

ATTACHMENT 1
Record Review Worksheet (ACF-403)

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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)
<p>100 APPLICATION/REDETERMINATION FORMS</p> <p>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) family assets, as determined by a family member; and (4) voucher or certificate, as applicable.</p>	N/A	N/A	<p>100 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation

SECTION II. PRIORITY GROUP PLACEMENT

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS(4)
<p>200 PRIORITY GROUP PLACEMENT</p> <p>Determine whether client met criteria of any State-designated priority group, e.g., special needs or low income.</p>	N/A	N/A	<p>200 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation

SECTION III. GENERAL PROGRAM REQUIREMENTS

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS(4)
<p>300 QUALIFYING HEAD OF HOUSEHOLD</p> <p>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.</p>	N/A	N/A	<p>300 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS(4)
<p>310 RESIDENCY</p> <p>Determine whether client was a resident according to State policy.</p>	N/A	N/A	<p>310 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation
<p>320 PARENTAL WORK/TRAINING STATUS</p> <p>To receive services a child's parent or parents must be working or attending a job training or educational program (including a job search if applicable), or have a child receiving or needing to receive protective services under the State's definition.</p>	N/A	N/A	<p>320 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation
<p>330 QUALIFYING CHILD</p> <p>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.</p>	N/A	N/A	<p>330 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation
<p>340 QUALIFYING CARE</p> <p>Determine whether number of hours of care authorized for the sample month were correct based on State policy.</p>	N/A	N/A	<p>340 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation
<p>350 QUALIFYING CARE AND PROVIDER ARRANGEMENT</p> <p>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.</p>	N/A	N/A	<p>350 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation

SECTION IV. INCOME AND PAYMENT

ELEMENTS OF ELIGIBILITY & PAYMENT DETERMINATION (1)	ANALYSIS OF CASE RECORD (2)	FINDINGS (3)	RESULTS(4)
<p>400 INCOME REQUIREMENTS</p> <ul style="list-style-type: none"> ○ Determine income verification and calculations for household members. 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). ○ Identify the eligibility worker's subsidy amount for the sample review month. ○ Determine whether the subsidy amount was based on income and family size, the State's payment rate schedule, and any sliding fee schedule, if applicable. 	<p>N/A</p>	<p>N/A</p>	<p>400 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation
<p>410 PAYMENT/CASE SUMMARY</p> <p>Compare the eligibility worker's subsidy amount to the reviewer's subsidy amount. If the amounts are the same there is no improper payment error.</p> <p>If the amounts are different, compare the reviewer's subsidy amount to the sample month payment amount.</p> <p>If the sample month payment was a full payment and was:</p> <ul style="list-style-type: none"> ○ greater than the reviewer's subsidy amount, the difference is an overpayment (improper payment). ○ less than the reviewer's subsidy amount, the difference is an underpayment (improper payment). 	<p>N/A</p>	<p>N/A</p>	<p>410 RESULTS</p> <ol style="list-style-type: none"> 1. No Error / Error 2. Insufficient/ Missing Documentation 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, and "NA" = no error.

The coding for the Results Column for Element 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, and "NA" = no error; 3: "U" = Underpayment, "O" = Overpayment, and "NA" = no improper payment; 4: Enter dollar amount of error; 5: Total Payment Amount for Sample Month.

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