

SUPPLEMENTAL INFORMATION HEADER

The following pages contain supplemental information for this competitive document. The supplemental information is contained between this header and a trailer page. If you receive the trailer page, all supplemental information has been received.

If you do not receive the trailer page of this supplement, use the inquiry process described in the document to notify the Procurement Representative.

Note: portions of the supplemental information provided may or may not contain page numbers. The total number of pages indicated on the cover page does not include the pages contained in the supplements.

Supplement One

W-9

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable saving trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Supplement Two

Child Care BI Facts Qualifier Matrix & Business Questions

Facts Qualifier Matrix

Child Care - Facts Qualifier Matrix (FQM)		Facts													
Dimensions/Qualifiers	Grouped by	Count Chldrn (Y)	Sum \$ Paid (Y) *Note 1	Sum \$ Copay (Y)	Count Cases (Y)	Count Prvdrs (Y)	Count of Authorizations (Y) *Note 2	Sum Hours Utilized (Y)	Count Appls (N)	Count Absent Days (N)	Count Care takers (Y)	Count Swipe Cards (Y)	Count ECC Trx	Adjustments	Elig Override
Time													3	3	6
Attendance Minute / Service Minute															
Fiscal Payment (OAKS Posting) Date															
Calendar Month															
Calendar Quarter															
Calendar Year															
State Fiscal Quarter															
Federal Fiscal Quarter															
Federal Fiscal Year															
State Fiscal Year															
Service Date (Attendance date)															
Payment Date (Settlement Date)															
Reporting Week															
Reporting Month															
Eligibility Begin Month #3C															
Holidays (as defined in Rule)		4													
Provider Open/Close Date															
Authorization Begin & End Date															
Application Received Date															
Application Completed Date															
Case Open/Close Date															
POS Installation/Removed Date															
Provider Agreement Begin/End Date															
License Begin/End Date															
Provider Demographics															
County		1	1	1	2	3	3	2	3	3	n/a	n/a	n/a	3	6
Recipient Residence County															
Provider County															
Case County															
Certifying County															
Age of Child	Age Group	1	1	1	2	3	3	3	n/a	3	n/a	n/a	n/a	n/a	n/a
Age Category	Infant, Toddler, Pre-School, or School Age	1	1	1	2	3	3	3	n/a	3	n/a	n/a	4	3	n/a
Provider Type (Type A, B, etc.)	Licensed or Certified	1	1	1	2	3	3	3	n/a	3	n/a	n/a	n/a	3	n/a
Provider Status (Open, Closed)		3	n/a	n/a	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Facts Qualifier Matrix

Child Care - Facts Qualifier Matrix (FQM)		Facts													
Dimensions/Qualifiers	Grouped by	Count Chldrn (Y)	Sum \$ Paid (Y) *Note 1	Sum \$ Copay (Y)	Count Cases (Y)	Count Prvdrs (Y)	Count of Authorizations (Y) *Note 2	Sum Hours Utilized (Y)	Count Appls (N)	Count Absent Days (N)	Count Care takers (Y)	Count Swipe Cards (Y)	Count ECC Trx	Adjust-ments	Elig Override
Provider License Status (LPO, ROO, etc)		3	n/a	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
County Rate Category (A/B, C, D, E, F)		3	3	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Multiple Providers #4F		3	1	1	3	3	3	3	n/a	n/a	n/a	n/a	4	n/a	n/a
Pay Source Code (PSC) (312, 321, 323 etc)	various groupings	1	1	1	2	3	3	3	3?	n/a	n/a	n/a	n/a	3	6
Income Group (% of FPL)	various groupings	1	1	1	2	3	3	3	3?	n/a	n/a	n/a	n/a	n/a	n/a
Accreditation	Source	1	1	1	2	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SUTQ Rating of Provider	SUTQ Stars	1	1	1	2	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Base Payment	(Base or Enhanced (SUTQ, Waiver, Special Need, Nontraditional, Other)	1	1	1	2	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Non-Traditional Hours		1	1	1	2	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Special Needs Child		1	1	1	2	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Special Needs Waiver		1	1	1	2	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Authorization Category (GT, FT , PT, LT)		1	1	1	2	3	3	3	n/a	3	n/a	n/a	n/a	n/a	n/a
Payment Type (GT, FT , PT, LT)		1	1	1	2	3	3	3	n/a	3	n/a	n/a	n/a	n/a	n/a
Copayment > 0 (marked asY/N)		3	1	1	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Multiple Authorizations #4F, #6D		3	3	3	3	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Application Status (Received, Approved, Denied, Pending) #3A		3	n/a	n/a	3	3	3	n/a	3	n/a	n/a	n/a	n/a	n/a	n/a
Family size & income level #4C		3	3	3	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Case Status (Terminated) #3B		3	n/a	n/a	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Case Termination Reason Code #3B		3	n/a	n/a	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Duration of Case #3B		3	3	3	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Absent Days #4G	PSC & week	3	n/a	n/a	3	3	3	3	n/a	n/a	n/a	n/a	n/a	3	n/a
Utilization Hours per week #8A	various groupings	3	n/a	n/a	3	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
\$ Paid by to a Provider #9B	various groupings	n/a	n/a	n/a	n/a	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Before School Care hours #5B		3	n/a	n/a	3	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
After School Care hours #5B		3	n/a	n/a	3	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Utilization Time of Day		4	n/a	n/a	4	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Utilization Overnight		3	n/a	n/a	3	3	3	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Swipe Card Status		n/a	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a	3	3	n/a	n/a	n/a
Swipe Cards Mailed	New or Replacement	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	n/a	n/a	n/a

Facts Qualifier Matrix

Child Care - Facts Qualifier Matrix (FQM)		Facts													
Dimensions/Qualifiers	Grouped by	Count Chldrn (Y)	Sum \$ Paid (Y) *Note 1	Sum \$ Copay (Y)	Count Cases (Y)	Count Prvdrs (Y)	Count of Authorizations (Y) *Note 2	Sum Hours Utilized (Y)	Count Appls (N)	Count Absent Days (N)	Count Care takers (Y)	Count Swipe Cards (Y)	Count ECC Trx	Adjust-ments	Elig Override
Provider		3	3	3	n/a	n/a	3	3	n/a	3	n/a	n/a	3	3	n/a
Provider	Capacity	3	4	n/a	n/a	3	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	n/a
Provider	Enrollment by Child Age	3	n/a	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Provider	Umbrella Organization?	3	3	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Entry Date/Time (Swipe Time/SAF Time)		4	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	3	n/a	n/a
Attendance Time		4	4	4	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	3	n/a	n/a
Worker		n/a	n/a	n/a	5	n/a	n/a	n/a	5	n/a	n/a	n/a	n/a	3	6
Authorization Status (Active, Inactive)		3	n/a	n/a	3	3	5	n/a	n/a	n/a	n/a	n/a	3	n/a	n/a
Case		3	n/a	5	n/a	3	3	n/a	n/a	n/a	n/a	3	3	n/a	6
Caseload		n/a	n/a	n/a	5	n/a	n/a	n/a	5	n/a	5	n/a	n/a	n/a	n/a
Caretaker		n/a	n/a	n/a	3	n/a	n/a	n/a	5	n/a	n/a	3	3	n/a	n/a
Child		n/a	3	3	3	4	4	3	n/a	3	n/a	n/a	3	3	6
Transaction Type(Void, SAF, etc)	swipes, manual claims,	4	n/a	n/a	n/a	4	4	n/a	n/a	n/a	n/a	n/a	3	n/a	n/a
Transaction Status (Successful, Denied,		4	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a
Transaction Denial Reason		4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a
Adjustments		3	2	n/a	3	3	4	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a
Adjustment Status (settled, unsettled, partially settled, unable to apply)		n/a	n/a	n/a	n/a	n/a	3	n/a	n/a	n/a	n/a	n/a	n/a	3	n/a
POS Device		n/a	n/a	n/a	no	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a
Swipe Card ID		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	n/a	3	n/a	n/a
Eligibility Override		6	n/a	n/a	6	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Legend
 1 - Fiscal Core
 2 - Fiscal Secondary
 3 - CC (Operational) only
 4 - Child Care Program Integrity
 5 - County
 6 - BPI
 * Note 1 - Sum of \$ paid will include SPPY when viewing by provider
 * Note 2 - Due to system change of autoallocation of copay, count of authorizations will be skewed

Supplement Three

Child Care Business Rules & Glossary



Department of
Job and Family Services

Child Care Business Rules and Glossary

Updated: 1/25/2013

Table of Contents

Table of Contents.....	ii
Business Rules and Glossary.....	1
1. Introduction.....	1
1.1 Purpose & Scope.....	1
1.2 References.....	1
2. General Information.....	1
2.1 Data and Granularity.....	1
2.2 Payment Cycle.....	1
3. Definitions.....	1
3.1 Absent Day.....	2
3.2 Accreditation*.....	2
3.3 Adjustments*.....	2
3.3.1 Adjustment based on utilized authorizations.....	2
3.3.2 Provider-level Adjustment to a provider payment.....	2
3.3.3 Deduction.....	2
3.3.4 Special Payment (SPPY)*.....	2
3.4 Adjustment Status*.....	3
3.5 Age*.....	3
3.6 Age Category*.....	3
3.7 Alert.....	3
3.8 Application*.....	3
3.9 Application Status*.....	4
3.10 Approval / Approval Month.....	4
3.11 Attendance*.....	4
3.11.1 Absent Days*.....	4
3.12 Authorization*.....	4
3.13 Authorization Period.....	4
3.14 Authorization Status*.....	5
3.15 Authorization Category* or Authorization Type.....	5
3.16 Back Swipe Period.....	5
3.17 Calendar Year*/Quarter*/Month.....	5
3.18 Capacity*.....	5
3.19 Caretaker*.....	5
3.20 Case*.....	6
3.20.1 Case Status*.....	6
3.20.2 Case Termination*.....	6
3.20.3 Duration of Case*.....	6
3.21 Caseload*.....	6
3.22 CCAS.....	6
3.23 CCIDS.....	6
3.23.1 CCIDS 3299 System.....	7
3.23.2 CCIDS Eligibility and Authorization (EA).....	7
3.23.3 CCIDS Centralized Payments (CP).....	7
3.23.4 CCIDS Provider Portal System.....	7
3.23.5 CCIDS Licensing System (Licensing or Licensing Mainframe).....	8
3.23.6 CCIDS COLTS/SOLAR.....	8
3.23.7 CCIDS Incident and Injury (I&I) Reporting.....	8
3.23.8 CCIDS Step Up To Quality (SUTQ) Access Database.....	8
3.23.9 Ohio Electronic Child Care System (ECC).....	8
3.24 CDJFS.....	9
3.25 Certified Providers*.....	9
3.26 Child*.....	9
3.27 Child Care.....	9
3.28 Child POS ID*.....	9
3.29 Client.....	9

3.30	Copayment* (Copay).....	9
3.31	Cost of Care	9
3.31.1	State Cost / State Payment Amount.....	10
3.32	County*.....	10
3.32.1	Case County*.....	10
3.32.2	Certifying County*	10
3.32.3	Provider County* / Provider County of Location.....	10
3.32.4	Recipient Residence County*	10
3.33	Deduction Recipient.....	10
3.34	Eligibility.....	10
3.34.1	Eligibility Determination*.....	10
3.34.2	Eligibility Override*	11
3.34.3	Eligibility Period	11
3.35	Enrollment*	11
3.36	Family.....	11
3.36.1	Family Size*.....	11
3.37	Federal Poverty Level (FPL)*.....	11
3.38	Fiscal Calendar / Fiscal Year* / Fiscal Quarter*	11
3.38.1	State Fiscal Year (SFY)* / State Fiscal Quarter*.....	11
3.38.2	Federal Fiscal Year (FFY)* / Federal Fiscal Quarter*.....	12
3.39	Form.....	12
3.40	Foster Parent.....	12
3.41	FTE	12
3.42	Holidays*	12
3.43	Hours of Care*	12
3.43.1	Before School Care*	12
3.43.2	After School Care*	12
3.43.3	Overnight*.....	12
3.44	Household / Household Composition.....	12
3.45	Interactive Voice Recognition (IVR).....	12
3.46	JFS or ODJFS.....	13
3.47	License	13
3.47.1	License Status* / Provider License Status	13
3.48	Limited English Proficiency (LEP).....	13
3.49	Mailed Notification.....	13
3.50	Manual Claim*	13
3.51	Market Rate	13
3.52	Minor Parent.....	14
3.53	MOU	14
3.54	Non-Traditional Hours*	14
3.55	Notice.....	14
3.56	OAKS.....	14
3.57	ODE.....	14
3.58	ODJFS 01138	14
3.59	OIS	14
3.60	OFIS/CFIS	14
3.61	Out of State Provider (OOS provider)	14
3.62	Override.....	15
3.63	Pay Source Code (PSC)*.....	15
3.64	Payment*	15
3.64.1	Base Payment*	15
3.64.2	Enhanced Payment*	15
3.64.3	Payment Calculation	15
3.64.4	Payment Determinant.....	16
3.65	Payment Dates.....	16
3.65.1	ECC Weekly Payment Date.....	16
3.65.2	Child care Payment Date.....	16

3.65.3	Fiscal Payment (OAKS Posting) Date*	16
3.66	Payment Source Code (PSC)	16
3.67	Payment Type* or Payment Category	16
3.68	POS / POS Device / Swipe Card Machine	16
3.69	Program	16
3.70	Provider*	16
3.70.1	Certified Provider	17
3.70.2	Licensed Provider	17
3.71	Provider Agreement*	17
3.72	Provider – Eligible Provider	17
3.73	Provider Open Date* / Closed Date*	17
3.74	Provider Status*	17
3.75	Provider Type	17
3.75.1	Provider – Center	17
3.75.2	Provider – Day Camp	18
3.75.3	Provider – Head Start	18
3.75.4	Provider – In-home Aide	18
3.75.5	Provider – Limited Certification	18
3.75.6	Provider – School-age	18
3.75.7	Provider – Type A Home	18
3.75.8	Provider – Type B Provider	19
3.75.9	Provider – Type B Professional Home	19
3.76	Provider Payment Rate	19
3.76.1	County Rate Category / Ceiling Rate for Provider Payment	19
3.76.2	Customary Rate – Provider’s Customary Rate	19
3.77	Provider Website - PWeb	19
3.78	Publicly Funded Child Care (PFCC)	20
3.79	Reporting – Authorization vs. Utilization	20
3.80	Reporting Calendar / Payment Calendar	20
3.80.1	Reporting Month*	20
3.80.2	Reporting Week*	20
3.81	Roster	20
3.82	SAF (Store and Forward)	20
3.83	SansWrite	20
3.84	SCOJFS (South Central Ohio Job & Family Services)	21
3.85	Service	21
3.86	Service Week / Service Month	21
3.87	Social Security Number (SSN) Verification	21
3.88	Special Needs *	21
3.88.1	Special Needs – Child	21
3.88.2	Special Needs Waiver	21
3.89	Subsidized Child Care	21
3.90	SUTQ Rating*	21
3.91	Swipe Card*	22
3.91.1	Swipe Card ID*	22
3.91.2	Swipe Card Status*	22
3.91.3	Swipe Cards Mailed*	22
3.92	Transaction – ECC	22
3.92.1	Entry Date / Time*	22
3.92.2	POS Transaction	22
3.92.3	Swipe Card Transaction*	23
3.92.4	Transaction Date / Time	23
3.92.5	Transaction Status*	23
3.92.6	Transaction Type*	23
3.93	Umbrella Organization*	23
3.94	Utilization*	23
3.95	Worker	23

3.95.1	County Worker* / CDJFS Worker	24
3.95.2	State Worker	24

Business Rules and Glossary

1. Introduction

1.1 Purpose & Scope

The purpose of this Business Glossary is to provide a single authoritative lexicon for Child Care terms used by the Ohio Department of Job and Family Services.

