

QUALITY ASSURANCE SIGNATURES AND DATES

Level	Signature	Date
First Level		
Second Level		

**TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW INSTRUMENT
(REVIEW INSTRUMENT)**

A. CASE FINDINGS

Complete this section after completing the entire instrument (check all applicable boxes).

Case Type: Non-Error Case Error Case

For either case type, case includes: Underpayments Ineligible Payments

B. GENERAL INSTRUCTIONS

Complete this TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW INSTRUMENT (Review Instrument) for each foster care episode in the 6-month period under review (PUR). Use pencil and write legibly. Information in this Review Instrument is *confidential* and must not be disclosed for any purposes outside the Title IV-E Foster Care Eligibility Review (IV-E Review).

Each question must be answered. Read the INSTRUCTIONS FOR COMPLETING THE TITLE IV-E FOSTER CARE ELIGIBILITY REVIEW INSTRUMENT for an explanation of each question and how to answer it. The Review Instrument may be annotated with additional information regarding eligibility, as necessary. ***Response boxes with an asterisk (*) and outlined in bold indicate potential case errors and/or other improper payments.***

C. GENERAL CASE INFORMATION

1. Review PUR (MM/DD/YY): ____/____/____ - ____/____/____
2. State Abbreviation and Random Sample Selection number: ____ ____
3. Case ID: _____
4. County or Local Office: _____
5. Review Date (MM/DD/YY): ____/____/____
6. Reviewed by: _____ and _____

D. CHILD INFORMATION

7. Child's Name (First and Last): _____
8. Child's Date of Birth (MM/DD/YY): ____/____/____
9. Child's Age (in years) on the First day of the PUR: _____

COMMENTS (Record reason for a response above; indicate question number and cite relevant case documentation):

E. REMOVAL DATE

[Statutory Citation: § 472(a) of the Social Security Act (the Act)]

10. Date child is removed from home (MM/DD/YY): ____/____/____

COMMENTS (Record reason for a response above; indicate question number and cite relevant case documentation):**F. JUDICIAL REMOVALS**

[Statutory Citation: § 472(a)(2) of the Act; Regulatory Citations: 45 CFR §§ 1356.21(b), (c), & (d)]

Questions 11–13	YES	NO	N/A
11. Is the child's removal the result of a court order?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	–
12. If Question 11 is YES, what is the date of the court order removing the child from home? Court order date (MM/DD/YY): ____/____/____	–	–	<input type="checkbox"/>
12(a). Is this court order the first order that sanctions the child's removal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12(b). Does this court order have a finding of contrary to the welfare?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12(c). Is the judicial requirement met regarding contrary to the welfare?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12(d). Are title IV-E funds claimed for a period before the month the contrary to the welfare requirement is met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If Question 11 is YES, is there a judicial finding regarding reasonable efforts to prevent removal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13(a). Is this judicial finding within 60 days of the child's removal? Judicial finding date (MM/DD/YY): ____/____/____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13(b). Is the judicial requirement met regarding reasonable efforts to prevent removal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13(c). Are title IV-E funds claimed for a period before the month the reasonable efforts to prevent removal requirement is met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):**G. VOLUNTARY PLACEMENTS**

[Statutory Citation: §§ 472(a)(2)(A)(i), (d)–(g) of the Act; Regulatory Citation: 45 CFR § 1356.22]

Questions 14–16	YES	NO	N/A
14. Is the child's removal the result of a voluntary placement agreement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	–

Questions 14–16, cont'd.	YES	NO	N/A
15. If Question 14 is <i>YES</i> , is the voluntary placement agreement signed by the parent or legal guardian and the title IV-E agency representative(s)? Voluntary placement agreement signature date (MM/DD/YY): ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
15(a). Are title IV-E funds claimed for a period before the month the voluntary placement agreement is signed by the parent or legal guardian and the title IV-E agency?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there a judicial determination regarding the child's best interests within 180 days of the date of foster care placement? Judicial finding date (MM/DD/YY): ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
16(a). If Question 16 is <i>NO</i> , are title IV-E funds claimed for the period of ineligibility?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

H. VALID REMOVALS

[Statutory Citations: §§ 472(a)1 & 2 of the Act; Regulatory Citation: 45 CFR § 1356.21(k)(2)]

Question 17	YES	NO	N/A
17. Is there a valid removal of the child from the home for the most recent foster care episode?	-	-	-
17(a). Is the child's removal the result of a court order or a voluntary placement agreement?	<input type="checkbox"/>	* <input type="checkbox"/>	-
17(b). If Question 17(a) is <i>YES</i> , does the child's physical removal coincide with the court order or voluntary placement agreement authorizing the removal? Physical removal date (MM/DD/YY): ____/____/____ Removal court order, or voluntary placement agreement date (MM/DD/YY): ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
17(c). Are the requirements met for a valid removal?	<input type="checkbox"/>	* <input type="checkbox"/>	-
17(c)(1). If Question 17(c) is <i>NO</i> , are title IV-E payments claimed for the period of ineligibility?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

I. ONGOING JUDICIAL ACTIVITY: Reasonable Efforts to Finalize the Permanency Plan (Applicable to Court-Ordered Removals Only)

[Statutory Citation: § 472(a)(2) of the Act; Regulatory Citation: 45 CFR § 1356.21(b)(2) & (d)]

Judicial Determination for Reasonable Efforts to Finalize the Permanency Plan Chart

Determination Date	Due Date for Next Determination	Date It Is Made	Is It Timely? (Yes or No)	Is Title IV-E Claimed? (Yes or No)

Questions 18–19	YES	NO	N/A
18. What is the date that the child entered foster care? Entry date (MM/DD/YY): ___/___/___ Relevant Dates: Date Removed (MM/DD/YY): ___/___/___ Dates of PUR (MM/DD/YY): Begin date: ___/___/___ End date: (MM/DD/YY): ___/___/___	-	-	-
19. Has the child been in foster care for 12 months or more prior to the last day of the PUR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19(a). If Question 19 is YES, date of the last judicial determination immediately before the PUR (MM/YY): ___/___	-	-	<input type="checkbox"/>
19(b). Date the next judicial determination is due (MM/YY): ___/___	-	-	<input type="checkbox"/>
19(c). Date the Question 19(b) judicial determination is made (MM/YY): ___/___	-	-	<input type="checkbox"/>
19(d). Is the Question 19(c) judicial determination timely?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
19(e). Is the requirement met for the judicial finding of reasonable efforts to finalize the permanency plan?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
19(e)(1). If Question 19(e) is NO, are title IV-E payments improperly claimed for the period of ineligibility in the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

J. AFDC ELIGIBILITY

[Statutory Citation: §§ 472(a)(1) and (3) of the Act; Regulatory Citation: 45 CFR §§ 1356.21(k) & (l) and 1356.71(d)(1)(v)]

Questions 20–24	YES	NO	N/A
20. Is the child judicially or voluntarily removed from a specified relative? Individual's relationship to child: _____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
21. If Question 20 is YES, has the child lived with the specified relative identified in Question 20 within 6 months of the initiation of court proceedings or signing of the voluntary placement agreement? Date child last lived with specified relative (MM/DD/YY): ____/____/____ Date court proceedings initiated for removal (MM/DD/YY): ____/____/____ Date voluntary placement agreement signed (MM/DD/YY): ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
22. Are the removal from and living with requirements met by the same specified relative?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
23. Has the title IV-E agency completed a determination of AFDC eligibility?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
23(a). Is AFDC eligibility based on the home of the specified relative against whom the contrary to the welfare judicial determination is made or who has signed the voluntary placement agreement? AFDC eligibility home: _____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
23(b). Is AFDC eligibility based on the month the court proceedings are initiated or voluntary placement agreement is signed? AFDC eligibility month (MM/YY): ____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
24. Does the child meet the AFDC requirements for eligibility?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
24(a). If Question 24 is NO, are title IV-E payments claimed for the period of ineligibility?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

K. AGE AND EXTENDED TITLE IV-E FOSTER CARE ASSISTANCE

[Statutory Citation: §§ 406, 472(a)(1) and (3) of the Act; Regulatory Citation: 45 CFR § 233.90(b)]

Question 25	YES	NO	N/A
25. Is the youth 18 years or older at any point during the PUR? Child's age (in years as of last day of the PUR): _____	<input type="checkbox"/>	<input type="checkbox"/>	-
25(a). If Question 25 is YES, does the title IV-E agency have an approved AFDC plan option to extend title IV-E coverage to youth 18-19 years old?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
25(b). Is the youth a full-time student in a secondary school or equivalent educational program?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
25(c). Is the youth expected to complete the educational program before the 19th birthday?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
25(d). Are the requirements met to extend eligibility under the AFDC plan option for youth 18-19 years old?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
25(d)(1). If Question 25(d) is NO, are title IV-E funds claimed for the period of ineligibility in the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

L. TITLE IV-E AGENCY RESPONSIBILITY FOR PLACEMENT AND CARE OF CHILD

[Statutory Citation: §§ 472(a)(2)(B)(i) of the Act; Regulatory Citation: 45 CFR § 1356.71(d)(1)(iii)]

Questions 26-27	YES	NO	N/A
26. Who has placement and care responsibility of the child for the entire period of the foster care episode that is within the PUR?	-	-	-
26(a). Does the title IV-E Agency have placement and care responsibility? Agency Name: _____ Dates of responsibility (MM/DD/YY): ____/____/____ - ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	-
26(a)(1). Are title IV-E funds claimed for the period in 26(a)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26(b). Does Another Public Agency have placement and care responsibility? Agency Name: _____ Dates of responsibility (MM/DD/YY): ____/____/____ - ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	-
26(b)(1). If Question 26(b) is YES, is there a title IV-E agreement in effect between this agency and the title IV-E agency that covers the period in 26(b)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>

Questions 26–27, cont'd.	YES	NO	N/A
26(b)(2). Are title IV-E funds claimed for the period in 26(b)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26(c). Does a Private Agency have placement and care responsibility? Agency Name: _____ Dates of responsibility (MM/DD/YY): ___/___/___ – ___/___/___	* <input type="checkbox"/>	<input type="checkbox"/>	–
26(c)(1). Are title IV-E funds claimed for the period in 26(c)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26(d). Does an individual have placement and care responsibility? Relationship to child: _____ Dates of responsibility (MM/DD/YY): ___/___/___ – ___/___/___	* <input type="checkbox"/>	<input type="checkbox"/>	–
26(d)(1). Are title IV-E funds claimed for the period in 26(d)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are the requirements regarding placement and care met for the PUR?	<input type="checkbox"/>	* <input type="checkbox"/>	–
27(a). If Question 27 is NO, are title IV-E funds claimed for the period of ineligibility in the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	–

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

M. PLACEMENT IN LICENSED FOSTER CARE SETTINGS

[Statutory Citation: §§ 472(b), (c), (j) & (k) of the Act; Regulatory Citation: 45 CFR §§ 1355.20 and 1356.71(d)(1)(iv)].

Child's Placement History Chart for the PUR, IV-E FC Maintenance Not Claimed:

Placement Name	Placement Type	Placement Start Date	Placement End Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Questions 28–34	YES	NO	N/A
28. Child’s placement in the PUR for which IV-E FC maintenance is claimed: Placement Name: _____ Placement Address: _____ _____	-	-	-
29. Date(s) of child’s stay in the placement setting identified in Question 28. (MM/DD/YY): ____/____/____ to ____/____/____ ____/____/____ to ____/____/____	-	-	-
30. Type of placement setting in Question 28:	-	-	-
30(a). Foster Family Home <input type="checkbox"/>	-	-	-
30(b). Child care institution <input type="checkbox"/> Check the type of child care institution: <ul style="list-style-type: none"> • Group home <input type="checkbox"/> • Public child care institution that houses 25 or fewer children <input type="checkbox"/> • Private child care institution <input type="checkbox"/> • Child care institution specializing in providing prenatal, post-partum, or parenting supports for youth <input type="checkbox"/> • Child care institution specializing in providing services for children and youth at risk of becoming, or who are, sex trafficking victims <input type="checkbox"/> • Supervised independent living setting for youth age 18 or older <input type="checkbox"/> • Qualified residential treatment program <input type="checkbox"/> 	-	-	-
30(c). Licensed Residential Family-Based Treatment Facility for Substance Abuse <input type="checkbox"/>	-	-	-
30(d). Other <input type="checkbox"/> Specify Other: _____	-	-	-
30(d)(1). If Question 30(d) is <i>Other</i> , are title IV-E funds claimed for the period that the child resided in the placement during the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
31. If the child's placement during the PUR is a child care institution, does the child's placement in this setting begin on or after October 1, 2019, or the title IV-E agency's delayed effective date for § 472(k) of the Act? State's effective date: ____ / ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31(a). If Question 31 is <i>YES</i> , is the child's stay in the placement longer than 14 days?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31(b). If Question 31(a) is <i>YES</i> , is the child care institution one of the specified placement settings as defined in § 472(k)(2) of the Act? Check all applicable settings describing this placement. <ul style="list-style-type: none"> • Child care institution specializing in providing prenatal, post-partum, or parenting supports for youth <input type="checkbox"/> • Child care institution specializing in providing services for children and youth at risk of becoming, or who are, sex trafficking victims <input type="checkbox"/> • Supervised independent living setting for youth age 18 years or older <input type="checkbox"/> • Qualified residential treatment program <input type="checkbox"/> 	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
31(c). Are the general requirements met for the PUR for the child's placement in a child care institution on or after October 1, 2019, or the title IV-E agency's delayed effective date for § 472(k) of the Act?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
31(c)(1). If Question 31(c) is <i>NO</i> , are title IV-E payments claimed for the period of ineligibility in the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. If the child's placement during the PUR is a specified setting as described in § 472(k)(2) of the Act, please mark <u>the one type</u> that applies to this child's placement. <ul style="list-style-type: none"> • Child care institution specializing in providing prenatal, post-partum, or parenting supports for youth <input type="checkbox"/> • Child care institution specializing in providing services for children and youth at risk of becoming, or who are, sex trafficking victims <input type="checkbox"/> • Supervised independent living setting for youth age 18 years or older <input type="checkbox"/> • Qualified residential treatment program <input type="checkbox"/> 	-	-	-

