



## *Department of Human Services*

Monroe County, New York

**Maggie Brooks**  
*County Executive*

**Kelly A. Reed**  
*Commissioner*

Dear Provider:

In collaboration with the Monroe County Department of Human Services, the NYS Office of Children and Family Services (OCFS) deployed and implemented the Internet-based Child Care Time and Attendance (CCTA) tracking system in July 2011. In the time since that initial implementation, we and OCFS have worked with the application developer to improve and enhance the system's capability.

With a long list of system enhancements now up and running, we wanted to take this opportunity to invite you become a new user of the CCTA system. There are a number of benefits to using the CCTA system, including:

- On-line submission of attendance – no more paper time sheets;
- Real-time information on new authorizations, changes, or discontinuances;
- Accurate calculation of subsidy payments;
- On-line information of pending and processed payments – no more telephone calls.

Signing up as a new user is easy. Simply sign the enclosed User Agreement and tell us who the primary system user will be (you can register others, but for now just tell us the primary user). With that information, we will give you a verification code for you to log-on and self-register.

The CCTA system will walk you through the few short steps necessary to self-register, and also provide you links to on-line, easy to understand training webinars that can teach you how to use the system and submit attendance electronically. If you have any questions or run into any trouble along the way, an entire CCTA support center is available by phone and e-mail.

Please complete and return the enclosed User Agreement and Primary User Information to:

Monroe County Department of Human Services  
Attn: CCTA Registration, Room 356  
111 Westfall Road  
Rochester, NY 14620

Once we receive your information, a representative will contact you with a verification code for your use in self-registering. Thank you for your interest, and we look forward to working with you.

Sincerely,

*Monroe County CCTA Team*

Enclosure

CHILD CARE TIME AND ATTENDANCE  
PRIMARY USER INFORMATION

PROVIDER COMPLETES THIS SECTION

Provider Name: \_\_\_\_\_

Primary User Name: \_\_\_\_\_

Primary User Date of Birth (mm/dd/yyyy): \_\_\_\_\_

MCDHS COMPLETES THIS SECTION

Verification Code: \_\_\_\_\_

CHILD CARE TIME AND ATTENDANCE USER AGREEMENT

The Eligible Provider (as defined by 18 NYCRR 415.1(g), and hereafter "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 electronically submit time records for child care services to Monroe County Department of Human Services (hereafter "MCDHS").

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

The Provider acknowledges that they are solely responsible for the information electronically submitted to MCDHS via the NYS OCFS CCTA system pursuant to relevant rules, regulations and directives of NYS OCFS. The Provider understands and agrees that MCDHS will hold the Provider responsible for any false, incomplete or misleading information submitted to MCDHS by the Provider or under the Provider's name.

The Provider further understands and acknowledges that he/she may be prosecuted pursuant to applicable Federal and State law for any false claims, statements, or documents submitted to MCDHS or payments made to the Provider by MCDHS based upon those submissions.

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

MCDHS reserves the right to rescind this agreement and the Provider's 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's notice to the Provider.

The Provider may terminate this agreement and their use of NYS OCFS CCTA system upon providing MCDHS with at least thirty (30) days written notice, with such termination to 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 either termination provision set for in the paragraphs above.

Provider Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Provider Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_