

III. FIELD DESCRIPTIONS - CHILD DETAIL SCREEN AND FAMILY DATA

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GHB7301M TRAINING SUBSIDIZED CHILD CARE REIMBURSEMENT 10/21/08
99901037 CHILD DEMOGRAPHIC DETAIL 11:10:33
LAST NAME MILLER FIRST NAME JOHN MI VIEW FAMILY DATA
DCS ID 20061116001 EIS ID EIS CASE
DOB 2004-11-10 SSN RACE B GENDER M
ELIGIBILITY BEGIN 2007-12-01 END 2008-11-30
FAMILY CASE 111444 NO. RESPONSIBLE ADULTS 2 MONTHLY INCOME 1425
COUNTY 92 WAKE INCOME UNIT SIZE 2 LIVES WITH RELATIVE(Y/N) Y
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CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II
SERVICE MONTH 2007 12 DECEMBER PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE 585.00 MONTH PAYMENT REQUESTED 12 DECEMBER
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT 585.00
SERVICE DAYS 21 PARTIAL PARENT FEE AMOUNT
PAYMENT AMOUNT 585.00
$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE 25 SCC
RATE GROUP R13 FIRST SHIFT 3 YRS CLIENT STATUS 2 ENROLLMENT WITH PAY
CATEGORY CD 009 WITH REGARD TO INCOME MORE @ FOUR (Y/N) N
NEED CODE 811 EMPLOYED W/E RATE (Y/N) N CORR CD
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB180- Press F10 to confirm update or addition, F3 to cancel.
    
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Figure III.A: Child Detail Screen

The Child Detail screen allows you to add, update and query a child's invoice for a given service month, facility, fund source and rate group. The detail screen is divided into two main sections, Child Demographic Detail and Child Payment Detail.

A. Child Demographic Detail

NAME: A last and first name are required; a middle initial is optional. If a child's name has changed due to adoption or if a mistake was made in the spelling of the name, the name can be corrected in UPDATE.

VIEW FAMILY DATA: The Family Information Screen is displayed by typing a Y in this field and pressing <ENTER>. See item C. **Family Information** of this section for descriptions of fields.

DCS ID: A DCS ID number is an eleven-digit number required for all children receiving subsidized child care. DCS ID numbers cannot be duplicated. The DCS ID number is the unique identifier for each child and the mechanism used by the on-line system to identify and display information for a specific child. After a DCS ID number is assigned, it should not be changed. **Note: Real DCS ID numbers are not displayed in this manual.**

EIS ID/EIS CASE: These fields are not required fields. They were used for FSA payments prior to the October 1996 service month.

DOB: A date of birth is a required field. The format for typing the date of birth is YYYY-MM-DD.

SSN, RACE, and GENDER: These are optional fields. If you choose to enter the SSN, use the following format: XXX-XX-XXXX. The gender field may be completed with **M**-Male or **F**-Female. The user may complete the race field using one of the following: **A**-ASIAN, **B**-BLACK OR AFRICAN AMERICAN, **H**-HISPANIC OR LATINO, **I**-AMERICAN INDIAN OR ALASKAN NAT, **N**-NATIVE HAWAIIAN OR OTHER PACIF, or **W**-WHITE.

ELIGIBILITY BEGIN/END: These are optional fields for purchasing agency use only. Type the beginning and ending eligibility dates for child care eligibility. The format for typing these dates is YYYY-MM-DD.

FAMILY CASE: The family case number is required for all payment records. This number should be the same for all siblings in a family. The family case number is a six-digit number.

NO. RESPONSIBLE ADULTS: The number of responsible adults is required for Work First cases. Work First cases are identified by the category codes 005, 006, and 055. This field will be typed with the numbers **0**, **1** or **2**.

MONTHLY INCOME: The monthly income is required for all payment records. Up to four digits can be typed in this field. The monthly income should be rounded to the nearest dollar. Dollar signs and periods cannot be typed in this field.

COUNTY: The county of residence, which is a required field, is the county where the child lives.

INCOME UNIT SIZE: The income unit size is a required field. Up to two digits can be typed in this field.

LIVES WITH RELATIVE (Y/N): This field is required. Child Lives with Relative must be **Y** or **N**.



If a child has more than one record and any of the child demographic information is changed, the change is also made automatically in the other record(s). If a child has a sibling(s) and the monthly income or number of responsible adults is changed, the change is also made automatically in the record of the sibling(s).

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                                CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II
SERVICE MONTH 2007 12 DECEMBER PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE 585.00 MONTH PAYMENT REQUESTED 12 DECEMBER
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT 585.00
SERVICE DAYS 21 PARTIAL PARENT FEE AMOUNT
PAYMENT AMOUNT 585.00
$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE 25 SCC
RATE GROUP R13 FIRST SHIFT 3 YRS CLIENT STATUS 2 ENROLLMENT WITH PAY
CATEGORY CD 009 WITH REGARD TO INCOME MORE @ FOUR (Y/N) N
NEED CODE 811 EMPLOYED W/E RATE (Y/N) N CORR CD
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB180- Press F10 to confirm update or addition, F3 to cancel.
    
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Figure III.B: Child Payment Detail Screen

B. Child Payment Detail

FACILITY: This field indicates the Facility ID number and facility name where the child receives child care.

SERVICE MONTH: The month care occurred is shown in this field.

PROVIDER: The Provider ID number and provider name are listed here.

MONTHLY PAYMENT RATE: The monthly payment rate is determined by the local purchasing agency. Edits prevent the monthly payment rate from exceeding the highest allowable charge by comparing it to the market rates on the Approval Notice.

MONTH PAYMENT REQUESTED: This field shows the service month in which the payment is processed.