1.2 References

Ohio Revised Code 5014:01

Ohio Administrative Code primarily 5101:2-12; 5101:2-14, 5101:2-16

Ohio ECC Provider User Manual

2. General Information

2.1 Data and Granularity

The final product of any Business Intelligence effort must be a data set that is sufficiently detailed to allow extensive analysis and flexible reporting. Customers must be able to easily manipulate the data for ‘slicing and dicing.’

Data must be collected on a daily grain to ensure the flexibility required for correct presentation to all customer groups.

2.2 Payment Cycle

The child care payment time unit is one week. A week begins at twelve a.m. Sunday and ends at eleven fifty-nine p.m. Saturday. Both Fiscal and Child Care Operations have reports at week, month, quarter, and annual levels, for calendar, state fiscal and federal fiscal years. Child Care Operations also uses the ODJFS ‘*reporting month*.’ The ‘*reporting month*’ is composed of either four or five complete weeks that can encompass days from other calendar months on either end.

During the payment processing, attendance data is processed for attendance three weeks prior, or before. (That is, attendance data during the current *back swipe period* is not picked up for payment processing.)

Attendance data is received and processed by Ohio ECC each Sunday. On Sunday ODJFS receives the calculated payment data file, loaded into CCIDS CP On Monday night, and payment data is submitted to OFIS for processing on Tuesday night. OFIS submits to OAKS. Payments to providers are generated via EFT from OAKS on Thursday, which is the OAKS Posting Date for the payment.

3. Definitions

Terms used elsewhere in these Definitions are displayed in *italics*.

Terms marked with an asterisk * are cited in the document ‘Fiscal DM Matrix.’

3.1 Absent Day

See *Attendance*

3.2 Accreditation*

Accrediting bodies include:

- National Association for the Education of Young Children (NAEYC)
- National Early Childhood Program Accreditation (NECPA)
- National Accreditation Commission for Early Care and Education Programs (NAC), which is managed by the National Association of the Child Care Providers (NACCP)
- National Association for Family Child Care (NAFCC)
- National Afterschool Association (NAA), which is now the Council on Accreditation (COA).

Providers enter their accreditation information through the *Provider Portal (PP)*. The Child Care Business Unit then verifies this data. Providers receiving payment for *Publicly Funded Child Care (PFCC)* receive an *enhanced payment* because of their accreditation.

3.3 Adjustments*

3.3.1 Adjustment based on utilized authorizations

A change to a *payment* amount resulting from a correction to data previously entered for services rendered at an *authorization* level. An adjustment based on *utilization* of an *authorization* may be either positive or negative. Adjustments to *authorizations* cannot occur until after the *back swipe period*. This is also referred to as an authorization-level adjustment, and, at times, a child-level adjustment.

3.3.2 Provider-level Adjustment to a provider payment

A change made to a provider’s payment that is not tied to a specific authorization or specific service date and time. These adjustments have a date they are entered into the system and date they are paid. A state worker enters these adjustments into the *CP (Childcare Payment)* system. Provider-level adjustments include *Special Payments (SPPY)* for positive dollar amounts and *Deductions*.

3.3.3 Deduction

A type of provider-level adjustment that is always negative. Deductions include union dues, child support payments and IRS levies. The union dues process is automated. Deductions are viewable in *ECC*.

3.3.4 Special Payment (SPPY)*

A type of provider-level adjustment that is always positive. SPPY’s do not wait for ECC payment cycle; a batch process runs nightly to process SPPYs and transfer the information through OFIS to OAKS for payment. They are sometimes referred to as Emergency payments. The terms ‘special’

and ‘emergency’ designate the payment as one that is not routine; they do not imply that the child care received was special needs or emergency in nature. SPPYs are not viewable in *ECC*.

3.4 Adjustment Status*

Statuses include: Settled, Unsettled, Partially Settled, Unable to Apply

3.5 Age*

The child’s age (in number of days as defined in *Age Category*) on the first day (Sunday) of the reporting period determines that child’s age for that reporting week. For example, if reporting week 1 is Sunday, 30 Dec 2012 through Saturday, 5 Jan 2013, and a child turns 5 on Friday, 4 Jan, that child is reported as a 4-year-old in reporting week 1 and as a 5-year old in the following week.

3.6 Age Category*

4 categories: Infant, Toddler, Pre-school, and School Age. The *payment calculation* makes use of the Age Category.

A child’s age category, as used in *payment calculation*, is determined by the number of days since the child’s date of birth:

- Infant – 0 to 546 days
- Toddler – 547 to 1094 days
- Pre-school – greater than 1094 days with school age indicator set to “N”
- School age – greater than 1094 days with school age indicator set to “Y”
 - Summer school age is a subset of the school age category with special rates used only for summer care. Summer care is defined as care provided between the last Sunday in May and the first Saturday in September.

Note that age categories as defined in Rule, do not go down to the day level. Day-level age categories were needed for payment processing. Rule (5101:2-16-01) language is:

- “‘Infant’ means a child under eighteen months of age.”
- “‘Toddler’ means a child who is at least eighteen months of age but is less than three years of age.”
- “‘Pre-school child’ means a child who is three years old or older but is not a school child”
- “‘School child’ means a child who is enrolled in and attending a grade of kindergarten or above or who is of compulsory age as defined in section 3321.01 of the Revised Code.”

3.7 Alert

An electronic notification sent by a system. Alerts are available in the *Eligibility and Authorization (EA)* system.

3.8 Application*

Caretakers interested in receiving *PFCC* fill out form JFS00138 Application for Child Care Benefits (for Initial and Redetermination Applications) and submit it to their local *CDJFS*. A *CDJFS Worker* enters the data into the *Eligibility and Authorization (EA)* system. This application information is stored in *EA* and is used for *eligibility determination*. *EA* stores an application received date* and any

application completed date*, among other dates. Applications are Initial Applications, Redetermination Applications or Reinstatement Applications.

3.9 Application Status*

An application is Pending, Approved, or Denied.

3.10 Approval / Approval Month

Approval was part of the CDJFS payment process under the old paper-based system; however, it is no longer relevant under the new electronic payment system. The term approval month is sometimes used to refer to the month in which payment was issued.

3.11 Attendance*

The actual time a child is receiving care from a child care provider. See *Utilization*. Child Care Program Integrity uses ‘attendance time’ to track a *child’s* presence at the child care *provider*. Attendance does not include *Absent Days*.

3.11.1 Absent Days*

"Absent day" means any day that a *child* is *authorized* and scheduled to be in the care of the *provider*, but is not in *attendance*, and child care would have been provided had the child been present with the provider (5101:2-16-01 (A)). Providers may “claim” absent days and receive payment for them. ODJFS will pay for up to 10 absent days per child in each period January – June and July – December. Absent days are recorded in the *ECC* system. An absent day is considered utilization of the child care benefit but is not utilization of care.

When a provider claims an available absent day, the provider will be paid based on the following hours, but not to exceed the maximum authorization:

- For 5 hours if the child was authorized for part-time or less-than part-time (see *Authorization Category*)
- For 8 hours if the child was authorized for full-time or greater-than authorization (see *Authorization Category*)

3.12 Authorization*

From Rule: "Authorization" means the hours that a *CDJFS* determines that a *child* may receive *publicly funded child care* from an *eligible provider* chosen by the *caretaker*. The authorization shall be reasonably related to the number of hours of the caretaker's qualifying activities (5101:2-16-01 (C)).

For a *child* determined *eligible*, a *CDJFS worker* creates an authorization in the *EA system* by entering dates (*authorization period*), the provider that the caretaker has selected for a child, the *pay source code*, and the hours. The system determines the *authorization category*, based on the hours and automatically allocates the *copayment* across existing authorizations. *PFCC* is authorized based on the *caretaker’s eligibility* (calculated on *child’s age* and needs and caretaker’s income and employment-related activities), but authorization is associated with the *child*.

3.13 Authorization Period

The time period for which a county worker determines a *family* to be *authorized* for a particular instance of child care service. There is an authorization begin date* and an authorization end date*.

3.14 Authorization Status*

In ECC, statuses include Active and Inactive. If the authorization dates include today's date, the status is active.

In CCIDS EA, the statuses include Pending and Active. Pending authorizations are able to be edited in EA.

3.15 Authorization Category* or Authorization Type

Based on the number of hours of care needed by the caretaker and entered in *EA* by the *CDJFS worker*, the system assigns an authorization category. Four categories exist:

- LT - Less Than Part-time (also called Hourly) – 0-6.99 hours
- PT - Part-time – 7-24.99 hours
- FT - Full-time – 25-60 hours
- GT- Greater Than (also called Full-time plus or Plus) – greater than 60 hours

3.16 Back Swipe Period

A period of time in which the *provider* and/or *caretaker* may correct *attendance* and *absent day* information. The back swipe period is comprised of the current week and the previous two full weeks.

3.17 Calendar Year*/Quarter*/Month

Dates according to the standard calendar: These dates differ from those on the *Reporting Calendar*.
Calendar Year (CY): January 1 through December 31.

Calendar Quarter: Q1: January 1 – March 31
 Q2: April 1 – June 30
 Q3: July 1 – September 31
 Q4: October 1 – December 31

Calendar Month: The standard month beginning on the 1st and ending on the last day of the month

3.18 Capacity*

Maximum number of children a provider may care for at one time. Capacity is often established based on the age of the child. Referred to as “license capacity” for child care centers. Capacity categories (based on age of child) differ based on the provider type as well as the license status of a provider. This number is different than *enrollment*. See *License Status* and *Provider Type* for more details.

3.19 Caretaker*

From Rule: The father or mother of a child, an adult who has legal custody of a child, an adult who is the guardian of a child, or an adult who stands in loco parentis, as defined in this rule, with respect to a child, and whose presence in the home is needed as the caretaker of the child. Caretaker has the

same meaning as "caretaker parent" as defined in section 5104.01 of the Revised Code (5101:2-16-01 (F)).

The *EA system* allows for the entry of both a primary caretaker and secondary caretaker.

3.20 Case*

Each case in the *EA system* corresponds to a *Family*. A Case ID uniquely identifies each case. A case also has dates corresponding to case open date* (equal to the initial *application received date*) and a case closed date/terminated date*.

3.20.1 Case Status*

Cases statuses in the *CCIDS EA system* include Open and Closed.

3.20.2 Case Termination*

A case that is closed prior to the end of its *eligibility period* is considered terminated. This information is tracked in the *EA system*. When a *county worker* terminates a *case*, the worker must enter one, and can enter up to 3, case termination reason codes.*

3.20.3 Duration of Case*

The length of time that a case was open. This does not imply that a case received services during any portion of the time.

3.21 Caseload*

With the *EA system*: A group of cases assigned to a specific *worker*, or workers, within a county. A caseload must have one assigned primary worker and may have additional temporary workers assigned to it. Caseload assignments function as part of the system's security, limiting who may access and update a case. Supervisors can work any case in caseloads they oversee.

3.22 CCAS

Child Care Automated System section within ODJFS.

3.23 CCIDS

Child Care Information Data System (CCIDS) is the umbrella name for all ODJFS Child Care data systems. CCIDS is Ohio's statewide automated system for *publicly funded child care (PFCC)*. CCIDS automates the payment and eligibility process for all participants in Ohio's PFCC program.

CCIDS has five major components:

1. Federally Subsidized systems (3299, EA, CP, Provider Portal)
2. Licensing (Licensing Mainframe, COLTS/SOLAR)
3. Incident & Injury (I & I) reporting
4. Step Up To Quality
5. Ohio Electronic Child Care (ECC)

3.23.1 CCIDS 3299 System

3299 was the original system for the management and federal reporting of *PFCC*. '3299' was the number of the JFS form originally used for federal reporting of *PFCC*. The 3299 system has been partially replaced by the Eligibility & Authorization and Centralized Payment systems. 3299 is still used for maintenance of providers that are NOT licensed by ODJFS. This includes

- Type B providers certified by CDJFS
- Out of state providers
- Providers licensed by Ohio Department of Education who offer *PFCC*.

3.23.2 CCIDS Eligibility and Authorization (EA)

EA is a case management system used to process *applications*, determine *eligibility*, and *authorize* service for *PFCC*. The system uses an IMS database. There is an interface between EA and CRIS-E to look up CRIS-E Recipient number and return it to EA. EA replaced several manual processes as well as components of the original 3299 system. It provides the following functionality:

- Application
- Case intake
- Eligibility determination
- Copayment calculation and allocation
- Service authorization
- Case review and update.

3.23.3 CCIDS Centralized Payments (CP)

Centralized Payment is the integrated statewide system for paying *PFCC* providers. CP replaced a hodgepodge of independent county systems. Currently CP:

- Stores *provider agreement*, rate and banking information (as entered through the *Provider Portal*)
- Receives and stores payment information as calculated by *Ohio ECC*
- Allows the entry of *provider-level adjustments*
- Transfers payment information to OFIS
- Synchronizes provider data (in real-time) with *3299* and *Licensing systems*

Prior to the implementation of ECC, CP was used for more processes including:

- Enter and process invoices, adjustments, and deductions
- Calculate Provider payment
- Calculate family co-payment
- Distribute payments to Providers

3.23.4 CCIDS Provider Portal System

The online portal where providers submit a *provider agreement*/contract, rates and banking information electronically. This is a separate system from the *PWeb*. Information entered into the Provider Portal is sent to the *Centralized Payment (CP)* system.

3.23.5 CCIDS Licensing System (Licensing or Licensing Mainframe)

The Licensing Mainframe system is a provider management system used by *state workers* to process license applications for qualified *providers*. It is primarily used by the ODJFS Center Monitoring & Licensing staff. There is a two-way interface between the Licensing Mainframe database and the *COLTS/SOLAR* DB2 database

3.23.6 CCIDS COLTS/SOLAR

System for Online License Applications and Renewals (SOLAR) is a web-based system for Child Care centers and Type A Homes to create, store, edit and submit applications for licensing by ODJFS.

Central Office License Tracking System (COLTS) is the web-based component of the *Licensing System*. COLTS is used by state staff to process and manage license applications submitted by qualified Child Care Providers. It is not available to the public.

The COLTS and SOLAR systems are two front-ends of a system sharing a DB2 database. There is a two-way interface between the COLTS/SOLAR database and the Licensing Mainframe database.

3.23.7 CCIDS Incident and Injury (I&I) Reporting

The Incident & Injury Reporting database contains reports of instances of child safety issues (incident, serious injury/illness) that occur in licensed or certified Child Care facilities. The original I&I report is completed and submitted by the child care provider. Agency staff members review the submitted forms and follow up with the provider for clarifications/corrections. All forms are then sent to the appropriate district office and recorded into the CCIDS/Incident Injury subsystem. (In the event of a home provider incident, the forms are sent to the CDJFS. The CDJFS will then forward the forms to ODJFS when applicable.) The I&I system uses an IMS database.

3.23.8 CCIDS Step Up To Quality (SUTQ) Access Database

The SUTQ Access database is used by *state workers* to record information about ratings and serious risk non-compliance issues for SUTQ rated programs and Emerging Star programs. See *SUTQ Rating* for information about the quality program.)

3.23.9 Ohio Electronic Child Care System (ECC)

ECC is the child care Time and Attendance “*swipe card*” system maintained and operated by a third party, (formerly ACS, now Xerox), for ODJFS. ECC tracks and displays the child’s *utilization* at a provider and performs the *payment calculation*. ECC also contains various reports. ECC receives files from *CCIDS* (*case, individual, authorization, provider, rates, and deductions*), and sends payment files to *CCIDS* every weekend. EPPIC is the Xerox program/platform underlying ECC.

ECC has an Administrative Terminal (AT) which is used by state and county workers to view data within the system and the *PWeb*, which is used by providers to view data within the system.

3.24 CDJFS

County Department of Job & Family Services.

3.25 Certified Providers*

Provider who have been inspected and approved by the *CDJFS* to provide *PFCC* either in their own homes (*Type B Professional* or *Type L Limited Certification*) or in the child's home (*Type I "In-home Aide"*).

3.26 Child*

The minor for whom a caretaker receives *PFCC*. According to rule: "Child" means an infant, toddler, preschool child, or school child up to age eighteen (5101:2-16-01 (G)).

3.27 Child Care

From Rule: "Child care" means administering to the needs of infants, toddlers, preschool children, and school children outside of school hours by persons other than their caretaker for any part of the twenty-four hour day (5101:2-16-01 H)). See also *publicly funded child care*.

“Child Care” is also used to refer to the ODJFS policy and program staff, including the *CCAS* section.

3.28 Child POS ID*

Each *child* is assigned a 2-digit ID for the case they are in. Example: Johnny may be child 01 and his younger brother Sammy may be child 02 on *case* 1234567890. *Caretakers* must know this number when using the *POS device* to record a child's *attendance*.

3.29 Client

See *caretaker*.

3.30 Copayment* (Copay)

Each family is assessed and required to pay a weekly copayment toward the cost of child care directly to the child care *provider*. Based on *family size* and income, the copayment generally does not exceed 10% of the family's gross monthly income. A weekly copayment amount is calculated for the child care case, and the EA system automatically splits (allocates) the copayment across the existing *authorizations*. The family does not have to pay the copayment assigned to an authorization that is not utilized during a service week. “Not utilized” means that child did not utilize any benefits (no attendance or absent day claims).

3.31 Cost of Care

This is the total value of the child care benefits that were utilized. This is the cost prior to subtracting the family's *copayment*.

3.31.1 State Cost / State Payment Amount

This is the amount paid out by *ODJFS* for child care benefits that were utilized. It is the total *cost of care* minus the family *copayment*.

3.32 County*

3.32.1 Case County*

The county that is managing the *family's* application and child care benefits. The case county is tracked in the *EA* system. This is most often the same as the *Recipient Residence County* (That is, families apply for benefits in the county in which they reside.) However, families residing in the *SCOJFS* counties will have a case county of 71 representing *SCOJFS*. (This was previously the county ID for Ross County.)

3.32.2 Certifying County*

The county responsible for certifying the Type B provider. A provider is most often certified by the *CDJFS* in the *provider's county of location*; however, the provider may be certified by the county in which the child whom they will serve resides. Additionally providers residing in the *SCOJFS* counties will be certified by *SCOJS*, however in the 3299, the provider's *county of location* will be displayed.

3.32.3 Provider County* / Provider County of Location

One of Ohio's 88 counties in which the provider is physically located. This is tracked in the *Licensing* and *3299 systems*. *Out of State (OOS) providers* may also serve publicly-funded children and can be identified through their 5-digit provider ID. The provider's county of location (or the registering county for out-of-state providers) determines the *county rate category* that applies to the provider.

3.32.4 Recipient Residence County*

Conceptually, this is the Ohio County in which the child/family resides. This is not collected in the *CCIDS* systems. The system records Case County.

3.33 Deduction Recipient

The vendor to which funds captured by *deductions* are forwarded.

3.34 Eligibility

The determination by a *CDJFS* that a family qualifies to receive a child care benefit. Eligibility is determined by the caretakers' income, employment, other qualifying activities, and ability to work. A child may be eligible under more than one *pay source code (PSC)*, but only one *PSC* is associated with each *authorization*.

3.34.1 Eligibility Determination*

The process of determining if a *child* is eligible for *PFCC*. The *EA* system automates this process. After a *worker* enters the *application* information into *EA*, the *worker* then "runs" eligibility and the

system determines eligibility and displays the eligibility results. A pass or fail result is displayed for each *pay source code* and each *child* in need of care.

3.34.2 Eligibility Override*

See *Override*.

3.34.3 Eligibility Period

From Rule: A period of twelve months that a family is determined eligible for *publicly funded child care* benefits, or the period until the *family* no longer meets eligibility requirements or requests *termination*. The family's eligibility period shall end on the first Saturday after three hundred sixty-five days from the eligibility begin date (5101:2-16-01 I). The eligibility begin date* and eligibility end date* are available in *CCIDS EA*.

3.35 Enrollment*

Enrollment is recorded in the *SansWrite* system at the point that a Licensing Specialist performs an inspection. It is self-reported by the provider and represents the overall number of children enrolled at the facility. Enrollment for licensed providers is captured under 4 categories: Infant, Toddler, Pre-school, and School Age. It is not *Capacity*. It includes both private pay and publicly funded children.

3.36 Family

Family means one or more *caretakers*, and all of their minor *children* who reside in the same household. Adults other than the caretakers who reside in the same household are not included in the family. A family becomes synonymous with a *case* in the *EA* system

3.36.1 Family Size*

The count of the number of individuals in a family. The family size is a necessary input to determine what the corresponding *Federal Poverty Level* is for the family.

3.37 Federal Poverty Level (FPL)*

Federal Poverty Level is used to determine if families are eligible for *PFCC* as well as to determine the family's *copayment*. e.g., families at between 120%-130% of FPL are required to pay \$x in weekly copayment, families at 100% or below FPL are be required to pay \$y in copayment. For reporting and analysis, these percentages may be grouped into Income Groups*.

3.38 Fiscal Calendar / Fiscal Year*/ Fiscal Quarter*

3.38.1 State Fiscal Year (SFY)* / State Fiscal Quarter*

The Ohio State Fiscal Year (SFY) runs from July 1 through June 30.

SFY Quarter: Q1: July 1 – September 30
Q2: October 1 – December 31
Q3: January 1 – March 31
Q4: April 1 – June30

3.38.2 Federal Fiscal Year (FFY)* / Federal Fiscal Quarter*

The Federal Fiscal Year (FFY) runs from October 1 through September 30.

SFY Quarter: Q1: October 1 – December 31

Q2: January 1 – March 31

Q3: April 1 – June 30

Q4: July 1 – September 30

3.39 Form

A document that contains one or more fields for the capture and/or display of variable data.

3.40 Foster Parent

A person holding a valid foster home certificate that has been issued by *ODJFS*.

3.41 FTE

Full-time employee.

3.42 Holidays*

Providers serving publicly-funded children receive an *enhanced subsidy* for providing *non-traditional hours* when they serve children on a holiday. The approved list of holidays is defined in Rule.

3.43 Hours of Care*

3.43.1 Before School Care*

General phrase used when talking about *PFCC* provided in the morning hours before a child's school day begins. Often considered to be 9am.

3.43.2 After School Care*

General phrase used when talking about *PFCC* provided in the afternoon and evening hours after a child's school day ends. Often considered to be 3pm.

3.43.3 Overnight*

General phrase used when talking about children who spent nights at a child care *provider* offering *PFCC*. There is no standard definition for the clock hours corresponding to overnight care.

3.44 Household / Household Composition

All residents in one household. Adults other than the caretakers who reside in the same household shall not be included in the *family* but shall be part of the household composition.

3.45 Interactive Voice Recognition (IVR)

The Interactive Voice Response (IVR) Systems are two separate dial-in telephone response systems operated by the Ohio *ECC* Vendor, Xerox, to provide automated information to child care *providers*

and caretakers/parents. Callers may “opt out” and speak with a customer service representative regarding issues related to Ohio *ECC*. Child care *providers* may perform voids or record *absent days* using the IVR system.

3.46 JFS or ODJFS

Ohio Department of Job & Family Services.

3.47 License

A license represents permission granted by *ODFJS* for a *provider* who meets requirements as defined in Law and Rule to provide child care for children. A license has a License ID, a license begin date*, and is given a license end-date* when the license is specifically ended. Certain *provider types* are licensed by *ODJFS*.

3.47.1 License Status* / Provider License Status

A provider’s license status is based on how new the provider is and if there are license violations. Basic statuses cover the concepts of provisional (new provider), open, and closed. License status is a 3-character code.

Capacity for a provider with a provisional license is documented in 4 capacity categories:

- Infant, Toddler, Pre-school; and School Age.

Capacity for a provider with an open license is documented in 2 capacity categories:

- Under 2.5 years old and over 2.5 years old.

3.48 Limited English Proficiency (LEP)

Indicates the *caretaker* does not speak English as a primary language and may require an interpreter.

3.49 Mailed Notification

Correspondence or documents associated with an activity and sent by postal mail.

3.50 Manual Claim*

A manual claim is completed when a *child* attended child care, or an *absent day* can be claimed, and that *utilization* needs to be recorded and paid. To complete a manual claim, two items must be true:

- 1) The time period of service must be outside of the *back swipe period*; and;
- 2) No payment of any amount was calculated during the *service week*.

If the time is still within the *back swipe period* then the caretaker performs a back swipe using the *POS Device*. If the time is outside of the *back swipe period*, but there was payment calculated during the week in question, then an *adjustment* should be completed. Typically, the provider submits the manual claim information to the *CDJFS*, and the *CDJFS* enters it into *ECC*.

3.51 Market Rate

See *Provider Payment Rate – County Rate Category / Ceiling Rate*

3.52 Minor Parent

From rule: A caretaker who is under age eighteen (5101:2-16-01 (P))

3.53 MOU

Memorandum of Understanding.

3.54 Non-Traditional Hours*

When a *child* receives *PFCC* during non-traditional hours, the *provider* receives an *enhanced payment* added to its *base payment* for that entire service week. Non-traditional hours are defined as:

- Between 7pm and 6a, Monday through Friday
- Saturday and Sunday
- *Holidays*, as defined in Rules

3.55 Notice

See *Mailed Notification*.

3.56 OAKS

Ohio Administrative Knowledge System, an enterprise resource planning system for the entire Ohio State government. *OAKS* generates EFT (Electronic Funds Transfer) payments to providers for *PFCC*.

3.57 ODE

Ohio Department of Education.

3.58 ODJFS 01138

Application for Child Care Benefits form

3.59 OIS

Office of Information Systems (within ODJFS)

3.60 OFIS/CFIS

OAKS Financial Interface System, which manages transfers of data between major *ODJFS* systems and *OAKS*. *CFIS* (County Financial Interface System) is the financial interface that manages transfers of data between *CDJFS* and *ODJFS*.

3.61 Out of State Provider (OOS provider)

A provider serving an Ohio child who receives *PFCC*. A *CDJFS* worker registers an OOS provider and enters them into the CCIDS 3299 system. They receive a 5-digit provider ID. The county that registers them is also considered their *county of location* for reporting and payment calculation.

3.62 Override

Within the *EA system*, *CDJFS workers* may sometimes override a decision made by the system. There are three types of overrides:

- Eligibility Override: The *EA system* may determine that *eligibility* has failed for a specific *child* and *pay source code*. A *county worker* may override the failure, with the approval of a supervisor or higher, so that the eligibility passes for a *PSC*. The worker must enter a valid reason code.
- Case Override (Case Termination Override): When a case has been terminated a *county worker* may override the *case termination* in the *EA system* through the entry of an override reason code. This could happen if a case was terminated, then the *caretaker* requested a hearing, and then the caretaker wins the hearing. The worker would then override the termination. See *Case Termination*.
- Authorization Hours Override: If a *CDJFS worker* decides to authorize for more hours than indicated via the entered schedules, then they must override and enter a reason code.

3.63 Pay Source Code (PSC)*

Program code that defines a *caretaker's* and child's *eligibility* to receive child care benefits. PSCs are linked to funding streams.

3.64 Payment*

The transaction establishing an amount to be paid to the *provider*.

- Payment is associated with each *authorization*.
- Providers do not submit invoices to *ODJFS*. Rather the *attendance* and *absent day* data (*utilization*) available in the *ECC system* is used to initiate payment.
- Payments are made not to *caretakers*, but directly to child care *providers*, by *OAKS*.
- Payments are calculated for services that occurred prior to the *back swipe period*.
- All childcare *providers* and *caretakers* are required to use the *ECC swipe card* system. Service that is within the *back swipe period* can be recorded with the *swipe card*.
- *Providers* can submit a *manual claim* for payment for services that were not billed during the *back swipe period*. Certain conditions apply for submission of a manual claim.

3.64.1 Base Payment*

Total cost of *PFCC* computed by the payment *calculation*. This does not include the *enhanced payments*.

3.64.2 Enhanced Payment*

Additional cost for services beyond the *Base Payment*. Providers may be reimbursed more than the established *ceiling rates* for the following reasons: recognized *accreditation*, participation in *Step Up To Quality (SUTQ)* rating system, caring for children with *special needs*, having a *special needs waiver*, or providing care during *non-traditional hours*. However, only enhanced payments for 2 and 3 star SUTQ ratings allow the provider to be paid more than their *customary rate*.

3.64.3 Payment Calculation

The process that determines how much money *ODJFS* owes the *provider* for child care *utilization*. The *ECC system* calculates the total *cost of care* for an *authorization* in a given *service week*. Then *ECC*

subtracts the *copayment* (the family's responsibility) for that authorization which results in the *state payment amount*.

3.64.4 Payment Determinant

Any item that is included in the *payment calculation* to determine total *cost of care* and *state costs*. Current payment determinants include: *attendance, accreditation, SUTQ rating, care during non-traditional hours, special needs, special needs waiver, child's age category, authorization category, ceiling rate, and provider's customary rate*.

3.65 Payment Dates

3.65.1 ECC Weekly Payment Date

Date that the *ECC payment calculation* occurs. This is also called the Settlement date within child care systems, especially *ECC*.

3.65.2 Child care Payment Date

Date that *ECC* payment file and *Centralized Payments* file (generally special payments only) is combined and sent to *OAKS*

3.65.3 Fiscal Payment (OAKS Posting) Date*

Date the CCIDS file posts in the *OAKS* system

3.66 Payment Source Code (PSC)

See *Pay Source Code*.

3.67 Payment Type* or Payment Category

The *payment calculation* process determines the amount of care that the child utilized for the service week for a given authorization. Based on the number of hours, one of the following four payment categories is assigned: Less Than PT (LT), Part-time (PT), Full-time (FT), or Greater Than Fulltime (GT) (also referred to as Plus or Full-time Plus). See also *Authorization Category*.

3.68 POS / POS Device / Swipe Card Machine

A Point of Service (POS) device is an electronic device installed at a child care *provider* that reads *swipe cards* to track the time and attendance of children served by the *provider*. A POS device has an installation date* and deinstallation date* that appears in the *ECC system*.

3.69 Program

The policies and procedures that prescribe *eligibility* for child care benefits.

