

FAMILY DAY CARE HOME REVIEW FORM

CHILD AND ADULT CARE FOOD PROGRAM

(Sponsoring Organizations are required to use this form for at least one of the three mandatory monitoring visits.)

1. Name of Sponsor:	2. Agreement Number:
3. Name of Provider: Provider #: Address:	4. Telephone Number:
5. Date of Review: _____ Arrived: _____ Departed _____ Reviewer(s):	

6. Tier Status:

Tier I <input type="checkbox"/> <input type="checkbox"/> A (School Data) <input type="checkbox"/> B (Census) <input type="checkbox"/> C (Provider Income)	Tier II <input type="checkbox"/> <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Mixed Tier I
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7. A copy of the current sponsor/provider agreement is on file at the provider's home.
 Yes No

8. License Information: Expiration Date: _____ Capacity: _____

9. Complete the following chart:

Hours of Organized Care:	Sun Mon Tues Wed Thurs Fri Sat							Holiday Care:
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Breakfast:	AM Snack:	Lunch:		PM Snack:		Dinner:		
____: ____ am	____: ____ am	____: ____ am/pm		____: ____ pm		____: ____ pm		
Meal Observed:		Meal Service Time Observed:						

ATTENDANCE AND ELIGIBILITY DATA					
Full Name of All Children in Attendance	Age	Enrollment Form	Provider's Own Child	Meal Participant	Meal Claimed
1.					
2.					
3.					
4.					
5.					
6.					
Totals					

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ATTENDANCE AND ELIGIBILITY DATA	Y	N	N/A	COMMENTS
10. The observed meal was served at the approved, scheduled time. If "NO", the provider notified the sponsor of the change.				
11. The provider is at/within licensed capacity, and provider/child ratio.				
12. The children in attendance and participating in the meal service have complete and current enrollment/eligibility forms. If "NO", explain.				
13. The meals claimed are served to children who are within regulatory age limits. If "NO", explain.				
14. Meals served to the provider's own children are claimed only if the child is enrolled, eligible and other enrolled children are participating in the meal service. If "NO", explain.				
15. The provider charges separately for meals. If "YES", explain.				
16. Does the sample letter to parents contain only the reduced price scale, a statement regarding complete applications, an explanation for reporting changes in income, a statement regarding unemployment status, information on foster participant, and the civil rights complaint procedure?				
HEALTH/SAFETY/SANITATION	Y	N	N/A	COMMENTS
17. The refrigeration units are clean with thermometers in place and displaying the required temperatures.				
18. Is food properly stored in the refrigeration units and in dry areas?				
19. Are cleaning supplies and other toxic materials safely stored out of the reach of children and away from food?				
20. Is there evidence of rodent or insect infestation?				
21. Are obvious fire, health and/or safety hazards observed?				
22. Food service was conducted in compliance with generally accepted health and sanitation practices.				
23. The provider and children wash hands prior to food handling and eating.				
SPONSOR TRAINING/MONITORING	Y	N	N/A	COMMENTS
24. List the date of the last sponsor conducted CACFP training session the provider attended: _____				
25. The provider felt the sponsor training was helpful, and has implemented information provided. If "NO", explain.				
26. List the date of the last monitoring visit and the problem(s) identified during the review. Determine if effective corrective action has been implemented. If "NO", explain.				
TIERING METHOD OF REIMBURSEMENT	Y	N	N/A	COMMENTS
27. The provider was notified of her reimbursement options: Tier I or Tier II. If it is a Tier II home, the provider requested the sponsor to collect income eligibility forms. _____				

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If a new home, did provider receive notification of the Tier 2 mixed option?				
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DAY OF REVIEW - OBSERVATION OF MEAL SERVICE

28. Record the food items.

1-12 Year Olds		Infants			
Meal Components	Food Item	Meal Components	Food Item		
			Birth – 3 mo	4 - 7 mo	8 - 11 mo
Milk		Iron Fortified Formula/ Breast Milk/Whole Milk			
Fruit or Vegetable		Fruit or Vegetable			
Fruit or Vegetable		Infant Cereal			
Meat/Meat Alternate		Meat/Meat Alternate			
Bread/Bread Alternate		Bread/Bread Alternate			

DAY OF REVIEW - OBSERVATION OF MEAL SERVICE	Y	N	N/A	COMMENTS
29. The menu documentation corresponds to the meal observed. If "NO", explain.				
30. The meal observed contains all required components. If "NO", list the number of meals missing components and describe technical assistance provided.				
31. It appears that the required quantities of food items are prepared, available and served. If "NO", list the components prepared and served in insufficient quantities and describe technical assistance provided.				
32. The observed meal provides a variety of colors, temperatures, textures, shapes, sizes and flavor. If "NO", explain.				
33. The meal service occurs in a positive/pleasant environment. If "NO", explain.				
34. Are medical statements on file for all substitutions related to medical needs? If "NO", explain.				
INFANT FEEDING	Y	N	N/A	COMMENT
35. Does the provider supply at least one of the required components from the infant meal pattern for enrolled infants?				
36. Does the home have participants 1 year and under in care?				
37. If yes, does the home provide at least one creditable infant formula? If yes, list type(s) of formula offered below:				

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<p>38. Separate, daily, dated menus for children and infants are available and up-to-date at the provider's home, for all approved/claimed meals for the current month. If "NO", explain.</p>				
<p>39. If the provider serves meals to infants, do the parents supply any of the food items? If yes, does the provider have parent signatures to document their food choices? 40. Complete the following chart.</p>				

Food Item	Supplied by Provider	Supplied by Parent

DAY OF REVIEW - MEAL COUNTS			Y	N	N/A	COMMENTS
<p>41. Were meal counts recorded for all meals served? If "NO", explain. Describe the technical assistance provided.</p>						
<p>42. List the meal counts for the same meal type observed for the five previous meal service days. Day of Review Meal Count: _____</p>						
Date	# of Meals Counted	Attendance	Daily Enrollment	Total Enrollment		

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MEAL COUNTS (continued)		Y	N	N/A	COMMENTS
43. Does the meal count for the prior five days appear reasonable when compared to today's meal count? If "NO", obtain and record an explanation and the required corrective action.					
44. Do the meals claimed support both the attendance and enrollment records? If "NO", explain.					
45. Is there evidence of block claiming in the five-day reconciliation? If yes, use the chart below to list the meal counts and attendance for an additional 10 consecutive days and determine if a follow-up visit and/or parental contacts are necessary.					
	Date				
	Meal Count				
	Attendance				
	Daily Enrollment				
	Total Enrollment				
CIVIL RIGHTS		Y	N	N/A	COMMENTS
46. The provider allows all children equal access to its child care services and facilities regardless of race, color, sex, age, disability or national origin. If "NO", explain.					
47. The provider serves meals to all enrolled children equally regardless of the child's race, color, sex, age, disability or national origin. If "NO," explain.					
48. The Nondiscrimination Statement and complaint procedures are included in provider advertisements when referencing admissions and/or the CACFP.					
49. Does the home post "Building for the Future" magnet or flyer in a prominent place? If "No", explain.					
50. Does the provider give Building for the Future Flyers to the parents of each enrolled child?					

51. Actual current attendance by racial/ethnic group (leave boxes blank for those not included):

Black (Non Hispanic)	Hispanic	American Indian or Alaskan Native	Asian or Pacific Islander	White (Non Hispanic)	Total

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52. Summary of Findings

You are being notified of these errors so that you reevaluate your submissions and/or collection procedures. Corrective actions must be submitted to the sponsoring organization within 3 days of the date of this notification. Continuous errors and incomplete or missing information will result in a seriously deficient determination in the operation of your Family Day Care Food Home. These records will be reviewed for program compliance during an unannounced monitoring visit.

For Sponsor Use Only

Item #	Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected
	<p><input type="checkbox"/> LICENSE/REGISTRATION CERTIFICATES Each home is required have documentation of a current registration posted in a prominent area. At the time of the review, registration certificates were not available for review. Your registration certificate had expired on _____.</p> <hr/> <p><input type="checkbox"/> PROGRAM DOCUMENTS The "Family Day Care Food Program Reimbursement Agreement" requires sponsors/providers to maintain program documents on file. At the time of the review, the following program documents were not on file: _____ _____ _____</p> <hr/> <p><input type="checkbox"/> Each provider is required to attend annual training sessions in the areas of record keeping, meal service, sanitation and USDA meal requirements. At the time of the review, training documentation was <u>not</u> available to verify if you have met the CACFP training requirements.</p> <p><input type="checkbox"/> Each provider is required to receive notification of her reimbursement options: (Tier I or Tier II); and if it is a Tier II home, the provider requested the sponsor to collect income eligibility forms. At the time of the review, this notification was <u>not</u> on file.</p> <hr/> <p>ELIGIBILITY/ATTENDANCE (Enrollment) DATA The "Family Day Care Food Program Reimbursement Agreement" requires each sponsor/provider to maintain complete and current (within the past 12 months) eligibility applications on file for each child enrolled in a Tier II home or for a provider's own child enrolled in a Tier I home. Sponsor/providers must have completed and current enrollment forms on file for each child enrolled in a Tier I or Tier II homes. At the time of the review, the following occurred:</p> <p><input type="checkbox"/> Eligibility applications were incomplete even though information was obtained from other source documents. Incomplete Family Day Care Food Program records result in reduced reimbursement. _____ were incomplete, _____ were outdated and _____ were missing.</p> <p><input type="checkbox"/> Enrollment forms; _____ were incomplete, _____ were outdated and _____ were missing.</p>	<p><input type="checkbox"/> CORRECTIVE ACTION REQUIRED: Submit a copy of your updated registration certificate to the Family Day Care Food Program office to avoid loss of reimbursement for meals claimed.</p> <hr/> <p><input type="checkbox"/> CORRECTIVE ACTION REQUIRED: Submit a copy of the items listed to your Sponsoring Organization (SO) <u>or</u> request for a copy of the missing items within 3 days of the receipt of this notification. Your SO will be notify of these deficiencies.</p> <hr/> <p><input type="checkbox"/> CORRECTIVE ACTION REQUIRED: Submit a copy of the corrected or missing eligibility and/or enrollment documents to your Sponsoring Organization (SO) within 3 days of the receipt of this notification. Your SO will be notify of these deficiencies.</p> <p>Refer to page _____ for details</p>			

