

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. xxxxxxxxx8494 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
 Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: John Dooney
 Title: District II HRM Director

Name: Tommy McDaniel
 Title: Facility Administrator

Name: Rochelle Ansah
 Title: Administrator

Reconciliation:

Name: Lori McCurley
 Title: Director of Finance

Name: Edward Tustin
 Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020:

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,172,843.96	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	1,875,116.02		Summary of Expenditures

Ending Balance at June 30, 2021:

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. xxxxxxxxxx9493 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes No

If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No

Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: John Dooney
 Title: District II HRM Director

Name: Tommy McDaniel
 Title: Facility Administrator

Name: Rochelle Ansah
 Title: Administrator

Reconciliation:

Name: Lori McCurley
 Title: Director of Finance

Name: Edward Tustin
 Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$ 10,799.60

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,026,311.63	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,026,328.10		Summary of Expenditures

Ending Balance at June 30, 2021: \$ 10,783.13

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Coastal Center - Acct No. xxxxxxxxx2428 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
 Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: John Dooney
 Title: District II HRM Director

Name: Tommy McDaniel
 Title: Facility Administrator

Name: Rochelle Ansah
 Title: Administrator

Reconciliation:

Name: Lori McCurley
 Title: Director of Finance

Name: Edward Tustin
 Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020:

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures

Ending Balance at June 30, 2021:

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Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Center - Acct No. xxxx8889 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
 Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: Angela Wright
 Title: Facility Administrator

Name: Paul Justus
 Title: Procurement/Claims Officer

Reconciliation:

Name: Britney Childs
 Title: Director of Finance

Name: Edward Tustin
 Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020:

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,646,338.85	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,520,740.32		Summary of Expenditures

Ending Balance at June 30, 2021:

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midlands Center- Acct No. xxxx4539 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: Angela Wright
Title: Facility Administrator

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Britney Childs
Title: Director of Finance

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$ 9,651.69

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,292,005.20	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,293,574.50		Summary of Expenditures

Ending Balance at June 30, 2021: \$ 8,082.39

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Midland Center - Acct No. xxxx9401 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: Angela Wright
Title: Facility Administrator

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Britney Childs
Title: Director of Finance

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$ -

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures

Ending Balance at June 30, 2021: \$ -

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Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Center- Acct No. xxxxxxxxx5306 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: Deborah Reddick
Title: Director of Finance

Name: Jack Kolesar
Title: Co-Administrator/Program Services/Supports

Reconciliation:

Name: Cassandra Jackson/ Michelle Sellers
Title: Claims and Collections - Pee Dee

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$ 729,436.15

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,667,619.75	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,160,300.81		Summary of Expenditures

Ending Balance at June 30, 2021: \$ 1,236,755.09

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Center - Acct No. xxxxxxxxx9480 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: Deborah Reddick
Title: Director of Finance

Name: Jack Kolesar
Title: Co-Administrator/Program Services/Supports

Reconciliation:

Name: Cassandra Jackson/ Michelle Sellers
Title: Claims and Collections - Pee Dee

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,338,927.70	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,337,155.39		Summary of Expenditures

Ending Balance at June 30, 2021: \$

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Pee Dee Center - Acct No. xxxxxxxxx1564 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
 Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: Deborah Reddick
 Title: Director of Finance

Name: Jack Kolesar
 Title: Co-Administrator/Program Services/Supports

Reconciliation:

Name: Cassandra Jackson/ Michelle Sellers
 Title: Claims and Collections - Pee Dee

Name: Edward Tustin
 Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures

Ending Balance at June 30, 2021: \$

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Center - Acct No. xxxxxxxxx2172 (Operating)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: J. Alan Longshore
Title: Claims and Claims

Name: Tracy A Long
Title: Fiscal Analyst

Reconciliation:

Name: Deborah Detroia/Keisha Williams
Title: Director of Finance - Whitten

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$ 495,543.68

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	3,606,673.05	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	3,593,205.67		Summary of Expenditures

Ending Balance at June 30, 2021: \$ 509,011.06

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Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Center - Acct No. xxxxxxxxx2169 (Direct Deposit)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: J. Alan Longshore
Title: Claims and Claims

Name: Tracy A Long
Title: Fiscal Analyst

Reconciliation:

Name: Deborah Detroia/Keisha Williams
Title: Director of Finance - Whitten

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$ 2,652.66

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	3,413,531.45	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	3,413,525.86		Summary of Expenditures

Ending Balance at June 30, 2021: \$ 2,658.25

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Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Whitten Center - Acct No. xxxxxxxxx2185 (Dedicated)
Purpose of Account: Client Funds

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name: J. Alan Longshore
Title: Claims and Claims

Name: Tracy A Long
Title: Fiscal Analyst

Reconciliation:

Name: Deborah Detroia/Keisha Williams
Title: Director of Finance - Whitten

Name: Edward Tustin
Title: Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2020: \$

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures

Ending Balance at June 30, 2021: \$

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160
Account Name: Return Check - Acct No. xxxxxxxxx9231
Purpose of Account: Return Checks

Exemption Requested: Yes No
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes No
Previously granted 3/6/12

Authorized Personnel

Check Writing/Withdrawal:

Name:

Title

Name:

Title

Reconciliation:

Name: Edward Tustin
Title: Fiscal Analyst III

Name: Deloris Hill
Title: Accounts Payable

Financial Information

Beginning Balance at July 1, 2020:

Detailed Transactions During FY 2020-2021:

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	400.00	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	10.00		Summary of Expenditures

Ending Balance at June 30, 2021: