



**State of New Jersey**  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY DEVELOPMENT  
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JEANETTE PAGE-HAWKINS  
*Director*  
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**February 2, 2012**

**TO: CHILD CARE RESOURCE AND REFERRAL (CCR&R) DIRECTORS  
COMMUNITY CARE VOUCHER CHILD (CCVC) CARE CENTER DIRECTORS**

**SUBJECT: TYPES OF CHILD CARE AGREEMENTS AND CALCULATION OF CHILD  
CARE RATES**

**DFD Instruction No. 12-02-03**

**Regulatory References: N.J.A.C. 10:15**

**This Instruction will impact the following programs: DFD Child Care Programs**

**PURPOSE**

To provide the programmatic definitions and policy clarification of full-time care, part-time care and the daily rates for child care services.

**BACKGROUND**

With the implementation of E-Child Care (ECC), the Division has moved towards paying child care subsidy on a biweekly basis. To coincide with the new ECC system, we are aligning our child care reimbursement rates to reflect DFD policy and the daily cost of care.

Effective January 23, 2012, all Parent Applicant Provider Agreements (PAPAs) will reflect the maximum daily rate, daily co-payment, and the adjusted daily rate. The revised Temporary Assistance for Needy Families/Transitional Child Care TANF/TCC Child Care Services Agreement is currently in development and will be released in the near future.

## **PROGRAM**

### **Definition of Child Care Agreement Type and Rate Calculation**

- Full Time Agreement =
  - 6 hours or more of care a day for a **minimum** of 5 days a week or 30 hours per week for a **minimum** of three (3) days will receive the full time weekly rate<sup>1</sup>.
  - 6 hours or more of care a day for 5 – 7 days **per week** will receive a full time weekly rate<sup>2</sup>.
  - 6 hours or more of care a day for 1 – 4 days but less than 30 hours will receive a full time daily rate.
  
- Part Time Agreement =
  - Less than 6 hours of care a day for a **minimum** of 5 days a week will receive the part time weekly rate.
  - Less than 6 hours of care a day for 1 – 4 days but less than 30 hours **per week** will receive a part time daily rate.
  
- The daily rate is the maximum authorized rate paid for one day.
  - 6 hours or more will receive a full-time daily rate
  - Less than 6 hours will receive a part-time daily rate

For example, if a child attends care for 10 hours a day, 3 days a week, the provider will receive the adjusted full time weekly rate. Any unexcused absence will result in the provider receiving a full time daily rate. For 3 day agreements totalling 30 hours, providers must submit a payment discrepancy form to the CRR by the close of each payment cycle in order to receive the adjusted full time weekly rate. Participants utilizing 30 hours of care in 3 days will be required to pay a daily adjusted co-pay based upon 30 hours. Please note in every instance where an adjusted full time weekly rate is applied, participants will be required to pay the equivalent co-pay for the days/hours of service utilized.

### **Child Care Assistance Program (CCAP)**

Child Care Assistance Program (CCAP) and Parent Applicant Provider Agreements (PAPA) are categorized as either full time or part time. Full time care for CCAP is 6 hours or more, and part-time care is less than six hours.

### **Work First New Jersey**

The TANF/TCC Child Care Services Agreement are categorized as ¼ time (1 hour or fewer per day); ½ time (2 or 3 hours per day); ¾ time (4 or 5 hours per day) or 4/4 time (6 hours or more per day).

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<sup>1</sup> The weekly rate for 5 day agreements is the daily rate x 5 days

<sup>2</sup> The weekly rate for 6 – 7 day agreements is the daily rate x 6 or 7 days (as appropriate)

## SYSTEMS

In order to maintain consistency between the State source systems (OMEGA and CARES) and the manner in which ECC processes payments, the following modifications are necessary. These changes will also provide a mechanism for better understanding of how payments are calculated.

### CARES

Previously, the Parent Applicant Provider Agreement (PAPA) reflected a monthly rate based on a maximum of 23 care days per month (instead of the true amount of days in care). As such, payments were not correctly calculated or in alignment with DFD policy in certain circumstances.

For example, when the child was scheduled for less than five days of care per week (4 days per week x 4 weeks per month = 16 days) which is less than 80 % (18 days) of 23 care days, CARES paid the full monthly reimbursement amount which is greater than 16 care days at the daily rate.

