RECORD REVIEW WORKSHEET (ACF-403)

CHILD ID#   **STATE:**   **COUNTY:**   **SAMPLE MONTH/YEAR**   **REVIEW DATE:**

SECTION I. STATE CHILD CARE PROGRAM FORMS

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
100 APPLICATION/REDETERMINATION FORMS Determine whether required eligibility forms met all state and federal policies in effect during the sample month. Examples include (1) application form; (2) child care agreement; (3) declaration of family assets, as determined by a family member; and (4) voucher or certificate, as applicable.	N/A	N/A	**100 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)

SECTION II. PRIORITY GROUP PLACEMENT

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
200 PRIORITY GROUP PLACEMENT Determine whether client met criteria of any state-designated priority group, e.g., special needs or low income.	N/A	N/A	**200 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)

SECTION III. GENERAL PROGRAM REQUIREMENTS

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
300 QUALIFYING HEAD OF HOUSEHOLD Determine whether client met parent definition (parent means a parent by blood, marriage, or adoption and also means a legal guardian, or other person standing in loco parentis), e.g., (1) parent, (2) step-parent, (3) legal guardian, (4) needy caretaker relative, or (5) spouse of same.	**N/A**	**N/A**	**300 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)
310 RESIDENCY Determine whether client was a resident according to state policy.	**N/A**	**N/A**	**310 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)
320 PARENTAL WORK/TRAINING STATUS Determine whether the child's parent or parents were working, attending a job training or educational program (including a job search if applicable), or if the parent or parents had a child receiving or needing to receive protective services under the state's definition.	**N/A**	**N/A**	**320 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)
330 QUALIFYING CHILD Determine if the child met eligibility criteria including (1) age (younger than 13 years, or younger than 19 years and physically or mentally incapable of caring for himself or herself or under court supervision), (2) citizenship/qualified alien status as set forth in federal policy, and (3) other eligibility requirements as defined in the state plan.	**N/A**	**N/A**	**330 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
340 QUALIFYING CARE Determine whether the number of hours, type of care, and provider payment rate authorized for the sample month were correct based on state policy.	N/A	N/A	**340 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)
350 QUALIFYING CARE AND PROVIDER ARRANGEMENT Determine whether services were provided by a center-based child care provider, a group home child care provider, a family child care provider, or an in-home child care provider, and that the provider met all applicable requirements, including health and safety requirements.	N/A	N/A	**350 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)

SECTION IV. FINANCIAL REQUIREMENTS AND PAYMENT

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS (4)
400 FINANCIAL REQUIREMENTS Determine whether income verification and calculations for household members were correct. Specify time period (e.g., based on 4 weeks prior to application) and all income to be considered based on state policies and definitions (e.g., head of household employment). Determine whether household income met state requirements (e.g., family gross income must be within X percent of state's median income), and whether the copayment (if any) was correctly applied.	N/A	N/A	**400 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation (If "Y" is coded, answer 2A) 2A. Potential Improper Payment Error (If "Y" is coded, use the MID Table)
410 PAYMENT Identify the eligibility worker's subsidy amount for the sample month and compare it to the reviewer's subsidy amount for the sample month. If the amounts are the same there is no improper payment error. If the amounts are different, compare the reviewer's subsidy amount to the sample month payment amount. If the sample month payment was a full payment and was: o greater than the reviewer's subsidy amount, the difference may be an overpayment (improper payment). o less than the reviewer's subsidy amount, the difference may be an underpayment (improper payment).	N/A	N/A	**410 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation

Record Review Worksheet Missing and Insufficient Documentation Table (MID Table)

Child ID:

1	2	3	4	5	6	7	8	9
Element	Describe documentation that was missing or insufficient	Dollar amount of potential improper payment	Is there an additional inquiry that can be made to mitigate the potential improper payment error? 0=No 1=Yes	If **No**, describe why not *(Note: After responding, go to Element 500 if there are no other Elements requiring the MID Table)*	If **Yes**, describe the additional inquiry	Was the improper payment mitigated using the additional inquiry? 0=No 1=Yes	Enter dollar amount that was mitigated	Describe how the state determined whether or not the potential improper payment could be mitigated. *(Note: Please respond to this whether the potential improper payment was mitigated or not mitigated)*
100								
200								
300								
310								
320								
330								
340								
350								
400								
Total								

FINDINGS (1)	RESULTS (2)
500 CASE SUMMARY	**500 RESULTS** 1. No Error / Error 2. Missing/Insufficient Documentation 2A: Number of MID potential improper payment errors identified 2B: Total amount of MID potential improper payment errors 2C: Number of times an additional inquiry was used 2D: Number of times the additional inquiry mitigated the potential improper payment error 2E: Total amount of improper payments mitigated 3. Overpayment/Underpayment 4. Total Amount of Improper Payment 5. Total Payment Amount for Sample Month

The coding for the Results Column for Elements 100 – 400 is as follows: 1: "0" = no error, "1" = error; 2: "Y" = error due to missing or insufficient documentation, "N" = error not due to missing or insufficient documentation, "NA" = no error; 2A (only coded if 2 is coded as "Y"): "Y" = MID potential improper payment error, "N" = not a MID potential improper payment error.

The coding for the Results Column for Elements 410 is as follows: 1: "0" = no error, "1" = error; 2: "Y" = error due to missing or insufficient documentation, "N" = error not due to missing or insufficient documentation, "NA" = no error.

The coding for the Results Column for Element 500 is as follows: 1: "0" = no error, "1" = error; 2: "Y" = error due to missing or insufficient documentation, "N" = error not due to missing or insufficient documentation, "NA" = no error; 2A: Number of times the MID Worksheet was used because a MID potential improper payment error was identified; 2B: Total dollar amount of MID potential improper payment errors (total of column 3 on the MID Table); 2C: Number of times an additional inquiry was used (total of column 4 on the MID Worksheet); 2D: Number of times the additional inquiry mitigated a MID potential improper payment error (total of column 7 on the MID Table); 2E: Total dollar amount of improper payments mitigated (total of column 8 of the MID Worksheet); 3: "U" = Underpayment, "O" = Overpayment, "NA" = no improper payment; 4: Total dollar amount of improper payment; 5: Total Payment Amount for Sample Month.

"THE PAPERWORK REDUCTION ACT OF 1995" Public reporting for this collection of information is estimated to average 6.33 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information