SUBSIDIZED CHILD CARE SERVICES ADMINISTRATIVE LETTER No. 01-11

TO: Directors of County Departments of Social Services and Local Purchasing Agencies

FROM: Deborah J. Cassidy, Ph.D.

ISSUED: March 17, 2011

SUBJECT: Review, Revision and Update of Family Information in the Subsidized Child Care Reimbursement System

EFFECTIVE DATE: March 10, 2011

The purpose of this letter is to help Local Purchasing Agencies (LPAs) prepare for the implementation of the Subsidized Early Education for Kids (SEEK) system. As partners in the SEEK process, specific preparations by LPAs are necessary for the transition to SEEK. Following the steps that are provided in this letter will help LPA staff, parents and providers avoid confusion during the implementation process of SEEK. Immediate action on the steps is necessary now.

Parents will receive their magnetic stripe cards through the mail. Names and addresses for this mailing will be based on the family information section of the Child Demographic Detail Screen in the Subsidized Child Care Reimbursement System (SCCRS). All LPAs should conduct a thorough review to ensure that the name and mailing address information of all families is current, accurate and complete. Please do not abbreviate the name of the town or city and be careful to eliminate duplicate entries, if possible. Always include the family’s phone number which will help with our automated telephone communication about the SEEK magnetic stripe card beginning April.

Family Case Information
At the implementation of SEEK Phase I, the Family Case Name field in the SCCR system will be translated into two new fields: a new Case Unit Name and the Primary Authorized Cardholder. Since the SCCR system is formatted slightly different from the new fields, it is necessary that all SCCR family case names follow a standard prescribed format to accommodate the translation of data from SCCR system to the SEEK system. Please ensure that all active family case names are entered as FIRSTNAME LASTNAME. Use only one space to separate the names and do not use commas. Be sure to follow one of the Alternate Name Formats presented below when a case head is identified with multiple names.

Sample Entry on the Child Demographic Detail Screen:
FIRSTNAME LASTNAME
123 STREET ST
ANYTOWN NC 12345
TELEPHONE NUMBER (123) 333 – 4444

Acceptable Alternate Name Formats:
FIRST-MIDDLE LAST (hyphen only, and no space between First and Middle names)
FIRST LAST-LAST
FIRST LAST LAST

Note: Reading left to right; the name value entered before the first space will be identified as the cardholder’s first name and the name or names value(s) entered after the first space will be identified as the cardholder’s last name. Please be careful that you do not inadvertently enter two spaces between the first and last names. Be sure to hyphenate first-middle combinations so that the appropriate name value is recognized as the last name. You cannot use special characters or numbers in the Family Case Name field.
Two additional data items are now available in the SCCR Family Information screen to facilitate the implementation of SEEK. These items are the "Family DOB" and the "Family SIS ID" (both apply to the parent or responsible adult named as the case head).

As you are reviewing the family case name data for accuracy, please also complete these fields. The family case head DOB (date of birth) field is especially important as the parent or responsible adult must use their DOB to pin or activate the magnetic stripe card used to record children's attendance. The Family SIS is not required. If one has not been assigned to the party named, please leave the field blank and SCCR will systematically create a unique identification number.

<table>
<thead>
<tr>
<th>LAST_NAME</th>
<th>FIRST_NAME</th>
<th>MANDY</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCS ID</td>
<td>20072708331</td>
<td>EIS ID</td>
<td>EIS CASE</td>
</tr>
<tr>
<td>DOB</td>
<td>2007-07-04</td>
<td>SSN</td>
<td>RACE U GENDER M</td>
</tr>
<tr>
<td>FAMILY LANGUAGE EN</td>
<td>ELIGIBILITY BEG</td>
<td>2010-03-18</td>
<td>END 2011-03-17</td>
</tr>
<tr>
<td>FAMILY CASE</td>
<td>556677</td>
<td>NO. RESPONSIBLE ADULTS</td>
<td>1</td>
</tr>
<tr>
<td>COUNTY</td>
<td>82</td>
<td>DURHAM</td>
<td>INCOME UNIT SIZE</td>
</tr>
</tbody>
</table>

**FAMILY INFORMATION**

- **FAMILY DOB**: 1976-07-04
- **FAMILY SIS ID**
- **FAMILY CASE NO.**: 556677
- **FAMILY CASE NAME**: MARY WASHINGTON
- **CASE ADDRESS**: 10. CALVARY WAY
- **CITY/STATE/ZIP**: DURHAM, NC 27704
- **TELEPHONE NUMBER**: (919) 555-5555
- **WORKER**: DSS999
- **CHILDREN**:

  - Be sure to include the family's telephone number.