By modifying the PAPA to show daily rates (maximum daily rate, daily payment, and daily co-pay) rather than using the current monthly rate, the PAPA will accurately reflect the expected reimbursement rate for each authorized day of service. Through utilizing a daily rate methodology to document the daily reimbursement rates, all parties concerned (parents, provider, CCR&R, and DYFS District Office) will be better able to reconcile the payment reflected in EPPIC for a given pay cycle with the daily rates reflected on the PAPA.

The revisions to the PAPA will be displayed on all 4 versions, including the Preliminary PAPAs for each of the four versions - DAPA (DYFS/Applicant/Provider Agreement), PAPA for DOE Wrap, PAPA for PACC and the generic PAPA.

### FISCAL

N/A

### TRAINING

Training may be provided at agency discretion.

Please bring this information to the attention of appropriate staff. Programmatic questions may be directed to the appropriate Child Care Specialist in the Child Care Operations Unit. Systems questions may be directed to the Help Desk.

Sincerely,



Jeanette Page-Hawkins  
Director

Attachments: SFY 2010 Maximum Child Care Payment Rates  
Revised Parent/Applicant/Provider Agreement  
Revised Work First New Jersey/Transitional Child Care Services Child Care  
Services Agreement

JPH:AKS:cct

c: Allison Blake, Commissioner  
Department of Children and Families

Valerie J. Harr, Director  
Division of Medical Assistance and Health Services

**NEW JERSEY CARES FOR KIDS  
CHILD CARE CERTIFICATE PROGRAM  
PARENT/APPLICANT/PROVIDER AGREEMENT**

**CHILD CARE AGENCY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Identifier: \_\_\_\_\_  
Agreement Number: \_\_\_\_\_  
Voucher Number: \_\_\_\_\_

I CASE FIRSTTEST, hereby agree to receive a subsidy for child care services under this certification. I authorize the agency indicated above to make child care payments for child care services. These payments will be made directly to the child care provider(s) of the following child(ren) named below in this document for the referenced amounts

**PART A - CHILD CARE PROVIDER INFORMATION**

**PROVIDER**

Provider Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Provider ID #: \_\_\_\_\_  
License #: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**TYPE CARE PROVIDED: (Check One Only)**

- |   |  |  |  |   |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> (L) Licensed Center | <input type="checkbox"/> (R) Registered Family | <input type="checkbox"/> (I) In-Home Day | <input type="checkbox"/> (A) Approved Home | <input type="checkbox"/> (D) DYFS In-Home |
| <input type="checkbox"/> (S) Summer Camp                | <input type="checkbox"/> Relative              | <input type="checkbox"/> Relative        | <input type="checkbox"/> Relative          | <input type="checkbox"/> Relative         |
|   | <input type="checkbox"/> Non-Relative          | <input type="checkbox"/> Non-Relative    | <input type="checkbox"/> Non-Relative      | <input type="checkbox"/> Non-Relative     |

DYFS Approval Completed by \_\_\_\_\_  
Date Completed: \_\_\_\_\_

**PART B - CHILD INFORMATION**

|                            |               |                |                |              |               |                       |                                   |         |               |                     |
|----------------------------|---------------|----------------|----------------|--------------|---------------|-----------------------|-----------------------------------|---------|---------------|---------------------|
| **** CHILD ID              | NAME: (First) | (MI)           | (Last)         | DOB          | SSN           | SPECIAL PROGRAM NEEDS |                                   |         |               |                     |
| 3063578 CHILD              | FIRSTTEST     |                |                | 08/15/09     | XXX-XX-1523   | NO CCAP               |                                   |         |               |                     |
| PERIOD OF SERVICE FROM (1) | TO (2)        | HOURS/ DAY (3) | DAYS/ WEEK (4) | F/P TIME (5) | CARE FROM (6) | DAYS TO (7)           | ***** PROVIDER EFFECTIVE DATE (8) | PER (9) | F/T RATE (10) | ***** P/T RATE (11) |
| 01/01/12                   | 06/30/12      | 8.0            | 5              | F            | 23            | 23                    | 01/01/12                          | M       | 700.00        | 350.00              |
| _____                      | _____         | _____          | _____          | _____        | _____         | _____                 | _____                             | _____   | _____         | _____               |

