



North Carolina Department of Health and Human Services

DIVISION OF CHILD DEVELOPMENT

Phone: 919.662.4499 Fax: 919.661.4845 Courier Number: 56-20-17



Physical Address:
319 Chapanoke Road
Raleigh, NC 27603

Mailing Address:
2201 Mail Service Center
Raleigh, NC 27699-220

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Deborah J. Cassidy, Direct

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. *DJC*
ISSUED: March 10, 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 have two new fields: a new **Case Unit Name** and the **Primary Authorized Cardholder**. Since the SCCR field is formatted slightly different from the new fields, it is necessary that all SCCR family case names follow a 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
ANYTOWN NC 12345
TELEPHONE NUMBER (123) 333 - 4444

Acceptable Alternate Name Formats:

FIRST-MIDDLE LAST
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 **SCCRS 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 SCCRCS will systematically create a unique identification number.

GHB7305M TEST	SUBSIDIZED CHILD CARE REIMBURSEMENT		110310
00170001	CHILD DEMOGRAPHIC DETAIL		09:07:26
LAST NAME	ARANDA	FIRST NAME	NICOLAS MI A
DCS ID	20060058653	EIS ID	EIS CASE
DOB	2004-09-27	SSN	RACE W GENDER M
FAMILY LANGUAGE	ELIGIBILITY BEGIN	2004-05-14	END 2011-05-13
FAMILY CASE	095925	NO. RESPONSIBLE ADULTS	1 MONTHLY INCOME 2766
COUNTY	I ALAMANCE	INCOME UNIT SIZE	5

FAMILY INFORMATION			
FAMILY CASE NO.	095925	FAMILY DOB	FAMILY SIS ID
FAMILY CASE NAME	SANDRA LAMM		
CASE ADDRESS	323 CASWELL ST. LOT 126		
CITY/STATE/ZIP	BURLINGTON NC 27217 -		
TELEPHONE NUMBER	(336) 675 - 1268		
WORKER	MSPARK	Be sure to include the family's telephone number.	
CHILDREN:	ROMAN S ARANDA	MARISSA M FLORES	Family DOB is the date of birth of the individual listed in Family Case Name. This is a required field for all families participating in SEEK.
NOTES:			Provide Family SIS ID if known; leave this field blank if not known.
End _ Update _			

Once corrections are made to the Family Information section, tab to the right of the UPDATE field, enter "Y", then press <ENTER>. The SCCRCS 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 SCCRCS 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.

See additional instructions and information in the sample below.

GHB7305M TEST SUBSIDIZED CHILD CARE REIMBURSEMENT 110310
00170001 CHILD DEMOGRAPHIC DETAIL 09:36:32

LAST NAME ARANDA FIRST NAME NICOLAS MI A
DCS ID 20060058653 EIS ID EIS CASE
DOB 2004-09-27 SSN RACE W GENDER M
FAMILY LANGUAGE ELIGIBILITY BEGIN 2004-05-14 END 2011-05-13
FAMILY CASE 095925 NO RESPONSIBLE ADULTS 1 MONTHLY INCO*
COUNTY I ALAMANCE INCOME UNIT SIZE 5 DSS Custody Case -
No SIS will be entered.

FAMILY INFORMATION
FAMILY CASE NO 095925 FAMILY DOB 1960-01-02 FAMILY SIS ID
FAMILY CASE NAME ALMANCE DSS FOSTER CARE UNIT
CASE ADDRESS 319 NORTH GRAHAM HOPEDALE
CITY/STATE/ZIP BURLINGTON NC 27217 -
TELEPHONE NUMBER (336) 555 - 4545
WORKER CJONES
CHILDREN:
ROMAN

NOTES:

In DSS Custody Cases, the Director's name must be entered on the Purchaser Update screen in SCCRS. SEEK will use this information to create a Primary Authorized Cardholder record in the Director's name. The SEEK card will be mailed to the attention of the Director, to the address recorded here in Family Case Address.

The Director should select a date of birth that will be associated with all cases where the case name is "<County> DSS Foster Care Unit". The DOB may be the Director's actual date of birth, but may be any other date that will be easily remembered by DSS Foster Care workers.

A DOB that identifies the "case head" as a teenager or as a person 100 years old or older creates conflicts with case identification procedures and is therefore unacceptable.

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 *SCCRS Purchaser Update* screen, located under SCCRS Main Menu Option (9) Administrative Menu, Option (2) Purchaser Update.

GHB5601M TEST SUBSIDIZED CHILD CARE REIMBURSEMENT 03/10/11
00170001 PURCHASER UPDATE 09:53:10

PURCHASER ID: 001
PURCHASER NAME: ALAMANCE COUNTY
ADDRESS 1: 31 N. GRAHAM HOPEDALE PHONE: (336) 229 - 2963
ADDRESS 2: SUITE C - DSS OFFICE EXT:
CITY: BURLINGTON STATE NC ZIP 27217 -
COURIER NO: 17 - 42 - 05

SMART START Y
CLOSE OUT DATE: - - FOR PAYMENT MONTH 1
CONTACT NAME 1: RICHARD STEGENGA
CONTACT NAME 2: ANGELA FRYE PHONE: (336) 229 - 3844
EXT:

EMAIL ADDRESS:
KRISTTE KYLANDER@ALAMANCE-NC.COM
PLEASE ENTER THE NAME OF THE DSS DIRECTOR IN YOUR COUNTY:
FIRST MI LAST HOWARD K JONES

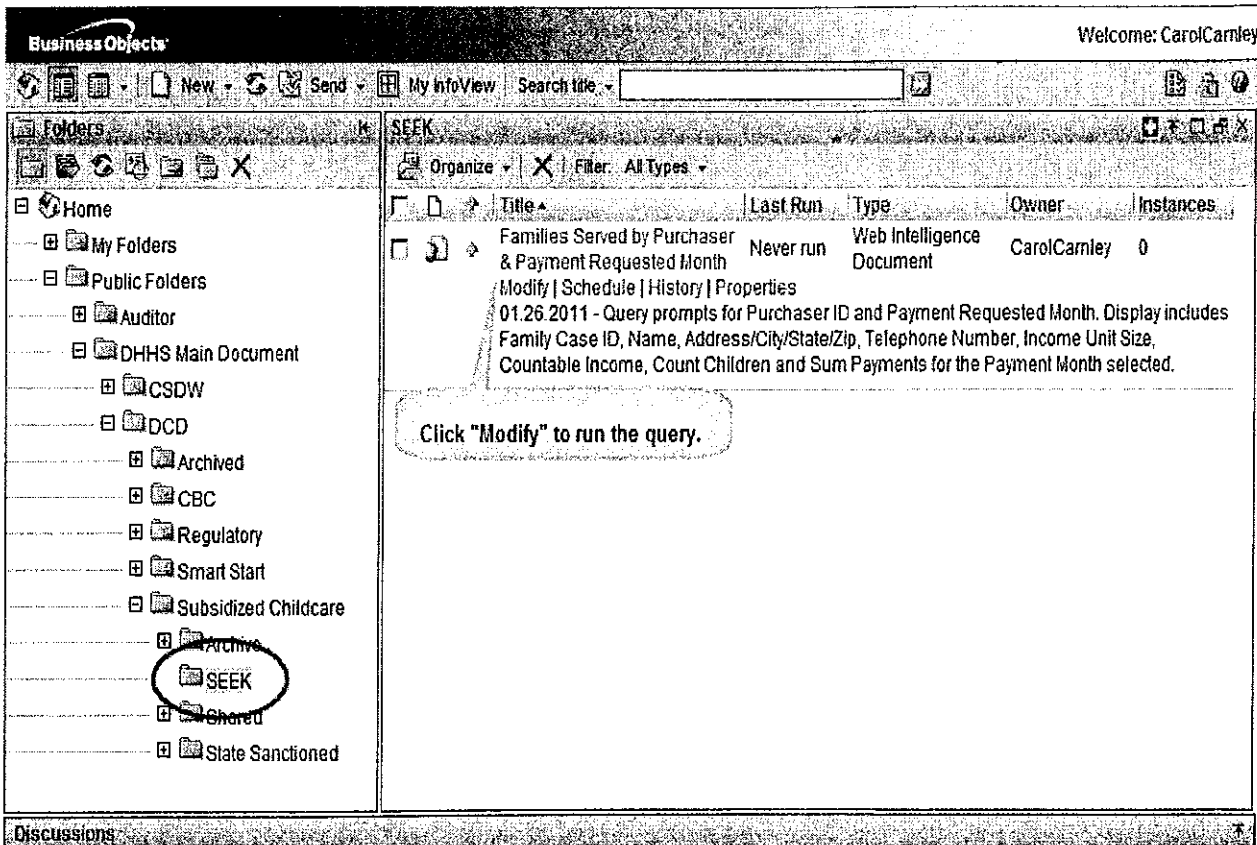
KEYS: 1=Help 3=Exit 4=Main Menu
GHB152- Successful Update.