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
32(a). If the answer to Question 32 is a qualified residential treatment program, did this placement begin on or after October 1, 2019, or the title IV-E agency's delayed effective date?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32(a)(1). Does the qualified residential treatment program fully meet the requirements of a qualified residential treatment program as defined in § 472(k)(4)(A)-(F) of the Act?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(a)(2). Is the qualified residential treatment program accredited by one of the independent, not-for-profit organizations specified and in accordance with § 472(k)(4)(G) of the Act? Dates of Accreditation (MM/DD/YY): _____ / _____ / _____ to _____ / _____ / _____ _____ / _____ / _____ to _____ / _____ / _____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(b). Has the agency documented for the PUR, that within 30 days of the start of the child's placement into the qualified residential treatment program, a qualified individual completed an assessment of the appropriateness of the qualified residential treatment program? Assessment Date (MM/DD/YY): _____ / _____ / _____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(b)(1). If Question 32(b) is <i>NO</i> , did the agency claim title IV-E for any of the dates that the child was in the qualified residential treatment program for the placement episode?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32(b)(2). If the assessment was completed timely, did the qualified individual recommend the placement as being appropriate?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(b)(3). If the qualified individual completed the assessment timely and did not recommend the placement, did the IV-E agency claim title IV-E "transition payments"?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32(b)(3)(a). If the agency claimed title IV-E "transition payments," was the child's next placement one of the following: a return home; with a fit and willing relative; with a legal guardian; with an adoptive parent; or in a foster family home?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
<p>32(b)(3)(b). If Question 32(b)(3)(a) is <i>YES</i>, did the agency claim title IV-E “transition payments” for any dates that are more than 30 days after the qualified individual determined the placement was not appropriate?</p> <p>Dates claimed beyond the 30 days: (MM/DD/YY) ___/___/___ to ___/___/___</p> <p>All claimed title IV-E payments that were made for the child’s placement in the qualified residential treatment program more than 30 days after the date that the individual determined the placement was not appropriate are disallowed. Record ineligible periods in the attached Improper Payment Chart (Appendix 2).</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(c). Has the agency documented for the PUR that a court or court-approved administrative body completed its review of the placement within 60 days?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(1). If Question 32(c) is <i>YES</i>, did the court or court-approved administrative body approve the child’s continued placement in the qualified residential treatment program?</p> <p>Enter the date the court or court-approved administrative body approved or disapproved the qualified residential treatment program placement: (MM/DD/YY) ___/___/___</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(2). If Question 32(c)(1) is <i>NO</i>, did the child remain in the qualified residential treatment program?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(3). If Question 32(c)(2) is <i>YES</i>, did the IV-E agency claim title IV-E “transition payments”?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(3)(a). If Question 32(c)(3) is <i>YES</i>, was the child’s next placement: a return home; with a fit and willing relative; with a legal guardian; with an adoptive parent; or in a foster family home?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(3)(b). If Question 32(c)(3)(a) is <i>YES</i>, did the agency claim title IV-E “transition payments” for more than 30 days after the disapproval date?</p> <p>If <i>YES</i>, calculate and write down how many days the child remained after the date of disapproval below. (MM/DD/YY) ___/___/___ to ___/___/___ = ____ (# of days)</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont’d.	YES	NO	N/A
<p>32(d). If the child’s placement in the qualified residential treatment program is longer than:</p> <ul style="list-style-type: none"> • 12 consecutive months, or 18 non-consecutive months for a child aged 13 or older, or • 6 consecutive or nonconsecutive months for a child under age 13 <p>Has the title IV-E agency documented for the PUR that the title IV-E agency’s chief executive has signed an approval for the continued placement in the qualified residential treatment program before the end of those specific timeframes?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(1). If Question 32(d) is <i>NO</i>, did the child remain in the qualified residential treatment program after the end of the 12th, 18th, or 6th month, as applicable?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(2). If the title IV-E agency has documented for the PUR that the title IV-E agency’s chief executive does not approve the child’s continued placement in the qualified residential treatment program, before the end of those specific timeframes, did the child remain in the qualified residential treatment program after the end of the 12th, 18th, or 6th month, as applicable?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(3). If Question 32(d)(1) or 32(d)(2) is <i>YES</i>, did the IV-E agency claim title IV-E “transition payments”?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(4). If the agency claimed title IV-E “transition payments,” was the child’s next placement: a return home; with a fit and willing relative; with a legal guardian; with an adoptive parent; or in a foster family home?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(5). If Question 32(d)(1) is <i>YES</i>, did the agency claim title IV-E “transition payments” for more than 30 days after the end of the 12th, 18th, or 6th month in which the agency head’s approval was due?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(e). Are the requirements met for the child’s placement in a qualified residential treatment program during the PUR?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(e)(1). If Question 32(e) is <i>NO</i>, are title IV-E payments claimed for the period of ineligibility in the PUR?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
33. If the child's placement during the PUR is a residential family-based treatment facility for substance abuse, does the child's placement begin on or after October 1, 2018?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
33(a). Is the residential family-based treatment facility for substance abuse fully licensed for the period of the child's stay in this placement that falls within the PUR? If YES, licensure period(s) (MM/DD/YY): ____/____/____ to ____/____/____ ____/____/____ to ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
33(a)(1). If Question 33(a) is NO, are title IV-E payments claimed for the period of ineligibility in the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33(b). Are title IV-E payments claimed for more than 12 months for the period of the child's stay in the residential family-based treatment facility for substance abuse that falls within the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is the child's placement fully licensed during the child's stay in the foster family home or child care institution that falls within the PUR? If YES, licensure period(s) (MM/DD/YY): ____/____/____ to ____/____/____ ____/____/____ to ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
34(a). If Question 34 is NO, are title IV-E funds claimed for the period in the PUR the foster family home or child care institution is not fully licensed?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

