

1 PAYMENT PROCESSING MENU

This menu allows you to modify payment information. You can:

- Add payments for a new child to a new and/or existing facility.
- Make corrections to prior month payments.
- Retrieve a list of facilities with payments that need to be reviewed and/or corrected prior to close-out.

Select Option 1 from the Main Menu and press <ENTER>. The Payment Processing Menu screen will appear (Figure 1 – 2).

```

GHB0001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          MAIN MENU                                     09:14:28
-----
OPTION            DESCRIPTION
-----
(1)              PAYMENT PROCESSING MENU
(2)              TOTALS MENU
(3)              APPROVAL NOTICE MENU
(4)              NONLICENSED HOME/FACILITY W/O APPROVAL NOTICE MENU
(5)              CHILD NAME SEARCH
(6)              FACILITY & NONLICENSED HOME NAME SEARCH
(7)              PROVIDER NAME SEARCH
(8)              QUERIES MENU
(9)              ADMINISTRATIVE MENU
(10)             SCC BULLETIN BOARD
(11)             LIST OF APPROVAL NOTICES RECENTLY ISSUED
(12)             WAITING LIST SUMMARY
(13)             FEDERAL SAMPLING MENU -
(14)             CASE NUMBER OR FAMILY NAME SEARCH

SELECTION: 1_

F KEYS:  1=help  3=Exit GHB
    
```

Figure 1 - 1: Option 1 - Payment Processing Menu

```

GHB7001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          PAYMENT PROCESSING MENU FOR PAYMENT MONTH: JANUARY  09:15:09
-----
OPTION            DESCRIPTION            KEY
-----
(1)              TURNAROUND            FACILITY ID (OPTIONAL)
(2)              ADD PAYMENT FOR NEW CHILD  FACILITY ID / CHILD ID
                                           SERVICE MONTH (OPTIONAL)
(3)              PRIOR MONTH CORRECTION  FACILITY ID / SERVICE MONTH
(4)              LIST OF FACILITIES REQUIRING  NONE
                                           ATTENTION
(5)              SMART START BONUS % CENTERS  SERVICE MONTH (OPTIONAL)
(6)              SMART START BONUS % HOMES  SERVICE MONTH (OPTIONAL)

SELECTION:  -          ( MMYYYY )
                FACILITY ID  CHILD ID  SVC MO

F KEYS:  1=help  2=Child Name Search  3=Exit  4=Main Menu
    
```

The current payment month appears here.



The current payment month is displayed.

Figure 1 - 2: Payment Processing Menu

1.1 TURNAROUND

Option 1 in the Payment Processing Menu is Turnaround. The Turnaround is a list of children at a selected facility. To access the Turnaround, select the facility name from a list of facilities or enter the Facility ID.

1.1.1 Accessing Turnaround by selecting the facility by name

1. Type "1" in the **SELECTION** field (Figure 1.1.1 – 1).
2. Press **<ENTER>** and a list of facilities will appear (Figure 1.1.1 – 2).

OPTION	DESCRIPTION	KEY
(1)	TURNAROUND	FACILITY ID (OPTIONAL)
(2)	ADD PAYMENT FOR NEW CHILD	FACILITY ID / CHILD ID SERVICE MONTH (OPTIONAL)
(3)	PRIOR MONTH CORRECTION	FACILITY ID / SERVICE MONTH
(4)	LIST OF FACILITIES REQUIRING ATTENTION	NONE
(5)	SMART START BONUS % CENTERS	SERVICE MONTH (OPTIONAL)
(6)	SMART START BONUS % HOMES	SERVICE MONTH (OPTIONAL)

SELECTION: 1 (MYYYYY)
 FACILITY ID CHILD ID SVC MO

F KEYS: 1=Help 2=Child Name Search 3=Exit 4=Main Menu

Figure 1.1.1 - 1: Select Option 1 - Accessing Turnaround by selecting a facility

SEL	FACILITY NAME	- ID -	PROVIDER NAME	- ID -	FAC. TOTAL
<= Search for					
-	A HUG A DAY DAY CARE	J9210161	ANTONIETTE H. ROCHEL	921520	1232.00
	A MOTHER'S LOVE #2	L9870034	SHEILA I. BRADLEY	981098	455.00
	A MOTHER'S TOUCH CHILD DEV	J9270525	A MOTHER'S TOUCH CHI	921735	3386.90
	A MULTITUDE OF ANGELS	J9270573	BERNA D RICHARDSON	921976	4427.40
	A NEW BEGINNING CHILD CARE	J9210422	REGINA B LYLES	921739	4341.00
	A NEW GENERATION LEARNING	J9270373	A NEW GENERATION LEA	921893	3285.00
	A NURTURING BEGINNING CHIL	F6071212	TONI BULLARD	602532	781.00
	A SAFE PLACE	J9210433	KIMBERLY W. SHAW	921514	8990.65
	A SAFE PLACE CHILD ENRICHM	J9270481	KIMBERLY SHAW	921967	20208.15
	A. E. FINLEY YMCA	J9240164	YOUNG MEN'S CHRISTIA	921336	164.80
	A+ FAMILY CHILD CARE	J9270621	SANDRA L SANTOS GOME	922119	1576.00
	ABC CHILDCARE	J9270666	LENA D. FORD	921956	4473.65
	ABC LAND, INC II	J9270389	ABC LANC INC	921904	12889.00
	ABC LAND, INC.	J9270354	ABC LAND, INC.	921878	18012.00
	ABSOLUTE BRILLIANT KIDS FA	J9270339	LORA A BULLARD	921871	1595.00
Total					2780030.10

F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down

Figure 1.1.1 - 2: List of facilities

3. Tab down to the desired facility.
4. Place an "S" beside the facility to select it (Figure 1.1.1 – 3).

GHB7401M		SUBSIDIZED CHILD CARE REIMBURSEMENT				06/04/07
09270001		LIST OF FACILITIES FOR PURCHASER 092				09:15:16
SEL	FACILITY NAME	- ID -	PROVIDER NAME	- ID -	FAC. TOTAL	
< Search for						
	A HUG A DAY DAY CARE	J9210161	ANTONIETTE H. ROCHEL	921520	1232.00	
	A MOTHER'S LOVE #2	L9870034	SHEILA I. BRADLEY	981098	455.00	
	A MOTHER'S TOUCH CHILD DEV	J9270525	A MOTHER'S TOUCH CHI	921735	3386.90	
	A MULTITUDE OF ANGELS	J9270573	BERNA D RICHARDSON	921976	4427.40	
	A NEW BEGINNING CHILD CARE	J9210422	REGINA B LYLES	921739	4341.00	
	A NEW GENERATION LEARNING	J9270373	A NEW GENERATION LEA	921893	3285.00	
	A NURTURING BEGINNING CHIL	F6071212	TONI BULLARD	602532	781.00	
	A SAFE PLACE	J9210433	KIMBERLY W. SHAW	921514	8990.65	
	A SAFE PLACE CHILD ENRICHM	J9270481	KIMBERLY SHAW	921967	20208.15	
	A. E. FINLEY YMCA	J9240164	YOUNG MEN'S CHRISTIA	921336	164.80	
	A+ FAMILY CHILD CARE	J9270621	SANDRA L SANTOS GOME	922119	1576.00	
	ABC CHILDCARE	J9270666	LENA D. FORD	921956	4473.65	
S	ABC LAND, INC II	J9270389	ABC LANC INC	921904	12889.00	
	ABC LAND, INC.	J9270354	ABC LAND, INC.	921878	18012.00	
	ABSOLUTE BRILLIANT KIDS FA	J9270339	LORA A BULLARD	921871	1595.00	
Total					2780030.10	
F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down						

