NORTH DAKOTA REVIEW WORKSHEET

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
QUALITY CONTROL-ASSURANCE
SFN 1494 (1-2012)

Clear Fields

County	Child ID Number	Review Month/Year
Reviewer		Review Date

IDENTIFYING INFORMATION

Parent/Caretaker	Case Number	Child Name (Last, First)	Child's Date of Birth
Grant Type ☐ T ☐ C ☐ D ☐ L ☐ N	Application Date Associated to the Review Month		

PROVIDER INFORMATION

Number of Providers in Service Month		
Provider 1 EIN	Provider 1 Name	Provider Type 1
Provider 2 EIN	Provider 2 Name	Provider Type 2
Provider 3 EIN	Provider 3 Name	Provider Type 3

APPLICATION	YES	NO	NA
1. Is there an application on file? Application Date:			
2. Is the application signed?			
3. Is the application dated by applicant?			
4. Is the application date stamped by the county?			
5. Crossroads: for applications prior to October 1, 2011, is the SFN 29 and/or letter from the Crossroads Administrator in case file?			
6. Crossroads: for applications after October 1, 2011, is there a CCAP application and a copy of the Crossroads approval letter in the file?			

Comments

REVIEW			
1. Is there a review form on file? Review Date:			
2. Is the review signed?			
3. Is the review dated by the recipient?			
4. Is the review date stamped by the county?			
5. Was the review submitted in the month of review?			
6. Was the review submitted the month after the review was due?			

Comments

CERTIFICATES	YES	NO	NA
1. Was a child care certificate issued?			
2. What was the date the certificate was issued? Date:			
3. Was the certificate issued for the correct number of months?			
4. Are the correct allowable activities listed on the certificate?			
5. Are all eligible children listed on the certificate?			
6. Is the correct level of care listed for each child?			
7. Is the correct state rate listed for each child?			
8. Was the correct household size entered?			
9. Was the correct amount of income entered?			
10. Was the correct amount of child support/spousal support deduction entered, if applicable?			
11. Was the correct grant type used?			
12. Is the correct provider listed for each child?			
13. Is the correct co-pay listed on the certificate?			
14. Are there any mandatory changes that affected the certificate?			
15. Were the mandatory changes verified and used to determine certificate?			
16. If mandatory change is applicable to this certificate, was the certificate updated for the correct month?			
17. Was the correct date of birth entered for each child?			
18. Does the Social Security Number (SSN) match the SSN inputted into the system?			
Comments			

MANDATORY REQUIREMENTS			
1. Was identity of caretaker verified?			
2. Was association to child verified?			
3. Association to child: ☐ As parent ☐ As Loco Parentis			
4. Was age for each eligible child verified and accurate?			
5. Was citizenship for each eligible child verified?			
6. If child is at least 13 but under age 19 needs supervised care, was their need for care verified?			
Comments			

RESIDENCY

Does parent/caretaker reside in North Dakota? ☐ Yes ☐ No

Comments

ALLOWABLE ACTIVITY

Allowable activity caretaker(s) are participating in:

First Caretaker: ☐ Work ☐ Education or Training ☐ Job Search

Second Caretaker: ☐ Work ☐ Education or Training ☐ Job Search

Comments

EDUCATION	YES	NO	NA
1. Is the caretaker in Postsecondary Education?			
2. First caretaker (if attending Postsecondary Education)?			
3. Second caretaker (if attending Postsecondary Education)?			
4. Was SFN 113 Postsecondary Information completed prior to the certificate being issued?			
5. Is there a current class schedule for the certificate period?			
6. Is the individual in education a TANF or Diversion recipient?			

Comments

JOB SEARCH

1. First caretaker?			
2. Second caretaker?			
3. Have the number of weeks been used (8 weeks within calendar year)?			
4. Are the job search hours 20 hours or less per week?			

Comments

HOUR DETERMINATION	YES	NO	NA
1. Was child's schedule verified for each school age child?			
2. Was caretaker(s) schedule for each allowable activity participating in verified?			
3. Were the hours used verified?			
4. Were the hours calculated correctly?			
Comments			

INCOME

Earned Income

1. Is there verification the caretaker(s) is employed?			
2. Does the child care assistance unit have earned income?			
3. Has all earned income been verified?			
4. Has all earned income been determined correctly?			
5. Has the earned income of all children under age 19 been disregarded?			
6. Has the earned income been correctly entered into the system?			

Self-Employment

1. Does the child care assistance unit have self-employment income?			
2. Has all self-employment income been verified?			
3. Has all self-employment income been determined correctly?			
4. Has the self-employment income been entered into the system correctly ?			

Unearned Income

1. Does the child care assistance unit have unearned income?			
2. Has all unearned income been verified?			
3. Has all unearned income been determined correctly?			
4. Has the unearned income of all children under age 19 been used?			
5. Was the unearned income entered correctly into the system?			
6. If a TANF, Crossroads, or Diversion (income is not considered), was income used?			

Allowable Expenses

1. Is there child support/spousal support paid out of the household?			
2. If yes, who pays? First Caretaker?			
Second Caretaker?			
3. Has child support/spousal support paid out been verified?			
Comments			

APPROVED RELATIVE

If the provider was an approved relative, was the provider approved for these children?	☐ Yes ☐ No
Name of Child	
Name of Child	
Name of Child	
Name of Child	
Name of Child	

PARENT PAID	YES	NO	NA
1. If the parent received the payment for child care is there an SFN 848 in the file that has been completed and signed and date by the provider?			
2. Is the signed form within the current application and review timeframe?			
Comments			

CHILD CARE BILLING REPORT FORM

1. Is there more than one child care billing form for this service month? If yes, how many? _____			
2. Is child care billing form signed and dated correctly by provider?			
3. Is child care billing form signed and dated correctly by parent?			
4. Is child care billing form date stamped by the county?			
5. Were all signatures, dates, and date stamped on or after the last day of service?			
6. Based on the hours on the billing form, do the hours for each child match the level of care on the certificate which reflects the payment month?			
7. Were the hours on the billing form consistent with the hours used to determine the certificate?			
8. Are the hours on the child care billing report form comparable to the hours determined for the child at the time the certificate was authorized?			
9. If there is a discrepancy in hours, is there documentation to support the difference?			
10. Were the number of hours, weeks, and amount billed for each child calculated correctly and entered into the system correctly?			
Comments			

PAYMENTS MADE FOR THE FAMILY	YES	NO	NA
1. Was the payment made for the correct payment month?			
2. Was the correct household size entered?			
3. Was the correct amount of income entered?			
4. Was the correct amount of child support/spousal support deduction entered, if applicable?			
5. Was the correct grant type entered?			
6. If the payment was issued to the family, was there a completed SFN 848 in the file that was signed and dated by the provider?			
Comments			

NARRATIVE

Is there a narrative or documentation for this file which explains actions taken? ☐ Yes ☐ No
Comments

PAYMENT ACCURACY

1. Was there a payment error?			
2. Was there an overpayment?			
3. If yes, amount of overpayment for child: $ amount of overpayment for service month: $			
4. Was the overpayment a recipient error?			
5. Was the overpayment an agency error?			
6. Was there an underpayment?			
7. If yes, amount of underpayment for child: $ amount of underpayment for service month: $			
8. Was the underpayment a recipient error?			
9. Was the underpayment an agency error?			
Causes of the Payment Error			
Comments			