Prospective Payments Online SVL User Guide





-	Username	
٩	Password	
	→ Login	
F	orgot the password?	Create an account

Website: portal.dss.sc.gov



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SVL Homepage

		Ţ	hursday, September 19, 2024	Parents	Providers	Par
line Service Voucher Log System	1 <mark>×</mark>				111111199-99) (111111
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The Online Service Vo	Jucher Lou w	ebsile will be uo	wn everv week da			
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View SVL	Absences	Estimated Amt	SVL Status	View Remittance
September 13, 2024 📦	No	\$528.00	The Submitted	Not Available
August 26, 2024 📦	No	\$264.00	Paid as of: 9/18/2024	\$264.00 paid by CHECK 📆

Status: UN-SUBMITTED

📔 Log Out 🛎 My DSS 🏫 SVL Home 🖺 Service Voucher Logs 🕮 Attendance 🛅 Facility 🖉 Staff 🔋 History 🔞 Help

Facility Closed Weeks Providers will need to indicate if the facility was closed for a whole week, however they will be paid regardless

This is where providers will – realize the SVL is different.

Child Enrollment Tracker

Providers will enter if the child is enrolled or expected to be enrolled for each week

Remittance Validation

Once the SVL is paid this button will become active for providers to notate if the child was enrolled or not for each week they received payment for on the SVL.



Sign & Submit Service Voucher	L
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Submitted by: Date submitted:

Online Service Voucher Log System >>

9/19/2024

By signing here, I certify that all the above information is true and correct and services were provided in accordance with my provider agreement. I understand that state officials may verify the accuracy of the information reported. I understand that failure to accurately report a child's enrollment may result in repayment and may subject me to persecution under applicable state and federal criminal laws.

📔 Log Out 🛽 My DSS 🏫 SVL Home 🖺 Service Voucher Logs 🖾 Attendance 🛅 Facility 🖉 Staff 🔋 History 🔞 Ho

The Online Service Voucher Log website will be down every week day from 8:00 PM until 9:00 PM for the Voucher Payment process. We apologize for the inconvenience.



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Facility Closed Weeks

indicate if the facility was

closed for a whole week, however they will be paid

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Providers will enter if the child is enrolled or expected to be enrolled for each week

Remittance Validation

Once the SVL is paid this button will become active for providers to notate if the child was enrolled or not for each week they received payment for on the SVL.



The Online Service Voucher Log website will be down every week day from 8:00 PM until 9:00 PM for the Voucher Payment process. We apologize for the inconvenience.

Facility Closed Weeks		Switch To Another Facility >
Service Voucher Log #: 20240913111111199-99		Print Copy of SVL 🚑
Back to SVL Details		
Was your facility closed for any of the following weeks	 09/16/2024 09/23/2024 09/30/2024 ✓ 10/07/2024 ✓ Save 	
	Week Begin Date Delete No Data	

Provider will check all weeks they are closed for the <u>full</u> week. Then click save.



This is where providers will realize the SVL is different.

Child Enrollment Tracker

Facility Closed Weeks

indicate if the facility was

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Students Name (this has not been changed)

Michele Bowers, Directo Parents PROVIDERS Thursday, September 19, 2024 111111199-99 (111111199-99) Online Service Voucher Log System 🗧 Joername: NAVEEN (Owner/Administrator) Log Out My DSS SVL Home Service Voucher Logs R Attendance Help The Online Service Voucher Log website will be down every week day from 8:00 PM until 9:00 PM for the Voucher Payment process. We apologize for the inconvenience. 12 SVL Child Enrollmer Switch To Another Facility child: BEN JONES SVL Number: 20240913111111199-99 **Back to SVL Details BEN JONES** Child of F. DUMMY (***0000) Instructions: Select Yes or No for each week the child was enrolled or is anticipated to be enrolled in the Is Enrolled column

Give and

a Dream.

Partners

V

Drop/Transfer Dates If a child no longer attends after 3 consecutive weeks, child needs to be given a drop and pay until date

Pay until date can still be up to 2 weeks once the child leaves the facility for the provider's notice.

The provider will indicate for each week if the child is enrolled or is expected to be enrolled. All weeks will appear as one page instead of multiple pages regardless of how many weeks are listed.

