13 FEDERAL SAMPLING MENU

This option displays information from randomly selected family cases for the purpose of federal reporting. In accordance with reporting requirements, 200 cases per month statewide are randomly selected for sampling in North Carolina. Since cases are randomly chosen, a purchasing agency may not have cases selected every month.

For each case sampled there are three areas of information to report:

> I.   Head of Family Receiving Assistance
> II.   Family Income Sources
> III.   Dependent Children Receiving Child Care Assistance

To complete the report, family and child care data must be entered by the local purchasing agency before purchaser close-out. Part 13.2 of this section contains field descriptions for each of the three areas of information.

> *Select Option 13 from the Main Menu and press <ENTER>. The Federal Sampling Menu screen will appear (Figure 13 – 2).*
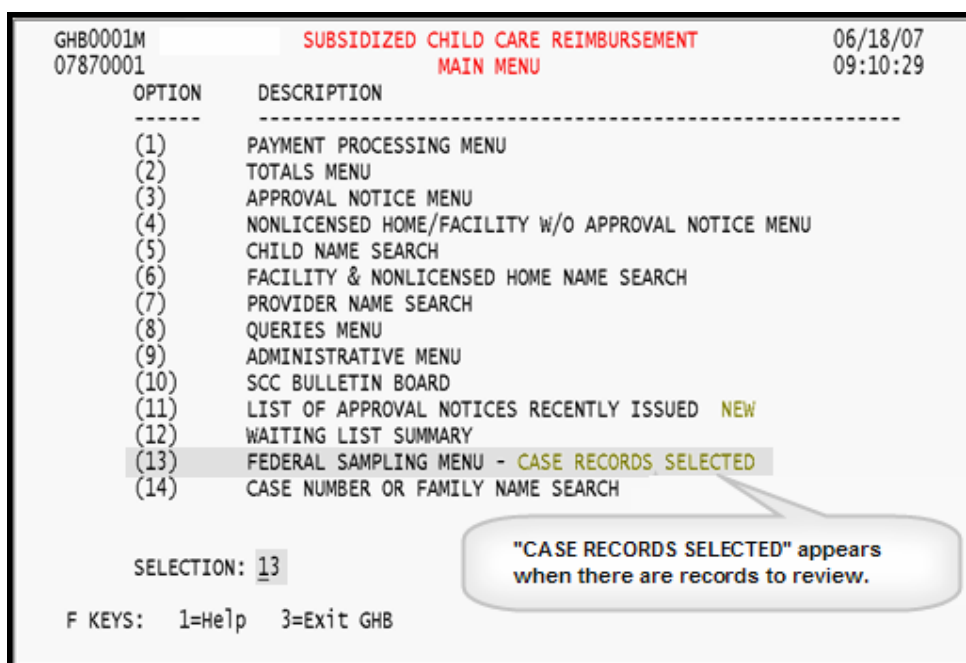