N. SAFETY REQUIREMENTS

[Statutory Citation: § 471(a)(20) of the Act; Regulatory Citation: 45 CFR §§ 1355.20, 1356.30, and 1356.71(d)(1)(iv)]

Questions 35–36	YES	NO	N/A
35. Is the child's placement during the PUR a foster family home?	<input type="checkbox"/>	<input type="checkbox"/>	–
35(a). If the foster family home is newly licensed before October 1, 2008, or the title IV-E agency's delayed effective date, and the title IV-E agency had not "opted out" of the 1997 criminal records check requirement, is a criminal records check completed satisfactorily on the foster parent(s)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
35(a)(1). If Question 35(a) is NO, are title IV-E funds claimed for the period in the PUR the criminal records check requirement is not satisfied for the foster parent(s)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 35–36, cont'd.	YES	NO	N/A
35(b). If the foster family home is newly licensed before October 1, 2008, or the title IV-E agency's delayed effective date, and the title IV-E agency had "opted out" of the 1997 criminal records check requirement, are the safety requirements per 45 CFR § 1356.30(e) completed satisfactorily on the foster parent(s)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
35(b)(1). If Question 35(b) is <i>NO</i> , are title IV-E funds claimed for the period in the PUR the safety requirements are not satisfied for the foster parent(s)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35(c). If the foster family home is newly licensed on or after October 1, 2008, or the title IV-E agency's delayed effective date, is a fingerprint-based check of the national crime information databases (NCID) completed satisfactorily on the foster parent(s)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
35(c)(1). If Question 35(c) is <i>NO</i> , are title IV-E funds claimed for the period in the PUR the fingerprint-based check of the NCID is not completed satisfactorily on the foster parent(s)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 35–36, cont'd.	YES	NO	N/A
36. Is the child's placement during the PUR a child care institution?	<input type="checkbox"/>	<input type="checkbox"/>	–
36(a). If the child is residing in the child care institution on or after October 1, 2018, or the title IV-E agency's delayed effective date, have all adults working in the child care institution had fingerprint-based checks of the NCID completed?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(b). If Question 36(a) is <i>NO</i> , does the title IVE agency have alternative procedures to conduct criminal records checks?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(b)(1). If Question 36(b) is <i>YES</i> , are the alternative procedures completed satisfactorily for all adults working in the child care institution?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(c). Are the criminal records check requirements met in the PUR for the child residing in a child care institution on or after October 1, 2018, or the title IV-E agency's delayed effective date, consistent with § 471(a)(20)(D)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(c)(1). If Question 36(c) is <i>NO</i> , are title IV-E funds claimed for the period in the PUR that the criminal records check requirements are not completed satisfactorily on all adult staff of the child care institution?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

ADDITIONAL NOTES/COMMENTS

Indicate question number and cite relevant case documentation, as applicable:

CASE FINDINGS GLOSSARY

After the Review Instrument is completed, complete Section A on the first page of the instrument (instructions for Appendix 2 of the Review Instrument have additional information on determining and reporting improper payments).

Eligible Child: A child is considered eligible when all title IV-E eligibility criteria pertaining to the child and the child's foster care placement are met. The child must be in a foster care placement that is allowable under title IV-E in order for the otherwise eligible child to be considered as meeting all title IV-E criteria for eligibility.

Ineligible Child: A child is ineligible if a title IV-E eligibility criterion pertaining to the child or the child's foster care placement is not met.

Ineligible Payment: An ineligible payment refers to a title IV-E maintenance payment claimed for a child who is not eligible on the date of the claimed activity or when there is an unallowable program cost claimed for an eligible child.