Alternate Cardholder Information

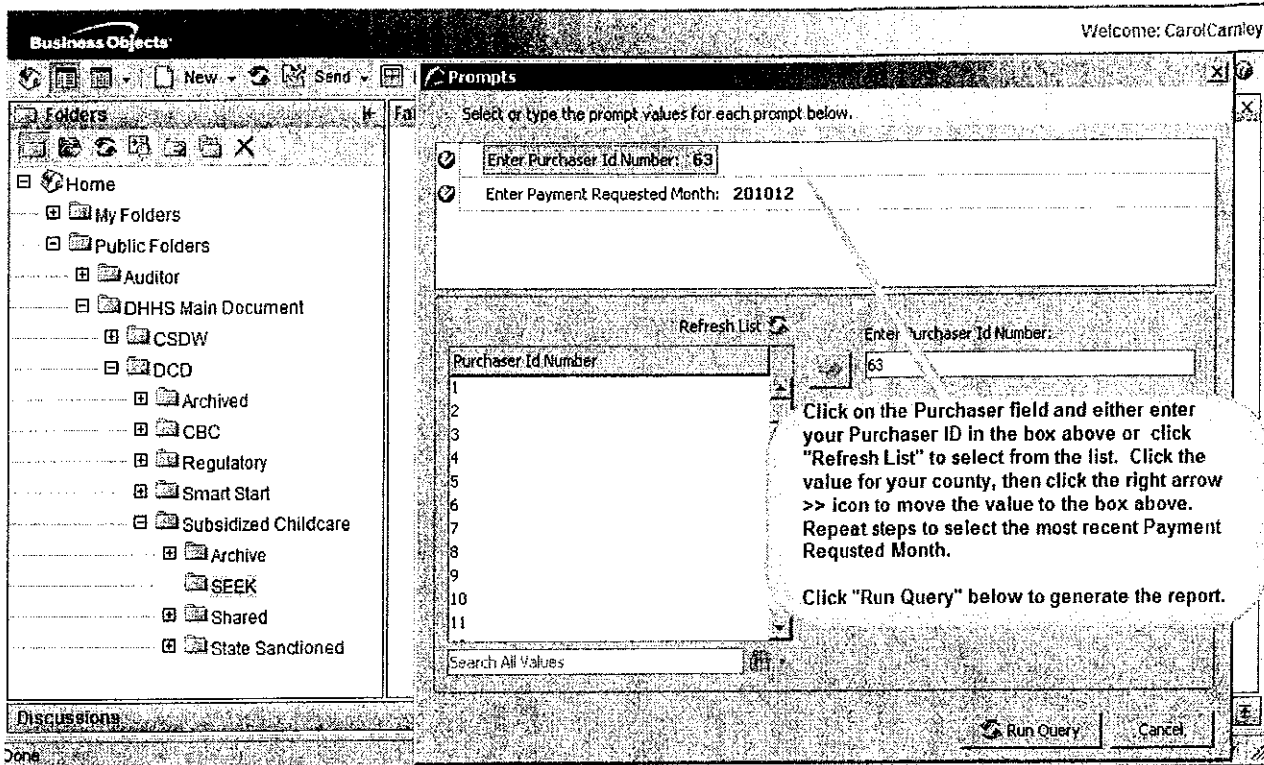
When Phase I of SEEK is implemented, workers will be introduced to a new data entry screen that will allow them to record the name of an individual who will be named as **Alternate Cardholder**. It is important to remember that data entry must also include the person's DOB.