Once the page is complete, the provider will click Save Enrollment, and either move to the next child, or click Back to SVL Details

the drop/transfer date entered will be disabled and automatically coded with the Drop/Transfer Reason Drop/Transfer Date Drop/Transfer Reason: n/a V ay Until Date: Week Begin Dat NOCK END 191211(0) 09/16/2024 09/22/2024 O Yes O No 09/23/2024 09/29/2024 O Yes O No 09/30/2024 10/06/2024 O Yes O No 10/07/2024 10/13/2024 O Yes O No

 If a child has transferred, will transfer, or has dropped or will drop, you MUST enter the actual drop/transfer date in the Drop/Transfer field, select a reason from the Drop/Transfer Reason drop down list and will be required to enter a pay until date. The pay until date is the last date you expect payment for the child.

If the child is no longer enrolled, you MUST enter the date the child no longer enrolled in the Drop/Transfer field and will be required to enter a pay until date. All weeks past

Save Enrollment

Students Name (this has not been changed)

Drop/Transfer Dates If a child no longer attends after 3 consecutive weeks, child needs to be given a drop and pay until date

Pay until date can still be up to 2 weeks once the child leaves the facility for the provider's notice.

The provider will indicate for each week if the child is enrolled or is expected to be enrolled. All weeks will appear as one page instead of multiple pages regardless of how many weeks are listed.

Once the page is complete, the provider will click Save Enrollment, and either move to the next child, or click Back to SVL Details



📔 Log Out 🗕 My DSS 🏫 SVL Home 🖺 Service Voucher Logs 🔟 Attendance 🛅 Faciliity 划 Staff 📋 History 🔞 Help

This is where providers will realize the SVL is different. This column will show yes/no responses once the SVL is completed.

Provider will need to sign and submit the SVL (this piece has not changed).



By signing here, I certify that all the above information is true and correct and services were provided in accordance with my provider agreement. I understand that state officials may verify the accuracy of the information reported. I understand that failure to accurately report a child's enrollment may result in repayment and may subject me to persecution under applicable state and federal criminal laws.

Online Service Voucher Log System 8

📙 Log Out 🛛 My DSS 🏠 SVL Home 🔚 Service Voucher Logs 🕲 Attendance 🛅 Facility 👹 Staff 🏮 History 🔞 Help

When the SVL is complete, this column will not have any blanks. If there are any blanks, the provider will know the SVL is not complete and go back to that corresponding child.

> Once all the lines are complete, the provider will need to sign and submit the SVL.

The remittance validation will generate once payment has processed.

