

FY 2023-24 Bank Account and Transparency Accountability Report
Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel

Check Writing/Withdrawal:

Name: Michelle Zila
 Title: Facility Administrator

Name: Rochelle Ansah
 Title: Administrator

Reconciliation:

Name: Lori McCurley
 Title: Director of Finance - Coastal Center

Name: Angela Ditolla
 Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023:

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	108,437.49	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(32,986.26) (212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024: 499,486.64

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
Account Name: Coastal Center - Acct No. xxxxxxxx9493 (Direct Deposit)
Purpose of Account: Client Funds

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

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: Michelle Zila
Title: Facility Administrator

Name: Rochelle Ansah
Title: Administrator

Reconciliation:

Name: Lori McCurley
Title: Director of Finance - Coastal Center

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023: \$ 12,814.45

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	1,816,353.42	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024: \$ 13,469.96

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel

Check Writing/Withdrawal:

Name: Michelle Zila
 Title: Facility Administrator

Name: Rochelle Ansah
 Title: Administrator

Reconciliation:

Name: Lori McCurley
 Title: Director of Finance - Coastal Center

Name: Angela Ditolla
 Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023: \$

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024: \$

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
Account Name: Midlands 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

Authorized Personnel

Check Writing/Withdrawal:

Name: Gene Baughman
Title: Facility Administrator

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Britney Childs
Title: Director of Finance - Midlands Center

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023:

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	288,364.14	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel

Check Writing/Withdrawal:

Name: Gene Baughman
Title: Facility Administrator

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Britney Childs
Title: Director of Finance - Midlands Center

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023: \$ 19,218.25

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	2,170,916.37	

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024: \$ 23,242.72

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
Account Name: Midlands 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

Authorized Personnel

Check Writing/Withdrawal:

Name: Gene Baughman
Title: Facility Administrator

Name: Paul Justus
Title: Procurement/Claims Officer

Reconciliation:

Name: Britney Childs
Title: Director of Finance - Midlands Center

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023: \$

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024: \$

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel

Check Writing/Withdrawal:

Name: Lashawnda Scoggins
Title: Director of Finance - Pee Dee Center

Name: Cassandra Muldrow
Title: Director of Support Services

Reconciliation:

Name: Renee (Darlene) Curtis
Title: Fiscal Analyst I

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023:

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	290,494.11	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel

Check Writing/Withdrawal:

Name: Lashawnda Scoggins
 Title: Director of Finance - Pee Dee Center

Name: Cassandra Muldrow
 Title: Director of Support Services

Reconciliation:

Name: Renee (Darlene) Curtis
 Title: Fiscal Analyst I

Name: Angela Ditolla
 Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023:

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	2,192,644.84	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel

Check Writing/Withdrawal:

Name: Lashawnda Scoggins
 Title: Director of Finance - Pee Dee Center

Name: Cassandra Muldrow
 Title: Director of Support Services

Reconciliation:

Name: Renee (Darlene) Curtis
 Title: Fiscal Analyst I

Name: Angela Ditolla
 Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023:

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
Account Name: Whitten Center - Acct No. xxxxxxxxxx2172 (Operating)
Purpose of Account: Client Funds

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

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: J. Alan Longshore
Title: Claims and Collections Officer

Name: Tracy A Long
Title: Fiscal Analyst

Reconciliation:

Name: Deborah Detroia/Audrey Haulbrook
Title: Director of Finance - Whitten

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023:

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	157,722.05	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
Account Name: Whitten Center - Acct No. xxxxxxxxx2169 (Operating)
Purpose of Account: Client Funds

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

Exemption Approved in Prior Year: Yes No

Authorized Personnel

Check Writing/Withdrawal:

Name: J. Alan Longshore
Title: Claims and Collections Officer

Name: Tracy A Long
Title: Fiscal Analyst

Reconciliation:

Name: Deborah Detroia/Audrey Haulbrook
Title: Director of Finance - Whitten

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023:

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	3,399,488.17	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel

Check Writing/Withdrawal:

Name: J. Alan Longshore
Title: Claims and Collections Officer

Name: Tracy A Long
Title: Fiscal Analyst

Reconciliation:

Name: Deborah Detroia/Audrey Haulbrook
Title: Director of Finance - Whitten

Name: Angela Ditolla
Title: Fiscal Manager I - Central Office

Financial Information

Beginning Balance at July 1, 2023: \$ -

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024: \$ -

FY 2023-24 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: SC Department of Disabilities and Special Needs/J106
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

Authorized Personnel
Check Writing/Withdrawal:

Name:
Title

Name:
Title:

Reconciliation:
Name:
Title

Name:
Title:

Financial Information

Beginning Balance at July 1, 2023: \$ (2,917.04)

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	211,778.56	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024: \$ (4,066.46)