Figure 1.1.1 - 3: Selecting a facility

5. Press <ENTER> and the Turnaround listing for the selected facility will appear (Figure 1.1.1 – 4).

GHB7101M		SUBSIDIZED CHILD CARE REIMBURSEMENT				06/04/07						
09270001		TURNAROUND				09:15:24						
PAYMENT MONTH: JANUARY												
----	NAME	----	CL	SVC	CAT	ND	RTE	FD	SVC	MONTH	PARENT	PAYMENT
LAST	FIRST	DCS	ST	MTH	CD	CD	GRP	SC	DAY	RATE	FEE	AMOUNT
< Search for												
			5	0107	009	811	R03	25	21	676.00		
			2	0107	009	811	R06	25	23	429.00		429.00
			2	0107	009	811	R36	25	23	247.00		247.00
			5	0107	009	811	R03	25	21	676.00		
			2	0107	009	811	R06	25	23	429.00		429.00
			2	0107	009	811	R36	25	23	247.00		247.00
			5	0107	009	811	R03	25	21	676.00		
			2	0107	009	811	R06	25	23	429.00		429.00
			2	0107	009	811	R36	25	23	247.00		247.00
			5	0107	009	811	R03	25	21	640.00		
			2	0107	009	811	R06	25	23	429.00	121.00	308.00
STARS 5 SMART START BONUS %												
PROVIDER: 921904			FACILITY: J9270389 ABC LAND, INC II									
NEW FACILITY:												
A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/o Pmt T=Term Facility												
F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu												
5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd												
GHB049- MORE IN LIST - F7, F8, or F3.												

Figure 1.1.1 - 4: Turnaround listing for a selected facility

1.1.2 Accessing Turnaround by Facility ID

1. Type "1" in the **SELECTION** field and type the Facility ID in the **FACILITY ID** field (Figure 1.1.2 – 1).

```

GHB7001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001  PAYMENT PROCESSING MENU FOR PAYMENT MONTH: JANUARY    09:15:47

OPTION  DESCRIPTION                                     KEY
-----  -----
(1)    TURNAROUND                                       FACILITY ID (OPTIONAL)
(2)    ADD PAYMENT FOR NEW CHILD                       FACILITY ID / CHILD ID
                                                SERVICE MONTH (OPTIONAL)
(3)    PRIOR MONTH CORRECTION                         FACILITY ID / SERVICE MONTH
(4)    LIST OF FACILITIES REQUIRING ATTENTION          NONE
(5)    SMART START BONUS % CENTERS                   SERVICE MONTH (OPTIONAL)
(6)    SMART START BONUS % HOMES                     SERVICE MONTH (OPTIONAL)

SELECTION: 1  39270389  ( MMYYYY )
              FACILITY ID  CHILD ID  SVC MO

F KEYS: 1=Help 2=Child Name Search 3=Exit 4=Main Menu
    
```

Figure 1.1.2 - 1: Accessing Turnaround by Facility ID

2. Press **<ENTER>** and the Turnaround listing for that Facility ID will appear (Figure 1.1.2 – 2).

```

GHB7101M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          TURNAROUND                                  09:15:57
                PAYMENT MONTH: JANUARY

----- NAME -----
LAST  FIRST      DCS  CL SVC CAT  ND RTE FD SVC MONTH  PARENT PAYMENT
              ST MTH CD  CD GRP SC DAY  RATE  FEE  AMOUNT
<= Search for
0101010101  010101  010101  5 0107 009 811 R03 25 21 676.00
0101010101  010101  010101  2 0107 009 811 R06 25 23 429.00          429.00
0101010101  010101  010101  2 0107 009 811 R36 25 23 247.00          247.00
0101010101  010101  010101  5 0107 009 811 R03 25 21 676.00
0101010101  010101  010101  2 0107 009 811 R06 25 23 429.00          429.00
0101010101  010101  010101  2 0107 009 811 R36 25 23 247.00          247.00
0101010101  010101  010101  5 0107 009 811 R03 25 2 676.00
0101010101  010101  010101  2 0107 009 811 R06 25 23 429.00          429.00
0101010101  010101  010101  2 0107 009 811 R36 25 23 247.00          247.00
0101010101  010101  010101  5 0107 009 811 R03 25 21 640.00
0101010101  010101  010101  2 0107 009 811 R06 25 23 429.00 121.00 308.00
                STARS 5 SMART START BONUS %
PROVIDER: 921904  FACILITY: 39270389 ABC LAND, INC II
NEW FACILITY:
A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/o Pmt T=Term Facility
F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu
5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction cd
GHB049- MORE IN LIST - F7, F8, or F3.
    
```

Figure 1.1.2 - 2: Turnaround listing for keyed Facility ID

1.2 Add Payment for New Child

You can add a payment for a new child by selecting this option from the Payment Processing Menu.

Add a payment for a new child

1. Type "2" in the **SELECTION** field. Also type in the Facility ID in the **FACILITY ID** field and the DCS ID in the **CHILD ID** field. Press **<ENTER>** to proceed to the Child Demographic Detail screen (Figure 1.2 – 1).

```

GHB7001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001  PAYMENT PROCESSING MENU FOR PAYMENT MONTH: JANUARY    09:50:59

  OPTION  DESCRIPTION                                     KEY
  -----  -----
  (1)     TURNAROUND                                     FACILITY ID (OPTIONAL)
  (2)     ADD PAYMENT FOR NEW CHILD                     FACILITY ID / CHILD ID
                                                    SERVICE MONTH (OPTIONAL)
  (3)     PRIOR MONTH CORRECTION                       FACILITY ID / SERVICE MONTH
  (4)     LIST OF FACILITIES REQUIRING                   NONE
            ATTENTION
  (5)     SMART START BONUS % CENTERS                  SERVICE MONTH (OPTIONAL)
  (6)     SMART START BONUS % HOMES                    SERVICE MONTH (OPTIONAL)

SELECTION: 2   J9270389   20061116001  ( MMYYYY )
              FACILITY ID   CHILD ID     SVC MO

F KEYS: 1=Help 2=Child Name Search 3=Exit 4=Main Menu
    
```

Figure 1.2 - 1: Select Option 2 - Add Payment for a New Child

2. If the child **is not** in the system, a message will appear at the bottom of the screen prompting you to key in the required information (Figure 1.2 – 2).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    09:51:28
LAST NAME        FIRST NAME        MI        VIEW FAMILY DATA
DCS ID 20061116001  EIS ID        EIS CASE
DOB             SSN             RACE      GENDER
              ELIGIBILITY BEGIN      END
FAMILY CASE     NO. RESPONSIBLE ADULTS    MONTHLY INCOME
COUNTY 92 WAKE  INCOME UNIT SIZE          LIVES WITH RELATIVE(Y/N)

-----
CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II  PROVIDER 921904 ABC LANC INC
SERVICE MONTH 2007 01 JANUARY      MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PAYMENT RATE                SERVICE AMOUNT
MONTHLY PARENT FEE                 PARENT FEE AMOUNT
SERVICE DAYS 23 PARTIAL            PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N     STARS Y          SS QUALITY BONUS (Y/N) Y
SPECIAL FEES                       FUND SOURCE
RATE GROUP                          CLIENT STATUS
CATEGORY CD                          MORE @ FOUR (Y/N)
NEED CODE                            W/E RATE (Y/N) N CORR CD
NEW CLIENT CD                        ENHANCEMENT CD

F KEYS: 1=Help 3=Exit 4=Main Menu
GHB184- DCS ID does not exist, continue adding new child invoice detail.
    
```

Figure 1.2 - 2: DCS ID not found, continue to key required data

3. Enter all required demographic and payment information. Type “Y” in the **VIEW FAMILY DATA** field.
4. Press **<ENTER>** and a blank Family Information screen will appear (Figure 1.2. – 3).

The screenshot displays a terminal-style interface for a subsidized child care reimbursement system. At the top, it shows the user ID 'GHB7305M', the system name 'SUBSIDIZED CHILD CARE REIMBURSEMENT', and the date/time '070604 09:270001'. The main section is titled 'CHILD DEMOGRAPHIC DETAIL' and contains fields for 'LAST NAME MILLER', 'FIRST NAME JOHN', 'MI', 'VIEW FAMILY DATA Y', 'DCS ID 20061116001', 'EIS ID', 'EIS CASE', 'DOB 2003-11-10', 'SSN', 'RACE W GENDER M', 'ELIGIBILITY BEGIN 2006-12-01', and 'END 2007-12-01'. Below this, it shows 'FAMILY CASE 111444', 'NO. RESPONSIBLE ADULTS', 'MONTHLY INCOME 1425', and 'COUNTY 92 WAKE' with 'INCOME UNIT SIZE 2'. A dashed red line separates this from the 'FAMILY INFORMATION' section, which includes 'FAMILY CASE NO. 111444', 'FAMILY CASE NAME', 'CASE ADDRESS', 'CITY/STATE/ZIP' (with 'NC - 0000' visible), 'TELEPHONE NUMBER () -', 'WORKER', and 'CHILDREN:'. At the bottom, a 'NOTES' box contains the message 'PURCHASER PLEASE COMPLETE THIS RECORD RECORD INCOMPLETE', and the prompt 'End _ Update' is visible.

Figure 1.2 - 3: Blank Family Information screen

Family Case Information

Family Case Information is required when entering a new child or updating/adding an entry where no family case information exists. The system will display an edit message only when keying in the current Turnaround.

The system will display an edit message:

- When adding new entries.
- When entries are being updated and family case information does not exist.
- When additional entries have no existing family case information.

The system will not display an edit message:

- When an entry with existing family case information is being updated.
- When entries are being added which have family case information already entered in an existing entry.
- When performing a prior month correction.

5. Type in the following required information: contact name, address, city, state, zip code and case worker information. A telephone number is optional. The names of children cannot be entered.
6. Press **<ENTER>**. If the information is not complete, the system generates the following error message: “PURCHASER PLEASE COMPLETE THIS RECORD. RECORD INCOMPLETE.”

7. Once the information is complete, the following message appears: "GHB554 – Enter 'Y' to UPDATE. ENTER 'Y' in END or F3 to exit" (Figure 1.2 – 4).
8. Tab to the **UPDATE** field and enter "Y". Press <ENTER>.

```

GHB7305M          SUBSIDIZED CHILD CARE REIMBURSEMENT          070604
09270001          CHILD DEMOGRAPHIC DETAIL                    09:53:10
LAST NAME MILLER   FIRST NAME JOHN   MI   VIEW FAMILY DATA Y
DCS ID 20061116001 EIS ID          EIS CASE
DOB 2003-11-10    SSN          RACE W GENDER M
FAMILY CASE 111444 ELIGIBILITY BEGIN 2006-12-01 END 2007-12-01
COUNTY 92 WAKE   INCOME UNIT SIZE 2   MONTHLY INCOME 1425
-----
FAMILY INFORMATION
FAMILY CASE NO. 111444
FAMILY CASE NAME MILLER
CASE ADDRESS 123 MAIN STREET
CITY/STATE/ZIP RALEIGH NC 27603 - 0000
TELEPHONE NUMBER ( 919 ) 555 - 1234
WORKER Willia
CHILDREN:

The following information is required:
Family Case Name
Case Address - city, state,
zip code
Worker- Case Worker
information

Note that the telephone
number is optional and the
names of children cannot be
entered.

NOTES: PURCHASER PLEASE COMPLETE THIS RECORD
RECORD INCOMPLETE
GHB554- Enter Y to UPDATE. ENTER Y in END or F3 to exit.
End Update Y
    
```

Figure 1.2 - 4: Family Information complete, enter "Y" to update

9. The system returns you to the Child Demographic Detail record screen with a message that the family record update was successful (Figure 1.2 – 5).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    09:53:15
LAST NAME MILLER   FIRST NAME JOHN   MI   VIEW FAMILY DATA
DCS ID 20061116001 EIS ID          EIS CASE
DOB 2003-11-10    SSN          RACE W GENDER M
FAMILY CASE 111444 ELIGIBILITY BEGIN 2006-12-01 END 2007-12-01
COUNTY 92 WAKE   INCOME UNIT SIZE 2   MONTHLY INCOME 1425
LIVES WITH RELATIVE(Y/N)
-----
CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II
SERVICE MONTH 2007 01 JANUARY PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE _585.00 MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT
SERVICE DAYS 23 PARTIAL PARENT FEE AMOUNT
PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE
RATE GROUP R13 CLIENT STATUS 2
CATEGORY CD 009 MORE @ FOUR (Y/N) N
NEED CODE 811 W/E RATE (Y/N) N CORR CD
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB452- Family record successfully updated.
    
```

Figure 1.2 - 5: Family record successfully updated

10. Press **<ENTER>**. If the data in the record screen satisfies all system edits, the F10 message to confirm the update will appear (Figure 1.2 – 6).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    09:54:11
LAST NAME MILLER      FIRST NAME JOHN      MI      VIEW FAMILY DATA
DCS ID 20061116001    EIS ID              EIS CASE
DOB 2003-11-10      SSN                 RACE W GENDER M
                                ELIGIBILITY BEGIN 2006-12-01  END 2007-12-01
FAMILY CASE 111444    NO. RESPONSIBLE ADULTS  MONTHLY INCOME 1425
COUNTY 92 WAKE      INCOME UNIT SIZE 2   LIVES WITH RELATIVE(Y/N) Y
-----
                                CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II
SERVICE MONTH 2007 01 JANUARY      PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE 585.00          MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PARENT FEE      FEE BEGINS          SERVICE AMOUNT 585.00
SERVICE DAYS 23 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.
    
```

Figure 1.2 - 6: Child Demographic Detail Record successfully keyed, press <F10> to update

11. Press **<F10>** to successfully add the record (Figure 1.2 – 7).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    09:54:56
LAST NAME          FIRST NAME          MI      VIEW FAMILY DATA
DCS ID -          EIS ID              EIS CASE
DOB -            SSN                 RACE GENDER
                                ELIGIBILITY BEGIN          END
FAMILY CASE          NO. RESPONSIBLE ADULTS  MONTHLY INCOME
COUNTY 92 WAKE      INCOME UNIT SIZE          LIVES WITH RELATIVE(Y/N)
-----
                                CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II
SERVICE MONTH 2007 01 JANUARY      PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE          MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PARENT FEE      FEE BEGINS          SERVICE AMOUNT
SERVICE DAYS 23 PARTIAL          PARENT FEE AMOUNT
                                PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N      STARS Y          SS QUALITY BONUS (Y/N) Y
SPECIAL FEES                                FUND SOURCE
RATE GROUP          CLIENT STATUS
CATEGORY CD          MORE @ FOUR (Y/N) N
NEED CODE          W/E RATE (Y/N) N CORR CD
NEW CLIENT CD          ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB151- Successful Add.
    
```

Figure 1.2 - 7: Child Demographic Detail Record successfully added

12. If the data **does not** satisfy all of the system edits, the cursor will move to the incorrect entry and a corresponding error message will appear at the bottom of the screen. Correct the error and press **<ENTER>** to continue through any subsequent error messages.
13. Once all errors are corrected, the F10 message to confirm the update will appear. Press **<F10>** to accept all corrections for a successful update.
14. If the child is already in the system, the corresponding child demographic detail data will appear (Figure 1.2 – 8). Enter all required payment information and press **<ENTER>**.
15. Follow steps 10 through 13.