3.70 Provider*

A person/business that cares for children either in a family child care setting or a licensed facility. Each provider has a *Provider Type*. Not all providers participate in the *PFCC* program.

3.70.1 Certified Provider

Phrase used to refer to providers certified by a CDJFS. Currently includes: *Type B* providers (*Type B Professional* providers, *Limited Certification* providers and *In-home Aides*). They have 9-digit provider IDs in 3299.

3.70.2 Licensed Provider

Phrase used to refer to those providers licensed by ODJFS that have a 6-digit provider ID in *Licensing*. Currently includes *provider types* of *Centers* and *Type A Homes*, as well as *Head Start* and *School Age* provider types. In certain settings, the phrase “Licensed provider” may also refer to providers licensed by other state entities such as the Ohio Department of Education or an out-of-state entity. See also *License*.

3.71 Provider Agreement*

Every child care *provider* wishing to be reimbursed for *PFCC* must enter into a legal agreement with *ODJFS*. *Providers* enter and sign their Provider Agreement through the *CCIDS Provider Portal*. The Agreement has an agreement begin date* and may also have an agreement end date*.

3.72 Provider – Eligible Provider

From Rule: A child care provider who is eligible to receive public funds in accordance with Chapter 5104. of the Revised Code, has completed the *provider agreement* with the Ohio department of job and family services (ODJFS) and has entered all required information in the *provider portal* (5101:2-16-01 (J))

3.73 Provider Open Date* / Closed Date*

Each *provider* has what is considered an open date and a closed date. These dates differ based on *provider type* and by within which system (*CCIDS 3299* or *Licensing*) the provider’s data is stored.

3.74 Provider Status*

The phrase provider status is most often used when determining if a *provider* is open for business. Specific data used to determine a provider’s status differs based on the *Provider Type*, primarily because data regarding *Licensed Providers* and *Certified Providers* are stored in different systems (*Licensing Mainframe* and *3299* respectively). See also *License Status* and *Provider Open Date / Closed Date*.

3.75 Provider Type

Within the data systems, each provider is assigned a provider type:

3.75.1 Provider – Center

“Any place in which child care or publicly funded child care is provided for thirteen or more children at one time or any place that is not the permanent residence of the licensee or administrator in which child care or publicly funded child care is provided for seven to twelve children at one time. In counting children for the purposes of this division, any children under six years of age who

are related to a licensee, administrator, or employee and who are on the premises of the center shall be counted (5104.01)

Within CCIDS systems, a Center's capacity is recorded as defined under *License Status*.

3.75.2 Provider – Day Camp

A program in which only school-age children attend or participate, that operates for no more than seven hours per day, that operates only during one or more public school district's regular vacation periods or for no more than fifteen weeks during the summer, and that operates outdoor activities for each child who attends or participates in the program for a minimum of fifty per cent of each day that children attend or participate in the program. (Ohio Revised Code 5104.01)

Day Camps "register" with ODJFS. To be reimbursed for providing PFCC, a Day Camp must be "approved" by ODJFS or accredited by ACA.

3.75.3 Provider – Head Start

"Head start program" means a comprehensive child development program that receives funds distributed under the "Head Start Act," 95 Stat. 499 (1981), 42 U.S.C.A. 9831, as amended, and is licensed as a child day-care center. (Ohio Revised Code: 5104.01)

3.75.4 Provider – In-home Aide

A *CDJFS Certified provider* who does not reside with the child, but provides *PFCC* in the child's home.

Within CCIDS systems, *capacity* is recorded as maximum children and maximum children under the age of 2

3.75.5 Provider – Limited Certification

A *CDJFS Certified provider* caring for one sibling group or no more than six children, all of whom are related to the provider. A limited certified provider can be either Agency Inspected (AI) or Parent/Provider Inspected (PPI).

Within CCIDS systems, *capacity* is recorded as maximum children and maximum children under the age of 2.

3.75.6 Provider – School-age

An *ODJFS* or *ODE* Licensed facility that provides child care for school children only and operates only during that part of the day immediately before and/or after the public school day of the school district, and/or when the public schools in the district are not open for instruction.

3.75.7 Provider – Type A Home

A Type A Home is licensed by *ODJFS*. It is a permanent residence of the administrator in which child care or *publicly funded child care* is provided for seven to twelve children at one time or a permanent residence of the administrator in which child care is provided for four to twelve children

at one time if four or more children at one time are under two years of age. In counting children for the purposes of this division, any children under six years of age who are related to a licensee, administrator, or employee and who are on the premises of the Type A home shall be counted. (Ohio Revised Code 5104.01)

Within CCIDS systems, Type A Home *capacity* is recorded as defined under *License Status*.

3.75.8 Provider – Type B Provider

The permanent residence of the provider in which child care is provided for one to six children at one time and in which no more than three children are under two years of age at one time. In counting children for the purposes of this division, any children under six years of age who are related to the provider and who are on the premises of the type B home shall be counted. (Ohio Revised Code 5104.01)

The phrase “Type B” provider is sometimes used to refer to certified *Type B Professional* homes (which in the data systems often have a type code of B), but at other times is used to refer to all Type B providers as defined by rule, which includes Certified *Type B Professional Homes, Limited Certification providers, and In-home Aides*. The phrase should normally be used for this latter, umbrella, definition.

3.75.9 Provider – Type B Professional Home

A *CDJFS* Certified home caring for one (1) to six (6) children, with no more than three children being under the age of 2, including *publicly-funded* children, private pay children, and the providers own children.

Within CCIDS systems, *capacity* is recorded as maximum children and maximum children under the age of 2.

3.76 Provider Payment Rate

3.76.1 County Rate Category / Ceiling Rate for Provider Payment

Appendix to Rule 5101:2-16-41 assigns each of Ohio’s 88 counties to a ceiling rate category. Rule then defines these ceiling rates by *provider type, age category* (also including summer school age), and *payment type*. Ceiling rates are based on market rate research. The *payment calculation* makes use of the ceiling rate. There are currently 5 county rate categories: A/B, C, D, E, and F.

3.76.2 Customary Rate – Provider’s Customary Rate

These are the rates (prices) that a *provider* charges the public. Providers wanting to provide *PFCC* submit their customary rates through the *Provider Portal* as part of the *Provider Agreement* process. They may also update their rates through the *Provider Portal*. The *payment calculation* makes use of these rates.

3.77 Provider Website - PWeb

One component of the *ECC system*. A secure internet site where attendance and transaction information from the *POS Device* is viewable. Also, the location to view payment information and report *absent days*. This is a separate system from the *Provider Portal*.

3.78 Publicly Funded Child Care (PFCC)

From Rule: The care of infants, toddlers, preschool children, and school children under age thirteen by an eligible provider. Publicly funded child care is paid, wholly or in part, with federal or state funds, including funds available under the child care block grant act Title IV-A, and Title XX, distributed by ODJFS (5101:2-16-01 S)).

The term PFCC is used synonymously with *subsidized care*.

3.79 Reporting – Authorization vs. Utilization

Child care reports are based in one of two methods, *Authorization* (used to understand what services could be used) or *Utilization* (used to determine actual expenditures of what did happen).

3.80 Reporting Calendar / Payment Calendar

A calendar used for reporting which consists of 12 *Reporting Months* per year that are four or five weeks in length.

3.80.1 Reporting Month*

A four- or five-week period (“month”) as defined in the *Reporting Calendar*. A reporting period always begins on the Sunday on, or preceding, the first day of a calendar month.

3.80.2 Reporting Week*

Reporting weeks are defined in the *Reporting Calendar*. A week is defined as the seven-day period from twelve a.m. Sunday to eleven fifty-nine p.m. Saturday (5101:2-16-01 (Y)). Each reporting week is given a number with the first *reporting week* at the start of the State Fiscal Year (SFY).

3.81 Roster

The paper billing mechanism by which a child care *provider* submits an invoice to the *CDJFS* for services rendered, and includes provider information, child information, service dates and hours of service, payment source, county reimbursement amount and *caretaker* copayment. The roster has been replaced by the *swipe card* system operated by ACS/Xerox.

3.82 SAF (Store and Forward)

An automatic feature of the *POS device* for use when the provider’s phone line or internet connection is unavailable. In *SAF* mode, *caretakers* can continue to use their *swipe cards* and the *POS device* will store all swipes. When the phone line or internet becomes available, the *POS Device* will automatically transmit the stored transactions. (Definition from Ohio ECC Provider User Manual)

3.83 SansWrite

Software application used by ODJFS Licensing Specialists to record on-site inspections of licensed Type A homes and Centers. This is sometimes referred to as Outlier (which is the company that owns SansWrite). Data from the inspection is batched and sent to the legacy licensing system and is displayed on the external facing website.

3.84 SCOJFS (South Central Ohio Job & Family Services)

As of January 1, 2013, the Ross, Hocking and Vinton County Departments of Job and Family services merged to form the South Central Ohio Job and Family Services (SCOJFS). Families residing in these three counties will appear in the *EA system* as having a *Case County* of 71. Providers residing in the three counties will remain listed under their county of location during an interim period.

3.85 Service

See *Utilization*.

3.86 Service Week / Service Month

This is the week or month in which the child actually received *PFCC* services.

3.87 Social Security Number (SSN) Verification

A systemic interface with the federal Social Security Administration whereby all *certified providers*, *caretakers*, and *children's* Social Security Numbers are verified.

3.88 Special Needs *

From rule: “Special Needs” means providing child care services to a child who is under eighteen years old who does not function according to age appropriate expectations in one or more of the following areas of development: social/emotional, cognitive, communication, perceptual-motor, physical, or behavioral development, or the child has chronic health issues. The child's delays/conditions(s) affect development to the extent that the child requires special adaptations, modified facilities, program adjustments or related services on a regular basis in order to function in an adaptive manner (5101:2-16-01 (V))

3.88.1 Special Needs – Child

A child meeting the special needs definition from rule is marked as Special Needs in the *EA system*. This indication is used by the payment calculation to add an *enhanced payment* to the *base payment*.

3.88.2 Special Needs Waiver

A special needs waiver is given in specific circumstances when a child requires high levels of care. A child is indicated as having a special needs waiver in the *EA system*. This indication is used by the payment calculation to add an *enhanced payment* to the *base payment*. To receive special needs waiver payments, a provider must have been approved by *ODJFS* to provide these services. Approvals must be renewed annually.

3.89 Subsidized Child Care

Preferred term is *publicly funded child care (PFCC)*.

3.90 SUTQ Rating*

"Step up to quality (SUTQ)" means the voluntary quality rating system for child care programs in Ohio (5101:2-16-01 (W)) Currently, providers can earn a 1-, 2-, or 3-Star rating by meeting certain quality benchmarks for the State of Ohio. State inspectors inspect child care facilities and record the results as part of the qualification process for SUTQ. ODJFS is in the process of updating the SUTQ rating system to add two more levels. Providers can receive *enhanced payments* for achieving SUTQ ratings. SUTQ-rated providers may also receive a Quality Achievement Award (QAA). This payment is not processed via the *CCIDS systems*.

3.91 Swipe Card*

Physical card that a *caretaker* receives when a child is authorized for *PFCC*. A *caretaker* or designee uses a swipe card with the providers' *POS device* in order to record a child's *attendance*. Swiping a card most often initiates a *transaction*.

3.91.1 Swipe Card ID*

Each physical *swipe card* has a unique ID. The *ECC system* stores which swipe card IDs were sent to a particular *caretaker*. The *ECC system* also records which swipe card ID was used to complete a *transaction*. Because a *caretaker* might share his/her card with another person, there is no way to definitively know what person used the *swipe card* for a particular *transaction*.

3.91.2 Swipe Card Status*

At any given point in time, a swipe card has a status, for example Issued, Mailed, Activated, Deactivated, and Lost. The (ideal) typical flow that statuses go through is Issued → Mailed → Activated. Status is displayed in the *ECC system*.

3.91.3 Swipe Cards Mailed*

For data analysis, this is the number of physical swipe cards that were mailed (often during a specific time period.)

3.92 Transaction – ECC

In the ECC system: Any time the *swipe card* is swiped through the *POS device* (*Swipe Card Transaction*) and also any absent, voids, or manual claims entered into *ECC*.

3.92.1 Entry Date / Time*

The date and time that a person performs a *swipe card transaction*. Also referred to as *Swipe Time* or *SAF Time*. For *SAF transactions*, the system records when the transaction was forwarded from the *POS device* and the clock time of the original swipe action is lost. Available in the *ECC system*. (See also *Transaction Date/Time*)

3.92.2 POS Transaction

Electronic child care (ECC) transactions are captured using a *POS device* that requires input from the *caretaker* or *provider*. *POS transactions* include *swipe card transactions* performed by a *caretaker*. They also include void transactions performed by a *provider* to cancel an existing check in or check out transaction.

3.92.3 Swipe Card Transaction*

Any transactions made by a specific *swipe card*, identified via the *Swipe Card ID*, and through use of the *POS device*. When a *child* is dropped off at a child care *provider*, a check in transaction is performed. When a child is picked up from a child care *provider*, a check out transaction is performed. When performed using the *POS device*, these transactions log dates and times, associate this with the child and case information, and then sends the information to the host system. Using the *POS device*, *caretakers* can also perform a previous check in or previous check out transaction to capture services that occurred in the *back swipe period*. Providers are not allowed to make swipe card transactions.

3.92.4 Transaction Date / Time

The date and time that a child utilized care. Available in the *ECC system*. (See also *Utilization* and *Entry Date/Time*)

3.92.5 Transaction Status*

Each *transaction* has a status such as Successful or Denied. Denied transactions also have a transaction denial reason.*

3.92.6 Transaction Type*

Each ECC transaction is given a Transaction Type: Examples (not exhaustive list): Check In, Check Out, Previous Check In, Previous Check Out, Manual Claim Check In, Manual Claim Check Out, Voids, *SAF* transactions.

3.93 Umbrella Organization*

Used when referring to *providers*. This is the concept that a provider might be part of a larger network of providers. For instance, there are many KinderCare providers in Ohio that are part of the same Kinder Care umbrella organization. *Licensing* and *3299* systems do not have data structures to track Umbrella Organizations; however an Owner can be recorded in the Licensing system and may represent this concept.

3.94 Utilization*

Utilization means the utilization of child care benefits. This includes both actual care a child receives from a provider (based on the child's *attendance*) and other utilization of benefits such as *absent days* claimed by the provider. Child care service is that care that a child actually receives from a child care provider. Utilization is tracked by the *ECC system*, primarily using *swipe cards* and *POS devices*.

Utilization may also be recorded in the *ECC system* through a *manual claim* or an *authorization-level adjustment*. Utilization is usually reported in terms of hours/minutes of or in terms of the *payment category* (e.g., the child utilized 16.5 hours of care in the week or the child utilized Part-Time services for the week). While summary and high-level utilization (e.g. absent days claimed) is stored in the *Central Payment (CP)* system, more granular data about utilization (e.g. time of swipe down to the second) comes from the All Activity File supplied by the EPPIC *swipe card* system.

3.95 Worker

3.95.1 County Worker* / CDJFS Worker

An employee of a *CDJFS* working on child care *eligibility, certification, or payments*. With reference to some systems, “county worker” includes contractors.

3.95.2 State Worker

An employee of *ODJFS* working on child care *eligibility, certification, licensing or payments*.