Non-Error Case with Ineligible Payment: A non-error case with ineligible payment occurs when (1) an unallowable title IV-E maintenance payment is made for a period solely outside the PUR for an ineligible child or (2) an unallowable title IV-E maintenance payment is made for a period in or outside the PUR for an eligible child.

Error Case: An error case occurs when a title IV-E maintenance payment is made for a period within the PUR on behalf of an ineligible child. This includes the period within the PUR prior to the month the child meets an eligibility requirement.

Underpayment: An underpayment occurs when a title IV-E agency unintentionally fails to claim an allowable title IV-E maintenance payment for an eligible child and the 2-year filing period specified under 45 CFR § 95.7 has not expired. An underpayment has not occurred when the title IV-E agency intentionally does not claim the allowable payment, or the 2-year filing period has expired.

QUALITY ASSURANCE SIGNATURES AND DATES

The Quality Assurance Reviewer will sign and enter the signature date in the space provided on the top of the first page of the Review Instrument to indicate at which level a quality assurance review has been completed.

APPENDIX 1: LICENSING/SAFETY CHECKLIST FOR MULTIPLE PLACEMENTS

Complete Appendix 1 for each additional foster care placement during the PUR for which the title IV-E agency has claimed a title IV-E foster care maintenance payment. Directions for completing each question are explained in sections M and N, starting with Question 28 of the Review Instrument’s Instructions.

Title IV-E Agency _____ Sample Number _____

M. PLACEMENT IN LICENSED FOSTER CARE SETTINGS

[Statutory Citation: §§ 472(b), (c), (j) & (k) of the Act; Regulatory Citation: 45 CFR §§ 1355.20 and 1356.71(d)(1)(iv)].

Questions 28–34	YES	NO	N/A
28. Child’s placement in the PUR for which IV-E FC maintenance is claimed: Placement Name: _____ Placement Address: _____ _____	-	-	-
29. Date(s) of child’s stay in the placement setting identified in Question 28. (MM/DD/YY): _____ / _____ / _____ to _____ / _____ / _____ _____ / _____ / _____ to _____ / _____ / _____	-	-	-
30. Type of placement setting in Question 28:	-	-	-
30(a). Foster Family Home <input type="checkbox"/>	-	-	-
30(b). Child care institution <input type="checkbox"/> Check the type of child care institution: <ul style="list-style-type: none"> • Group home <input type="checkbox"/> • Public child care institution that houses 25 or fewer children <input type="checkbox"/> • Private child care institution <input type="checkbox"/> • Child care institution specializing in prenatal, post-partum, or parenting supports for youth <input type="checkbox"/> • Child care institution specializing in providing services for children and youth at risk of becoming, or who are, sex trafficking victims <input type="checkbox"/> • Supervised independent living setting for youth age 18 or older <input type="checkbox"/> • Qualified residential treatment program <input type="checkbox"/> 	-	-	-
30(c). Licensed Residential Family-Based Treatment Facility for Substance Abuse <input type="checkbox"/>	-	-	-

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
30(d). Other <input type="checkbox"/> Specify Other: _____	–	–	–
30(d)(1). If Question 30(d) is <i>Other</i> , are title IV-E funds claimed for the period that the child resided in the placement during the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. If the child's placement during the PUR is a child care institution, does the child's placement in this setting begin on or after October 1, 2019, or the title IV-E agency's delayed effective date for § 472(k) of the Act? State's effective date: ____ / ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31(a). If Question 31 is <i>YES</i> , is the child's stay in the placement longer than 14 days?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31(b). If Question 31(a) is <i>YES</i> , is the child care institution one of the specified placement settings as defined in § 472(k)(2) of the Act? Check all applicable settings describing this placement. <ul style="list-style-type: none"> • Child care institution specializing in providing prenatal, post-partum, or parenting supports for youth <input type="checkbox"/> • Child care institution specializing in providing services for children and youth at risk of becoming, or who are, sex trafficking victims <input type="checkbox"/> • Supervised independent living setting for youth age 18 years or older <input type="checkbox"/> • Qualified residential treatment program <input type="checkbox"/> 	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
31(c). Are the general requirements met for the PUR for the child's placement in a child care institution on or after October 1, 2019, or the title IV-E agency's delayed effective date for § 472(k) of the Act?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
31(c)(1). If Question 31(c) is <i>NO</i> , are title IV-E payments claimed for the period of ineligibility in the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. If the child's placement during the PUR is a specified setting as described in § 472(k)(2) of the Act, please mark <u>the one type</u> that applies to this child's placement. <ul style="list-style-type: none"> • Child care institution specializing in providing prenatal, post-partum, or parenting supports for youth <input type="checkbox"/> • Child care institution specializing in providing services for children and youth at risk of becoming, or who are, sex trafficking victims <input type="checkbox"/> • Supervised independent living setting for youth age 18 or older <input type="checkbox"/> • Qualified residential treatment program <input type="checkbox"/> 	–	–	–

