

APPENDIX G-1

**CHILD CARE SECTION
DATED 2007-2009**

County: Schuyler

I. Administration (Required Section)

Describe how your district is organized to administer the child care program including any functions that are subcontracted to an outside agency.

1. Identify the unit that has primary responsibility for the administration of child care for:

Public Assistance Families: **Day Care Unit**

Transitioning Families: **Day Care Unit**

Income Eligible Families: **Day Care Unit**

Title XX: **Children's Services**

Indicate the use of New York State Child Care Block Grant (NYSCCBG) Funds.

FFY 06-07 Rollover Funds (<i>this amount is available from the NYSCCBG ceiling report in the claiming system</i>)	\$192,061
Estimate of FFY 07-08 Rollover Funds	\$256,130
Estimate of Flexible Funds for Families (FFFS) for child care subsidies	\$ 0
NYSCCBG Allocation for SFY 08-09 Estimate	\$615,296
Local Share	\$15,000

Total Estimated NYSCCBG Amount: \$886,426.00

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A. Subsidy	\$796,426.00
B. Other program costs (excluding subsidy)	\$ 0
C. Administrative costs	\$ 90,000.00

APPENDIX G-3

III. Reasonable Distance, Very Low Income, Family Share, Case Closings and Openings, and Fraud and Abuse Control Activities_ (Required Section)

Reasonable Distance

Your district is required to define reasonable distance based on community standards for determining accessible child care.

The following defines "reasonable distance": 25 miles or 30 minutes one way

Describe any steps/consultations made to arrive at your definition: This mileage/timeframe was arrived at by interviewing staff from DSS who live in surrounding counties, consultation with our childcare coordinator, the employment unit and our paralegal staff. The "reasonable distance" determination would allow ample time and distance opportunities for all persons seeking work in our 5 contiguous counties. Public transportation is not available to all surrounding counties and was not a consideration in this equation.

Very Low Income

Very Low Income is defined by each district and is used in determining priorities for child care benefits.

Very Low Income is defined as **100%** of the State Income Standard.

Family Share

Family share is the weekly amount paid towards the costs of the child care services by the child's parent or caretaker. In establishing family share, your district must select a percentage from 10% to 35% to use in calculating the family share. The family share of child care is calculated by applying the family share percentage against the amount of the family's annual gross income that is in excess of the State Income Standard divided by 52.

Family Share Percentage selected by our district **25%**.

Case Closings (select one or two)

2. The district has not established priorities beyond the federally-mandated priorities. If all NYSCCBG funds are committed, case closings for families which are not eligible under a child care guarantee and are not a federally-mandated priority must be based on

the length of time in receipt of services. The length of time used to close cases may be based either on the shortest or longest time receiving child care services but must be consistent for all families. The district has chosen to close cases based on:

- shortest time receiving child care services
 longest time receiving child care services

Case Openings

The district must describe below how priority is given to federally mandated priorities and how the district will select cases to be opened in the event that there are insufficient funds available.

- 1. Families with income up to 100% SIS**
 - 2. Families who have children with special needs.**
 - 3. Families with income-100-140% SIS**
 - 4. Families with income 140-200%**
- * within categories, cases will be opened based on date of application: i.e. case with earliest application date would be opened first**

Fraud and Abuse Control Activities

The district must identify below the criteria it will use to determine which child care subsidy applications suggest a higher than acceptable risk for fraudulent or erroneous child care subsidy payment and procedures for referring such applications to the district's front end detection system.

Our county uses the Front End Detection System to determine eligibility irregularities and check for possible fraud. All applications are screened and verified. See attached

Our county uses the following FEDS indicators for child care:

- Working off the books (currently or previously)**
- Current application is inconsistent with prior case information**
- Prior history of denial, case closing, or overpayments resulting from an investigation (i.e. fraud, FEDS, EVR)**
- No absent parent information or information is inconsistent with application**
- No documentation to verify identity or documentation of identity is questionable**
- Self employed without adequate business records to support financial assertions**
- Documents or information provided are inconsistent with such as different name used for signature**
- P.O. Box used as a mailing address without a reasonable explanation**
- Unsure of own address**

The district must describe below its sampling methodology used to determine which cases it will seek verification of an applicant or recipient's continued need for child care including, as applicable, verification of participation in employment, education or other required activities.

We perform a full recertification for all cases every six months which includes: completing a new CC application; verifying client's need with pay stubs, employment verification forms or official class schedules.

The district must describe below its sampling methodology used to determine which child care providers of subsidized child care services they will review for the purpose of comparing the child care providers attendance forms for children receiving subsidized child care services and any child and adult care food program inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

SCCCCC will provide copies of the completed CACFP home inspection forms to the District on a monthly basis. The district will compare the CACFP attendance forms with the attendance forms submitted to the district. If any discrepancies are detected, a fraud investigation will take place. All cases will be reviewed on an annual basis

APPENDIX G-4

IV. District Options (Required Section)

Districts have certain flexibility to administer the child care subsidy program to meet local needs. Check which options that your district wishes to include in your county plan. Complete attachments for any area(s) checked.