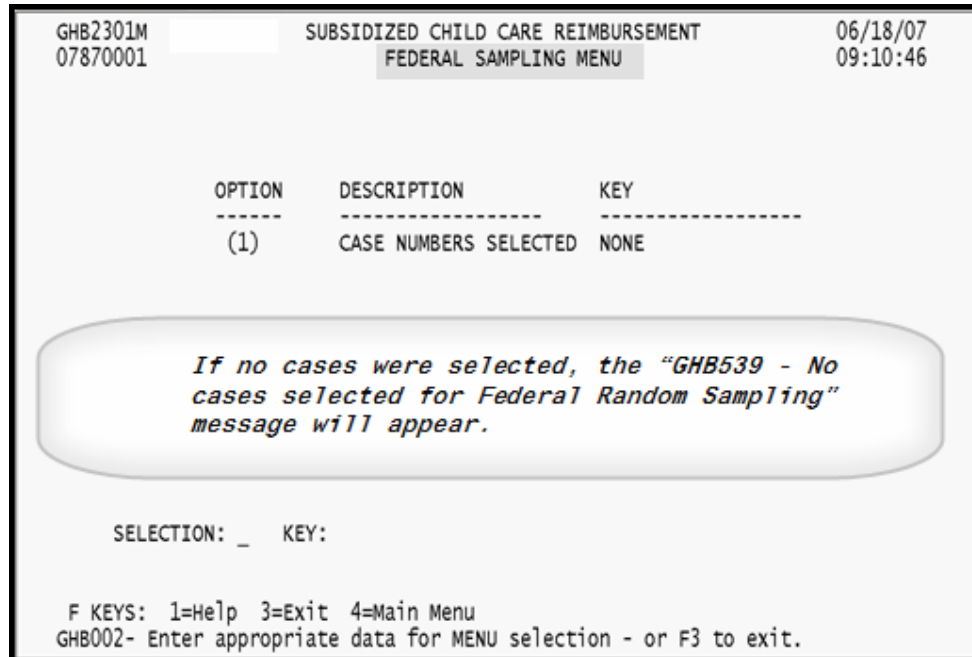**Figure 13 - 1: Option 13 - Federal Sampling Menu**

```
GHB2301M              SUBSIDIZED CHILD CARE REIMBURSEMENT        06/18/07
07870001                    FEDERAL SAMPLING MENU                09:10:46




          OPTION      DESCRIPTION          KEY
          ------      ------------------   ------------------
           (1)        CASE NUMBERS SELECTED  NONE



              If no cases were selected, the "GHB539 - No
              cases selected for Federal Random Sampling"
              message will appear.




     SELECTION: _   KEY:


  F KEYS:  1=Help  3=Exit  4=Main Menu
  GHB002- Enter appropriate data for MENU selection - or F3 to exit.
```

Figure 13 - 2: Federal Sampling Menu

13.1 Reviewing Cases for Federal Sampling Report

1. *Type "1" in the* **SELECTION** *field to show cases selected for sampling. Press* **<ENTER>** *(Figure 13.1 – 1).*

```
GHB2301M              SUBSIDIZED CHILD CARE REIMBURSEMENT        06/18/07
07870001                    FEDERAL SAMPLING MENU                09:10:46




          OPTION      DESCRIPTION          KEY
          ------      ------------------   ------------------
           (1)        CASE NUMBERS SELECTED  NONE








     SELECTION: 1   KEY:


  F KEYS:  1=Help  3=Exit  4=Main Menu
  GHB002- Enter appropriate data for MENU selection - or F3 to exit.
```
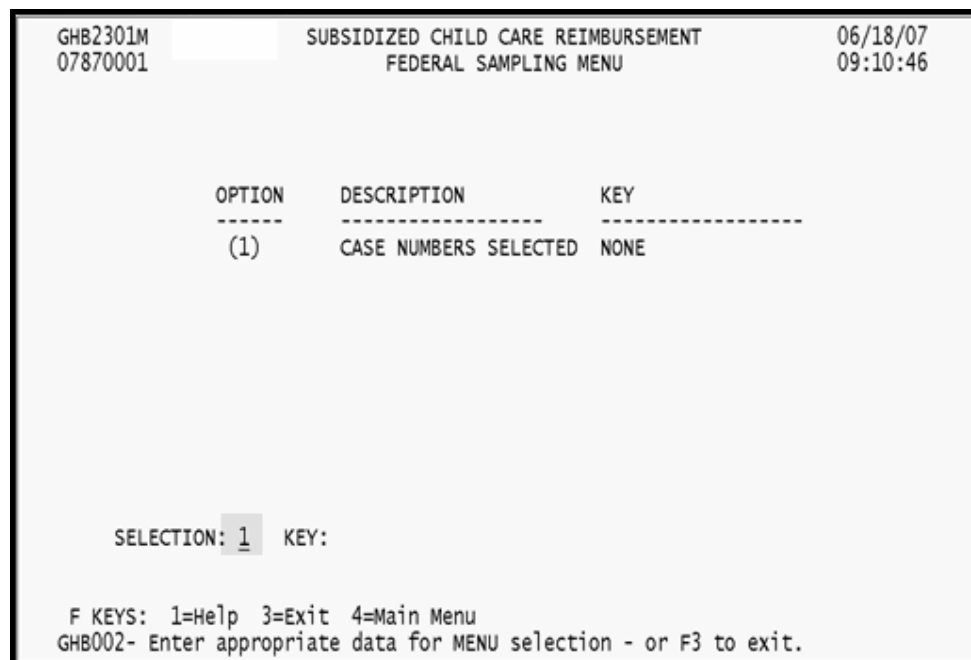
Figure 13.1 - 1: Select Option 1 - Case Numbers Selected