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    09:55:13
LAST NAME CREECH   FIRST NAME A... MI E VIEW FAMILY DATA
DCS ID 12345678912 EIS ID EIS CASE
DOB          SSN RACE W GENDER F
ELIGIBILITY BEGIN 2006-08-24 END 2007-08-23
FAMILY CASE NO. RESPONSIBLE ADULTS 1 MONTHLY INCOME 2372
COUNTY 92 WAKE INCOME UNIT SIZE 3 LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY 9270389 ABC LAND, INC II
SERVICE MONTH 2007 01 JANUARY PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT
SERVICE DAYS 23 PARTIAL PARENT FEE AMOUNT
PAYMENT AMOUNT
$1.00 FOOD SUPPLEMENT (Y/N) N STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE
RATE GROUP CLIENT STATUS
CATEGORY CD MORE @ FOUR (Y/N) N
NEED CODE W/E RATE (Y/N) N CORR CD
NEW CLIENT CD ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB148- Child has been found using DCS ID.
    
```

Figure 1.2 - 8: Child found with keyed DCS ID

1.2.1 Correcting errors

If the data **does not** satisfy all the program edits, the cursor will move to the field with the incorrect entry and an error message at the bottom of the screen will display information related to the incorrect field entry (Figure 1.2.1 – 1).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          CHILD DEMOGRAPHIC DETAIL                    12:24:59
LAST NAME JONES      FIRST NAME MARTHA      MI E VIEW FAMILY DATA
DCS ID 21114444555  EIS ID              EIS CASE
DOB 2003-04-25      SSN                RACE GENDER
ELIGIBILITY BEGIN 2007-05-01  END 2008-05-01
FAMILY CASE 343434  NO. RESPONSIBLE ADULTS 1  MONTHLY INCOME 1585
COUNTY 78 ROBESON  INCOME UNIT SIZE 3  LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY N7810131 A GIFT FROM GOD DAYCARE
SERVICE MONTH 2007 05 MAY      PROVIDER 781165 ANNETTE C. HERNDON
MONTHLY PAYMENT RATE 200.00    MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE      FEE BEGINS      SERVICE AMOUNT      200.00
SERVICE DAYS 23 PARTIAL      PARENT FEE AMOUNT
PAYMENT AMOUNT      200.00
$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 1 NEW ENROLLMENT
CATEGORY CD 009 WITH REGARD TO INCOME  MORE @ FOUR (Y/N) N
NEED CODE 813 EMPLOYED      W/E RATE (Y/N) N CORR CD
NEW CLIENT CD      ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB183- Warning: Rate Group does not match child's age.
    
```

Figure 1.2.1 - 1: Error message generated

1. Correct the error (change the code in the **RATE GROUP** field to the correct one, R14, in this example).
2. Press **<ENTER>** to continue. Once all of the information is correct, the F10 message to confirm the update will appear again (Figure 1.2.1 – 2).
3. Press **<F10>** to confirm the update/corrections.

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          CHILD DEMOGRAPHIC DETAIL                    12:25:32
LAST NAME JONES      FIRST NAME MARTHA      MI E VIEW FAMILY DATA
DCS ID 21114444555  EIS ID              EIS CASE
DOB 2003-04-25      SSN                RACE GENDER
ELIGIBILITY BEGIN 2007-05-01  END 2008-05-01
FAMILY CASE 343434  NO. RESPONSIBLE ADULTS 1  MONTHLY INCOME 1585
COUNTY 78 ROBESON  INCOME UNIT SIZE 3  LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY N7810131 A GIFT FROM GOD DAYCARE
SERVICE MONTH 2007 05 MAY      PROVIDER 781165 ANNETTE C. HERNDON
MONTHLY PAYMENT RATE 200.00    MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE      FEE BEGINS      SERVICE AMOUNT      200.00
SERVICE DAYS 23 PARTIAL      PARENT FEE AMOUNT
PAYMENT AMOUNT      200.00
$1.00 FOOD SUPPLEMENT (Y/N) N  STARS Y      SS QUALITY BONUS (Y/N) Y
SPECIAL FEES      FUND SOURCE 25 SCC
RATE GROUP R14 FIRST SHIFT 4 YRS  CLIENT STATUS 1 NEW ENROLLMENT
CATEGORY CD 009 WITH REGARD TO INCOME  MORE @ FOUR (Y/N) N
NEED CODE 813 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.
    
```

Figure 1.2.1 - 2: Error corrected and accepted - Press F10 to confirm

1.2.2 Pending a record

If the errors cannot be corrected while entering the data, put the record in pending (P) status. You can return to the record at any time prior to close-out. Once close-out is complete, all remaining pending records are deleted.

1. Type "P" in the **CLIENT STATUS** field (Figure 1.2.2 - 1).
2. Press <ENTER>.

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          CHILD DEMOGRAPHIC DETAIL                    12:26:19
LAST NAME JONES   FIRST NAME MARTHA   MI E   VIEW FAMILY DATA
DCS ID 21114444555   EIS ID          EIS CASE
DOB 2003-04-25     SSN            RACE   GENDER
ELIGIBILITY BEGIN 2007-05-01   END 2008-05-01
FAMILY CASE 343434   NO. RESPONSIBLE ADULTS 1   MONTHLY INCOME 1585
COUNTY 78 ROBESON   INCOME UNIT SIZE 3   LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY N7810131 A GIFT FROM GOD DAYCARE
SERVICE MONTH 2007 05 MAY   PROVIDER 781165 ANNETTE C. HERNDON
MONTHLY PAYMENT RATE 400.00   MONTH PAYMENT REQUESTED 05 MAY
MONTHLY PARENT FEE          FEE BEGINS          SERVICE AMOUNT 200.00
SERVICE DAYS 23          PARTIAL          PARENT FEE AMOUNT
PAYMENT AMOUNT 200.00
$1.00 FOOD SUPPLEMENT (Y/N) N   STARS Y          SS QUALITY BONUS (Y/N) Y
SPECIAL FEES          FUND SOURCE 25 SCC
RATE GROUP R14 FIRST SHIFT 4 YRS   CLIENT STATUS P   NEW ENROLLMENT
CATEGORY CD 009 WITH REGARD TO INCOME   MORE @ FOUR (Y/N) N
NEED CODE 813 EMPLOYED          W/E RATE (Y/N) N   CORR CD
NEW CLIENT CD          ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB161- Monthly Payment Rate Entered Exceeds Maximum Allowed Value.
    
```

Figure 1.2.2 - 1: Pending a record - change client status to "P"