F	Service Vouc	her Logs				Sv	witch To Another Faci
s	ervice Voucher Log #	20240513111111	99-99				Print Copy of SVL
\$	Back to SVL Home		Service Voucher	Log: Septem	ber 13, 2024 (Un-Subm	itted)	
F		(11111110 00)				🝙 Estima	ited Payment Amour
-	vice Veucher Log #	2024091244444	1100.00			-	\$528.00
211	noe voucher Log #	2024031311111				(Actual Pay	ment Amount may differ
ec	ords: 8			Facility Clo	sed Weeks Child Enroll	mentTracker	Remittance Validati
	Client Name	Client ID	Child Name	Child #	Descent Start	Davi Amount	To Found Read
	E DUMMY	Client ID	Child Name	Child #	Payment Period	Pay Amount \$12.00	Is Enrolled
2	E DUMMY	***0000	BENLIONES	02	09/23/2024 - 09/29/2024	\$12.00	Vec
	1.000	***0000	BEN JONES	02	09/30/2024 - 10/06/2024	\$12.00	Yes
3.	F. DUMMY						
3. 4.	F. DUMMY	***0000	BEN JONES	02	10/07/2024 - 10/13/2024	\$12.00	Yes
3. 4. 5.	F. DUMMY F. DUMMY F. DUMMY	***0000	BEN JONES SAMUEL JONES	02	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024	\$12.00	Yes
3. 4. 5.	F. DUMMY F. DUMMY F. DUMMY F. DUMMY	***0000 ***0000	BEN JONES SAMUEL JONES SAMUEL JONES	02 01 01	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024 09/23/2024 - 09/29/2024	\$12.00 \$120.00 \$120.00	Yes Yes Yes
3. 4. 5. 8. 7.	F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY	***0000 ***0000 ***0000	BEN JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES	02 01 01 01 01	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024 09/23/2024 - 09/29/2024 09/30/2024 - 10/06/2024	\$12.00 \$120.00 \$120.00 \$120.00	Yes Yes Yes Yes
3. 4. 5. 8. 8.	F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY	***0000 ***0000 ***0000 ***0000	BEN JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES	02 01 01 01 01	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024 09/23/2024 - 09/29/2024 09/30/2024 - 10/06/2024 10/07/2024 - 10/13/2024	\$12.00 \$120.00 \$120.00 \$120.00 \$120.00	Yes Yes Yes Yes Yes
3. 4. 5. 8. 8.	F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY Submitted by:	0000 0000 0000 0000 0000	BEN JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES	02 01 01 01 01	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024 09/23/2024 - 09/29/2024 09/30/2024 - 10/06/2024 10/07/2024 - 10/13/2024	\$12.00 \$120.00 \$120.00 \$120.00 \$120.00	Yes Yes Yes Yes
3. 4. 5. 8. 8.	F. DUMMY Start & Submit Servit Submitted by: Date submitted:	0000 0000 0000 0000 0000 Ce Voucher Log Tes 9/2	BEN JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES	02 01 01 01 01 01	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024 09/23/2024 - 09/29/2024 09/30/2024 - 10/06/2024 10/07/2024 - 10/13/2024	\$12.00 \$120.00 \$120.00 \$120.00 \$120.00	Yes Yes Yes Yes
3. 4. 5. 6. 7. 8.	F. DUMMY Dummy Dummy Dummy Date submitted: Date submitted: Date submitted:	0000 0000 0000 0000 0000 ce Voucher Log 9/2 Ny that all the abo	BEN JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES	02 01 01 01 01	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024 09/23/2024 - 09/29/2024 09/30/2024 - 10/06/2024 10/07/2024 - 10/13/2024	\$12.00 \$120.00 \$120.00 \$120.00 \$120.00 \$120.00	Yes Yes Yes Yes tatus: UN-SUBMITTE
3. 4. 5. 6. 7. 8.	F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY F. DUMMY Sign & Submit Servi Submitted by: Date submitted:		BEN JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES SAMUEL JONES 20/2024 20/2024	02 01 01 01 01	10/07/2024 - 10/13/2024 09/16/2024 - 09/22/2024 09/23/2024 - 09/29/2024 09/30/2024 - 10/06/2024 10/07/2024 - 10/13/2024	S12.00 S120.00 S120.00 S120.00 S120.00 S120.00 S S S S S S S S S	Yes Yes Yes Yes tatus: UN-SUBMITTE

Facility Closed Weeks Providers will need to indicate if the facility was closed for a whole week, however they will be paid regardless



The Online Service Voucher Log website will be down every week day from 8:00 PM until 9:00 PM for the Voucher Payment process. We apologize for the inconvenience.

Service Voucher Logs	Switch To Another Facility »
Service Voucher Log #: 2024051311111155-55	Print Copy of SVL
Back to SVL Home Service Voucher Log: Septem View Remittance (\$528.00 pa	ber 13, 2024 (Paid) d by CHECK) 📆
TEST CREATEDBY (111111199-99)	Estimated Payment Amount

Service Voucher Log #: 2024091311111199-99

\$528.00 (Actual Payment Amount may differ)

Red	cords: 8				Facility Closed Weeks	Child Enrollment Traci	ker R	temittance Validation
	Client Name	Client ID	Child Name	Child #	Payment Period		Is Enrolled	Is Confirmed
1.	F. DUMMY	***0000	BEN JONES	02	09/16/2024	\$12.00	Yes	
2.	F. DUMMY	***0000	BEN JONES	00	09/23/2024 - 09/29/2024	\$12.00	Yes	
3.	F. DUMMY	***0000	REV ones	02	09/30/2024 - 10/06/2024	\$12.00	Yes	
4.	F. DUMMY	0000	BEN JONES	02	10/07/2024 - 10/13/2024	\$12.00	Yes	
-	IL DUMMY	***0000	SAMUEL JONES	01	09/16/2024 - 09/22/2024	\$120.00	Yes	
6.	F. DUMMY	***0000	SAMUEL JONES	01	09/23/2024 - 09/29/2024	\$120.00	Yes	
7.	F. DUMMY	***0000	SAMUEL JONES	01	09/30/2024 - 10/06/2024	\$120.00	Yes	
8.	F. DUMMY	***0000	SAMUEL JONES	01	10/07/2024 - 10/13/2024	\$120.00	Yes	

By signing here, I certify that all the above information is true and correct and services were provided in accordance with my provider agreement. I understand that state officials may verify the accuracy or the information reported. I understand that failure to accurately report a child's enrolment may result in repayment and may subject me to presecution under applicable state and federal criminal laws.