Supplement Four

Child Care EPPIC Interface Files



ACS is now a Xerox company

A **xerox**  Company

SPARK-ITS[®]

Standardized Process and Resource Kit
Implementing Technology Solutions

Affiliated Computer Services, Inc.

Ohio ECC

Requirements Artifact: Interface Control Document

Version 4.7

Date: 07/26/2011

1 Introduction

This document provides details on some of the interfaces that occur between JFS and EPPIC™ (the Xerox Electronic Child Care (ECC) Swipe Card System that records swipes for children in/out of care and creates the provider payment file for Centralized Payment and OAKS processing

2 Batch Interface

This section describes the critical files created and sent from EPPIC and JFS that will be used for the BI project. There are two critical files – the daily Activity file, which contains all EPPIC transactions (note that EPPIC transactions do not include payment information) and the detail payment file, which is sent weekly. File layouts are included in this document.

Activity File

Every day, EPPIC will transmit to JFS an activity file. The following table describes the interface for the Activity File.

Activity File – Summary Table	
File Data Title	File Data
File Type	Activity File
File Names	Activity File <u>Test DSN:</u> 'ACS.TEST.ACTIVITY.DYYMMDD' <u>Production DSN:</u> 'ACS.PROD.ACTIVITY.DYYMMDD' DYYMMDD = file date e.g. D100504 D [YYMMDD] YY = two digit year MM = two digit month DD = two digit day
System Source	EPPIC
System Destination	JFS Data Center
Data Description	Activity against day care benefits on EPPIC database.
Primary Data Transfer Method	Connect Direct
Timing Requirements	Daily: 4:01 am
File Format	Fixed

The following is a description of the Activity File format for reporting account activity back to the State. The file layout will consist of a header record, followed by multiple detail records, followed by a trailer record. All alpha-numeric fields will be left-justified and right space-filled.

Header Record Length = 700

Field Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
1	RECORD-TYPE	A/N	PIC X(3)	1-3		Value = "AA0" – Activity Header
2	RECORD-DATE	Date	PIC X(8)	4-11	CCYYMMDD	
3	RECORD-COUNT	N	PIC 9(6)	12-17		
4	Pad Filler	A/N	PIC X(683)	18-700		Pad with blanks to match length of detail record(s) that follow.

Detail Record Length = 700

Field Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
1.	RECORD-TYPE	A/N	PIC X(3)	1		Value = "AA1" – Activity Detail
2.	RECORD-DATE	A/N	PIC X(8)	4-11	YYYYMMDD	
3.	AUTHORIZATION-NUM	A/N	PIC 9(13)	12-24		
4.	CASE-NUM	A/N	PIC X(10)	25-34		
5.	INDV-NUM	A/N	PIC 9(12)	35-46		
6.	INDV-FIRST-NAME		PIC X(15)	47-61		
7.	INDV-LAST-NAME		PIC X(15)	62-76		
8.	PROVIDER-NUM	A/N	PIC X(15)	77-91		
9.	PROVIDER-CONTACT-NAME		PIC X(50)	92-141		
10.	TRANS-NUM	N	PIC 9(12)	142-153		
11.	TRANS-DESCRIPTION	A	PIC X(3)	154-156	Valid values are: POS – Normal SAF – Store forward IVR PW AT MC	If entered through Manual Claim screen, the value is AT MC .
12.	SWIPE-DATE	N	PIC X(8)	157-164	CCYYMMDD	
13.	SWIPE-TIME	N	PIC X(8)	165-172	HHMMSSMM	
14.	SWIPE-TYPE	A	PIC X(5)	173-177	Check-in, check-out, Previous check-in, Previous check-out, Absence, Void, M-IN, M-OUT, M-ABS, MVOID	
15.	RESPONSE-CODE	N	PIC 9(3)	178-180	0=successful, otherwise it's an error code	
16.	CURRENT-DATE	N	PIC X(8)	181-188	CCYYMMDD	
17.	CURRENT-TIME	N	PIC X(8)	189-196	HHMMSSMM	
18.	CARD-NUM	N	PIC X(16)	197-212	Card PAN	
19.	USER-ID	N	PIC X(10)	213-222	For manual online data entry through the provider web or AT	
20.	DEVICE-ID	A/N	PIC X(8)	223-230	Terminal ID	
21.	MC-REASON	A/N	PIC X(50) PIC X(4)	231-280 231-234		Reason Code selected for entering Manual Claim.
22.	MC-DESC	A/N	PIC X(400)	281-680		Description entered for

Field Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
				235-634		Manual Claim.
23.	Pad Filler	A/N	PIC X(20) PIC X(66)	681-700 635-700		

Trailer Record Length = 700

Field Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
1	RECORD-TYPE	A/N	PIC X(3)	1-3		Value = "AA9" - Activity Trailer
2	RECORD-DATE	N	PIC X(8)	4-11	CCYYMMDD	
3	Pad Filler	A/N	PIC X(689)	12-700		Pad with blanks

Payment Detail File

Every day, EPPIC will transmit to JFS a Payment Detail file. The following table describes the interface for the Payment Detail File.

Payment Detail File – Summary Table	
File Data Title	File Data
File Type	Payment Detail File
File Names	<p>Payment Detail File</p> <p>Test DSN: 'ACS.TEST.PAYDETAIL.DYYMMDD'</p> <p>Production DSN: 'ACS.PROD.PAYDETAIL.DYYMMDD'</p> <p>DYYMMDD = file date e.g. D100504</p> <p>D [YYMMDD] YY = two digit year MM = two digit month DD = two digit day</p>
System Source	EPPIC
System Destination	JFS Data Center
Data Description	Payment Detail information on EPPIC database.
Primary Data Transfer Method	Connect Direct
Timing Requirements	Weekly: Sunday, 4:01 am
File Format	Fixed

The following is a description of the Payment Detail File format for payment information back to the State. The file layout will consist of a header record, followed by multiple detail records, followed by a trailer record. All alpha-numeric fields will be left-justified and right space-filled.

The detail records contain the calculation factors at the child level for the respective provider services and the details of each provider level adjustment or deduction that were applied to obtain the total amount to be pay a provider. The sum of these detail records will equal the summary record that is in the Provider Summary Record File.

Detail records for a child will use the county number from the authorization information and will be 1-88. The main information from the POS and payment calculations will be summarized in the record for the child. Adjustment details that are applied to the child level will be in a record that has the PAY-LINE-TYPE and PAY-CDE-ADJUST-DEDUCT set to the appropriate values. Provider level details for each adjustment or deduction will have the county number set to 90 and the PAY-LINE-TYPE and PAY-CDE-ADJUST-DEDUCT codes are used to identify the specific amount applied.

Payment Detail Header - Record Length = 850

Field Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
1	RECORD-TYPE	A/N	PIC X(3)	1-3		Value = "PI0" – Provider Individual Header
2	RECORD-DATE	N	PIC X(8)	4-11	CCYYMMDD	
3	RECORD-COUNT	N	PIC 9(6)	12-17		
4	Pad Filler	A/N	PIC X(833)	18-850		Pad with blanks to match length of detail record(s) that follow.

Payment Detail - Record Length = 850

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
1.	RECORD-TYPE	A/N	PIC X(3)	1-3	Required	Value = "PS1" – Provider Summary Detail, provider level detail data within the provider summary file. "CS1" – County Summary Detail, provider level detail, provider level detail data within the county summary file. "PI1" – Child attendance and provider level detail records.
2.	RECORD-DATE	N	PIC X(8)	4-11	Required CCYYMMDD	Date that the record was created, same as date that file was created.
3.	PAY-NBR-PROVIDER	A/N	PIC 9(15)	12-26	Required	Provider number

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
4.	PAY-NBR-ISSUANCE	N	PIC 9(8)	27-34	Required	Number assigned by ACS to group Provider Summary, County Summary, and Detail child payment calculation records within each provider and respective payment period that the calculations occur for. Number is eight-bytes in length were the first two-bytes represents the State-Fiscal-Year (July - June) and the last six-bytes should start at "300000" for the first issuance and increment by one. Number resets back to "300000" at the beginning of each State-fiscal-year.
5.	PAY-DTE-PERIOD-BEGIN	N	PIC X(8)	35-42	Required CCYYMMDD	Beginning date of the payment period that the data will be used for payment purposes.
6.	PAY-DTE-PERIOD-END	N	PIC X(8)	43-50	Required CCYYMMDD	Ending Date of the payment period
7.	PAY-NBR-COUNTY	A/N	PIC 9(2))	51-52	Required Set to 1- 88 Or 90 for provide level adjustments and deductions.	'00' If Provider Summary Record 90 – If a provider level adjustment or deduction detail record. 1-88 If Detail child related record.
8.	PAY-NBR-INVOICE	N	PIC 9(10)	53-62	Required	Number assigned by ACS to group County Summary, and Detail child payment calculation records within each provider and respective payment period that the calculations occur for. Number is ten-bytes in length were the first two-bytes

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
						represents the County number (1 - 88, 90), the second two-bytes represent the State-Fiscal-Year (July - June) and the last six-bytes should start at "200000" for the first invoice and increment by one. Number resets back to "200000" at the beginning of each State-fiscal-year.
9.	PAY-LINE-TYPE	A/N	PIC X(4)	63-66	Required Set to valid values to represent the type of detail record.	Valid values are: CATN - Normal weekly attendance CADJ Adjustment amount to be applied PADJ – Provider level amounts to be applied (union, child support, adjustments) Spaces – If Provider or County summary record.
10.	PAY-AMT-BASE	N	PIC S9(6)v99	67-74	Required If PAY-LINE-TYPE = PADJ set to 0	Base amount cost of services before any payment changes are applied. Provider due base amount of payment for child care services rendered. {LT = hrs x hourly rate}, {PT = either ceiling or customary rates whichever is less}, {FT = either ceiling or customary rates whichever is less}, {GT = FT Ceil/Cust rate + # of hours above 60 x hourly rate} If PAY-LINE-TYPE is PADJ set to 0. PAY-LINE-TYPE = CADJ, this field will have actual amount.

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
11.	PAY-AMT-WAIVER	N	PIC S9(6)v99	75-82	Required If PAY-LINE-TYPE = PADJ set to 0	Amount added when child has a Special Needs Waiver. To be set to 100% of PAY-AMT-BASE
12.	PAY-AMT-SPECIAL NEEDS	N	PIC S9(6)v99	83-90	Required If PAY-LINE-TYPE = PADJ set to 0	Amount added when child has a Special Needs indicator. This amount is to be 5% of PAY-AMT-BASE.
13.	PAY-AMT-NON-TRAD	N	PIC S9(6)v99	91-98	Required If PAY-LINE-TYPE = PADJ set to 0	Amount added when child has received care outside defined hours. This amount is to be 5% of PAY-AMT-BASE.
14.	PAY-AMT-SUTQ-ACCR	N	PIC S9(6)v99	99-106	Required If PAY-LINE-TYPE = PADJ set to 0	Amount added when child has received care at a provider that is either accredited or has any SUTQ rating. This amount is to be 7% of PAY-AMT-BASE.
15.	PAY-AMT-SUTQ-STAR2	N	PIC S9(6)v99	107-114	Required If PAY-LINE-TYPE = PADJ set to 0	Amount added when child has received care at a provider that has a '2' SUTQ rating. This amount is to be 7% of PAY-AMT-BASE.
16.	PAY-AMT-SUTQ-STAR3	N	PIC S9(6)v99	115-122	Required If PAY-LINE-TYPE = PADJ set to 0	Amount added when child has received care at a provider that has a '3' SUTQ rating. This amount is to be 12% of PAY-AMT-BASE.
17.	PAY-AMT-FEE-REG		PIC S9(6)v99	123-130	Required If PAY-LINE-TYPE = PADJ set	Amount of registration fees entered via Provider Website.

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
					to 0	
18.	PAY-AMT-FEE-TRANS	N	PIC S9(6)v99	131-138	Required If PAY-LINE-TYPE = PADJ set to 0	Amount of Transportation fees entered via Provider Website.
19.	PAY-AMT-FEE-ACT		PIC S9(6)v99	139-146	Required If PAY-LINE-TYPE = PADJ set to 0	Amount of activity fees entered via Provider Website
20.	PAY-AMT-FAM-COPAY	N	PIC S9(6)v99	147-154	Required If PAY-LINE-TYPE = PADJ set to 0	Total amount of co pay applied based on the on the child's authorization.
21.	PAY-AMT-ADJUST		PIC S9(6)v99	155-162	Required 0 unless PAY-LINE-TYPE = PADJ	Total amount of provider level adjustments. 0 when a child attendance payment calculation record. When a provider detail record county number is 90, and the PAY-LINE-TYPE and PAY-CDE-DEDUCT-ADJUST are set. When a County detail record county number is valid county and the PAY-LINE-TYPE and PAY-CDE-DEDUCT-ADJUST are set.
22.	PAY-AMT-DEDUCT	N	PIC S9(6)v99	163-170	Required 0 Unless PAY-LINE-TYPE = PADJ	Total amount of provider level deductions. 0 when a child attendance payment calculation record. When a provider detail record county number is 90, and the PAY-LINE-TYPE and PAY-CDE-

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
						<p>DEDUCT-ADJUST are set.</p> <p>When a County detail record county number is valid county and the PAY-LINE-TYPE and PAY-CDE-DEDUCT-ADJUST are set.</p>
23.	PAY-AMT-NET-DUE	N	PIC S9(6)v99	171-178	Required	<p>Total net amount due to provider for the respective period. The sum of all amounts for services, fees, adjustments, deductions, Step up to quality, ect..</p> <p>For detail records for deductions and adjustments (PAY-LINE-TYPE = PADJ) this will be the sum of PAY-AMT-ADJUST & PAY-AMT-DEDUCT.</p>
24.	PAY-NBR-ABS-DAYS	A/N	PIC 9(6)v9	179-185	<p>Required</p> <p>If PAY-LINE-TYPE = PADJ set to 0</p>	Total number of absent days for the child. When a provider summary or county summary for the provider the total number of absent days paid.
25.	PAY-NBR-SVC-HOURS	N	PIC 9(6)v9	186-192	<p>Required</p> <p>If PAY-LINE-TYPE = PADJ set to 0</p>	Total number of service hours for the child. Total number of hours for all children if a provider/county summary record.
26.	PAY-DTE-SRV-BGN	A/N	PIC X(8)	193-200	<p>Required</p> <p>If PAY-LINE-TYPE = PADJ set to 99999999</p> <p>CCYYMMDD</p>	Beginning date that the services represent. If provider or county summary value is 99999999.
27.	PAY-DTE-SRV-END	N	PIC X(8)	201-208	Required	Ending date that the services

