

**SCCA Program Monitoring Cycle 2025-2026**  
 \_\_\_\_\_ **(insert county)**

**Team Lead:**  
**Contact Information:**  
**Service Month Monitored:**

**Purpose:**

The Division of Child Development and Early Education (DCDEE) is required by 2 CFR Part 200 Subpart F (Audit Requirements) and NCGS 143C.6.23 (State grant funds: administration; oversight and reporting requirements) to conduct monitoring for all agencies that receive state and federal funds to administer the Subsidized Child Care Assistance (SCCA) program. Staff at administering agencies are responsible for accurate implementation of the SCCA program policies. In accordance with 10A NCAC 10 .0310(c) , “Upon review of agency records of administration of the state’s subsidized child care program, if it is found that child care services funding was not spent in accordance with applicable state or federal regulations, DCDEE shall require the agency to pay back funds improperly spent.”.

**Summary:**

Of the ( ) points possible for the monitoring review, ( ) were accurate and ( ) were in error. This resulted in an initial compliance score of ( ) for accuracy and ( ) for errors. To comply, the county/LPA must receive a final compliance score of at least 95%. DCDEE finds ( ) County Subsidized Child Care Assistance program in compliance with the terms, conditions and requirements specified in state and federal policies and regulations. (Or, DCDEE finds -- County Subsidized Child Care Assistance program out of compliance with the terms, conditions and requirements specified in state and federal policies and regulations.) Each sample with an error(s) requiring corrections is specifically noted on the Monitoring Checklist with an explanation of the error(s) provided on the Error Narratives tab. **Within 45 days** of the date the monitoring checklist was emailed, the county/LPA must submit the provided CAP/Response Worksheet as their initial written response to the assigned Program Compliance Consultant for review and approval. The CAP/Response Worksheet includes space to include a detailed plan for making corrections that the Consultant will review and approve prior to your agency completing any required evidence management in NC FAST. Any rebuttals shall be included on the CAP/Response Worksheet in the space provided as well as actions to be taken to prevent recurrence of the errors in the future.

Please note that all Reference(s) included on the Error Narratives tab on this monitoring checklist are taken from the 2023 Subsidized Child Care Assistance Program Policy Manual. The manual is available online at the link below.

<https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/policies>

**Legend:**

F= Financial Error    PF= Potential Financial Error    D= Documentation Only

Note: In the initial response on the CAP/Response Worksheet, provide the correct income and calculations for income errors. For service and/or plan of care errors, provide the proposed evidence corrections and calculations to arrive at amounts for financial corrections. The errors must be corrected for all children when a case was determined ineligible. Contact the Consultant for instructions and documents needed to resolve county responsible overpayments. Use the attestation form provided for documentation and/or developmental screening errors, if applicable. Refer to the Monitoring Follow-up Information document for further details about responding to findings on this checklist. Also refer to related SCCA Job Aids for applicable procedures. Related job aids are listed at the end of each chapter in the manual. Generally, two types of corrections will be required for records cited in error. These are financial corrections and documentation corrections. Financial corrections will be accompanied by documentation corrections. An attestation form will be provided for documentation only corrections, including developmental screening information.

Division of Child Development and Early Education  
Subsidy Services/Program Compliance Unit

## Sample Information

County Name:  
Month Monitoring Completed:

Total  
Percent  
Correct:      **#DIV/0!**

Sample Number	Error Classification	Reviewer Initials	Worker Initials	Child's Name	PDC #	CNDS ID #	Certification Period Covering Service Month	Date of Last Case Reassessment (if applicable)	Transferred Case (if yes, indicate county)	Total Points Possible	Total Points Correct	Percent Correct
1										0	0	#DIV/0!
2										0	0	#DIV/0!
3										0	0	#DIV/0!
4										0	0	#DIV/0!
5										0	0	#DIV/0!
6										0	0	#DIV/0!
7										0	0	#DIV/0!
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SCCA Program- Signed Documents

**Child Care Case Signed Documents Review**

<u>Sample Number</u>	<u>Fund Source</u>	<u>Signed Application or Redetermination</u>	<u>Signed and Dated Voucher</u>	<u>Signed Recipient Responsibilities</u>	<u>Eligibility Decision Made Timely</u>	<u>Points Possible</u>	<u>Points Earned</u>	<u>Percent Correct</u>	<u>Corrections Needed</u>
1						0	0	#DIV/0!	
2						0	0	#DIV/0!	
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**Child Care Case Need for Care Review**

<u>Sample Number</u>	<b>Employment</b>	<b>Education</b>	<b>Developmental Needs</b>	<b>To Support CPS (Referral)</b>	<b>To Support CWS (Referral or Appropriate Documentation)</b>	<b>MRA-B or Foster Care Referral</b>	<b>Points Possible</b>	<b>Points Earned</b>	<b>Percent Correct</b>	<u>Corrections Needed</u>
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**Child Care Case Income Review**

<u>Sample Number</u>	<u>Earned Income</u>	<u>Self Employment Income &amp; Expenses</u>	<u>Unearned Income</u>	<u>OVS Completed</u>	<u>Points Possible</u>	<u>Points Earned</u>	<u>Percent Correct</u>	<u>Corrections Needed</u>
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SCCA Program- Evidence

Child Care Case Evidence Review									
<u>Sample Number</u>	Level of Care Entered Accurately	Service Needed Entered Accurately	Need for Care Entered Accurately	Pay by Enrollment or Attendance Correctly Indicated	Priority Group Evidence	Points Possible	Points Earned	Percent Correct	<u>Corrections Needed</u>
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SCCA Program- Case Notes

Child Care Case Notes Review										
Sample Number	Circumstances to Justify the Level & Plan of Care	Developmental Screening Handouts Provided to Family	Developmental Need Documented (if applicable)	CWS Crisis Documented (if applicable)	County Transfer Received Documented (if applicable)	Notes Relevant for Case	Points Possible	Points Earned	Percent Correct	Corrections Needed
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**Narratives for Case Review Errors**

	<u>Signed Documents Corrections Needed</u>	<u>Need for Care Corrections Needed</u>	<u>Income Corrections Needed</u>	<u>Evidence Corrections Needed</u>	<u>Case Notes Corrections Needed</u>
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