3. Press <F10> to confirm the change in client status.
4. Note Pending record in listing (Figure 1.2.2 - 2).

```

GHB7101M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          TURNAROUND                    12:26:52
PAYMENT MONTH: MAY
----- NAME -----
LAST   FIRST   DCS   CL SVC CAT  ND RTE FD SVC MONTH  PARENT PAYMENT
      <= Search for
      * JONES  MART 21114444555 P 0507 009 813 R14 25 23 400.00
      * JONES  MART 21114444555 P 0507 009 813 R13 25 23 516.00
      * JONES  MART 21114444555 P 0507 009 811 R06 25 23 335.00
      * JONES  MART 21114444555 P 0507 009 811 R36 25 1 98.00
      * JONES  MART 21114444555 P 0507 009 811 R11 25 23 542.00 222.00 320.00
      * JONES  MART 21114444555 P 0507 009 813 R14 25 23 400.00
      * JONES  MART 21114444555 P 1106 009 833 R03 25 217.00
      * JONES  MART 21114444555 P 1206 009 833 R03 25 7 217.00
      * JONES  MART 21114444555 P 0107 009 832 R03 25 5 325.00
      * JONES  MART 21114444555 P 0207 009 832 R03 25 1 325.00
      * JONES  MART 21114444555 P 0307 009 832 R03 25 325.00
      STARS 3 SMART START BONUS %
PROVIDER: 781165   FACILITY: N7810131 A GIFT FROM GOD DAYC PURCHASER: 78
NEW FACILITY:
A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll W/O Pmt T=Term Facility
F KEYS: 1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu
5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd
GHB049- MORE IN LIST - F7, F8, or F3.
    
```

Figure 1.2.2 - 2: Pending record in Turnaround listing

1.3 Prior Month Correction

This option allows corrections to and inquiries of payments made during prior months.

1.3.1 Correcting a prior month's payment

1. Type "3" in the **SELECTION** field, the Facility ID in the **FACILITY ID** field and the service month and year (MMYYYY) in the **SVC MO** field (Figure 1.3.1 – 1).
2. Press **<ENTER>** to go to the prior payment screen based upon the ID and service month and year keyed.

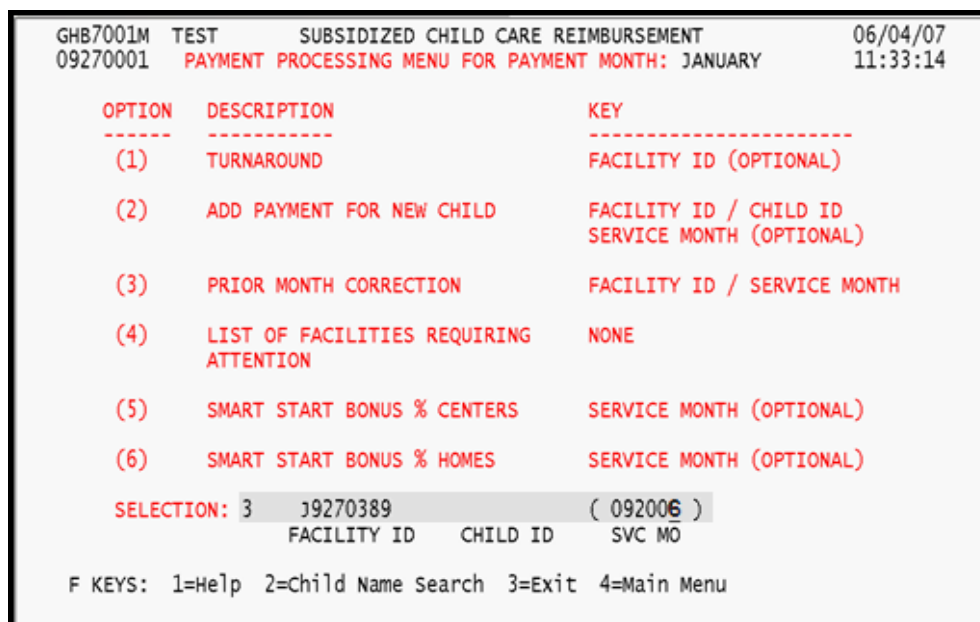


Figure 1.3.1 - 1: Select Option 3 - Prior Month Correction

3. Type a "C" beside the record for correction (Figure 1.3.1 – 2).

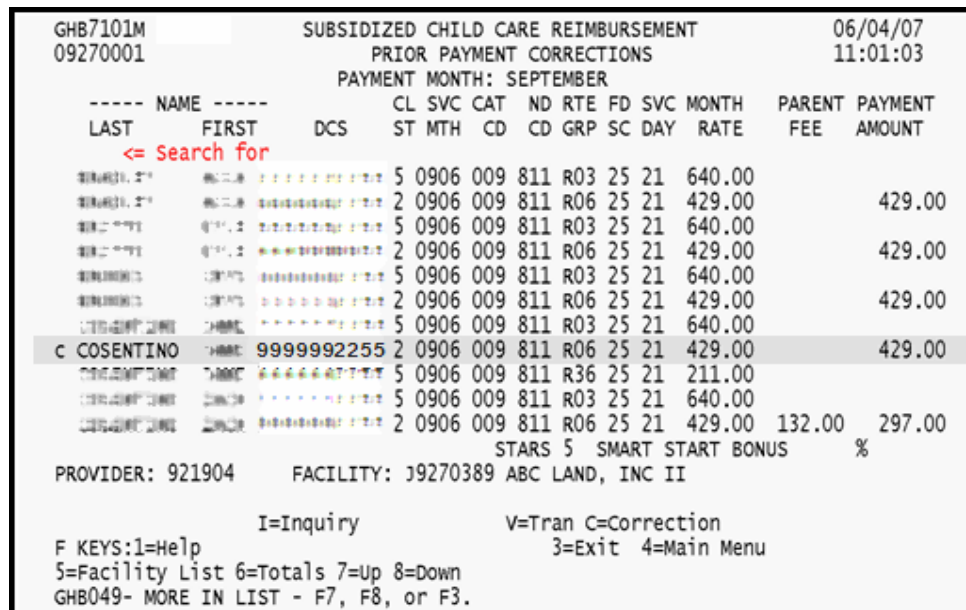


Figure 1.3.1 - 2: Select a record for correction

- Press **<ENTER>**. A Correction Codes pop-up menu will appear. Tab to the appropriate code and type "S" beside it (Figure 1.3.1 – 3).

Figure 1.3.1 - 3: Select a correction code from the pop-up menu

- Press **<ENTER>** to go to the Child Demographic Detail record for the month you keyed (Figure 1.3.1 – 4). The record shows negative amounts in the **SERVICE AMOUNT**, **PARENT FEE AMOUNT** and the **PAYMENT AMOUNT** fields. It also displays the Correction Code selected from the pop-up menu.

Figure 1.3.1 - 4: Press **<F10>** to confirm prior month's invoice correction

- Press <F10> to confirm the correction record the system created. The system will generate a message noting that the prior month's invoice has been corrected in the current month's Turnaround (Figure 1.3.1 – 5). If child payment detail information needs to be corrected, proceed to step 7.