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values				
					If PAY-LINE-TYPE = PADJ set to 99999999 CCYYMMDD	represent. If provider or county summary value is 99999999.				
28.	PAY-LINE-AUTH-PSC	A/N	PIC x(3)	209-211	Required If PAY-LINE-TYPE = PADJ set to spaces	Authorization pay source code. Spaces if PAYLINE-TYPE is = "PADJ"				
29.	PAY-NBR-CASE	N	PIC 9(10)	212-221	Required If PAY-LINE-TYPE = PADJ set to 0	Case number. 0 for Provider and Case Summary, adjustment and deduction detail.				
30.	PAY-NBR-CHILDID	N	PIC 9(12)	222-233	Required If PAY-LINE-TYPE = PADJ set to 0	Child Individual ID 0 for Provider and Case Summary				
31.	PAY-NAM-CHILD-LAST		PIC X(15)	234-248	Required If PAY-LINE-TYPE = PADJ set to spaces.	Spaces if Provider or Case summary.				
32.	PAY-NAM-CHILD-FIRST	A/N	PIC X(15)	249-263	Required If PAY-LINE-TYPE = PADJ set to spaces.	Spaces if Provider or Case summary.				
33.	PAY-CDE-DEDUCT-ADJUST	A/N	PIC X(4)	264-267	Required If PAY-LINE-TYPE = PADJ set	Spaces if Provider or County Summary. <table border="1" data-bbox="1122 1801 1572 1885"> <tr> <td>CHSU</td> <td>OWED CHILD SUPPORT</td> </tr> <tr> <td>GARN</td> <td>COURT ORDERED GARNISHMENT</td> </tr> </table>	CHSU	OWED CHILD SUPPORT	GARN	COURT ORDERED GARNISHMENT
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Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values																				
					IF PAY-LINE-TYPE = CATN set to spaces.	<table border="1"> <tr> <td>IRSL</td> <td>IRS TAX LEVY</td> </tr> <tr> <td>UNDR</td> <td>UNDERPAYMENT</td> </tr> <tr> <td>UNDU</td> <td>UNION DUES</td> </tr> <tr> <td>SPPY</td> <td>SPECIAL PAYMENTS ADJUSTMENT</td> </tr> <tr> <td>OVPC</td> <td>OVERPAYMENT - COUNTY ERROR</td> </tr> <tr> <td>OVPI</td> <td>OVERPAYMENT - PROVIDER INTENTIONAL</td> </tr> <tr> <td>OVPE</td> <td>OVERPAYMENT - PROVIDER ERROR</td> </tr> <tr> <td>OVPF</td> <td>OVERPAYMENT - PROVIDER FALSIFICATION</td> </tr> <tr> <td>OVPM</td> <td>OVERPAYMENT - PROVIDER MISUSE OF CH</td> </tr> <tr> <td>UNMC</td> <td>UNDERPAYMENT - MANUAL CLAIMS</td> </tr> </table>	IRSL	IRS TAX LEVY	UNDR	UNDERPAYMENT	UNDU	UNION DUES	SPPY	SPECIAL PAYMENTS ADJUSTMENT	OVPC	OVERPAYMENT - COUNTY ERROR	OVPI	OVERPAYMENT - PROVIDER INTENTIONAL	OVPE	OVERPAYMENT - PROVIDER ERROR	OVPF	OVERPAYMENT - PROVIDER FALSIFICATION	OVPM	OVERPAYMENT - PROVIDER MISUSE OF CH	UNMC	UNDERPAYMENT - MANUAL CLAIMS
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OVPF	OVERPAYMENT - PROVIDER FALSIFICATION																									
OVPM	OVERPAYMENT - PROVIDER MISUSE OF CH																									
UNMC	UNDERPAYMENT - MANUAL CLAIMS																									
34.	PAY-DTE-ADJ-DED-ENTER	N	PIC X(8)	268-275	Required IF PAY-LINE-TYPE = 'PADJ' set to date otherwise set to 99999999 CCYYMMDD	The date that the adjustment or deduction was entered into the system. PAY-LINE-TYPE and PAY-CDE-DEDUCT-ADJUST must be set. Applies to detail provider level records. 99999999 for Provider and County summary records.																				
35.	PAY-NBR-SEQ	N	PIC 9(3)	276-278	Required IF PAY-LINE-TYPE = 'PADJ' Set to number sent by JFS.. IF from AT set to 0.	The JFS sequence number assigned to the adjustment or deduction. AT deductions or adjustments set to 0.. 0 when Provider & County summary																				
36.	PAY-SW-RATE	N	PIC x(4)	279-282	Required	An indicator as to using Ceiling or Customary Rates. If PAY-LINE-TYPE is CATN, valid values are: {CEIL,CUST}																				

Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
						Spaces if a Provider or County summary record..
37.	PAY-SW-SHARED	A/N	PIC X(4)	283-286	Required	Y – Child has two different cases that were used to calculate payment. N – Child is a single case Spaces – Provider and County Summary records, Provider level deduction and adjustment detail records.
38.	PAY-CNT-LINE-TOTAL	N	PIC 9(6)	287-292	Required Set to 1 for all records.	Total number of detail child records, detail provider level adjustment or deduction records included in the provider summary or county summary.
39.	PAY-TXT-NOTE	A/N	PIC x(400)	293-692	Required Spaces if not a adjustment or deduction.	Text information entered for adjustments applied to the provider or child services. IF PAY-LINE-TYPE = CADJ or PADJ set to value from JFS or AT
40.	PAY-CDE-INDICATOR	A/N	PIC X(1)	693		Value represents which grouping type was used during calculation from either Ceiling or Customary tables. Valid Values for CATN records are: H = Hourly, P = Part-time, F = Full-time, G = Full-time Plus. Valid Values for CADJ are: U = Underpayment, O = Overpayment. Not valid for PADJ records
41.	Filler		PIC X(157)	694-850		spaces

Payment Detail Trailer - Record Length = 850

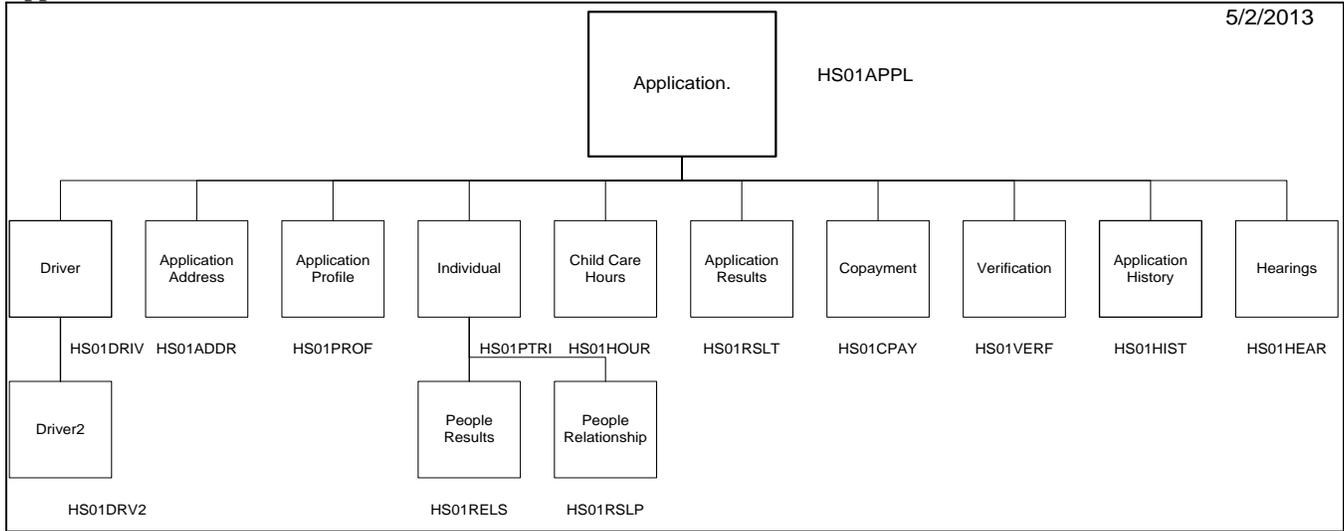
Field Ref ID	Field Name	Data Type	Copy Member Data Type	Field Position in Record	Format	Valid Values
1	RECORD-TYPE	A/N	PIC X(3)	1		Value = "PI9" Provider Individual Trailer
2	RECORD-DATE	N	PIC X(8)	4-11		
3	Pad Filler	A/N	PIC X(839)	12-850		Pad with blanks

Supplement Five

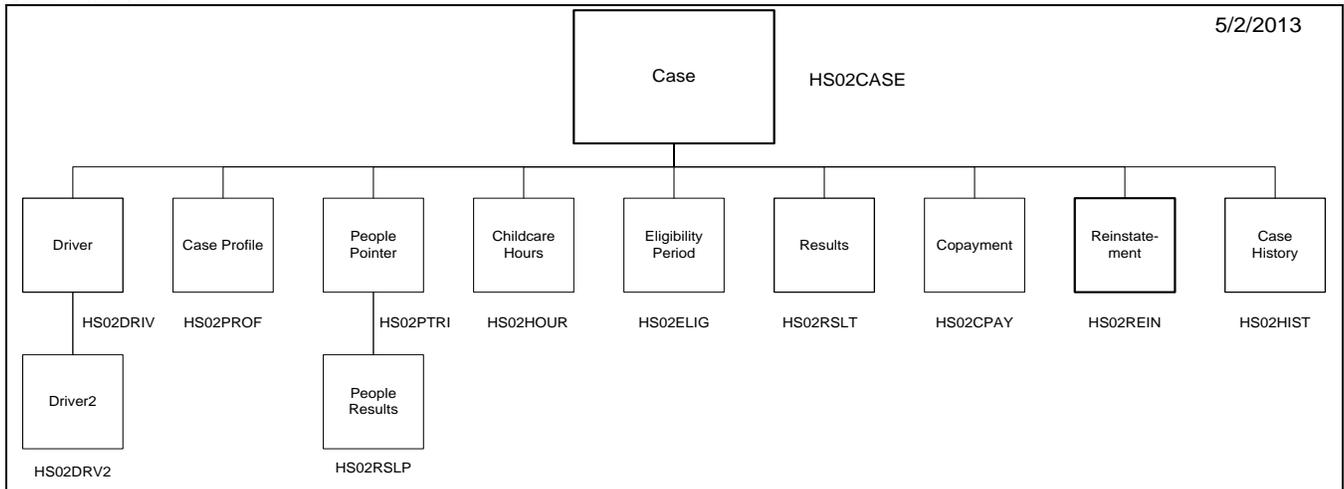
Child Care Eligibility & Payment System Database Documentation

THE EA/CP SYSTEM DATABASE STRUCTURE

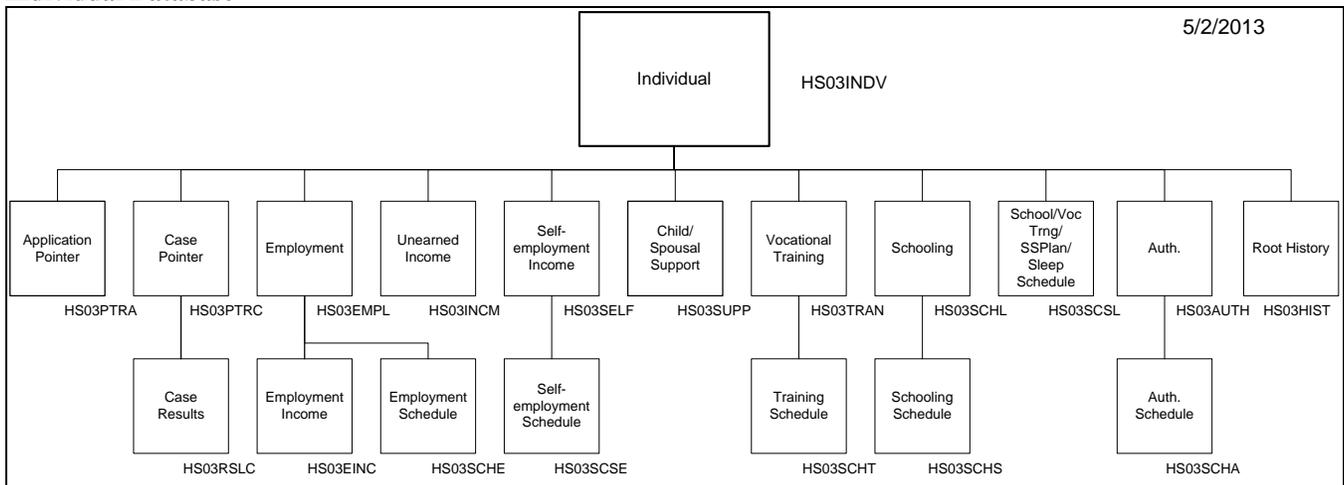
Application Database



Case Database

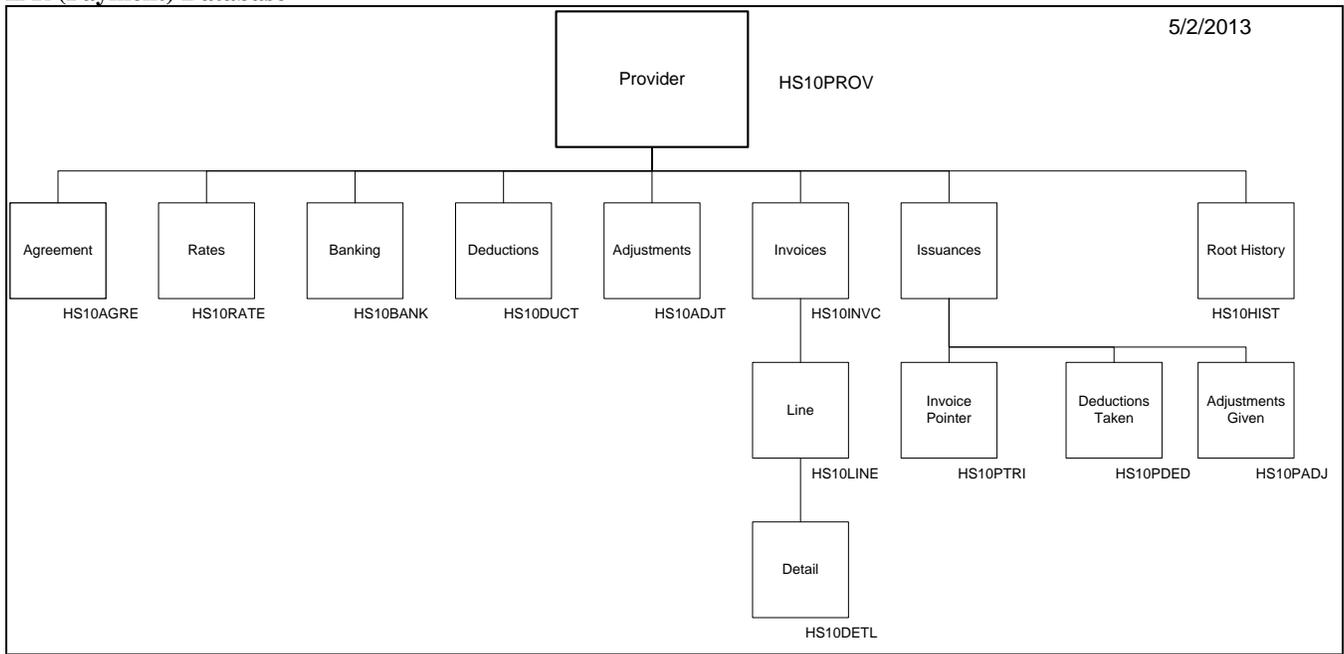


Individual Database



IPR (Payment) Database

5/2/2013



Supplement Six

Child Care DM Data Mappings

		Dimension Table	Indicates the type of roster record or intended action. Values are: Roster Record Types F - Full-time child care roster P - Part-time child care roster O - Overpayment child care roster U - Underpayment child care roster A - Advance child care roster D - Deposit child care roster Intended Action C - Copy existing roster line R - Remove existing roster line	Dimension Table	DM_CHILD_CARE_TYPE	FT_PT_CD	CHAR(1)
		Dimension Table	The child care type text description. The values are: Roster Record Types F - Full-time child care roster P - Part-time child care roster O - Overpayment child care roster U - Underpayment child care roster A - Advance child care roster D - Deposit child care roster Intended Action C - Copy existing roster line R - Remove existing roster line	Dimension Table	DM_CHILD_CARE_TYPE	FT_PT_DESC	CHAR(30)
		Dimension Table	Indicates the reason the caretaker parent needs child care services. Values are: E - Employment T - Training B - Both O - Other	Dimension Table	DM_CHLD_CR_REASON	EMP_TRNG_CD	CHAR(1)
		Dimension Table	Child care reason description. Values are: E - Employment T - Training B - Both O - Other	Dimension Table	DM_CHLD_CR_REASON	EMP_TRNG_DESC	CHAR(15)
		System Generated	Surrogate Key that is generated based on a new Parent Key and Service Date. Based on CNTY_CD and Parent SSN.	Generated by Informatica.	DM_CR_TKR_PARENT	PARENT_KEY	INTEGER
	INVC10-NBR-INVOICE-CNTY	ROST06-NBR-COUNTY	A unique code that identifies a specific county. (e.g. 87, 88 etc.)	No transformation rules applicable.	DM_CR_TKR_PARENT	CNTY_CD	CHAR(2)
	INDV03-NBR-SSN-IND	ROST06-NBR-CSHEAD-SSN	9-digit SSN of the individual identified on the child care application as the primary caretaker parent of the child.	No transformation rules applicable.	DM_CR_TKR_PARENT	SSN_NBR	INTEGER
NDF010	INDV03-NAM-LAST	FAM-LNAME	Last name of the caretaker parent.	No transformation rules applicable.	DM_CR_TKR_PARENT	LAST_NAME	CHAR(30)
NDF010	INDV03-NAM-FIRST	FAM-FNAME	First name of the caretaker parent.	No transformation rules applicable.	DM_CR_TKR_PARENT	FIRST_NAME	CHAR(20)