Child Enrollment Tracker

Providers will enter if the child is enrolled or expected to be enrolled for each week

Remittance Validation

Once the SVL is paid this button will become active for providers to notate if the child was enrolled or not for each week they received payment for on the SVL. The provider will need to verify if the child was enrolled for each week.

This allows the provider to notate any changes that occurred.

Examples:

- 1. A child was planned to start, but never showed.
- 2. The child did not start until a later date.
- 3. A parent advises the provider that a child will be transferring after all weeks were paid.

Only weeks paid will show on the validation. The provider will select yes or no to confirm the child's enrollment.

Once completed, provider will save, and then either move on to the next child or Return to SVL Details.



111111199-99 (111111199-99) Online Service Voucher Log System Username: NAVEEN (Owner/Adn Attendance Di Facility Service Voucher Logs (ii) He The Online Service Voucher Log website will be down every week day from 8:00 PM until 9:00 PM for the Voucher Payment process. We apologize for the inconvenience. Service Voucher Logs Switch To Another Facility Print Copy of SVL 🔎 Service Voucher Log #: 20240513111111199-99 Back to SVL Home Service Voucher Log: September 13, 2024 (Paid) View Remittance (\$528.00 paid by CHECK) 📆 Estimated Payment Amount TEST_CREATEDBY (111111199-99) Service Voucher Log #: 20240913111111199-99 \$528.00 (Actual Payment Amount may differ Records: 8 Facility Closed Weeks Child Enrollment Tracker Remittance Validation Client N Client ID Child Nam Child # Pay An Is Er 1. F. DUMMY ***0000 BEN JONES 02 09/16/2024 \$12.00 Yes Yes F. DUMMY ***0000 **BEN JONES** 09/23/2024 - 09/29/20 \$12.00 Yes Yes 3. F. DUMMY ***0000 **BEN JONES** 02 09/30/2024 - 10/06/2024 Yes Yes 10/07/2024 - 10/13/2024 \$12.00 F. DUMMY ***0000 **BEN JONES** Yes 5. F. DUMMY ***00000 SAMUEL JONES 01 09/16/2024 - 09/22/2024 \$120.00 Yes 6. F. DUMMY SAMUEL JONES 09/23/2024 - 09/29/2024 \$120.00 ***0000 09/30/2024 - 10/06/2024 7. F. DUMMY ***0000 SAMUEL JONES \$120.00 Yes No 8. F. DUMMY SAMUEL JONES 10/07/2024 - 10/13/2024 \$120.00 Yes Sign & Submit Service Voucher Log Status: PAID Test Provider (NAVEEN) Submitted by: Date submitted 9/20/2024 By signing here, i certify that all the above information is true and correct and services were provided in accordance with my provider agreement. I understand that stat is may verify the accuracy of the information reported. I understand that failure to accurately report a child's enrollment may result in repayment and may subject under applicable state and federal cri Submit Remittance Validation

Once the remittance validation is completed for each child there will be no blanks.

Yes indicates the child was enrolled and that the provider has confirmed that week.

No indicates that the child was not enrolled that week, and a future payment will need to be adjusted because payment should not have been made for that week.

Once the remittance validation is complete, the provider will submit the information.

The new SVL will become available as soon as the previous one is processed and pays.

The remittance validation must be completed within 2 payment cycles. The third SVL cannot be submitted until the first validation is completed.

If an SVL cannot be submitted check that the validation has been submitted on the prior SVLs.



Previous SVL

	Client Name	Client ID	Child Name	Child #	Payment Period
1.	F. DUMMY	***0000	BEN JONES	02	09/16/2024 - 09/22/2024
2.	F. DUMMY	***0000	BEN JONES	02	09/23/2024 - 09/29/2024
3.	F. DUMMY	***0000	BEN JONES	02	09/30/2024 - 10/06/2024
4.	F. DUMMY	***0000	BEN JONES	02	10/07/2024 - 10/13/2024
5.	F. DUMMY	***0000	SAMUEL JONES	01	09/16/2024 - 09/22/2024
6.	F. DUMMY	***0000	SAMUEL JONES	01	09/23/2024 - 09/29/2024
7.	F. DUMMY	***0000	SAMUEL JONES	01	09/30/2024 - 10/06/2024
8.	F. DUMMY	***0000	SAMUEL JONES	01	10/07/2024 - 10/13/2024

The new SVL will list all unpaid up to 28 days in the future.

If no new families have been connected, it could show as few as one week per child.

If new families are connected, it will show any unpaid previous weeks as well as 28 days in the future.

\$	Back to SVL Home		Service Voucher L	.og: Septerr	ıber 19, 2024 (Un-Submitt	ed)	
TE Serv	ST CREATEDBY(vice Voucher Log #: 2	(11111199-99) 2 0240919111111 1	99-99			 Estimate (Actual Payment) 	d Payment Amount 132.00 ent Amount may differ)
Rec	ords: 2 Client Name	Client ID	Child Name	Facility Cl	osed Weeks Child Enrollme	nt Tracker F	temittance Validation
Rec	ords: 2 Client Name F. DUMMY	Client ID ***0000	Child Name BEN JONES	Facility Cl Child # 02	Payment Period 10/14/2024 - 10/20/2024	nt Tracker F Pay Amount \$12.00	temittance Validation Is Enrolled Yes
Rec 1. 2.	ords: 2 Client Name F. DUMMY F. DUMMY	Client ID ***0000 ***0000	Child Name BEN JONES SAMUEL JONES	Facility Cl Child # 02 01	Osed Weeks I Child Enrollme Payment Period 10/14/2024 - 10/20/2024 10/20/2024 10/14/2024 - 10/20/2024 10/20/2024 10/20/2024	nt Tracker F Pay Amount \$12.00 \$120.00	temittance Validation Is Enrolled Yes Yes



Prospective Payments Paper SVL User Guide

Drop/Transfer Date is the date the child will no longer be at the facility.

Pay Until date can be up to two weeks after the drop date if the provider is requiring a transfer notice.

The dates must be written in.

The Drop Reason will be one of the reason codes listed above.

SVL #	: 20240917123	123123-00			S	ervice Vo	oucher Lo	bg		
				Enter reason code from below: CNS-CHILD NEVER STARTED, DEC-DECEASED, MOV-MOVED OUT OF COUNTY/STATE NLA-NO LONGER ATTENDS			Please enter Yes or No	Please enter Yes or No		
Line#	Client	Child	Drop/Trans Date/ Pay Until Date	Reason Code	Week Begins	Week Ends	Is Facility Closed	Is Enrolled		
-	T. DOMMT	1404 DOE	Drop/Transfer		09/16/2024	09/22/2024		Yes		
	XXX-XX-0000	Child # 05	Pay I ntil	-						
2	F. DUMMY	JADA DOE	Drop/Transfer		09/23/2024	09/29/2024		Yes		
	xxx-xx-0000	Child # 05	Pay Until	-						
3	F. DUMMY	JADA DOE	Drop/Transfer		09/30/2024	10/06/2024		Yes		
	XXX-XX-0000	Child # 05	Pay Until	-						
4	F. DUMMY	JADA DOE	Drop/Transfer		10/07/2024	10/13/2024		Yes		
	XXX-XX-0000	Child # 05	Pay Until	-		•				
5	F. DUMMY	JADA DOE	Drop/Transfer		10/14/2024	10/20/2024		Yes		
	XXX-XX-0000	Child # 05	Pay Until	-						
6	F. DUMMY	JAN DOE	Drop/Transfer		09/16/2024	09/22/2024		Yes		
	xxx-xx-0000	Child # 04	Pay Until							
7	F. DUMMY	JAN DOE	Drop/Transfer		09/23/2024	09/29/2024		Yes		
	XXX-XX-0000	Child # 04	Pay Until							
8	F. DUMMY	JAN DOE	Drop/Transfer		09/30/2024	10/06/2024		Yes		
		011111100	Pay Until	-						

South Carolina Department of Social Services

Child Care Scholarship Program

TEST PROVIDER (123123123-00)

09/17/2024

Provider:

Date:

