

How to Read the Payment Detail Report

Customary Rates for Sample Child Care Provider

\$100.00 full time weekly

\$75.00 part time weekly

\$7.00 hourly

Title of Field/Column on Report	What it Means	On the example it says....
Report	This is the report number	HRP500RA
System	This is the name of the Child Care Information Data Systems (CCIDS) System that is processing your payment	Child Care Centralized Payment
Title	This is the name of the report	Payment Detail Report
Period	Not applicable to the provider, this is information for ODJFS	NA
Page, Run Date, Run Time, As of Date	Not applicable to the provider, this is information for ODJFS	NA
Provider No	This is the number by which you are identified in the CCIDS system	123456789
Name, Address	This is the information in the system at the time the report was created	Sample Child Care Provider, 50 West Town Street, Columbus, OH 43215
Issuance No	This number is used to identify a particular payment in CCIDS	00000001
Issuance Date	The payment should be deposited within 2-4 business days from this date	01/21/2011
Warrant #	Number on the electronic funds transfer	0006543210
Child Name	Name of child for which services were provided	Smith, John
Child ID	Last four digits of the child's ID from the CCIDS system	XXXXXXXXX6177
Caretaker LName	The last name of the primary caretaker of the child	Night
ABS Used	The number of absent days used in the 6 month period including the current payment on the report	2.0 for Summer Split
CNTY	County where the eligible child resides, and county who calculated the payment amount	09 (Butler) for John Smith
Week Beginning	The Sunday of the month or week (Sunday to Saturday) for which services were provided	John Smith 08/29/2010 (for services 8/29/10-9/4/10 – week10) and

		09/05/2010 (for services 9/5/10-9/11/10 – week 11) Mary White 09/19/2010 (for services beginning 8/29/10 thru 9/25/10 – weeks 10 thru 13) See the reporting calendar to match up the weeks.
County Invoice	The invoice number used in CCIDS to identify the payment on this line of the report	For John Smith 0911000036
OVR/UNDR	An O or U will appear in this column if an overpayment or underpayment is included with this payment	For Summer Split there is an overpayment “O” for \$5.00-. For Rosemary Paul there is an underpayment “U” of \$21.00.
ABS Days	The number of absent days deducted for this line of the report	For John Smith 0, 0, 2 and 1 for a total of 3 used in the current payment cycle
SVC HRS	The total number of hours the child was in care on this line of the report	For John Smith 45, 45, 45, and 40
FAM FEE	The co-pay/family fee amount deducted from the total amount due to the provider from this line of the report	For John Smith the family co-pay fee is \$100.00. This amount was deducted from the total amount due to the provider for the week. In this example, the full time weekly rate is \$100.00 and the child was in attendance for 45 hours, so the fee is \$100.00. The provider must collect this from the caretaker/parent.
Invoice Amount	Total amount to be paid to provider for services indicated on this line of the report	For John Smith, week beginning 08/29/2010 is \$0.00, week beginning 09/05/2010 is \$100.00
Child total	The total number of absent days (ABS DAYS), service hours (SVC HRS), family fee (FAM FEE), and invoice amount (INVOICE AMT) for this payment for this child	For John Smith 3 absent days, 175 service hours, \$100.00 family fee, and \$300.00 invoice amount
# Children	Total number of children for this county	1
County Total	Total amount calculated by the county (CNTY) for	For John Smith \$300.00 CNTY 09,

	this payment. The report is divided into county segments and will provide a county total after each group of children from a specific county.	For Tom Jones and Jane Williams \$530.00 for CNTY 11
# Children	Total number of children for all counties included with this payment	8 (1+2+2+3)
Total Invoices	Total amount paid to provider, includes all counties processed for this particular payment	\$1804.00 (\$300.00+\$530.00+\$740.00+\$234.00)
Deductions/Adjustments		
Code	Not applicable to the provider, this is information for ODJFS	NA
Description	Description of reason for deduction	Special Payment, Owed Child Support, Union Dues
Amount	Amount credited to/deducted from payment	An adjustment of \$2000.00 for a special payment, A deduction for \$25.00 for child support and union dues
Total Deductions/Adjustments	Total of all deductions for this payment	Total of all adjustments \$2000.00 and deductions \$50.00
Provider Net Payment Amount	The amount that the provider is paid. This includes the total invoice amount and all adjustments and deductions	\$3754.00 (\$1804.00 + \$2000.00 - \$50.00)

Q. How do I know what weeks of service are included on this payment?

A. Refer to Ohio Administrative Rule 5101:2-16-07 County Department of Job and Family Services Responsibilities for the Administration of Publicly Funded Child Care Benefits, Appendix A:; The 3299/CCIDS Reporting Calendar. The weeks in the calendar are identified with a number located in the Sunday box. The Sunday date in the "Week Beginning" column is the week that services began for the child listed on the report. The rules can be found at http://jfs.ohio.gov/cdc/rules_forms.stm

Q. Why do I only see one week for some children but there is more than one week for other children?

A. The number of weeks listed for each child is dependent on how the county is entering information into the system. The "Week Beginning" period may be for a single week or for more than a week. Typically, if the "Week Beginning" date is the Sunday of the last week of the reporting calendar, then the payment is for that month on the reporting calendar. If the "Week Beginning" date is not the last week of the reporting calendar, then the payment is for that specific week of services.

Q. Where can I find how much my deposit will be?

A. Look at the Provider Net Payment Amount.