	Not currently provided as of 20120510	FLAT-NEW-FAM-DTE-BIRTH	Date of birth of the caretaker parent. The caretaker parent should be at least 11 years old, based on date at time of entry.	Data cleanup is done on this field to convert the input to an acceptable date. If there is not a valid date in the field the closest valid data is used. (Error message is provided in the GDW0-60 program for the converted date.) If the date is all zeros, the date of 12/31/9999 is used as a default.	DM_CR_TKR_PARENT	BIRTH_DTE	DATE
	CASE02-GRP-ADDR	Child Care.FAM-ADR-LINE1	Street address for the application caretaker parent.	No transformation rules applicable.	DM_CR_TKR_PARENT	ADDR_LN_1	CHAR(45)
	CASE02-ADR-CITY	FAM-ADR-CITY	City for the application caretaker parent.	No transformation rules applicable.	DM_CR_TKR_PARENT	CITY_NM	CHAR(25)
	CASE02-ADR-STATE	FILE-OUT-FAM-ADR-STATE	USPS-standard state abbreviation for the physical location for the application caretaker parent. Values are: IN - Indiana KY - Kentucky MI - Michigan OH - Ohio PA - Pennsylvania WV - West Virginia.	No transformation rules applicable.	DM_CR_TKR_PARENT	ADDR_STATE_CD	CHAR(2)
	CASE02-ADR-ZIP	Child Care.FAM-ADR-ZIPCODE	First 5-digits of the zip code for the application caretaker parent.	If there are spaces they are converted to all zeros.	DM_CR_TKR_PARENT	ADDR_ZIP_CD_5	INTEGER
		Child Care.FAM-ADR-ZIPCODE	Last 4-digits of the zip code for the application caretaker parent.	If there are spaces they are converted to all zeros.	DM_CR_TKR_PARENT	ADDR_ZIP_CD_4	SMALLINT
NDF010	If PTRI02-CDE-TYPE = "SC" exists then "2", otherwise "1"	NBR-CARE-PARENT	For the household applying for child care services, the total number of caretaker parents.	No transformation rules applicable.	DM_CR_TKR_PARENT	NBR_CR_TKR_PARENTS	SMALLINT
	Calculated value using ROST06-DTE-SERVICE, EMPLO3-DTE-EARNS-BGN, EMPLO3-DTE-EARNS-END to set "Employment" to "1". Calculated value using ROST06-DTE-SERVICE, SELF03-DTE-EARNS-BGN, SELF03-DTE-EARNS-END to set "Employment" to "1". Calculated value using ROST06-DTE-SERVICE, TRAN03-DTE-BEGIN, TRAN03-DTE-EST-COMPLETION to set "Training" to "2". Calculated value using ROST06-DTE-SERVICE, SELF03-DTE-BEGIN, SELF03-DTE-EST-COMPLETION to set "Training" to "2". E=1, T=2, B=3, O=5	FAM-EMPL-TRAIN	Indicates the reason the caretaker parent needs child care services. Values are: E - Employment T - Training B - Both O - Other	If invalid codes appear, they should be added to the lookup table and given a description of "Invalid Data Supplied".	DM_CR_TKR_PARENT	EMP_TRNG_CD	CHAR(1)
		System Generated. DM_PERSON	The Party Key of the individual from the Data Warehouse.	Match the SSN_NBR to the Party Table in the Data Warehouse to populate with the Party Key. See Comment on DM_CHILD table	DM_CR_TKR_PARENT	DW_PARTY_KEY	INTEGER

	Default to zeros.	ROST06-CDE-ELIG-STAT	Two-digit status code which correlates to the pay source for the authorized provider/child on the associated segment. Values are: 01 - SSI Child care services are provided to an SSI recipient because of SSI eligibility. Valid pay sources are: 320, 899 02 - MEDICAID Child care services are provided to a Medicaid recipient because of Medicaid eligibility. Valid pay sources are: 320, 899 04 - OWF Ohio Works First . Valid pay sources are: 312, 314, 320, 322, 324, 326, 342, 899 06 - INCOME ELIGIBLE Child care services are provided free of charge because the family's only sources of non-exempt gross monthly income is OWF. Valid pay sources are: 320, 321, 322, 324, 342, 899 07 - WITHOUT REGARD TO INCOME Protective child care services are provided free of charge without regard to family income. Valid pay sources are: 323, 325, 329, 899 08 - FEE Non-guaranteed child care services are provided for current recipients or new applicants whose adjusted monthly income is at		DM_ELIG_SOURCE	ELIG_SRC_CD	CHAR(2)
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		Dimension Table	The eligible source text description. The values are: SSI Child care services are provided to an SSI recipient because of SSI eligibility. Valid pay sources are: 320, 899 MEDICAID Child care services are provided to a Medicaid recipient because of Medicaid eligibility. Valid pay sources are: 320, 899 OWF Ohio Works First . Valid pay sources are: 312, 314, 320, 322, 324, 326, 342, 899 INCOME ELIGIBLE Child care services are provided free of charge because the family's only sources of non-exempt gross monthly income is OWF. Valid pay sources are: 320, 321, 322, 324, 342, 899 WITHOUT REGARD TO INCOME Protective child care services are provided free of charge without regard to family income. Valid pay sources are: 323, 325, 329, 899 FEE Non-guaranteed child care services are provided for current recipients or new applicants whose adjusted monthly income is at or below 150% (as of 6/9/03) of the current federal poverty level. Also included are families	Dimension Table		ELIG_SRC_DESC	CHAR(25)
		Dimension Table	A code associated with the percent of poverty of the family.	Dimension Table	DM_INCOME_LEVEL	POVERTY_RNGE_CD	CHAR(2)
		Dimension Table	The high value of the poverty range.	Dimension Table	DM_INCOME_LEVEL	POVERTY_HIGH	SMALLINT
		Dimension Table	The low value of the poverty range.	Dimension Table	DM_INCOME_LEVEL	POVERTY_LOW	SMALLINT
		Dimension Table	The poverty range description.	Dimension Table	DM_INCOME_LEVEL	POVERTY_RNGE_DESC	CHAR(20)
					DM_MONTH	YEAR_MTH_ID	CHAR(6)
			Text description for Year Month ID. e.g. Jan, 1999		DM_MONTH	YEAR_MTH_NM	CHAR(15)
			An indicator to identify current month. This will be set by the ETL process at the end of each extract. e.g. Y, N		DM_MONTH	CURR_MTH_IND	CHAR(1)
					DM_MONTH	CALNDR_YEAR_ID	CHAR(4)
					DM_MONTH	ST_FSCL_YEAR_ID	CHAR(4)
					DM_MONTH	FED_FSCL_YEAR_ID	CHAR(4)
					DM_MONTH	CALNDR_QRTR_ID	CHAR(5)
					DM_MONTH	ST_FSCL_QTR_ID	CHAR(5)
					DM_MONTH	FED_FSCL_QTR_ID	CHAR(5)
			The text, FIRST,SECOND,THIRD, OR FOURTH describng the quarter		DM_MONTH	CALNDR_QTR_NM	CHARACTER(10)
			The text, FIRST,SECOND,THIRD, OR FOURTH describng the quarter		DM_MONTH	ST_FSCL_QRTR_NM	CHARACTER(10)

			The text, FIRST,SECOND,THIRD, OR FOURTH describing the quarter		DM_MONTH	FED_FSCL_QTR_NM	CHAR(10)
					DM_MONTH	PART_NBR	SMALLINT
					DM_MONTH	CHLD_CR_PART_NBR	SMALLINT
					DM_MONTH	FIRST_DY_MTH	DATE
					DM_MONTH	LAST_DY_MTH	DATE
		System Generated		Generated by Informatica.	DM_PARENT_DEMO_PRF	PARENT_DEMO_PRF_ID	INTEGER
NDF010	CASE02-NBR-HOUSEHOLD	FAM-SIZE	For the household applying for child care services, the number of caretaker parents plus all children related by blood or law under the age of 18.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	FAMILY_SIZE	SMALLINT
NDF010	Calculated Field using MONTH-INCOME and TFPL table using 100% by family size	PERCENT	Calculated field in the source system.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	PERCENT_POVERTY	SMALLINT
		System Generated	A code to identify the range of poverty.	Generated by Informatica. Based on a lookup from DM_ table using Percent Poverty as the input field.	DM_PARENT_DEMO_PRF	POVERTY_RNGE_CD	CHAR(2)
NDF010	Calculated amount using ROST06-DTE-SERVICE, EMPL03-DTE-EARNS-BGN, EMPL03-DTE-EARNS-END to add the amount stored in EMPL03-AMT-GROSS-MTHLY for each employer.	AMT-EARNED	Total monthly non-exempt income including self-employment earnings for the household applying for child care services. Includes OWF if OWF is the only source of income	No transformation rules applicable.	DM_PARENT_DEMO_PRF	EARNED_AMT	DECIMAL(5,0)
NDF010	Calculated amount using ROST06-DTE-SERVICE, INCM03-DTE-BEGIN, INCM03-DTE-END, INCM03-CDE-TYPE-UI = "OW" to add the amount stored in INCM03-AMT-UI.	AMT-ADC-OWF	Total monthly TANF (Temporary Aid to Needy Families) amount for the household applying for child care services.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	ADC_OW_F_AMT	DECIMAL(5,0)
NDF010	Calculated amount using ROST06-DTE-SERVICE, INCM03-DTE-BEGIN, INCM03-DTE-END, INCM03-CDE-TYPE-UI = "FS" to add the amount stored in INCM03-AMT-UI.	AMT-FOOD-STAMPS	Total monthly Food Stamps amount for the household applying for child care services. This amount is exempt from the earned income total.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	FOOD_STAMPS_AMT	DECIMAL(5,0)
NDF010	Calculated amount using ROST06-DTE-SERVICE, INCM03-DTE-BEGIN, INCM03-DTE-END, INCM03-CDE-TYPE-UI = "OTHA" to add the amount stored in INCM03-AMT-UI.	AMT-HOUS-ASST	Total monthly cash housing subsidy amount for the household applying for child care services.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	HOUSE_ASST_AMT	DECIMAL(5,0)
NDF010	Calculated amount using ROST06-DTE-SERVICE, SUPP03-DTE-BEGIN, SUPP03-DTE-END, SUPP03-CDE-SEGTYPE = 1, SUPP03-CDE-SUPP-TYPE = "CS or AL" to add the amount stored in SUPP03-AMT-MONTHLY.	AMT-CHILD-SUPT	Total monthly court-ordered child support amount for the household applying for child care services.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	CHILD_SUPPRT_AMT	DECIMAL(5,0)
NDF010	Calculated amount using ROST06-DTE-SERVICE, INCM03-DTE-BEGIN, INCM03-DTE-END, INCM03-CDE-TYPE-UI = "??" to add the amount stored in INCM03-AMT-UI.	AMT-OTHER-UNEARN	Total monthly unearned income amount not specified by the categories listed for the household applying for child care services.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	OTHER_UNEARN_AMT	DECIMAL(5,0)

NDF010	Calculated amount using ROST06-DTE-SERVICE, INCM03-DTE-BEGIN, INCM03-DTE-END, INCM03-CDE-TYPE-UI = "SS" to add the amount stored in INCM03-AMT-UI.	AMT-SOC-SEC	Total monthly social security benefits amount for the household applying for child care services.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	SOC_SEC_AMT	DECIMAL(5,0)
NDF010	Calculated amount using ROST06-DTE-SERVICE, INCM03-DTE-BEGIN, INCM03-DTE-END, INCM03-CDE-TYPE-UI = "UC" to add the amount stored in INCM03-AMT-UI.	AMT-UNEMPLOYMENT	Total monthly unemployment compensation benefits amount for the household applying for child care services.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	UNEMPLMNT_AMT	DECIMAL(5,0)
NDF010	Calculated amount using ROST06-DTE-SERVICE, INCM03-DTE-BEGIN, INCM03-DTE-END, INCM03-CDE-TYPE-UI = "WC" to add the amount stored in INCM03-AMT-UI.	AMT-WORKERS-COMP	Total monthly worker's compensation benefits amount for the household applying for child care services.	No transformation rules applicable.	DM_PARENT_DEMO_PRF	WORKERS_COMP_AMT	DECIMAL(5,0)
NEX015 NDF010	Using date stored in ROST06-DTE-SERVICE, RSLT02-DTE-SEGMENT, to retrieve amount stored in RSLT02-AMT-INC-TOTAL	MONTH-INCOME	Total monthly non-exempt income of the household applying for child care services as entered by the worker as "adjusted gross" on the Family Income Screen (NCC029)	No transformation rules applicable.	DM_PARENT_DEMO_PRF	MONTH_INCOME_AMT	DECIMAL(5,0)
		ROST06-NBR-PMT-SOURCE	Child Care program code for which the child is authorized on the associated segment. Values are: 312 - Job Child Care OWF 313 - Transitional Child Care 314 - Leap Child Care 320 - GA/FSET Child Care 321 - Employment and Training Child Care 322 - Education and Training Child Care 323 - Protective Child Care 324 - Special Needs Child Care 325 - Homeless Child Care 326 - JOBS/Leap/Headstart 327 - Transitional/Headstart 329 - Non-guaranteed/Headstart 342 - Continuous Headstart 899 - Other (Non-reimbursable)	Dimension Table	DM_PAYMENT_SRC	PYMT_SRC_CD	CHAR(3)