1. Our district has identified local priorities in addition to the federal priorities (complete Appendix G-5).
2. Our district has chosen to establish funding set-asides for NYSCCBG (complete Appendix G-6).
3. Our district is using Title XX funds for the provision of child care services (complete Appendix G-7).
4. Our district has chosen to establish additional local standards for child care providers (complete Appendix G-8).
5. Our district has chosen to make payments to child care providers for absences (complete Appendix G-9).
6. Our district has chosen to make payments to child care providers for program closures (complete Appendix G-10).
7. Our district has chosen to pay for transportation to and from a child care provider (complete Appendix G-11).
8. Our district has chosen to pay up to a 15% higher than the applicable market rates for regulated child care services that have been accredited by a nationally recognized child care organization (complete Appendix G-11).
9. Our district has chosen to pay up to 15% higher than the applicable market rates for non-traditional hours (complete Appendix G-11).
10. Our district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix G-11).
11. Our district has chosen to make payments to child care providers who provide child care services, which exceed 24 consecutive hours (complete Appendix G-12).
12. Our district has chosen to include 18, 19 or 20 year olds in the Child Care Services Unit (complete Appendix G-12).

APPENDIX G-4 (continued)

13. Our district is seeking a waiver from one or more regulatory provisions. Such waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix G- 12).
14. Our district has chosen to pay for breaks in activity for low income families (non public assistance families, complete Appendix G-12).
15. Our district has chosen to use local equivalent forms such as, but not limited to, child care application, client notification and/or legally exempt enrollment forms (attach copies of the local equivalent forms your district uses).

Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.

APU Instructions: Only those local equivalent forms that were not already approved in the 2007-09 CFSP need to be included.

G-3 attachment-FEDS

REFERRAL & INVESTIGATIVE PROCESS PRE SCREENER

Will pre screen all applications before interview is scheduled. Information will be screened thru NYSPIN, AAAWMS clearance reports, fraud files and CAMS and will note any discrepancies in the case record.

ELIGIBILITY WORKER

If one or more of the FEDS indicators are discovered during the eligibility interview the eligibility examiner will submit a FEDS Referral to the Fraud Unit within 48 hours (2 working days) of the interview, with a copy of the FEDS Referral Form remaining in the case record. The FEDS Referral Form (Attachment I), the original application and any other pertinent documentation/ information will be submitted to the Fraud Unit as part of the referral process. The Application and documentation provided will be located in a central area in the Fraud Unit so that the eligibility worker can access it whenever necessary

After the FEDS referral is made, any inquiry to the eligibility worker from the applicant or other persons regarding the FEDS process should be directed to the Fraud Unit.

Specific information obtained throughout the course of any investigation should only be shared with other employees of the Department when a need to know exists.

If, due to mandated timeframes, the eligibility worker must make a determination prior to receiving the official FEDS investigative results from the Fraud Unit, the eligibility worker should attempt to follow up with the Fraud Unit regarding the status of the investigation. The eligibility worker will be responsible for meeting any State and/or Federal guidelines for issuance of benefits regardless of the status of the investigation.

INVESTIGATOR

The Investigator will log the referral on the FEDS Referral Log (Attachment II) and initiate the investigation with 5 working days of receiving the referral. (Please note that since the current investigator does not work on Friday, any FEDS Referral Forms received in the Fraud Unit after 12:00 p.m. on Thursday will not be received by the investigator until the following Monday).

The investigation may include, but not be limited to, a "home visit" (in compliance with the home visit criteria in Section 351.28 of the NYCRR), other various field visits and/or collateral contacts, and an interview with the Fraud Unit. If an office interview is required a notification (Attachment III) will be mailed to the client/applicant.

The target turn-around time for completion of the investigation will be 10 working days from the date that the FEDS Referral Form is received in the Fraud Unit so that the investigative findings are a part of the eligibility decision. The Investigator will note investigative steps on the FEDS Disposition Form (Attachment IV). If the Investigator is not able to complete the investigation within the specified timeframe, he/she will notify the eligibility worker of the reason for the delay and also inform the eligibility worker of the status of the investigation.

COMPLETION PROCESS

INVESTIGATOR

The Investigator will complete the Investigation Results portion of the FEDS Disposition Form and submit it to the eligibility worker immediately upon completion of the investigation.

ELIGIBILITY WORKER

The eligibility worker will complete the Case Disposition portion of the FEDS Disposition Form and submit it to the Fraud Unit immediately after making the eligibility determination, but in no case should this be later than five calendar days in the month following the month that the eligibility determination was made to insure that the disposition can be included in the monthly FEDS Activity Report. A copy of the FEDS

Disposition will also be maintained in the case record, If the case is denied due to a FEDS investigation, the eligibility examiner should be sure to use the proper denial code so that the case can be used in the monthly cost avoidance figures. If the case is denied for other reasons, the eligibility examiner should be sure to state the specific reason for the denial on the FEDS Disposition Form.

FRAUD UNIT

The Investigator will log the case disposition on the *FEDS* log and file the FEDS Disposition Form together with the *FEDS* Referral Form in the designated area of the Fraud Unit. The Fraud Unit is responsible for submitting the FEDS Activity Report to the State by the 10th day of each month.

