHILD CARE PROVIDER ENROLLMENT PACKET

PROVIDER INFORMATION

Provider Name

Business Name (if applicable)

OCFS License/Registration Number

Expiration Date

Phone Number

Email Address

Owner/Director Name

Federal EIN

Provider Type - Check One

- ☐ Day Care Center
- ☐ School-Age Child Care
- ☐ Legally Exempt Group Child Care
- ☐ Family Day Care Home / Group Family Day Care Home
- ☐ Legally Exempt - Informal Child Care

Physical Address

Mailing Address (if different)

REQUIRED FORMS AND DOCUMENTS

- ☐ Completed Child Care Provider Enrollment Packet
- ☐ Completed Provider Rate Information Form
- ☐ Signed CCTA User Agreement
- ☐ Completed IRS Form W-9
- ☐ IRS EIN Verification Letter (if applicable)
- ☐ Copy of OCFS License/Registration Certificate

CLICK HERE TO DOWNLOAD THE CURRENT IRS FORM W-9

DAY CARE CENTERS AND SCHOOL-AGE CHILD CARE PROGRAMS ONLY

Vendor registration is required before enrollment can be finalized.

- ☐ Registered through the Nassau County Vendor Portal
- ☐ Emailed Day Care Services after registration

CLICK HERE TO REGISTER: NASSAU COUNTY VENDOR PORTAL

DO NOT REGISTER: Family Day Care, Group Family Day Care, and Legally Exempt providers do not use the Vendor Portal.

SUBMISSION INSTRUCTIONS

EMAIL FOR REVIEW

Completed packet and supporting documents:

ChildCareProviderIssues@hhsnassaucountyny.us

MAIL ORIGINAL DOCUMENTS

Ms. Alvarado
Day Care Services - Unit 230
60 Charles Lindbergh Boulevard
Uniondale, NY 11553

PROGRAM INFORMATION & PROVIDER RATES

HOURS OF OPERATION

Day	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

PROVIDER RATE INFORMATION

Rate Effective Date (MM/DD/YYYY)

_____

IMPORTANT
Enter actual rates charged to private-pay families. Complete every age category you may serve.
Missing rates may delay payment when a child moves into a new age category.

WEEKLY
30 or more hours per week
over five or fewer days.

DAILY
6 to fewer than 12 hours per day
and under 30 hours per week.

PART-DAY
Under 6 hours per day
and under 30 hours per week.

Care Type	Under 1 1/2	1 1/2 to 2	2 to 3	3 to 5	6 to 12
Weekly					
Daily					
Part-Day					

PROVIDER CERTIFICATION

CERTIFICATION

I certify that the information provided in this packet is true and accurate. I understand that I am responsible for notifying Nassau County Department of Social Services, Day Care Services, of changes to the provider address, contact information, rates, hours of operation, licensing status, or ownership.

Provider Name

_____

Authorized Representative

_____

Title

_____

SIGNATURE REQUIRED: Use your actual handwritten signature.
Sign by hand or insert an electronic image of your handwritten signature.

Authorized Representative Signature _____ **Date** _____

NYS OCFS MARKET RATE REFERENCE GUIDE

Nassau County - Group 1 | Effective October 1, 2024

Maximum OCFS market rates for Nassau County. These rates are for reference only. Providers must report actual private-pay rates on Page 2.

DAY CARE CENTER

Rate Type	Under 1 1/2	1 1/2-2	3-5	6-12
Weekly	$484	$444	$411	$340
Daily	$97	$90	$85	$75
Part-Day	$65	$60	$57	$50

FAMILY / GROUP FAMILY DAY CARE HOME

Rate Type	Under 2	Age 2	3-5	6-12
Weekly	$404	$400	$380	$350
Daily	$85	$80	$78	$75
Part-Day	$57	$53	$52	$50

SCHOOL-AGE CHILD CARE

Rate Type	Under 1 1/2	1 1/2-2	3-5	6-12
Weekly	N/A	N/A	$411	$340
Daily	N/A	N/A	$85	$75
Part-Day	N/A	N/A	$57	$50

LEGALLY EXEMPT - INFORMAL CHILD CARE

Rate Type	Under 2	Age 2	3-5	6-12
Weekly	$263	$260	$247	$228
Daily	$55	$52	$51	$49
Part-Day	$37	$34	$34	$33

LEGALLY EXEMPT GROUP CHILD CARE

Rate Type	Under 1 1/2	1 1/2-2	3-5	6-12
Weekly	N/A	N/A	$308	$255
Daily	N/A	N/A	$64	$56
Part-Day	N/A	N/A	$43	$38

RATE CATEGORY NOTE

The State market-rate chart uses four age ranges for each provider modality. The Page 2 rate form uses the five KinderConnect/CCTA system ranges.
The official OCFS category Informal Child Care - Standard Rate is labeled Legally Exempt - Informal Child Care here for provider clarity. Enhanced rates are not included.

CHILD CARE TIME AND ATTENDANCE USER AGREEMENT

The Provider would like to commence using the New York State Office of Children and Family Services Child Care Time and Attendance (NYS OCFS CCTA) electronic filing system to submit time records for child care services to Nassau County Department of Social Services electronically.

Upon execution of this agreement, the Provider will electronically submit all claims for payment and all required child attendance information to the County through the use of the NYS OCFS CCTA system.

The Provider acknowledges that the Provider is solely responsible for the information submitted to the County electronically through the NYS OCFS CCTA system pursuant to the provisions of Section 415 of the State of New York Codes, Rules and Regulations and Section 404 of the County Law of the State of New York. The Provider affirms that such information will be complete and accurate. The Provider understands and agrees that the County will hold the Provider responsible for any false, incomplete, or misleading information submitted to the County by the Provider or under the Provider name.

The Provider further understands and acknowledges that the Provider could be prosecuted under applicable Federal and State laws for any false claims, statements, documents, or payment submitted to the County.

The Provider acknowledges and agrees that any information submitted to the County by the Provider or on the Provider behalf will be treated as if the Provider personally signed the sheets upon which the information is contained, and the Provider will be held to the same standard as if the submissions were made in written form as opposed to electronic form.

The County reserves the right to rescind this agreement and the Provider use and access to the NYS OCFS CCTA system. This agreement may be rescinded at any time effective the beginning of the month following the County notice to the Provider. The Provider may terminate this agreement and use of the NYS OCFS CCTA system upon providing the County with at least thirty (30) days written notice. Such termination will be effective the beginning of the month following the thirty (30) day written notice. This agreement shall remain in full force and effect until terminated pursuant to this paragraph.

SIGNATURE REQUIRED: Use your actual handwritten signature.
Sign by hand or insert an electronic image of your handwritten signature.

Provider Name _____ **OCFS License Number** _____

First Name _____ **Middle Initial** _____ **Last Name** _____

Date of Birth _____ **Email Address** _____

Phone Number _____ **Title/Position** _____

CCTA User Signature _____ **Date** _____