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    11:19:11
LAST NAME COSENTINO  FIRST NAME MI L  VIEW FAMILY DATA
DCS ID 99999922555  EIS ID          EIS CASE
DOB          SSN          RACE W GENDER M
ELIGIBILITY BEGIN 2005-11-25  END 2006-11-24
FAMILY CASE NO. RESPONSIBLE ADULTS 1  MONTHLY INCOME 2636
COUNTY 92 WAKE          INCOME UNIT SIZE 3  LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II
SERVICE MONTH 2006 09 SEPTEMBER  PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE 429.00  MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PARENT FEE - FEE BEGINS  SERVICE AMOUNT -429.00
SERVICE DAYS - 21  PARTIAL  PARENT FEE AMOUNT
PAYMENT AMOUNT -429.00
$1.00 FOOD SUPPLEMENT (Y/N)  STARS Y  SS QUALITY BONUS (Y/N) Y
SPECIAL FEES  FUND SOURCE 25 SCC
RATE GROUP R06 FIRST SHIFT BEFORE A CLIENT STATUS 3  TERMINATE 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 1  ADMIN ERRORS
NEW CLIENT CD  ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB182- Prior month's invoice corrected in current month's turnaround.
    
```

Figure 1.3.1 - 5: Prior month's invoice corrected

- Tab to the field(s) that need to change and type in the correct payment information. For this example, type "19" in the **SERVICE DAYS** field (Figure 1.3.1 – 6).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    11:19:11
LAST NAME COSENTINO  FIRST NAME MI L  VIEW FAMILY DATA
DCS ID 99999922555  EIS ID          EIS CASE
DOB          SSN          RACE W GENDER M
ELIGIBILITY BEGIN 2005-11-25  END 2006-11-24
FAMILY CASE NO. RESPONSIBLE ADULTS 1  MONTHLY INCOME 2636
COUNTY 92 WAKE          INCOME UNIT SIZE 3  LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY J9270389 ABC LAND, INC II
SERVICE MONTH 2006 09 SEPTEMBER  PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE 429.00  MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PARENT FEE - FEE BEGINS  SERVICE AMOUNT -429.00
SERVICE DAYS 19  PARTIAL -  PARENT FEE AMOUNT
PAYMENT AMOUNT -429.00
$1.00 FOOD SUPPLEMENT (Y/N)  STARS Y  SS QUALITY BONUS (Y/N) Y
SPECIAL FEES  FUND SOURCE 25 SCC
RATE GROUP R06 FIRST SHIFT BEFORE A CLIENT STATUS 3  TERMINATE 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 1  ADMIN ERRORS
NEW CLIENT CD  ENHANCEMENT CD
F KEYS: 1=Help 3=Exit 4=Main Menu
GHB182- Prior month's invoice corrected in current month's turnaround.
    
```

Figure 1.3.1 - 6: Apply correction (i.e. change number of service days)

8. Press <ENTER> (Figure 1.3.1 – 7).

```

GHB7301M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          CHILD DEMOGRAPHIC DETAIL                    11:19:19
LAST NAME COSENTINO FIRST NAME MI L VIEW FAMILY DATA
DCS ID 99999922555 EIS ID EIS CASE
DOB 01/01/01 SSN RACE W GENDER M
ELIGIBILITY BEGIN 2005-11-25 END 2006-11-24
FAMILY CASE NO. RESPONSIBLE ADULTS 1 MONTHLY INCOME 2636
COUNTY 92 WAKE INCOME UNIT SIZE 3 LIVES WITH RELATIVE(Y/N) Y
-----
CHILD PAYMENT DETAIL
FACILITY 19270389 ABC LAND, INC II
SERVICE MONTH 2006 09 SEPTEMBER PROVIDER 921904 ABC LANC INC
MONTHLY PAYMENT RATE 429.00 MONTH PAYMENT REQUESTED 01 JANUARY
MONTHLY PARENT FEE FEE BEGINS SERVICE AMOUNT 376.20
SERVICE DAYS 19 PARTIAL PARENT FEE AMOUNT
PAYMENT AMOUNT 376.20
$1.00 FOOD SUPPLEMENT (Y/N) STARS Y SS QUALITY BONUS (Y/N) Y
SPECIAL FEES FUND SOURCE 25 SCC
RATE GROUP R06 FIRST SHIFT BEFORE A CLIENT STATUS 3 TERMINATE 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.
    
```

Figure 1.3.1 - 7: Press <F10> to accept the corrected information

9. Press <F10> to confirm. The records are now part of the current month's Turnaround listing (Figure 1.3.1 – 8).

```

GHB7101M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001          TURNAROUND                                11:20:14
PAYMENT MONTH: JANUARY
----- NAME -----
LAST FIRST DCS CL SVC CAT ND RTE FD SVC MONTH PARENT PAYMENT
          <= Search for
* COSENTINO 99999922555 3 0906 009 811 R06 25 21 429.00 -429.00
COSENTINO 99999922555 3 0906 009 811 R06 25 19 429.00 376.20
          2 0107 009 811 R06 25 23 429.00 429.00
          2 0107 009 811 R36 25 23 247.00 247.00
          STARS 5 SMART START BONUS %
PROVIDER: 921904 FACILITY: 19270389 ABC LAND, INC II
NEW FACILITY:
A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/o Pmt T=Term Facility
F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu
5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd
GHB049- MORE IN LIST - F7, F8, or F3.
    
```



Prior month corrections appear in the current month's Turnaround.

Figure 1.3.1 - 8: Prior month correction records in current month's Turnaround listing

- From this screen press **<F12>** to view the correction code associated with a corrected record (Figure 1.3.1 – 9).

GHB7101M		SUBSIDIZED CHILD CARE REIMBURSEMENT										06/04/07		
09270001		TURNAROUND										11:20:14		
PAYMENT MONTH: JANUARY														
LAST	FIRST	DCS	CL	SVC	CAT	ND	RTE	FD	SVC	MONTH	PARENT	PAYMENT		
			ST	MTH	CD	CD	GRP	SC	DAY	RATE	FEE	AMOUNT		
<= Search for CORRECTIONS														
			0107	009	811	R03	25	21	676.00					
			0107	009	811	R06	25	23	429.00		429.00			
			0107	009	811	R36	25	23	247.00		247.00			
			0107	009	811	R03	25	21	676.00					
			0107	009	811	R06	25	23	429.00		429.00			
			0107	009	811	R36	25	23	247.00		247.00			
			0107	009	811	R03	25	2	676.00					
*	COSENTINO		0906	009	811	R06	25	21	429.00		-429.00			
			0906	009	811	R06	25	19	429.00		376.20			
			0107	009	811	R06	25	23	429.00		429.00			
			0107	009	811	R36	25	23	247.00		247.00			
PRESS ANY KEY TO END												TARS 5	SMART START BONUS	%
PROVIDER: 921904		FACILITY: J9270389 ABC LAND, INC II												
NEW FACILITY:														
A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll W/O Pmt T=Term Facility														
F KEYS:1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu														
5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd														
GHB049- MORE IN LIST - F7, F8, or F3.														

Figure 1.3.1 - 8: Press **<F12>** to view the correction code associated with a corrected record

1.3.2 Viewing a prior month correction for inquiry

- Type "3" in the **SELECTION** field, then type the Facility ID in the **FACILITY ID** field and the service month and year (MMYYYY) in the **SVC MO** field.
- Press **<ENTER>** to go to the prior payment screen based upon the ID and service month and year keyed.
- Type an "I" beside the record you want to review and press **<ENTER>** (Figure 1.3.2 – 1).



You can only view a record when using this feature. No corrections can be made.

