

COMPLIANCE REVIEW WORKSHEET							
CCIS: 0							
Review Period: 1/0/1900							
PELICAN County/Record #:							
Month of Review:							
Child ID #:							
(1st) Invoice ID #:							
(2nd) Invoice ID #:							
(3rd) Invoice ID #:							
SECTION 1: (Print Case Summary Page) Highlight child and write review month							
APPLICATION/ RE-DETERMINATION/SELF CERTIFICATION FORM DATA							
#1	What date was the Application/Re-determination (hard copy or Compass) received and date/stamped, or the Self-Cert form completed and signed? (See Section 1 Instructions)						
#2	Was all supporting documentation to determine eligibility in the file based on the Application/Re-determination/Self-Certification form? and was the Application/Re-determination form signed by parent and/or the Self-Certification form signed by appropriate person? (See Section 1 instructions)						
SECTION 2: SPECIAL PRIORITY GROUP ASSESSMENT							
#3	If this is a TANF case, does the case meet current criteria to be eligible for TANF funds? (Review Case Summary Page - Case Eligibility Field for eligibility dates or CAO Program Eligibility Page)						
#4	If this is a Former TANF case, does the case meet current criteria to be eligible for Former TANF funds?(Review Case Summary Page - Case Eligibility Field for eligibility dates or CAO Program Eligibility Page)						
SECTION 3: HEAD OF HOUSEHOLD QUALIFICATION							
#5	Does the parent/caretaker meet the definition of parent/caretaker in 55 PA Code §3041.3? (See Instruction Section 3 for TANF/FS/GA default)						
SECTION 4: RESIDENCY							
#6	Is the parent/caretaker a resident of PA and the county of application per 55 PA Code §3041.42 and was the required proper verification documented in the case record per 55 PA Code §3041.66?(See Instruction Section 4 for TANF/FS/GA default)						
SECTION 5: HOUSEHOLD MEMBERS WORK REQUIREMENT							
#7	Does each qualifying member meet either the work/education/training requirements identified in 55 PA Code §3041.43 or 55 PA Code §168?(See Instruction Section 5 for TANF/FS/GA default)						

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SECTION 6: QUALIFYING CHILD(REN)							
#8	Is the identified child in the household eligible for services based on criteria in 55 PA Code §3041.12 (a)(b) &(c)?(See Instruction Section 6 for TANF/FS/GA default)						
#9	Does the identified child meet citizenship requirements stated in 55 PA Code§3041.47?(See Instruction Section 6 for TANF/FS/GA default)						
SECTION 7:QUALIFYING CHILD CARE SCHEDULES (Print all of the identified							
#10	Do the number of hours of care that are entered into the system match or equal the parent/caretaker(s) work/training/education schedule plus travel time with the correct unit of care identified in 55 PA Code §3041.14? (TANF/FS/GA cases should be based on funding program enrollment rules for type of activity. (See Instructions Section 7)						
#11	Are the number of hours and type of care authorized supported by 55 PA Code §3041.12?(See Instructions Section 7)						
SECTION 8: QUALIFYING CHILD CARE PROVIDER							
#12	Was child care provided by a legally operating and eligible provider (center, group, family, R/N or a qualified In-Home provider) as specified in 55 PA Code §3041.13? (See Instructions Section 8)						
#13	Is the Provider Agreement(s) for the provider(s) complete and signed?This will fill in automatically from Provider Review sheet. (N/A means the CCIS does not own the provider agreement)	0	0	0	0	0	0
SECTION 9: CHILD CARE PROVIDER REQUIREMENTS (Print Provider Rate							
#14	Does the child care database system (PELICAN) indicate that the provider meets regulatory requirements? (See Instructions Section 9)						
#15	Does the provider rate for the case of the child under review fall within the MCCA guidelines?(See Instructions Section 9 and review MCCA guidelines chart)						
SECTION 10: FAMILY INCOME (Print Eligibility Details Page for review month)							
#16	Was the correct earned and unearned income documentation used to determine household income per 55 PA Code §3041.65? (Use Income Calculation Worksheet)(See Instruction Section 10 for TANF/FS/GA default)						

