

To: Janice M. Molnar, Ph.D.
Deputy Commissioner
New York State Office of Children and Family Services
Division of Child Care Services
52 Washington Street, Room 309S
Rensselaer, NY 12144

From County: _____

The _____ Local Social Services District is requesting approval of the following amendment(s) to the child care services portion of its Child and Family Services Plan and a waiver of the applicable plan submission requirements under Part 407 and child care services regulations under Part 415 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York so that the social services district can offer for the duration of the disaster emergency period the following immediate and greater child care assistance in response to the novel coronavirus, COVID-19, to the extent that the district continues to have funds available under either the district's allocation for the State Child Care Block Grant Program or any local funds appropriated for such purpose: (I have checked all amendments my district intends to make to its Child and Family Services Plan.)

Permit families that are not receiving public assistance that would otherwise need to have their eligibility for child care assistance re-determined within the period of the disaster recovery an additional 30 days to complete such redetermination and continue to provide child care services to such families during the extended redetermination period.

Provide child care services to families that need such services for a child to be protected because a parent is unavailable to care for the child/ren as a result of being quarantined due to exposure.

Expand the maximum total number of absences that the district will make payments to the following eligible providers during the recovery period on behalf of a child who is temporarily absent from child care due to extenuating circumstances resulting from the child being quarantined due to the effects of COVID-19 to (select one):

- 30 Days
- _____ Days (may not exceed 30)

Payment of absences will apply to (select one one):

- Programs contracted with the district
- All programs

For the following program types (select all that are applicable):

- Day Care Center
- Group Family Day Care
- Family Day Care
- Legally-Exempt Group
- School Age Child Care

If your district elects to implement any of the above plan amendments or to modify an existing approved amendment, please email this form to ocfs.sm.districtsupport.subsidy@ocfs.ny.gov or fax a signed copy of this form to (518) 474-9617 Attn: Merideth Infantino.

Once the email or fax has been successfully submitted, your district may immediately implement the plan amendments set forth above provided you received OCFS' prior verbal approval of any modification or additional amendment.

Expand the maximum total number of days per annum that the district will make payments to the following eligible providers that are closed due to the effects of COVID-19 to (select one):

- 30 Days
- _____ Days (may not exceed 30)

Payment of closure days will apply to (select one):

- Programs contracted with the district
- All programs

For the following program types (select all that are applicable):

- Day Care Center
- Group Family Day Care
- Family Day Care
- Legally-Exempt Group
- School Age Child Care

Expand eligibility standards to serve families with incomes up to 85% of the State Median Income.

Implement a waiver to 18 NYCRR § 415.3(e)(1) allowing the family share to be waived for those families who have been impacted by COVID-19.

OTHER WAIVER REQUESTS- Verbal approval has been granted by OCFS and, therefore, the following additional amendments will be included in our district's Child and Family Services Plan for the duration of the disaster emergency:

OTHER WAIVER REQUESTS- Verbal approval has been granted by OCFS to modify any of the above plan amendments and, therefore, the following modifications will be included in our district's Child and Family Services Plan for the duration of the disaster emergency are as follows:

By my signature below, I acknowledge that the district is responsible for evaluating which waiver(s) apply to each individual family, child, or provider's situation on a case-by-case basis. This waiver will be valid for a period of 30 days. The district will resubmit a new waiver request if they wish to extend the waiver period unless directly notified by OCFS that the existing waiver is being extended.

Commissioner signature: _____ Date: _____

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