	Provi Date: SVL #	der: TEST PROVIDE 09/17/2024 #: 20240917123123	R (123123123-00) 3123-00	South Carolina Department of Social Services Child Care Scholarship Program Service Voucher Log									
				Enter reason code from below: CNS-CHILD NEVER STARTED, DEC-DECEASED, MOV-MOVED OUT OF COUNTY/STATE NLA-NO LONGER ATTENDS				Please enter Yes or No	Please enter Yes or No				
	Line#	Client	Child	Drop/Trans Date/ Pay Until Da e	Reason Code	Week Begins	Week Ends	ls Facility Closed	Is Enrolled	Rate			
	1	F. DUMMY	JADA DOE	Drop/Transfer		09/16/2024	09/22/2024		Yes	150			
	2	XXX-XX-0000 F. DUMMY	Child # 05 JADA DOE	Drop/Transfer	rop/Transfer 09/23/202	09/23/2024	09/29/2024		Yes	150			
		XXX-XX-0000	Child # 05	Pay Until									
If the child is not expected to	3	F. DUMMY	JADA DOE	Drop/Transfer		09/30/2024	10/06/2024		Yes	150			
leave the facility, these rows		XXX-XX-0000	Child # 05	Pay Until									
will remain blank.	4	F. DUMMY	JADA DOE	Pay Until		10/07/2024	10/13/2024	•	Yes	150			
	5	XXX-XX-0000 F. DUMMY	Child # 05	Drop/Transfer		10/14/2024	• 10/20/2024						
		XXX-XX-0000	Child # 05	Pay Until	-								
	6	F. DUMMY	JAN DOE	Drop/Transfer		09/16/2024	09/22/2024		Yes	170			
		xxx-xx-0000	Child # 04	Pay Until									
	7	F. DUMMY	JAN DOE	Drop/Transfer		09/23/2024	09/29/2024		Yes	170			
	8	XXX-XX-0000	Child # 04 JAN DOE	Drop/Transfer	┝╋	09/30/2024	10/06/2024	<u> </u>	Yes	170			
			Child # 04	Pay Until									

Provider: TEST PROVIDER (123123123-00) Date: 09/17/2024 SVL #: 20240917123123123-00					South Card Chile S					
			Enter reason code from by CNS-CHILD NEVER STAR DEC-DECEASED, MOV-MOVED OUT OF COL NLA-NO LONGER ATTEND	n code from below: NEVER STARTED, ISED, D OUT OF COUNTY/STATE NGER ATTENDS			Please enter Yes or No	Please enter Yes or No		The provider will
Line#	Client	Child	Drop/Trans Date/ Pay Until Date	Reason Code	Week Begins	Week Ends	Is Facility Closed	Is Enrolled	Rate	write in yes or no if the facility is
1	F. DUMMY	JADA DOE	Drop/Transfer		09/16/2024	09/22/2024		Yes	150	closed for each
	xxx-xx-0000	Child # 05	Pay Until							week.
2	F. DUMMY	JADA DOE	Drop/Transfer		09/23/2024	09/29/2024		Yes	150	
	XXX-XX-0000	Child # 05	Pay Until	-						
3	F. DUMMY	JADA DOE	Drop/Transfer		09/30/2024	10/06/2024		Yes	150	
	XXX-XX-0000	Child # 05	Pay Until	-						
4	F. DUMMY	JADA DOE	Drop/Transfer		10/07/2024	10/13/2024		Yes	150	
	XXX-XX-0000	Child # 05	Pay Until			•				The provider will
5	F. DUMMY	JADA DOE	Drop/Transfer		10/14/2024	10/20/2024		Yes	150	write in ves or no
	XXX-XX-0000	Child # 05	Pay Until							for each child
6	F. DUMMY	JAN DOE	Drop/Transfer		09/16/2024	09/22/2024		Yes	170	indicating if the
	XXX-XX-0000	Child # 04	Pay Until	-						child is enrolled at
7	F. DUMMY	JAN DOE	Drop/Transfer		09/23/2024	09/29/2024		Yes	170	the facility for each
	XXX-XX-0000	Child # 04	Pay Until	-						week.
8	F. DUMMY	JAN DOE	Drop/Transfer		09/30/2024	10/06/2024		Yes	170	
			Pay Until	-						

Please make and keep a copy of this SVL for your records.