GHB7101M		SUBSIDIZED CHILD CARE REIMBURSEMENT										06/04/07		
09270001		PRIOR PAYMENT CORRECTIONS										11:38:03		
PAYMENT MONTH: SEPTEMBER														
LAST	FIRST	DCS	CL	SVC	CAT	ND	RTE	FD	SVC	MONTH	PARENT	PAYMENT		
			ST	MTH	CD	CD	GRP	SC	DAY	RATE	FEE	AMOUNT		
<= Search for														
			42	0906	009	811	R06	25	21	429.00	132.00	297.00		
			45	0906	009	811	R36	25	20	211.00				
			42	0906	009	811	R03	25	21	640.00	168.00	472.00		
I	COVINGTON		0906	009	811	R06	25	21	429.00		84.00	345.00		
			5	0906	009	811	R36	25	21	211.00				
			5	0906	009	811	R03	25	21	640.00				
			2	0906	009	811	R06	25	21	429.00	25.00	404.00		
			5	0906	009	811	R03	25	21	640.00				
			2	0906	009	811	R06	25	21	429.00		429.00		
			5	0906	009	811	R03	25	21	640.00				
			2	0906	009	811	R06	25	21	429.00		429.00		
PRESS ANY KEY TO END												STARS 5	SMART START BONUS	%
PROVIDER: 921904		FACILITY: J9270389 ABC LAND, INC II												
I=Inquiry														
V=Tran C=Correction														
F KEYS:1=Help 3=Exit 4=Main Menu														
5=Facility List 6=Totals 7=Up 8=Down														
GHB049- MORE IN LIST - F7, F8, or F3.														

Figure 1.3.1 - 9: Select a record for Prior Month Correction Inquiry

1.4 List of Facilities Requiring Attention

This option lists any facilities with payments that need to be reviewed and/or corrected prior to close-out.

Viewing facilities that require attention

1. Type "4" in the **SELECTION** field (Figure 1.4 – 1).
2. Press <ENTER> and the List of Facilities Requiring Attention will appear.

```

GHB7001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          PAYMENT PROCESSING MENU FOR PAYMENT MONTH: MAY 13:03:55

  OPTION  DESCRIPTION                                     KEY
  -----  -----                                     -----
  (1)     TURNAROUND                                     FACILITY ID (OPTIONAL)
  (2)     ADD PAYMENT FOR NEW CHILD                     FACILITY ID / CHILD ID
                                                    SERVICE MONTH (OPTIONAL)
  (3)     PRIOR MONTH CORRECTION                       FACILITY ID / SERVICE MONTH
  (4)     LIST OF FACILITIES REQUIRING ATTENTION        NONE
  (5)     SMART START BONUS % CENTERS                  SERV MTH (OPT) /PUR/CNTY
  (6)     SMART START BONUS % HOMES                    SERV MTH (OPT) /PUR/CNTY

SELECTION: 4
           FACILITY ID  CHILD ID  ( MMYYYY )
           _____  _____  SVC MO  _____

F KEYS: 1=Help 2=Child Name Search 3=Exit 4=Main Menu
    
```

Figure 1.4 - 1: Select Option 4 - List of Facilities Requiring Attention

3. Tab to a facility and type "S" beside it (Figure 1.4 – 2).

```

GHB7401M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/07/07
99901037          LIST OF FACILITIES REQUIRING ATTENTION        13:10:32
SEL              FACILITY NAME  - ID -  PROVIDER NAME  - ID -  FAC. TOTAL
-----+-----+-----+-----+-----+-----
      <= Search for
DONNA'S DAY OUT CHILD CARE J3270291 DONNA F. HOGGS      321729      1851.20
KING'S KIDS CHILD DEVELOPM J3270334 YOLANDA M SINGLETARY 321715      17280.60
KNOWLEDGE CHRISTIAN ACADEM J3210440 MMAC, INC           321700      33226.95
s RUSSELL MEMORIAL CHILD DEV J3240088 RUSSELL MEMORIAL CME 321104      23795.30
TENDERCARE LEARNING CENTER J3270350 ANNIE M HALL        321665      15039.95
WILLING CARE DAY CARE HOME J3270189 ELONA M. NICHOLS    321244       3114.30

Purchaser 032                                     Total      1816117.70
F KEYS: 1=Help 3=Exit 4=Main Menu 7=Up 8=Down
GHB048- END OF LIST - F7 to go up the list or F3 to exit.
    
```

Figure 1.4 - 2: Select a facility to review its records

- Press **<ENTER>** and a list of child payment records needing review will appear (Figure 1.4 – 3). Type 'U' and press **<ENTER>** to view the record. The highlighted record(s) must be corrected before Purchaser Close-out can be completed.

GHB7101M		SUBSIDIZED CHILD CARE REIMBURSEMENT										06/07/07	
99901037		TURNAROUND										13:10:37	
----- NAME -----		PAYMENT MONTH: MAY											
LAST	FIRST	DCS	CL	SVC	CAT	ND	RTE	FD	SVC	MONTH	PARENT	PAYMENT	
			ST	MTH	CD	CD	GRP	SC	DAY	RATE	FEE	AMOUNT	
<= Search for													
JONES			2	0507	009	811	R36	25	23	303.00		303.00	
MCCAIN			2	0507	009	811	R36	25	23	303.00		303.00	
u PETTIFORD			2	0507	009	811	R36	25	23	303.00		303.00	

PROVIDER: 321104 FACILITY: J3240088 STARS 3 SMART START BONUS %
 RUSSELL MEMORIAL CHI PURCHASER: 32
 NEW FACILITY:

A=Add Pmt U=Update I=Inquiry F=Food Supp V=Tran E=Enroll w/O Pmt T=Term Facility
 F KEYS: 1=Help 2=Add Payment for New Child 3=Exit 4=Main Menu
 5=Facility List 6=Totals 7=Up 8=Down 9=Global Payment Change 12=Correction Cd
 GHB048- END OF LIST - F7 to go up the list or F3 to exit.

Figure 1.4 - 3: Select a record to review

- The error message relating to this record will appear at the bottom of the screen (Figure 1.4 – 4). You must correct the record to remove it from the Turnaround listing for a facility. Records for all of the facilities requiring attention must be corrected in order to close out.

GHB7301M		SUBSIDIZED CHILD CARE REIMBURSEMENT										06/07/07	
99901037		CHILD DEMOGRAPHIC DETAIL										13:10:47	
LAST NAME	PETTIFORD	FIRST NAME	MI	VIEW FAMILY DATA									
DCS ID		EIS ID	EIS CASE										
DOB		SSN	RACE B	GENDER	M								
ELIGIBILITY BEGIN 2002-04-26			END 2007-10-29										
FAMILY CASE		NO. RESPONSIBLE ADULTS	1	MONTHLY INCOME 1599									
COUNTY	32 DURHAM	INCOME UNIT SIZE	4	LIVES WITH RELATIVE(Y/N) Y									

CHILD PAYMENT DETAIL													
FACILITY	J3240088	RUSSELL MEMORIAL CHILD DEVELOPMENT CENTER											
SERVICE MONTH	2007 05 MAY	PROVIDER	321104	RUSSELL MEMORIAL CME									
MONTHLY PAYMENT RATE	303.00	MONTH PAYMENT REQUESTED	05	MAY									
MONTHLY PARENT FEE		FEE BEGINS		SERVICE AMOUNT	303.00								
SERVICE DAYS	23	PARTIAL		PARENT FEE AMOUNT	303.00								
				PAYMENT AMOUNT	303.00								
\$1.00 FOOD SUPPLEMENT (Y/N)	N	STARS	Y	SS QUALITY BONUS (Y/N) Y									
SPECIAL FEES		FUND SOURCE	25	SCC									
RATE GROUP	R36	1ST SHIFT HOLI, TWK,	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													
GHB763- Warning: R06/S06 is also required before the county closes out.													