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#17	Was the earned and unearned income calculated correctly based on verification in the record? (Use conversion table in Appendix A & C of 55 PA Code §3041)(See Instruction Section 10 for TANF/FS/GA default)						
#18	Was the earned and unearned income correctly entered into the database system (PELICAN)? (Review all income and deduction pages in PELICAN)(See Instruction Section 10 for TANF/FS/GA default)						
SECTION 11: INCOME ELIGIBILITY							
#19	Does the household income meet financial eligibility requirements in the FPIG per 55 PA Code §3041.14 & §3041.107?(See Instruction Section 11 for TANF/FS/GA default)						
SECTION 12: PAYMENT AMOUNT AUTHORIZED (Print Calculated Invoice Detail							
#20	Was the co-pay determined and assessed correctly for the review month based on the income and family size? (See Instruction Section 12 for TANF/FS/GA co-pay assessment)						
#21	Was the amount authorized for care for the review month correctly calculated based on the MCCA and provider type and are provider rates in PELICAN correct? (See Instructions Section 12)						
#22	Was the amount authorized for care for the review month assessed correctly based on the income, family size and care level? (See Instructions Section 12)						
#23	What was the amount authorized for care for the review month prior to the co-pay being deducted? (See Instruction Section 12)						
SECTION 13: PAYMENTS/COMPUTATIONS							
#24	Was the authorized amount correct? (See Instruction Section 13)						
#25	If the authorized amount was incorrect was the error an over or under authorization?(See Instruction Section 13)						
#26	What was the amount of the over or under authorized? (+ =over, - = under) Leave Blank if no error in case. (See Instruction Section 13)						
SECTION 14: INVOICE PAYMENT DETAILS							
#27	Was the Attendance Invoice signed by the provider? If the invoice was deleted was it deleted correctly (See instruction Section 14)						
#28	Based on the date stamped was the attendance invoice received by the 5th of the month?If the invoice was deleted was it deleted correctly (See instruction Section 14)						

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#29	If YES, was the check issued to the provider by the 20th of the month? If the invoice was deleted was it deleted correctly (See instruction Section 14)						
SECTION 15: ELIGIBILITY RUN							
#30	What date was eligibility/re-determination run in PELICAN?						
#31	Was the application date or re-determination run date in PELICAN correct? (See Instructions Section 15)						
#32	Was this case correctly determined eligible or ineligible?						
FINAL RESULTS - DO NOT ENTER BELOW THIS LINE- AUTOMATIC							
#33	Application/Re-determination/Self-Certification						
#34	Special Priority Group Assessment						
#35	Head of Household Qualification						
#36	Residency						
#37	Household Members Work Requirement						
#38	Qualifying Child(ren)						
#39	Qualifying Child Care Schedules						
#40	Qualifying Child Care Provider	YES	YES	YES	YES	YES	YES
#41	Child Care Provider Requirements						
#42	Family Income						
#43	Income Eligibility						
#44	Payment Amount Authorized						
#45	Authorized Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
#46	Payments/Computations						
#47	Error Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
#48	Was the provider payment issued timely and signed?						
#49	Eligibility status correctly determined?						
	CASE NOTES: include the following information						
	DATE:						
	RECORD #						
	AREA OF CONCERN:						
	NARRATIVE:						

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Review 170/1901												
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#36												
#37												
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#39												
#40	YES											
#41												
#42												
#43												
#44												
#45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
#46												
#47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
#48												
#49												

COMP

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Review

170/1901

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COMP

CCIS:

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#34				
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#40	YES	YES	YES	
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#42				
#43				
#44				
#45	\$0.00	\$0.00	\$0.00	
#46				
#47	\$0.00	\$0.00	\$0.00	
#48				
#49				

Obsolete