**PART C - SUMMARY OF DAILY PAYMENTS PER MONTH**

|                            |          |                        |                       |                   |                            |          |                        |                       |                   |
|----------------------------|----------|------------------------|-----------------------|-------------------|----------------------------|----------|------------------------|-----------------------|-------------------|
| PERIOD OF SERVICE FROM (1) | TO (2)   | MAXIMUM DAILY RATE (3) | LESS DAILY CO-PAY (4) | DAILY PAYMENT (5) | PERIOD OF SERVICE FROM (1) | TO (2)   | MAXIMUM DAILY RATE (3) | LESS DAILY CO-PAY (4) | DAILY PAYMENT (5) |
| 01/01/12                   | 01/31/12 | 32.12                  | .00                   | = 32.12           | 02/01/12                   | 02/29/12 | 32.12                  | .00                   | = 32.12           |
| 03/01/12                   | 03/31/12 | 26.48                  | .00                   | = 26.48           | 04/01/12                   | 04/30/12 | 26.48                  | .00                   | = 26.48           |
| 05/01/12                   | 05/31/12 | 26.48                  | .00                   | = 26.48           | 06/01/12                   | 06/30/12 | 26.48                  | .00                   | = 26.48           |
| _____                      | _____    | _____                  | _____                 | = _____           | _____                      | _____    | _____                  | _____                 | = _____           |

The above displays the maximum daily rate less co-pay for each day for each month of care. The Parent/Applicant, Provider and DYFS DO/ARC Liaison will need to calculate the daily payment by the days authorized for a biweekly payment period to determine their payment.

**PART D - AGENCY AUTHORIZATION**

\_\_\_\_\_  
(Signature Child Care Agency Rep.) (Title) (Date)



**New Jersey Department of Human Services**  
**Division of Family Development**  
**Work First New Jersey/Transitional Child Care Services**  
**Child Care Services Agreement**

Case #: C

Return By:

This agreement authorizes payment as outlined below only for the period of service indicated unless otherwise notified. Payment for Services shall be authorized upon receipt of the attached signed Parent/Provider/Agency Certification page. Attendance vouchers are issued within 3-4 weeks of authorization and bi-weekly payments are made after completed vouchers are submitted to the authorizing child care agency. Completed vouchers must be received before the 60 day expiration date indicated on the voucher.

**Child Care Resource and Referral Agency Information:**

**Provider**

**Address**  
**City State Zip**  
**Phone**  
**Fax**

**CASE MANAGER:**  
  
**REFERRAL DATE:**

**PROJECTED START DATE:**

DAILY RATE WILL BE ADJUSTED IF A COPAY IS ASSESSED.

We do not license, endorse, or recommend any particular provider and cannot assure that any provider offers quality child care.

**Child Care Specialists/Counselor:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Child Information**

**Parent(s) Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** New Jersey **Zip Code:** \_\_\_\_\_

| Child(ren) Name | PI | Date of Birth | Age | Days | Hrs. | Start Date | Stop Date |
|-----------------|----|---------------|-----|------|------|------------|-----------|
|                 |    |               |     |      |      |            |           |
|                 |    |               |     |      |      |            |           |
|                 |    |               |     |      |      |            |           |
|                 |    |               |     |      |      |            |           |
|                 |    |               |     |      |      |            |           |

| PI | Daily Rate | Less Daily Parent Co-Pay | Daily Payment | Transportation Fee (max \$10/child) | Registration Fee (Paid by WFNJ) |
|----|------------|--------------------------|---------------|-------------------------------------|---------------------------------|
|    | \$         | \$                       | =\$           | \$                                  | \$                              |
|    | \$         | \$                       | =\$           | \$                                  | \$                              |
|    | \$         | \$                       | =\$           | \$                                  | \$                              |
|    | \$         | \$                       | =\$           | \$                                  | \$                              |
|    | \$         | \$                       | =\$           | \$                                  | \$                              |

**Provider Information**

|                                     |       |                   |       |
|-------------------------------------|-------|-------------------|-------|
| <b>Name</b>                         | _____ | <b>Phone #</b>    | _____ |
| <b>Address</b>                      | _____ | <b>Provider #</b> | _____ |
| <b>City, State, &amp; Zip</b>       | _____ | <b>Fax #</b>      | _____ |
| <b>Payment address if different</b> | _____ |                   |       |



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
SFY 2010 MAXIMUM CHILD CARE PAYMENT RATES