2. *A list of selected federal sampling cases appears. Type "S" in the **SEL** field beside the case you want to review. Press **<ENTER>** (Figure 13.1 – 2).*

Figure 13.1 - 2: Select a case to review

3. *The Child Care Federal Sampling Case Record screen appears. The first two areas of information, Head of Family Receiving Assistance and Family Income Sources, appear on the first page. Note that some fields are restricted access. You cannot edit the data in these fields. Fields available for update are highlighted in Figure 13.1 – 3.*

Figure 13.1 - 3: Federal Sampling Case Record screen sections I and II - fields for update highlighted

4. *Review data and make changes, if needed. Press* **<ENTER>**. *If there are no edits, the message "GHB212 – This page has passed all edits" will appear (Figure 13.1 – 4). If there are edits, there will be a message stating the edit. Address the edit(s) until the page passes all edits.*


```
GHB2501M              SUBSIDIZED CHILD CARE REIMBURSEMENT            06/18/07
07870001            CHILD CARE FEDERAL SAMPLING CASE RECORD          09:11:00
I. HEAD OF FAMILY RECEIVING ASSISTANCE
Reporting Period                                         Mth: 03   Yr: 2007
Family Case Number
Social Security Number for Head of Family                   _  -   -
No. Responsible Adults                                      1
Total Monthly Family Parent Fee                          $  155
Month/Year Child Care Assistance to the Family started   Mth: 1    Yr: 2004
Total Monthly Family Income for determining Eligibility  $  1725



II. FAMILY INCOME SOURCES
                     Income Source                            (Y/N)
Employment including Self Employment                            Y
Cash or other Monetary Assistance under Title IV of Social Security Act  N
State program for which State spending is counted towards TANF MOE   N
Housing Voucher or Cash Assistance                             N
Assistance under the Food Stamps Act of 1977                   N
Other Federal Cash Income programs                             N

F KEYS: 3=Exit 4=Main Menu 8=Down
GHB212- This page has passed all edits. Press F8 to go down to next page.
```

Figure 13.1 - 4: Federal Sampling Case Record screen sections I and II - page passed all edits

5. *Press* **<F8>** *to go to the next page of information, Dependent Children Receiving Child Care Assistance (Figure 13.1 – 5).*


```
GHB2502M              SUBSIDIZED CHILD CARE REIMBURSEMENT            06/18/07
07870001            CHILD CARE FEDERAL SAMPLING CASE RECORD          09:11:04
            III. DEPENDENT CHILDREN RECEIVING CHILD CARE ASSISTANCE
                               HISP.   ASIAN   ISLAND    GENDER  TOT   TOT
            CHILD NAME             INDIAN   BLACK   WHITE       SERVAMT HRS

                               N   Y   N   N   N   N    M
 1 DOB:              N7810142 HUNT'S DAY CARE                   325   176



                               N   Y   N   N   N   N    F
 2 DOB:              N7810142 HUNT'S DAY CARE                   130   70







PF KEYS: 3=Exit 4=Main Menu 7=Up 8=Down
GHB512- End of Children for this Sample Family Case.
```

Figure 13.1 - 5: Federal Sampling Case Record screen section III

6. *There are three records per page. If there are more than three children, press* **<F8>** *to view additional pages. The "GHB512 – End of Children for this Sample Family Case" message appears at the bottom of the last page. Fields available for update are shown in Figure 13.1 – 6.*

Figure 13.1 - 6: Federal Sampling Case Record screen section III - fileds available for update

7. *Review data and make changes, if needed. Press* **<ENTER>**. *If there are no edits, the "GHB105 – Press F10 to confirm update or F3 to cancel" message appears (Figure 13.1 – 7). If there are edits, there will be a message stating the edit. Address edit(s) until the page passes all edits.*

Figure 13.1 - 7: Federal Sampling Case Record screen section III - press F10 to update

8. Press **<F10>** and the "GHB152 – Successful Update" message appears.
9. Press **<F3>** until you return to the Child Care Federal Sampling Cases screen list.
10. Repeat steps 2 through 9 for each case listed.

