

**COUNTY OF SUFFOLK**



**STEVEN BELLONE  
SUFFOLK COUNTY EXECUTIVE**

**DEPARTMENT OF SOCIAL SERVICES**

**FRANCES PIERRE  
COMMISSIONER**

**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 Suffolk 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 369 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 This agreement may be rescinded at any time effective the beginning of the month following the County's notice to the Provider.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: \_\_\_\_\_

Provider Telephone Number: \_\_\_\_\_

Provider Email: \_\_\_\_\_

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

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

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

Acknowledged and affirmed to before me  
appeared \_\_\_\_\_ on this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Notary Public