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
32(a). If the answer to Question 32 is a qualified residential treatment program, did this placement begin on or after October 1, 2019, or the title IV-E agency's delayed effective date?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32(a)(1). Does the qualified residential treatment program fully meet the requirements of a qualified residential treatment program as defined in § 472(k)(4)(A)-(F) of the Act?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(a)(2). Is the qualified residential treatment program accredited by one of the independent, not-for-profit organizations specified and in accordance with § 472(k)(4)(G) of the Act? Dates of Accreditation (MM/DD/YY): _____ / _____ / _____ to _____ / _____ / _____ _____ / _____ / _____ to _____ / _____ / _____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(b). Has the agency documented for the PUR, that within 30 days of the start of the child's placement into the qualified residential treatment program, a qualified individual completed an assessment of the appropriateness of the qualified residential treatment program? Assessment Date (MM/DD/YY): _____ / _____ / _____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(b)(1). If Question 32(b) is <i>NO</i> , did the agency claim title IV-E for any of the dates that the child was in the qualified residential treatment program for the placement episode?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32(b)(2). If the assessment was completed timely, did the qualified individual recommend the placement as being appropriate?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
32(b)(3). If the qualified individual completed the assessment timely and did not recommend the placement, did the IV-E agency claim title IV-E "transition payments"?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32(b)(3)(a). If the agency claimed title IV-E "transition payments," was the child's next placement one of the following: a return home; with a fit and willing relative; with a legal guardian; with an adoptive parent; or in a foster family home?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
<p>32(b)(3)(b). If Question 32(b)(3)(a) is <i>YES</i>, did the agency claim title IV-E “transition payments” for any dates that are more than 30 days after the qualified individual determined the placement was not appropriate?</p> <p>Dates claimed beyond the 30 days: (MM/DD/YY) ___/___/___ to ___/___/___</p> <p>All claimed title IV-E payments that were made for the child’s placement in the qualified residential treatment program more than 30 days after the date that the individual determined the placement was not appropriate are disallowed. Record ineligible periods in the attached Improper Payment Chart (Appendix 2).</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(c). Has the agency documented for the PUR that a court or court-approved administrative body completed its review of the placement within 60 days?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(1). If Question 32(c) is <i>YES</i>, did the court or court-approved administrative body approve the child’s continued placement in the qualified residential treatment program?</p> <p>Enter the date the court or court-approved administrative body approved or disapproved the qualified residential treatment program placement: (MM/DD/YY) ___/___/___</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(2). If Question 32(c)(1) is <i>NO</i>, did the child remain in the qualified residential treatment program?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(3). If Question 32(c)(2) is <i>YES</i>, did the IV-E agency claim title IV-E “transition payments”?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(3)(a). If Question 32(c)(3) is <i>YES</i>, was the child’s next placement: a return home; with a fit and willing relative; with a legal guardian; with an adoptive parent; or in a foster family home?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(c)(3)(b). If Question 32(c)(3)(a) is <i>YES</i>, did the agency claim title IV-E “transition payments” for more than 30 days after the disapproval date?</p> <p>If <i>YES</i>, calculate and write down how many days the child remained after the date of disapproval below. (MM/DD/YY) ___/___/___ to ___/___/___ = ___ (# of days)</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont’d.	YES	NO	N/A
<p>32(d). If the child’s placement in the qualified residential treatment program is longer than:</p> <ul style="list-style-type: none"> • 12 consecutive months, or 18 non-consecutive months for a child aged 13 or older, or • 6 consecutive or nonconsecutive months for a child under age 13 <p>Has the title IV-E agency documented for the PUR that the title IV-E agency’s chief executive has signed an approval for the continued placement in the qualified residential treatment program before the end of those specific timeframes?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(1). If Question 32(d) is <i>NO</i>, did the child remain in the qualified residential treatment program after the end of the 12th, 18th, or 6th month, as applicable?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(2). If the title IV-E agency has documented for the PUR that the title IV-E agency’s chief executive does not approve the child’s continued placement in the qualified residential treatment program, before the end of those specific timeframes, did the child remain in the qualified residential treatment program after the end of the 12th, 18th, or 6th month, as applicable?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(3). If Question 32(d)(1) or 32(d)(2) is <i>YES</i>, did the IV-E agency claim title IV-E “transition payments”?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(4). If the agency claimed title IV-E “transition payments,” was the child’s next placement a return home; with a fit and willing relative; with a legal guardian; with an adoptive parent; or in a foster family home?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(d)(5). If Question 32(d)(1) is <i>YES</i>, did the agency claim title IV-E “transition payments” for more than 30 days after the end of the 12th, 18th, or 6th month in which the agency head’s approval was due?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>32(e). Are the requirements met for the child’s placement in a qualified residential treatment program during the PUR?</p>	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
<p>32(e)(1). If Question 32(e) is <i>NO</i>, are title IV-E payments claimed for the period of ineligibility in the PUR?</p>	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 28–34, cont'd.	YES	NO	N/A
33. If the child's placement during the PUR is a residential family-based treatment facility for substance abuse, does the child's placement begin on or after October 1, 2018?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
33(a). Is the residential family-based treatment facility for substance abuse fully licensed for the period of the child's stay in this placement that falls within the PUR? If YES, licensure period(s) (MM/DD/YY): ____/____/____ to ____/____/____ ____/____/____ to ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
33(a)(1). If Question 33(a) is NO, are title IV-E payments claimed for the period of ineligibility in the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33(b). Are title IV-E payments claimed for more than 12 months for the period of the child's stay in the residential family-based treatment facility for substance abuse that falls within the PUR?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is the child's placement fully licensed during the child's stay in the foster family home or child care institution that falls within the PUR? If YES, licensure period(s) (MM/DD/YY): ____/____/____ to ____/____/____ ____/____/____ to ____/____/____	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
34(a). If Question 34 is NO, are title IV-E funds claimed for the period in the PUR the foster family home or child care institution is not fully licensed?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