13.2 Child Care Federal Sampling Case Record Field Descriptions

Below are field descriptions needed to complete the report. Some descriptions contain additional key information.

13.2.1 Head of Family Receiving Assistance

Reporting Period: Reporting period is the service month for the month and year being reported. This field is displayed by the system.

Family Case Number: Family case number is selected in the random sampling. This field is displayed by the system.

Social Security Number for Head of Family: This field is no longer required to be entered by the purchasing agency.

No. Responsible Adults: The number of responsible adults must be reported for ALL cases. This field is displayed by the system.
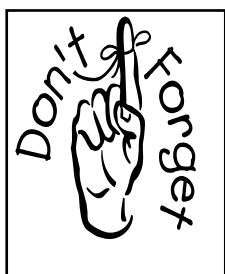
Zero (0) is entered in the responsible adult's field only when the child is considered head of household, such as a child living with someone other than his/her parents.

IF 0 RESPONSIBLE ADULTS IS DISPLAYED OR IF A 0 IS TYPED IN THIS FIELD, A "GHB542- WARNING! VERIFY 0 RESPONSIBLE ADULTS IN CASE RECORD" MESSAGE APPEARS. REVIEW THE FAMILY CASE AND ENSURE THAT 0 IS THE CORRECT VALUE. IF 0 IS CORRECT, PRESS <ENTER> AGAIN. IF 0 IS INCORRECT, TYPE THE CORRECT VALUE AND PRESS <ENTER> AGAIN.

Total Monthly Family Parent Fee: The total family monthly parent fee is displayed by the system. If there was no parent fee, this field will be a zero (0).

Month/Year Child Care Assistance to the Family Started: Type the month and year in the following format: MMYYYY. If child care assistance to the family was discontinued for a period of three months or less, enter the original date assistance began. If child care assistance to the family was discontinued for a period of more than three months, enter the date child care assistance resumed.

Total Monthly Family Income for Determining Eligibility: Monthly income is displayed by the system. If information was not entered on the Child Demographic Detail screen, this field will be blank. Tab to the field and type the monthly income. If the income is zero, type "0" in this field.

13.2.2 Family Income Sources

Tab to **Y/N** field and type "Y" for Yes or "N" for No to indicate family income source(s). Each source **MUST** have **Y** or **N**. **This is family income, not income used to determine child care eligibility in North Carolina**. Federal reporting requirements are only capturing the income sources listed below. If there are no income sources or none of these apply to the case, type "N" in each field**.**

Employment, including Self-Employment

Cash or other Monetary Assistance under Title IV of the Social Security Act
(Work First Family Assistance in North Carolina)

State program for which State spending is counted towards TANF MOE
(Not applicable in North Carolina - field will default to **N** for No)

Housing Voucher or Cash Assistance

Assistance under the Food Stamps Act of 1977

Other Federal Cash Income programs (SSI, SSA, VA, Black Lung and Railroad Retirement)

13.2.3 Dependent Children Receiving Child Care Assistance

Information for each child associated with the selected case is displayed on this screen. Displayed are the child's name, birth date, facility where care is being received and service amount of the child's care. If the child received care in more than one facility, each facility is listed with the service amount of the child's care for each facility.

RACE: Information from the Child Detail record is displayed on this screen as **Y** in the appropriate field. If no race is indicated, tab to the appropriate field and type "Y". If a child is more than one race, also type "Y" in the other field(s). If **Y** is selected for the Hispanic ethnicity field, then you must also type "Y" in at least one of the following race fields: ASIAN, ISLAND, INDIAN, BLACK or WHITE. Each field **MUST** have **Y** or **N**. A **Y** must be typed in at least one race field or the following message will appear: "GHB574 - Enter at least one Race".

GENDER: If the child's gender was entered in the Child Detail record, it is displayed on this screen. If not, tab to the gender field and type "F" for female or "M" for male.

TOT HRS: The total hours of care the child received at a facility must be entered by the purchasing agency. Tab to the **TOT HRS** field and type the number of hours the child received care for the sampling month in each facility displayed.