I certify that all of the above information is true and correct and services were provided in accordance with my provider agreement. I understand that state officials may verify the accuracy of the information reported. I understand that failure to accurately report a child's enrollment may result in repayment and may subject me to prosecution under applicable state and federal criminal laws.											
Signature:	re: Date Signed: Telephone Number:										
		()									

Mail original SVL to: SC Department of Social Services Child Care Expenditures P.O. Box 1520 Columbia, SC 29202

Provider will sign and mail the SVL back. It no longer has to be held and can be sent back sooner.

Signature, Date, and phone number are still required.

Date: 09/27/2024

South Carolina Department of Social Services Child Care Scholarship Program Page: 1 Report ID: REMVALIDPRO

Once the SVL is received and processed, the new SVL listing the next 28 days that have not already paid, will generate and be sent with the remittance validation for the previous SVL and the remittance advice.

The new SVL and the remittance validation DO NOT need to be submitted together. The provider will have 2 payment cycles to submit the validation just like with the online SVL. Child Care Scholarship Program Re Remittance Validation Report For 20240917123123123-00

Provider Name	Client Name	Child Name	Dates of Services	Please enter Yes/No Was Enrolled	Amount Paid
TEST PROVIDER 1 123123123-00	F. DUMMY 000-00-0000	JADA DOE	09/16/2024 - 09/22/2024		150
			09/23/2024 - 09/29/2024		150
			09/30/2024 - 10/06/2024		150
			10/07/2024 - 10/13/2024		150
			10/14/2024 - 10/20/2024		150
		JAN DOE	09/16/2024 - 09/22/2024		170
			09/23/2024 - 09/29/2024		170
			09/30/2024 - 10/08/2024		170
			10/07/2024 - 10/13/2024		170
			10/14/2024 - 10/20/2024		170
		JON DOE	09/16/2024 - 09/22/2024		170
			09/23/2024 - 09/29/2024		170
			09/30/2024 - 10/06/2024		170
			10/07/2024 - 10/13/2024		170
			10/14/2024 - 10/20/2024		170

Remittance Validation: The provider will not be able to submit this form until the last Monday on the Validation.

I certify that all of the information is true and correct and services were provided in accordance with my provider agreement. I understand that state official may verify the accuracy of the information provided. I understand that failure to accurately report a child's enrollment may result in repayment and may subject me to prosecution under applicable state and federal criminal laws.

Date Signed

Signature:

Telephone Number:

Mail Remittance Validation to: SC Department of Social Services Child Care Expenditures P.O. Box 1520 Columbia, SC 29202

What comes in

1.