Effective: July 1, 2009  
Last modified: 9/19/07 2:43 PM

|  | LICENSED CHILD CARE CENTERS |       | ACCREDITED CHILD CARE CENTERS |       | REGISTERED FAMILY CHILD CARE HOMES |       | ACCREDITED FAMILY CHILD CARE HOMES |       | APPROVED HOME KITH & KIN CAREGIVERS |        |
|--|-----------------------------|-------|-------------------------------|-------|------------------------------------|-------|------------------------------------|-------|-------------------------------------|--------|
|  | MONTHLY                     | DAILY | MONTHLY                       | DAILY | MONTHLY                            | DAILY | MONTHLY                            | DAILY | MONTHLY                             | DAILY  |
| <b>INFANTS &amp; TODDLERS</b><br>Birth to 2.5 years                  |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 695.40                      | 32.12 | 730.04                        | 33.72 | 654.70                             | 30.24 | 687.60                             | 31.76 | 394.04                              | 91.00  |
| 3/4 Time (4 or 5 hrs)  | 120.45                      | 24.09 | 126.45                        | 25.29 | 113.40                             | 22.68 | 158.80                             | 23.82 | 68.25                               | 13.65  |
| Part Time Care (2 or 3 hrs)  | 347.70                      | 16.06 | 365.02                        | 16.86 | 327.35                             | 15.12 | 343.80                             | 15.88 | 197.02                              | 45.50  |
| 1/4 Time (1 hr or fewer)   | 40.15                       | 8.03  | 42.15                         | 8.43  | 37.80                              | 7.56  | 39.70                              | 7.94  | 22.75                               | 4.55   |
| <b>INFANTS &amp; TODDLERS</b><br>Birth to 2.5 years w/ Special Needs |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 695.40                      | 32.12 | 730.04                        | 33.72 | 795.86                             | 36.76 | 837.42                             | 38.68 | 476.30                              | 110.00 |
| 3/4 Time (4 or 5 hrs)  | 120.45                      | 24.09 | 126.45                        | 25.29 | 137.85                             | 27.57 | 145.05                             | 29.01 | 82.50                               | 16.50  |
| Part Time Care (2 or 3 hrs)  | 347.70                      | 16.06 | 365.02                        | 16.86 | 397.93                             | 18.38 | 418.71                             | 19.34 | 238.15                              | 55.00  |
| 1/4 Time (1 hr or fewer)   | 40.15                       | 8.03  | 42.15                         | 8.43  | 45.95                              | 9.19  | 48.35                              | 9.67  | 27.50                               | 5.50   |
| <b>EARLY PRESCHOOL</b><br>2 to 2.5 years                             |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 695.40                      | 32.12 | 730.04                        | 33.72 | 654.70                             | 30.24 | 687.60                             | 31.76 | 394.04                              | 91.00  |
| 3/4 Time (4 or 5 hrs)  | 120.45                      | 24.09 | 126.45                        | 25.29 | 113.40                             | 22.68 | 158.80                             | 23.82 | 68.25                               | 13.65  |
| Part Time Care (2 or 3 hrs)  | 347.70                      | 16.06 | 365.02                        | 16.86 | 327.35                             | 15.12 | 343.80                             | 15.88 | 197.02                              | 45.50  |
| 1/4 Time (1 hr or fewer)   | 40.15                       | 8.03  | 42.15                         | 8.43  | 37.80                              | 7.56  | 39.70                              | 7.94  | 22.75                               | 4.55   |
| <b>EARLY PRESCHOOL</b><br>2 to 2.5 years w/ Special Needs            |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 695.40                      | 32.12 | 730.04                        | 33.72 | 795.86                             | 36.76 | 837.42                             | 38.68 | 476.30                              | 110.00 |
| 3/4 Time (4 or 5 hrs)  | 120.45                      | 24.09 | 126.45                        | 25.29 | 137.85                             | 27.57 | 145.05                             | 29.01 | 82.50                               | 16.50  |
| Part Time Care (2 or 3 hrs)  | 347.70                      | 16.06 | 365.02                        | 16.86 | 397.93                             | 18.38 | 418.71                             | 19.34 | 238.15                              | 55.00  |
| 1/4 Time (1 hr or fewer)   | 40.15                       | 8.03  | 42.15                         | 8.43  | 45.95                              | 9.19  | 48.35                              | 9.67  | 27.50                               | 5.50   |
| <b>PRESCHOOL</b><br>2.5 to 5 years                                   |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 573.30                      | 26.48 | 604.46                        | 27.92 | 514.40                             | 23.76 | 537.78                             | 24.84 | 307.44                              | 71.00  |
| 3/4 Time (4 or 5 hrs)  | 99.30                       | 19.86 | 104.70                        | 20.94 | 89.10                              | 17.82 | 93.15                              | 18.63 | 53.25                               | 10.65  |
| Part Time Care (2 or 3 hrs)  | 286.65                      | 13.24 | 302.23                        | 13.96 | 257.20                             | 11.88 | 268.89                             | 12.42 | 153.72                              | 35.50  |
| 1/4 Time (1 hr or fewer)   | 33.10                       | 6.62  | 34.90                         | 6.98  | 29.70                              | 5.94  | 31.05                              | 6.21  | 17.75                               | 3.55   |
| <b>PRESCHOOL</b><br>2.5 to 5 years w/ Special Needs                  |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 573.30                      | 26.48 | 604.46                        | 27.92 | 654.70                             | 30.24 | 687.60                             | 31.76 | 394.04                              | 91.00  |
| 3/4 Time (4 or 5 hrs)  | 99.30                       | 19.86 | 104.70                        | 20.94 | 113.40                             | 22.68 | 119.10                             | 23.82 | 68.25                               | 13.65  |
| Part Time Care (2 or 3 hrs)  | 286.65                      | 13.24 | 302.23                        | 13.96 | 327.35                             | 15.12 | 343.80                             | 15.88 | 197.02                              | 45.50  |
| 1/4 Time (1 hr or fewer)   | 33.10                       | 6.62  | 34.90                         | 6.98  | 37.80                              | 7.56  | 39.70                              | 7.94  | 22.75                               | 4.55   |
| <b>SCHOOL-AGE</b><br>5 to 13 years                                   |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 573.30                      | 26.48 | 604.46                        | 27.92 | 514.40                             | 23.76 | 537.78                             | 24.84 | 307.44                              | 71.00  |
| 3/4 Time (4 or 5 hrs)  | 99.30                       | 19.86 | 104.70                        | 20.94 | 89.10                              | 17.82 | 93.15                              | 18.63 | 53.25                               | 10.65  |
| Part Time Care (2 or 3 hrs)  | 286.65                      | 13.24 | 302.23                        | 13.96 | 257.20                             | 11.88 | 268.89                             | 12.42 | 153.72                              | 35.50  |
| 1/4 Time (1 hr or fewer)   | 33.10                       | 6.62  | 34.90                         | 6.98  | 29.70                              | 5.94  | 31.05                              | 6.21  | 17.75                               | 3.55   |
| <b>SCHOOL-AGE</b><br>5 to 19 years w/ Special Needs                  |                             |       |                               |       |                                    |       |                                    |       |                                     |        |
| Full Time Care (6 hrs or more)                                       | 573.30                      | 26.48 | 604.46                        | 27.92 | 654.70                             | 30.24 | 687.60                             | 31.76 | 394.04                              | 91.00  |
| 3/4 Time (4 or 5 hrs)  | 99.30                       | 19.86 | 104.70                        | 20.94 | 113.40                             | 22.68 | 119.10                             | 23.82 | 68.25                               | 13.65  |
| Part Time Care (2 or 3 hrs)  | 286.65                      | 13.24 | 302.23                        | 13.96 | 327.35                             | 15.12 | 343.80                             | 15.88 | 197.02                              | 45.50  |
| 1/4 Time (1 hr or fewer)   | 33.10                       | 6.62  | 34.90                         | 6.98  | 37.80                              | 7.56  | 39.70                              | 7.94  | 22.75                               | 4.55   |

