CHILD CARE REVIEW ERROR CASE FINDINGS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EAP-QUALITY ASSURANCE
SFN 440 (3-2017)

Clear Fields

TO BE COMPLETED BY REVIEWER

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 COUNTY AGENCY

Action Completed by Eligibility Worker (describe how action required above has been corrected)	
☐ Agree with determination-no changes ☐ Disagree with determination (detailed above) ☐ Agree with determination with additional changes (detailed above)	
County Agency Signature	Date