



Department of Human Services

Monroe County, New York

Adam Bello
County Executive

Thalia Wright
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 342
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): _____

***Please attach a copy of your day care rates, or check here if you use
New York State's Market Rates***

MCDHS COMPLETES THIS SECTION

Verification Code: _____

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 _____ 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 they are 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 ____ 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's name.

The Provider further understands and acknowledges that he/she 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's or on the Provider's behalf will be treated as if the Provider has 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 written form as opposed to electronic form.

The County 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 the County with at least thirty (30) days written notice. 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 this paragraph.

Provider Name: _____

Provider Number: _____

Provider Address: _____

Signature: _____

Date: _____

Print Name: _____

Email: _____