The amounts listed above represent the maximum authorized rates for child care. Care given for any portion of an hour shall be rounded to the next full hour. For example, one hour and 15 minutes is rounded to two hours. Agencies responsible for administering voucher subsidy programs may authorize payment for the actual cost of care up to these amounts. Amounts paid for contracted services in licensed centers, in most cases, are based on the maximum weekly rates listed. When appropriate, any required co-payment will be deducted from the rate prior to issuance of payment. The parent/applicant may select a provider with a cost higher than these maximum rates; however, in such instances, the parent/applicant is totally responsible for all expenses in excess of these maximum rates, as well as for the required co-payment.

Proportionate to the full time and part time rates listed above, maximum amounts paid only through the TANF Work First New Jersey and Transitional Child Care voucher program include:

NICK utilizes only 'Full Time Care' and 'Part Time Care' rates. Full Time Care' for NICK is 6 hours or more and 'Part Time Care' for NICK is less than 6 hours.

Providers/caregivers eligible for accredited rates include:

- > Licensed child care centers accredited by the National Association for the Education of Young Children - National Academy of Early Childhood Programs, Council on Accreditation (COA) of Services for Families and Children, and National Early Childhood Professional Accreditation (NECPA);
- > Registered family child care providers accredited by the National Association for Family Child Care;
- > School age child care programs accredited by the National School Age Child Care Alliance; and
- > Summer camps accredited by the American Camping Association.