Figure 1.4 - 4: Press enter to view error message

1.5 Smart Start Bonus % Centers

This option allows the Purchaser to add and remove Smart Start bonus payments for centers for current and prior service months.

Adding or removing Smart Start bonus payments for a center

1. Type "5" in the **SELECTION** Field (Figure 1.5 – 1).
2. Press **<ENTER>** and the Smart Start Bonus Percentages - Centers screen will appear (Figure 1.5 – 2).

```

GHB7001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001  PAYMENT PROCESSING MENU FOR PAYMENT MONTH: JANUARY    13:16:43

  OPTION  DESCRIPTION                                     KEY
  -----  -----                                     -----
  (1)    TURNAROUND                                     FACILITY ID (OPTIONAL)
  (2)    ADD PAYMENT FOR NEW CHILD                     FACILITY ID / CHILD ID
                                                SERVICE MONTH (OPTIONAL)
  (3)    PRIOR MONTH CORRECTION                       FACILITY ID / SERVICE MONTH
  (4)    LIST OF FACILITIES REQUIRING                  NONE
          ATTENTION
  (5)    SMART START BONUS % CENTERS                  SERVICE MONTH (OPTIONAL)
  (6)    SMART START BONUS % HOMES                    SERVICE MONTH (OPTIONAL)

SELECTION: 5
          FACILITY ID  CHILD ID  ( MMYYYY )
          SVC MO

F KEYS: 1=Help 2=Child Name Search 3=Exit 4=Main Menu
    
```

Figure 1.5 - 1: Select Option 5 - Smart Start Bonus % Centers

```

GHB5101M          SUBSIDIZED CHILD CARE          06/04/07
09270001  SMART START BONUS PERCENTAGES - CENTERS    13:17:30

PURCHASER ID  92    WAKE COUNTY

PAYMENT DATE  2007-01-01

SMART START QUALITY BONUS IN EFFECT FOR ABOVE PAYMENT DATE:
1 STAR 00 %  2 STAR 00 %  3 STAR 00 %  4 STAR 00 %  5 STAR 00 %

SERVICE DATE  TWO STARS    THREE STARS    FOUR STARS    FIVE STARS
2002-10-01    00            00            00            00
2002-07-01    05            05            10            15
2000-09-01    05            25            30            40
2000-04-01    05            25            30            40
1999-10-01    00            00            00            00

F KEYS:1=HELP 3=EXIT 4=MAIN MENU
    
```

Figure 1.5 - 2: Bonus Percentages screen for Centers

3. Tab to the star levels you would like to change and key in the new percentage rates (Figure 1.5 – 3). Press **<ENTER>**.
4. Press **<F10>** to confirm. Smart Start bonuses will now be added or removed automatically by the system if applicable.

```
GHBS101M          SUBSIDIZED CHILD CARE          06/04/07
09270001          SMART START BONUS PERCENTAGES - CENTERS 13:17:53

PURCHASER ID  92    WAKE COUNTY

PAYMENT DATE  2007-01-01

SMART START QUALITY BONUS IN EFFECT FOR ABOVE PAYMENT DATE:
1 STAR 00 %   2 STAR 00 %   3 STAR 15 %   4 STAR 00 %   5 STAR 25 %

SERVICE DATE  TWO STARS   THREE STARS   FOUR STARS   FIVE STARS
2002-10-01    00             00            00            00
2002-07-01    05             05            10            15
2000-09-01    05             25            30            40
2000-04-01    05             25            30            40
1999-10-01    00             00            00            00

F KEYS:1=HELP 3=EXIT 4=MAIN MENU
GHBS105- Press F10 to confirm update or F3 to cancel.
```

Figure 1.5 - 3: Key in updates

1.6 Smart Start Bonus % Homes

This option allows the Purchaser to add and remove Smart Start Bonus payments for licensed family child care homes for current and prior service months.

Adding or removing Smart Start bonus payments for a family child care home

1. Type "6" in the **SELECTION** field (Figure 1.6 – 1).
2. Press **<ENTER>** and the Smart Start Bonus Percentages - Homes screen will appear (Figure 1.6.1 – 2).

```

GHB7001M          SUBSIDIZED CHILD CARE REIMBURSEMENT          06/04/07
09270001  PAYMENT PROCESSING MENU FOR PAYMENT MONTH: JANUARY  13:18:01

  OPTION  DESCRIPTION                                     KEY
  -----  -----                                     -----
  (1)    TURNAROUND                                     FACILITY ID (OPTIONAL)
  (2)    ADD PAYMENT FOR NEW CHILD                     FACILITY ID / CHILD ID
                                                SERVICE MONTH (OPTIONAL)
  (3)    PRIOR MONTH CORRECTION                       FACILITY ID / SERVICE MONTH
  (4)    LIST OF FACILITIES REQUIRING                  NONE
          ATTENTION
  (5)    SMART START BONUS % CENTERS                   SERVICE MONTH (OPTIONAL)
  (6)    SMART START BONUS % HOMES                     SERVICE MONTH (OPTIONAL)

SELECTION: 6 ( MMYYYY )
           FACILITY ID  CHILD ID  SVC MO

F KEYS: 1=Help 2=Child Name Search 3=Exit 4=Main Menu
    
```

Figure 1.6 - 1: Select Option 6 - Smart Start Bonus % Homes

```

GHB5101M          SUBSIDIZED CHILD CARE          06/04/07
09270001  SMART START BONUS PERCENTAGES - HOMES  13:18:05

PURCHASER ID  92    WAKE COUNTY

PAYMENT DATE  2007-01-01

SMART START QUALITY BONUS IN EFFECT FOR ABOVE PAYMENT DATE:
1 STAR 00 %  2 STAR 00 %  3 STAR 00 %  4 STAR 00 %  5 STAR 00 %

SERVICE DATE  TWO STARS  THREE STARS  FOUR STARS  FIVE STARS
2002-10-01    00         00         00         00
2002-07-01    05         05         10         15
2000-09-01    05         25         30         40
2000-04-01    05         25         30         40
1999-10-01    00         00         00         00

F KEYS:1=HELP 3=EXIT 4=MAIN MENU
    
```

Figure 1.6 - 2: Bonus Percentages screen for Homes

3. Tab to the star levels you would like to change and key in the new percentage rates. Press **<ENTER>** (Figure 1.6 – 3).
4. Press **<F10>** to confirm. Smart Start bonuses will now be added or removed automatically by the system if applicable.

```
GHB5101M          SUBSIDIZED CHILD CARE          06/04/07
09270001          SMART START BONUS PERCENTAGES - HOMES 13:18:23

PURCHASER ID  92    WAKE COUNTY

PAYMENT DATE  2007-01-01

SMART START QUALITY BONUS IN EFFECT FOR ABOVE PAYMENT DATE:
1 STAR 00 %  2 STAR 00 %  3 STAR 12 %  4 STAR 18 %  5 STAR 00 %

SERVICE DATE  TWO STARS    THREE STARS    FOUR STARS    FIVE STARS
2002-10-01    00              00              00              00
2002-07-01    05              05              10              15
2000-09-01    05              25              30              40
2000-04-01    05              25              30              40
1999-10-01    00              00              00              00

F KEYS:1=HELP 3=EXIT 4=MAIN MENU
GHB105- Press F10 to confirm update or F3 to cancel.
```

Figure 1.6 - 3: Key in updates