N. SAFETY REQUIREMENTS

[Statutory Citation: § 471(a)(20) of the Act; Regulatory Citation: 45 CFR §§ 1355.20, 1356.30, and 1356.71(d)(1)(iv)]

Questions 35–36	YES	NO	N/A
35. Is the child's placement during the PUR a foster family home?	<input type="checkbox"/>	<input type="checkbox"/>	–
35(a). If the foster family home is newly licensed before October 1, 2008, or the title IV-E agency's delayed effective date, and the title IV-E agency had not "opted out" of the 1997 criminal records check requirement, is a criminal records check completed satisfactorily on the foster parent(s)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
35(a)(1). If Question 35(a) is NO, are title IV-E funds claimed for the period in the PUR the criminal records check requirement is not satisfied for the foster parent(s)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions 35–36, cont'd.	YES	NO	N/A
35(b). If the foster family home is newly licensed before October 1, 2008, or the title IV-E agency's delayed effective date, and the title IV-E agency had "opted out" of the 1997 criminal records check requirement, are the safety requirements per 45 CFR § 1356.30(e) completed satisfactorily on the foster parent(s)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
35(b)(1). If Question 35(b) is <i>NO</i> , are title IV-E funds claimed for the period in the PUR the safety requirements are not satisfied for the foster parent(s)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35(c). If the foster family home is newly licensed on or after October 1, 2008, or the title IV-E agency's delayed effective date, is a fingerprint-based check of the national crime information databases (NCID) completed satisfactorily on the foster parent(s)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
35(c)(1). If Question 35(c) is <i>NO</i> , are title IV-E funds claimed for the period in the PUR the fingerprint-based check of the NCID is not completed satisfactorily on the foster parent(s)?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

Questions 35–36, cont'd.	YES	NO	N/A
36. Is the child's placement during the PUR a child care institution?	<input type="checkbox"/>	<input type="checkbox"/>	–
36(a). If the child is residing in the child care institution on or after October 1, 2018, or the title IV-E agency's delayed effective date, have all adults working in the child care institution had fingerprint-based checks of the NCID completed?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(b). If Question 36(a) is <i>NO</i> , does the title IV-E agency have alternative procedures to conduct criminal records checks?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(b)(1). If Question 36(b) is <i>YES</i> , are the alternative procedures completed satisfactorily for all adults working in the child care institution?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(c). Are the criminal records check requirements met in the PUR for the child residing in a child care institution on or after October 1, 2018, or the title IV-E agency's delayed effective date, consistent with § 471(a)(20)(D)?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
36(c)(1). If Question 36(c) is <i>NO</i> , are title IV-E funds claimed for the period in the PUR that the criminal records check requirements are not completed satisfactorily on all adult staff of the child care institution?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS (Record reason for a response above, indicate question number and cite relevant case documentation):

ADDITIONAL NOTES/COMMENTS

Indicate question number and cite relevant case documentation, as applicable:

APPENDIX 2: IMPROPER PAYMENT CHART

Appendix 2 is used to record all improper payments identified during the IV-E Review. Improper payments are overpayments, duplicate payments, erroneous and otherwise ineligible title IV-E maintenance payments, and underpayments. Directions for completing this chart are explained in the Review Instrument's instructions.

Title IV-E Agency _____ Sample Number _____

Review Instrument Question #	Eligibility Issue or Payment Issue	Start Date	End Date	Payment Amount