		Dimension Table	The payment source text description. The values are: 312 - Job Child Care OWF 313 - Transitional Child Care 314 - Leap Child Care 320 - GA/FSET Child Care 321 - Employment and Training Child Care 322 - Education and Training Child Care 323 - Protective Child Care 324 - Special Needs Child Care 325 - Homeless Child Care 326 - JOBS/Leap/Headstart 327 - Transitional/Headstart 329 - Non-guaranteed/Headstart 342 - Continuous Headstart 899 - Other (Non-reimbursable)	Dimension Table	DM_PAYMENT_SRC	PYMT_SRC_DESC	CHAR(45)
		Dimension Table	Family priority ranking based on the family eligibility determination date and type of pay source for the authorized provider/child on the associated segment. Values are: A - First Priority; all families eligible before 6/29/93 0 - Second Priority, all guaranteed families eligible after 6/29/93 1 - Third Priority, all non-guaranteed families eligible after 6/29/93	Dimension Table	DM_PRIORITY_RANK	PRIORITY_RANK_CD	CHAR(2)
		Dimension Table	The priority rank text description. The values are: First Priority; all families eligible before 6/29/93 Second Priority, all guaranteed families eligible after 6/29/93 Third Priority, all non-guaranteed families eligible after 6/29/93	Dimension Table	DM_PRIORITY_RANK	PRIORITY_RNK_DESC	CHAR(60)
		Dimension Table		Dimension Table	DM_PROVIDER_GROUP	PROVIDER_GRP_CD	CHAR(2)
		Dimension Table		Dimension Table	DM_PROVIDER_GROUP	PROVIDER_GRP_DESC	CHAR(20)
		Dimension Table	Code associated with the type of the provider on the associated segment. Values are: Licensed Centers: A - Type A Homes C - Child Care Center D - Day Camp H - Head Start S - School Affiliated Provider Certified Providers: B - Type B Homes I - In-Home Aide L - Limited Provider There are 2 type L providers: Limited AI Has agency type = Limited PPI Has agency type =	Dimension Table	DM_PROVIDER_TYPE	PROVIDER_TYP_CD	CHAR(2)
		Dimension Table		Dimension Table	DM_PROVIDER_TYPE	PROVIDER_GRP_CD	CHAR(2)

		Dimension Table	The provider type text description. The values are: Type A Homes Child Care Center Day Camp Head Start School Affiliated Provider Type B Homes In-Home Aide Limited Provider	Dimension Table	DM_PROVIDER_TYPE	PROVIDER_TYP_DESC	CHAR(25)
		Dimension Table	A code identifying a person's race. (e.g. A, B, W etc.)		DM_RACE	RACE_TYP_CD	CHAR(2)
		Dimension Table	Description of person's race		DM_RACE	RACE_DESC	CHAR(120)
		System Generated	Surrogate Key for the DM_CHILD table.	Generated by Informatica.	FACT_CHILD	CHILD_KEY	INTEGER
		System Generated	Surrogate Key that is generated based on a new Parent Key and Service Date. Surrogate key for the DM_CR_TKR_PAENT based on County Code and Parent SSN	Generated by Informatica.	FACT_CHILD	PARENT_KEY	INTEGER
	INVC10-NBR-INVOICE-CNTY	ROST06-NBR-COUNTY	A unique code that identifies a specific county. (e.g. 87, 88 etc.)	No transformation rules applicable.	FACT_CHILD	CNTY_CD	CHAR(2)
NEX015	PROV10-NBR-PROVIDER	ROST06-NBR-PROVIDER	The Provider ID for which the child is authorized.	No transformation rules applicable.	FACT_CHILD	PROVIDER_ID	CHAR(15)
NEX015	LINE10-NBR-SFY NBR-WEEK	ROST06-DTE-SERVICE-CCYY ROST06-DTE-SERVICE-MM	The month in which the child received the services.	No transformation rules applicable.	FACT_CHILD	SERVICE_DTE	DATE
NEX015	INVC10-DTE-APPROVAL	ROST06-DTE-APPR-CCYY ROST06-DTE-APPR-MM	The date in which the child receives approval. This date will also be used for partitioning	No transformation rules applicable.	FACT_CHILD	APPROVAL_DTE	DATE
	INVC10-DTE-ISSUANCE	ROST06-DTE-PMT-ISS-CCYY ROST06-DTE-PMT-ISS-MM	Denotes the month CDJFS issued payment to the provider.	If the date is null or zeros , the date of 12/31/9999 is used as a default date.	FACT_CHILD	PAYMENT_DTE	DATE
		DTE-BGN-AUTH	The beginning date of the authorization period for the child	If the date is SPACES, the date of 12/31/9999 is used as a default date.	FACT_CHILD	AUTH_BGN_DTE	DATE
		DTE-END-AUTH	The ending date of the authorization period for the child.	If the date is SPACES, the date of 12/31/9999 is used as a default date.	FACT_CHILD	AUTH_END_DTE	DATE
		NBR-ISSUED	Generated number associated with the payment sent to OAKS. In HD504 (NBR-ISSUED)	If the issuance number is NULL, zero is used as a default	FACT_CHILD	ISSUANCE_NBR	INTEGER
		DTE-ISSUED	Date in which the issuance was sent. full date - in HDE504 DTE-ISSUED	If the date is SPACES, the date of 12/31/9999 is used as a default date.	FACT_CHILD	ISSUANCE_DTE	DATE
		NBR_INVC	Invoice Number.	If the issuance number is NULL, zero is used as a default	FACT_CHILD	INVOICE_NBR	DECIMAL(10)

	LINE10-NBR-PAY-SRC	ROST06-NBR-PMT-SOURCE	Child Care program code for which the child is authorized on the associated segment. Values are: 312 - Job Child Care OWF 313 - Transitional Child Care 314 - Leap Child Care 320 - GA/FSET Child Care 321 - Employment and Training Child Care 322 - Education and Training Child Care 323 - Protective Child Care 324 - Special Needs Child Care 325 - Homeless Child Care 326 - JOBS/Leap/Headstart 327 - Transitional/Headstart 329 - Non-guaranteed/Headstart 342 - Continuous Headstart 899 - Other (Non-reimbursable)	No transformation rules applicable.	FACT_CHILD	PYMT_SRC_CD	CHAR(3)
NEX015	LINE10-CDE-TYPE DETL10-CDE-SUBTYPE	ROST06-CDE-INDICATOR	Indicates the type of roster record or intended action. Values are: Roster Record Types F - Full-time child care roster P - Part-time child care roster O - Overpayment child care roster U - Underpayment child care roster A - Advance child care roster D - Deposit child care roster Intended Action C - Copy existing roster line R - Remove existing roster line	If there is a space or null value then a ? will be inserted for "No Value Supplied". If there are invalid codes then display the invalid code, add it to the dimension/lookup table and give a description on "Invalid Data Supplied".	FACT_CHILD	FT_PT_CD	CHAR(1)
		System Generated	Surrogate Key for DM_PARENT_DEMO_PRF	Generated by Informatica.	FACT_CHILD	PARENT_DEMO_PRF_ID	INTEGER
		Data Warehouse.PARTITION_CNTRL.PART_NBR	The DB2 partition number. Based on the Approval Date	Populate from PARTITION_CNTRL. DM_MONTH table	FACT_CHILD	PART_NBR	SMALLINT
		ROST06-DTE-APPR-CCYY & ROST06-DTE-APPR-MM	Year Month ID	This will be a concatenation of the Approval-DTE-CCYY & Approval-DTE-MM	FACT_CHILD	YEAR_MTH_ID	CHAR(6)
		System Generated	The year and month in which the table is loaded.	Populated from DM_MONTH based on the PART_NBR. The System Year and Month	FACT_CHILD	CREATED_YR_MTH_ID	CHAR(6)
NEX015	PROV10-CDE-TYPE	ROST06-CDE-TYPE-PROVIDERChild Care.	Code associated with the type of the provider on the associated segment. Values are: Licensed Centers: A - Type A Homes C - Child Care Center D - Day Camp H - Head Start S - School Affiliated Provider Certified Providers: B - Type B Homes I - In-Home Aide L - Limited Provider	This will be a combination of CDE-TYPE-PROVIDER and AGENCY-TYPE. If there are invalid values, add them into the dimension/lookup table and display a value of "Invalid Data Supplied".	FACT_CHILD	PROVIDER_TYP_CD	CHAR(2)
		System Generated	The age of the individual in months at the time of service.	This will be calculated from the age in years * 12 + age in months.	FACT_CHILD	AGE_MONTHS	SMALLINT

	Default to zeros.	ROST06-CDE-ELIG-STAT	Two-digit status code which correlates to the pay source for the authorized provider/child on the associated segment. Values are: 01 - SSI Child care services are provided to an SSI recipient because of SSI eligibility. Valid pay sources are: 320, 899 02 - MEDICAID Child care services are provided to a Medicaid recipient because of Medicaid eligibility. Valid pay sources are: 320, 899 04 - OWF Ohio Works First . Valid pay sources are: 312, 314, 320, 322, 324, 326, 342, 899 06 - INCOME ELIGIBLE Child care services are provided free of charge because the family's only sources of non-exempt gross monthly income is OWF. Valid pay sources are: 320, 321, 322, 324, 342, 899 07 - WITHOUT REGARD TO INCOME Protective child care services are provided free of charge without regard to family income. Valid pay sources are: 323, 325, 329, 899 08 - FEE Non-guaranteed child care services are provided for current recipients or new applicants whose adjusted monthly income is at	If invalid codes appear, they should be added to the lookup table and given a description of "Invalid Data Supplied".	FACT_CHILD	ELIG_SRC_CD	CHAR(2)
NEX015	Default to spaces	ROST06-CDE-PRIORITY-RANK Child Care.	Family priority ranking based on the family eligibility determination date and type of pay source for the authorized provider/child on the associated segment. Values are: A - First Priority; all families eligible before 6/29/93 0 - Second Priority, all guaranteed families eligible after 6/29/93 1 - Third Priority, all non-guaranteed families eligible after 6/29/93	If invalid codes appear, they should be added to the lookup table and given a description of "Invalid Data Supplied".		PRIORITY_RANK_CD	CHAR(2)
NEX015	Default to spaces	ROST06-CDE-AT-RISK	Indicates whether the authorized child's family is eligible for At Risk child care benefits, currently applicable for pay sources 321, 324, and 329. Values are: N - not at risk Y - at risk.	If blanks appear they should be set to "N".		AT_RISK_IND	CHAR(1)
	Default to spaces	ROST06-CDE-REL-NONREL	Indicates whether the authorized provider is a relative of the child on the associated segment. Values are: N - non-relative R - relative	No transformation rules applicable.	FACT_CHILD	REL_NONREL_IND	CHAR(1)
NEX015	Default to zeroes	ROST06-NBR-DAYS-SERVICE	The total number of days the child received child care services based on the entered service month.	No transformation rules applicable.	FACT_CHILD	NBR_DAYS_SERVICE	SMALLINT

NEX015	LINE10-NBR-SVC-HRS	ROST06-NBR-HRS-SERVICE	The total number of hours the child received child care services based on the entered service month.	No transformation rules applicable.	FACT_CHILD	NBR_HRS_SERVICE	SMALLINT
NEX015	LINE10-NBR-ABS-DAYS	ROST06-NBR-DAYS-RPT-ABS	The total number of days the child was absent from child care services based on the entered service month.. The CDFJS cannot pay more than 10 absent days per six-month period (Jan - June, July - Dec.). Once the child's limit of 10 has been reached, additional absences by the child are to be coded with pay source 899 (non-reimbursable) to facility accurate absentee tracking. (As of 1/1/2002)	No transformation rules applicable.	FACT_CHILD	NBR_DAYS_RPT_ABS	DECIMAL(3,1)
NEX015	Default to zeroes	ROST06-NBR-HRS-RPT-ABS	The total number of hours the child was absent from child care services based on the entered service month.. The CDFJS cannot pay more than 10 absent days per six-month period (Jan - June, July - Dec.). Once the child's limit of 10 has been reached, additional absences by the child are to be coded with pay source 899 (non-reimbursable) to facility accurate absentee tracking. (As of 1/1/2002)	No transformation rules applicable.	FACT_CHILD	NBR_HRS_RPT_ABS	SMALLINT
	LINE10-NBR-FAMILY-AMT	ROST06-AMT-CLIENT-PAID	The amount of money paid by the family (commonly referred to as the family fee or family copay) for services.	No transformation rules applicable.	FACT_CHILD	CLIENT_PAID_AMT	DECIMAL(6,2)
	DETL10-AMT-SUBTYPE	ROST06-AMT-COUNTY-PMT	The amount of money paid by the county for services.	No transformation rules applicable.	FACT_CHILD	COUNTY_PYMT_AMT	DECIMAL(6,2)
		CDE-STATUS	Current status of the invoice (Open, Completed, Approved, Paid, Terminated, or Waiting for Payment)	If the code status is spaces, '?' is used as a default	FACT_CHILD	INVC_STAT_CD	CHAR(2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE IN ('BASE', 'CPAY', 'FTCR', 'FTRN'.FULL', 'HCR', 'HRLY', 'INCR', 'NOAB', 'NOSP', 'OVER', 'PART', 'PLUS', 'PTCR', 'UNDR')	The amount of money paid by the county for services termed as Base Amount	No transformation rules applicable.	FACT_CHILD	BASE_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'SUTQ'	The amount of money paid by the county for services termed as SUTQ/Accrual Amount	No transformation rules applicable.	FACT_CHILD	SUTQ_ACCR_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'STR2'	The amount of money paid by the county for services termed as STR2	No transformation rules applicable.	FACT_CHILD	STAR_TWO_AMT	DECIMAL(9,2)

		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'STR3'	The amount of money paid by the county for services termed as STR3	No transformation rules applicable.	FACT_CHILD	STAR_THREE_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'WAIV'	The amount of money paid by the county for services termed as WAIV	No transformation rules applicable.	FACT_CHILD	WAIVER_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'SPCL'	The amount of money paid by the county for services termed as SPCL	No transformation rules applicable.	FACT_CHILD	SPCL_NEED_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'NTRD'	The amount of money paid by the county for services termed as NTRD	No transformation rules applicable.	FACT_CHILD	NONTRAD_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'FREG'	Amount of registration fees entered via Provider Website.	No transformation rules applicable. Input data has zeroes.	FACT_CHILD	REGSTRN_FEE_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'FTRN'	Amount of Transportation fees entered via Provider Website	No transformation rules applicable. Input data has zeroes.	FACT_CHILD	TRANSPORTN_FEE_AMT	DECIMAL(9,2)
		ROST06-AMT-COUNTY-PMT FOR DETL_CDE_SUBTYPE = 'FACT'	Amount of activity fees entered via Provider Website	No transformation rules applicable. Input data has zeroes.	FACT_CHILD	ACTIVITY_FEE_AMT	DECIMAL(9,2)
		Dimension Table	This is a code to identify a specific age range.	This will be a code assigned to the specified age range.	DM_AGE_BAND	AGE_BAND_CD	CHAR(2)
		Dimension Table	This is the description of the age range.	Dimension Table	DM_AGE_BAND	AGE_BAND_DESC	CHAR(20)
		Dimension Table	The age of the individual in months at the time of service.	This is calculated by age in years * 12 + the age in months to get the age of the child in months.	DM_AGE_MTHS	AGE_MONTHS	SMALLINT
		Dimension Table	This is a code assigned to the age in months to determine which age range.	Dimension Table	DM_AGE_MTHS	AGE_BAND_CD	CHAR(2)