SUPERVISORY REVIEW

The supervisor of each unit will be responsible through supervisory review for verifying that the eligibility workers in their unit are submitting FEDS Referrals accurately and timely.

Date: _____

Referral Log #

**SCHUYLER COUNTY DEPARTMENT OF SOCIAL SERVICES
FRONT END DETECTION SYSTEM (FEDS) REFERRAL**

Case Name: _____ Case # & Category _____

Eligibility Examiner: _____ Pending Date: _____ Client Address:

Client Phone Number:

Application has NO FEDS indicators.

Eligibility Worker: _____ Date: _____

Eligibility: Check the indicator(s) below and give a brief explanation: attach any necessary documentation.

REASON FOR REFERRAL - FEDS INDICATORS

Financial obligations are current, but stated expenses exceed income *without a reasonable explanation*

Working off the books (*currently or previously*)

Supported by loans *or gifts from* family/friends

Self-employed but without adequate business records to support financial assertions

P.O. Box used as mailing address *without a reasonable explanation*

Primary tenant with no utility bills (e.g., phone or electric) in his/her name

No absent parent information or information is inconsistent with application

Landlord does not verify *household* composition or *provides* information that is inconsistent with application

Unsure of own address

Documents *or* information provided are inconsistent with application, such as different name used for signature or invalid SSN

Prior history of denial, case closing, or overpayments *resulting from an investigation (i.e. fraud, FEDS, EVR)*

Current application is inconsistent with prior case information

No documentation to verify identity *or* documentation of identity is questionable

Original to Fraud Unit, Copy to File

FEDS REFERRALS

REFERRAL #

DATE

NAME

CASE TYPE

ACTION TAKEN

DISPOSITION

INITIALS

SCHUYLER COUNTY
DEPARTMENT OF SOCIAL SERVICES William J. Weiss County Office Building
Commissioner 105 Ninth Street, Unit 3
Watkins Glen, NY 14891
(607) 535-8303

Beverly K. Clickner
Deputy Commissioner

Date:

Case Name Address

Re: Case Number

APPLICANT NOTICE

Your case has been selected for a pre-eligibility review.

The purpose of this review is to check certain items you have stated on your application or during the interview.

A meeting has been scheduled for you with the FEDS workers at the Schuyler County
Department of Social Services, County Office Building, Watkins Glen, NY 14891 On: _____ At: AM/PM

This review may include various collateral contacts.

In addition, Schuyler County Investigators may visit your residence. They will show you identification upon arrival.

Failure to keep this appointment may result in your application being denied. You have a right to have a representative with you at this interview.

If you have any questions concerning these reviews, please contact the FEDS workers in the Fraud Unit at (607)53 535-8303.

FEDS worker signature

*"An Equal Opportunity/Affirmative Action
Employer "*

Attachment III



SCHUYLER COUNTY
DEPARTMENT OF SOCIAL SERVICES
Office Building
Street, Unit 3
Watkins Glen, NY 14891
(607) 535-8303

William J. Weiss County
Commissioner 105 Ninth

Beverly K. Clickner
Deputy Commissioner

Date:

Case Name Address

Re: Case Number

APPLICANT NOTICE

As you have been advised, your case has been selected for a pre-eligibility review.

The purpose of this review is to check certain items you have stated on your application or during the interview.

Investigators from the Schuyler County Department of Social Services Fraud and Resource Recovery Unit were at your home this date but were unable to make contact with you.

You still must appear for your scheduled interview with the FEDS investigators at the Schuyler County Office Building, Watkins Glen, NY 14891

On: _____ At: _____ AM/PM

IF YOU NO LONGER ARE IN NEED OF ASSISTANCE AND WISH TO WITHDRAW YOUR APPLICATION, PLEASE FILL OUR THE BOTTOM OF THIS FORM AND MAIL IT TO:

Fraud and Resource Recovery Unit
Schuyler County Department of Social Services
105 Ninth Street. Unit 3
Watkins Glen, NY 14891

Name: _____ Case No. _____

Address: _____ Date: _____ I

WISH TO WITHDRAW MY APPLICATION FOR ASSISTANCE.

Signature

FEDS worker signature

An Equal Opportunity/Affirmative Action R Employer"

SCHUYLER COUNTY DEPARTMENT OF SOCIAL SERVICES

FEDS REFERRAL RESPONSE

Date: _____

To:

Case Name _____

Case Number:

- () FEDS investigation found no additional eligibility information.
- () Applicant requests withdrawal of application (see attached).
- () Applicant failed to show for interview. Ineligible for assistance until compliance.
- () The following information must be considered in making an eligibility determination:

FEDS Worker

Ext.

Date:

+++++

FEDS CASE DISPOSITION

The following action was taken on this case:

- () Investigation completed - no errors found Case Opened.
- () Applicant did not keep FEDS appointment. Case Denied.
- () Case Denied/Withdrawn as a result of FEDS findings.
- () Grant reduced due to FEDS findings.
- () Case denied for other

reasons: _____

Eligibility Worker _____ Date: _____

Original to File , Copy to Fraud Unit