CHILD CARE REVIEW ERROR CASE FINDINGS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE - QA
SFN 440 (9-2024)

Clear Fields

TO BE COMPLETED BY REVIEWER

Human Service Zone/County		Service Month	Review Number
Parent Name	Parent ID Number	Child Name	Child ID Number

Child Care Assistance Review Finding

Manual Reference(s)

Action Required

Reviewer		Date
Administrator Signature	Date	Return Completed Form SFN 440 By

TO BE COMPLETED BY HUMAN SERVICE ZONE

Action Completed by Eligibility Worker (describe how action required above has been corrected)

☐ Agree with determination-no changes
☐ Agree with determination with additional changes (detailed above)
☐ Disagree with determination (detailed above)

Human Service Zone Representative Signature	Date