MONTHLY PARENT FEE: Enter the monthly parent fee assessed for a family that is income eligible.

FEE BEGINS: This field is applicable only when the parent fee begins the following month instead of the current month. Type the year and the following month. The format for this field is YYYY-MM. The fee will automatically start the following month.

SERVICE AMOUNT: The system calculates the service amount using the dollar amount in the **MONTHLY PAYMENT RATE** field and the number of days entered into the **SERVICE DAYS** field. If the number of service days is the same as the full number of service days for the month, the monthly payment rate and the service amount are the same. If the service days are less than the full month, the service amount is automatically calculated by converting the monthly payment rate to a daily rate and multiplying the daily rate by the number of service days.

SERVICE DAYS: Service days are determined by adding up all the Monday through Friday working days for a month. The full number of service days for a month ranges from 20 to 23 days. In the Subsidized Child Care Reimbursement System, service days will automatically be reset to the full number of service days for the current service month being processed. If child care is being paid for a partial month, the actual number of service days for which reimbursement is requested is entered in the **SERVICE DAYS** field. When the full number of service days is 23, 22 service days is also considered a full month. Also, when the full number of service days is 22, 21 service days is considered a full month.

PARTIAL: A **Y** typed in this field prevents a record from being reset to the full number of service days if the record has less than a full month's service days. This field should remain blank if the record should be reset to a full month.

PARENT FEE AMOUNT: The system calculates the parent fee amount by using the dollar amount in the monthly parent fee field and the number of days entered into the service days field. If the number of service days is the same as the full number of service days for the month, the monthly parent fee and the parent fee amount is the same. If the service days are less than the full month, the parent fee amount is automatically calculated by converting the monthly parent fee to a daily rate and then multiplying the daily rate by the number of service days.

PAYMENT AMOUNT: The payment amount is automatically computed by subtracting the parent fee amount from the service amount. The payment amount is the dollar amount that is paid by the local purchasing agency to the care provider.

\$1.00 FOOD SUPPLEMENT (Y/N): A **Y** indicates that a Smart Start child care payment has been reduced by \$1.00 in order to allow the provider to meet the federal regulations for the Child and Adult Care Food Program. An additional payment of \$1.00 is reimbursed using SCC funds.

STARS: This field is automatically generated by the system.

SS QUALITY BONUS (Y/N): This field is automatically generated by the system.

SPECIAL FEES: This field is used for an additional registration fee charged by the facility. These fees are indicated with the following codes: **INI**-Initial and **ANN**-Annual. The Special Fees payment amount will not exceed \$25.00 for initial or annual registration fees.

FUND SOURCE: Fund sources available for child care reimbursement are: Smart Start-**15**, IV-E/Foster Care-**20**, SCC-**25**, Local Non-TANF Funds-**55**, Work First Block Grant- **71**, TANF Federal Funds-**72**, TANF Eligible Children-**73** and Emergency-**85**. Two additional fund sources, Emergency Services-**75** and Emergency Child Care Services-**95**, are available and will be activated by the state when needed.

RATE GROUP: The rate group indicates the shift of care, the age of the child, a supplemental payment for a child with special needs, or a child receiving transportation.

CLIENT STATUS: This field indicates the status of the selected payment record.

CATEGORY CODE: This code is used to designate income criteria.

MORE AT FOUR (Y/N): This field is required. The system defaults to **N**.

NEED CODE: This code is used to indicate special needs status, the reason the child receives child care and the plan of care.

WEEKEND RATE: A **Y** indicates that the child care payment is for weekend care. When weekend care is indicated, the maximum number of service days is the total number of weekend days for the service month.

CORRECTION (CORR) CODE: This code is used to indicate the reason for a prior month correction.

NEW CLIENT CODE AND ENHANCEMENT CODE: These codes are limited to Smart Start payments.

GHB7305M	TRAINING	SUBSIDIZED CHILD CARE REIMBURSEMENT		081021
99901037		CHILD DEMOGRAPHIC DETAIL		11:20:14
LAST NAME	MILLER	FIRST NAME	JOHN	MI VIEW FAMILY DATA Y
DCS ID	20061116001	EIS ID		EIS CASE
DOB	2004-11-10	SSN		RACE B GENDER M
		ELIGIBILITY BEGIN	2007-12-01	END 2008-11-30
FAMILY CASE	111444	NO. RESPONSIBLE ADULTS	2	MONTHLY INCOME 1425
COUNTY	92 WAKE	INCOME UNIT SIZE	2	

FAMILY INFORMATION

FAMILY CASE NO. 111444
 FAMILY CASE NAME MILLER
 CASE ADDRESS 123 ANY STREET
 CITY/STATE/ZIP ANYTOWN NC 22555 - 0000
 TELEPHONE NUMBER (919) 555 - 1212
 WORKER SAMUEL
 CHILDREN:

NOTES: PURCHASER PLEASE COMPLETE THIS RECORD

End Update

Figure III.C: Family Information Screen

C. Family Information

The Family Information section was designed to assist purchasers with case management and is needed to meet Federal sampling reporting requirements. Note that the Family Information screen is made up of two sections, Child Demographic Detail from the Child Detail Screen and Family Information. **Entering data in the Family Information section is required.**

FAMILY CASE NO.: Type the family case number as entered in the child demographic detail record.

FAMILY CASE NAME: Enter the name of the responsible adult(s).

CASE ADDRESS: Enter the address of the responsible adult(s).

TELEPHONE NUMBER: The telephone number of the responsible adult(s) is optional.

WORKER: Enter up to six characters of the case worker's last name or the case worker number.

CHILDREN: The system displays siblings with the same family case number.

NOTES: Two lines are available to type general information about the case.