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**.

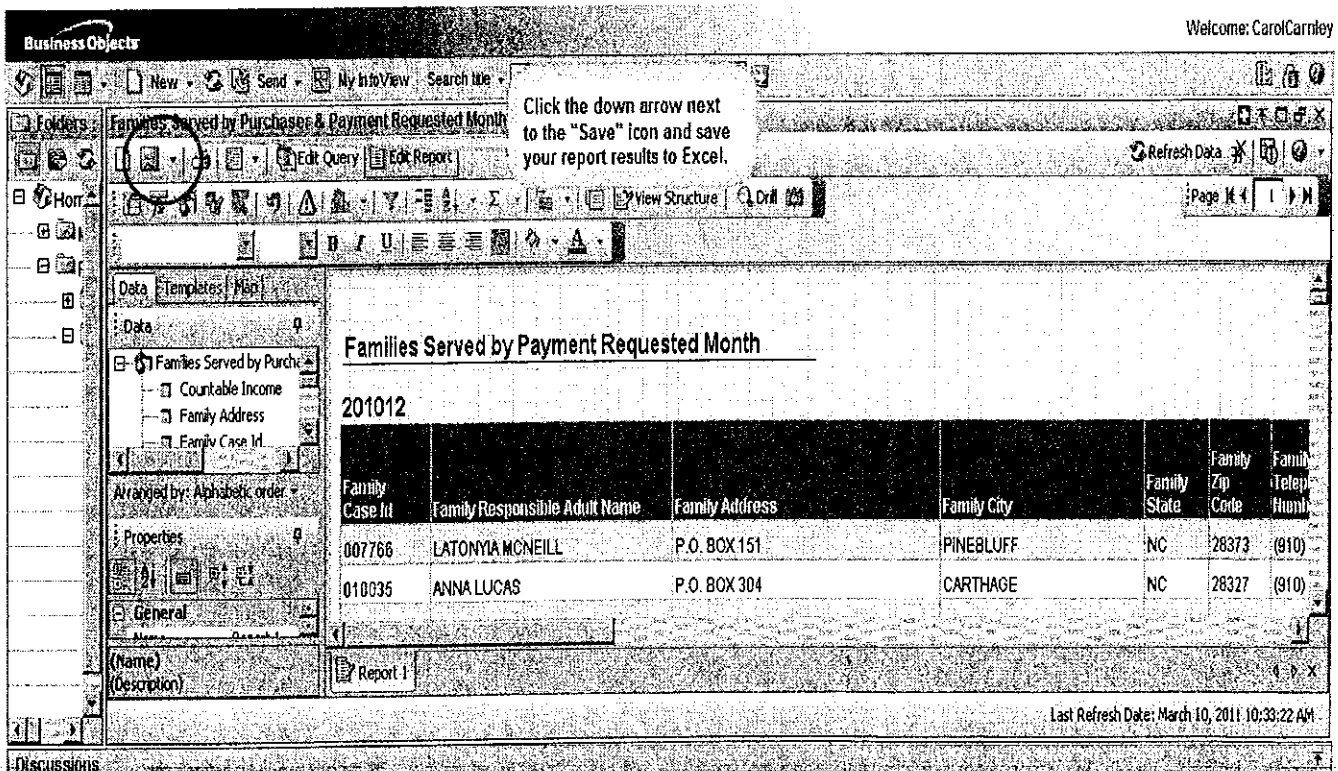


Click on "Modify" to run the query. You will be prompted to enter your Purchaser ID number and the most recent payment requested month in this format YYYYMM. The prompt box will look like the box provided on the next page.



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.



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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. If you have questions about this letter, please contact your Subsidy Services Consultant.

DJC:CC

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