  - Enter the date of birth of the person listed as the case head into "Family DOB". This is a required field for all families participating in SEEK.

Once corrections are made to the Family Information section, tab to the right of the UPDATE field, enter “Y”, then press <ENTER>. The SCCR view returns to the Child Demographic Detail Screen with a message that the family record was successfully updated.

**Family Case Information for Department of Social Services (DSS) Custody**

When DSS has custody of foster children, the family case name in SCCR should be entered consistently by all county staff to ensure that the name values are translated properly into the correct Case Unit Name. Please enter the family case name as "County DSS Foster Care Unit" (i.e., Alamance DSS Foster Care Unit). Please pay particular attention that one space follows the county name and one space follows "DSS". The DSS mailing address should be used since the SEEK magnetic stripe cards for foster children will be mailed to the DSS Foster Care Unit. Please be sure to include the DSS area code and telephone number in the Family Information section.
In DSS custody cases, data translation for SEEK will also require data entry of additional "person" information in order to create the Primary Authorized Cardholder information. The DSS Director's name is to be entered as the DSS Foster Care Responsible Adult. Entry of the Director's name will be performed on the SCCR S Purchaser Update screen, located under SCCR S Main Menu Option (9) Administrative Menu, Option (2) Purchaser Update. Please see the sample below.
Alternate Cardholder Information
When Phase I of SEEK is implemented, workers will be introduced to a new data entry screen that will allow them to view the information related to the Primary Cardholder for a case, and to record an individual as Alternate Cardholder. It is important to remember that data entry must also include the person's DOB.

Data Warehouse Reports
Counties may run reports through Data Warehouse to obtain a current list of family demographic information. This will help you to identify specific records that need to be updated or corrected. A Data Warehouse query has already been developed for your use. This query is located at Public Folders\DHHS Main Document\DCD\Subsidized Childcare\SEEK. The name of the query is Families Served by Purchaser and Payment Requested Month.

Click on “Modify” to run the query. You will be prompted to enter your Purchaser ID number and the most recent payment requested month in this format YYYYMM. The prompt box will look like the box provided on the next page.
To change the purchaser ID value, click on "Enter Purchaser ID Number", click on the value in the search box, then click the >> arrow to move the value to the box on the right. Similarly, click on "Enter Payment Requested Month", scroll down to the last value listed and click >> to move the date value to the box on the right. Once your values are in place, click Run Query.

When the report displays on your screen, follow the directions below to save the results in an Excel file.
If you are unsure about your account to access the Data Warehouse, please see your county’s Security Officer. They will request Data Warehouse accounts from the DHHS Customer Support Center as needed. If you need technical assistance or instructions about how to navigate within and/or run a query within Data Warehouse, you should always first seek assistance from workers in your county with Data Warehouse experience. When you need additional assistance beyond the help of the workers in your agency, you can contact Carol Camley or Tyronda Ricks in the Information Technology Business Unit of the Division. Their contact information is provided below.

Carol.Camley@dhhs.nc.gov  (919) 890-7008
Tyronda.Ricks@dhhs.nc.gov  (919) 890-7090

Pilot counties must enter accurate information regarding family name, address, date of birth for the parent/responsible adult and phone number by April 15, 2011 and all other counties by April 29, 2011. Please share this information with any staff who will be involved in reviewing and updating information for SEEK implementation.

We thank you for your assistance and prompt attention to this request which will help all stakeholders move towards a successful implementation of the new time and attendance reporting system. Please provide a copy of this letter to all staff in your agency that work with the Subsidized Child Care Services Program. Furthermore, a copy of this letter must be maintained in your agency’s Subsidized Child Care Reimbursement System Manual. If you have questions about this letter, please contact Carol Camley, Tyronda Ricks or your Subsidy Services Consultant.

DJC: CC

cc: Child Care Coordinators
    Subsidy Services Consultants
    North Carolina Partnership for Children, Inc.