2. Remittance Adv

3. Remittance Valida

FID#: XXXX3123-00 JANE DOE TEST PROVIDER 123 MAIN STREET

FILE DUMMY FILE DUMMY

					_								Date: 09	/27/2024		Sou	h Carolina Child Ca	Department re Scholarsh	of Social Services ip Program	Page: 1 Report ID:	REMVALIDPRO	o
															R	emittance \	alidation F	eport For 20	0240917123123123-00)		_
	••	_											Drouida	r Nama	Client No.		Child Nor		Datas of Convisos	Diagon optor Voc (bio	Amount Daid	٦
n the	e mail	toge	ether:										Provide	r Name	Client Na	me	Child Nar	ne	Dates of Services	Was Enrolled	Amount Paid	
													TEST PF 1231231	OVIDER 23-00	F. DUMMY 000-00-000	o	JADA DOE		09/16/2024 - 09/22/2024		150	
																			09/23/2024 - 09/29/2024		150	1
																			09/30/2024 - 10/06/2024		150	1
New 9	SVI																		10/07/2024 - 10/13/2024		150	-
																			10/14/2024 - 10/20/2024		150	-
vice fo	or the p	reviou	is SVL														JAN DOE		09/16/2024 - 09/22/2024		170	-
latian	fartha						_											7	09/23/2024 - 09/29/2024		170	-
ation	for the	previc	ous SVL	•			Pro	ovider:	TEST PROVID	ER (123123123-00)			South Card	lina Depar	tment of So	cial Services			09/30/2024 - 10/06/2024		170	-
							sv	/L #:	202409231231	23123-00			S	ervice V	oucher Lo	og			10/07/2024 - 10/13/2024		170	-
											Enter reason code from beild CNS-CHILD NEVER STARTE	w: iD,			Please	Please			10/14/2024 - 10/20/2024		170	_
											MOV-MOVED OUT OF COUR NLA-NO LONGER ATTENDS	ITY/STATE	_		or No	or No			00/18/2024 - 00/22/2024		170	_
							Line	e# Clier	nt	Child	Date/ Pay Until Date	Reason Code	Week	Week	Is Facility	In English	Pate				170	_
								1 F. DL	UMMY	JADA DOE	Drop/Transfer		Begins 10/21/2024	Ends 10/27/2024	Closed	is Enrolled	150		09/23/2024 - 09/29/2024		170	
											Pay Until								09/30/2024 - 10/06/2024		170	
								2 E DI	-XX-0000	Child # 05	Drop/Transfer		10/21/2024	10/27/2024			170		10/07/2024 - 10/13/2024		170	
								~ F. DU		JAN DOL	Pay Intil								10/14/2024 - 10/20/2024		170	
								XXX-	-XX-0000	Child # 04			10101000	10.07.000.0			470				1	-
	Densitite	A di dan					Page 2 d	3 E DL	UMMY	JON DOE	Drop/Transfer		10/21/2024	10/27/2024			170					
	Process Date: 9	Advice					CC1	004 ×-:	-XX-0000	Child # 03	Pay Until							nd services w	ere provided in accordance	with my provider agr	eement. I	
	Paid Voucl	hers																information t me to prose	provided. I understand that cution under applicable sta	failure to accurately re te and federal crimina	eport a child's I laws.	
							Serv	rice				Esti	imated Child	Services An	nount to be P	'aid: 490	.00	te Signed:		Telepho	one Number:	
Recip. Name	Recip. #	Voucher #	Ser. Per.	Туре	Units	Amount	Stop Da	ate*				Estim	nated Registi	ation Fee A	nount to be F	Paid: 0	.00					
JADA JADA	XXX-XX-0000-05	TD22552717 TD22552718	09/16/2024 09/23/2024	CS CS	1	150 150	09/14/20	025					Total	Estimated A	mount to be	Paid: 49	0.00	Remittance \	alidation to:			
JADA	XXX-XX-0000-05	TD22552719	09/30/2024	CS	1	150	09/14/20	025										Id Care Expenditures				
JADA	XXX-XX-0000-05	TD22552720	10/07/2024	CS	1	150	09/14/20	025										P.O. Box 1520				
JADA	XXX-XX-0000-05	TD22552721	10/14/2024	CS	1	150	09/14/20	025										olumbia, se	20202			
JAN	XXX-XX-0000-04	TD22552722	09/10/2024	CS	1	170	09/14/20	025		Please ma	ake and keep a c	opy of th	his SVL for	your reco	ords.							
JAN	XXX-XX-0000-04	TD22552724	09/30/2024	CS	1	170	09/14/20	025														-
JAN	XXX-XX-0000-04	TD22552725	10/07/2024	CS	1	170	09/14/20	025														
JAN	XXX-XX-0000-04	TD22552726	10/14/2024	CS	1	170	09/14/20	025														
JON	XXX-XX-0000-03	TD22552727	09/16/2024	CS	1	170	09/14/20	025	I certify that	all of the above info	rmation is true and	correct an	d services w	ere provide	d in accordan	ice with my						
JON	XXX-XX-0000-03	TD22552728	09/23/2024	CS	1	170	09/14/20	025	provider a	agreement. I understa	and that state officia tely report a child's	als may ve	rify the accu	racy of the i	nformation re	eported. I						
JON	XXX-XX-0000-03	TD22552729	10/07/2024	CS CS	1	170	09/14/20	025	understand	prosecu	tion under applicab	le state ar	nd federal cri	minal laws.	it and may se	ibject me to						
JON	XXX-XX-0000-03	TD22552730	10/14/2024	CS	1	170	09/14/20	025			Date Signed:				Tele	phone Numb	c					
	100000000	1022002101	Total	Paid:	15	\$2,450)	020 110			Date signed.				()						
10ta Patu.								F			Mailo	riginal S	VL to:									
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			Total Paid Vouche	rs:	15	\$2,450					Child Ca P (ne ∈xpe), Box 14	520									
			Total Registration Fe	es:							Colun	nbia, SC	29202									
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Total Grants:															Pag	e:1 of 1						
Remittance Advice Total: 1						\$2,450												-				