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53. Summary of Findings

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Item #	Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected
	<p><u>MEAL COUNT/ATTENDANCE RECORDS</u> Each provider must collect and maintain daily attendance records and the number of meals, by type, and full names of enrolled participants. Problems were identified as follows:</p> <p><input type="checkbox"/> Meal counts were not recorded for all enrolled children within the required timeline.</p> <p><input type="checkbox"/> Daily Attendance was not recorded in the appropriate column on the meal count record. Therefore, meals cannot be claimed for reimbursement for the day(s)/week(s) of [REDACTED].</p> <p><input type="checkbox"/> Meal counts were not available [REDACTED].</p> <p><input type="checkbox"/> Meal count records available did not support the number of meals claimed for reimbursement. [REDACTED] Children were recorded as absent on the attendance record, but your meal count record showed that meals were claimed for that day.</p> <p>Your home overclaimed:</p> <p>[REDACTED] breakfasts, [REDACTED] lunches, [REDACTED] supplements, [REDACTED] dinners. Therefore, reimbursement was higher than you were entitled to receive.</p> <p>Refer to page [REDACTED] for details.</p> <p><input type="checkbox"/> The provider does not supply at least one of the required components from the infant meal pattern.</p> <p><input type="checkbox"/> The provider does not supply at least one creditable infant formula as required.</p> <p><input type="checkbox"/> The provider does not have separate daily, dated menus for infants. Individual Infant menus were not available for [REDACTED]</p> <hr/> <p><u>COMMENTS:</u></p>	<p><input type="checkbox"/> <u>CORRECTIVE ACTION REQUIRED:</u> Submit to your sponsoring organization, a written corrective action plan explaining the procedure you will use to ensure meal counts are properly recorded and maintained.</p>			

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Item #	Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected
	<p>HEALTH/SAFETY/SANITATION You must ensure the health and safety of the participants enrolled in your home. The following fire, health and/or safety hazards were observed:</p> <p><input type="checkbox"/> The refrigeration units were not clean with thermometers in place.</p> <p><input type="checkbox"/> Food was not properly stored in the refrigeration units and in dry areas.</p> <p><input type="checkbox"/> Cleaning supplies and other toxic materials were not safely stored out of the reach of children and food.</p> <p><input type="checkbox"/> There was evidence of rodent or insect infestation.</p> <p><input type="checkbox"/> The provider and/or children did not wash hands prior to handling food or eating.</p> <p><input type="checkbox"/> Provider was not within licensed capacity, and provider/child ratio. _____ children were in attendance. (# of children)</p> <p>Refer to page _____ for details.</p> <hr/> <p><u>Civil Rights</u></p> <p><input type="checkbox"/> The provider does not allow all children equal access to its child care services and facilities regardless of race, color, sex, age, disability or national origin.</p> <p><input type="checkbox"/> The provider did not serve meals to all enrolled children equally regardless of the child's race, color, sex, age, disability or national origin.</p> <p><input type="checkbox"/> The Nondiscrimination Statement and complaint procedures are not included in provider advertisements when referencing admissions and/or the CACFP.</p> <p><input type="checkbox"/> The home did not post "Building for the Future" magnet or flyer in a prominent place?</p> <p><input type="checkbox"/> The provider did not distribute the Building for the Future Flyers to the parents of each enrolled child.</p>	<p><input type="checkbox"/> <u>CORRECTIVE ACTION REQUIRED:</u> Submit to your sponsoring organization, a written corrective action plan explaining the procedure you will use to ensure health, safety, and sanitation are maintained properly in accordance the Bureau of Licensing regulations. Submit copies of _____ _____ _____ to demonstrate that these potential hazards have been corrected.</p> <hr/>			

We certify that the above deficiencies were discussed during the exit conference and are true. Verification of the corrective actions will be on file at the Sponsoring Organization and Provider's home within the prescribe timeline. I also understand that corrective actions must be permanently completed and failure to do so will result in a seriously deficient determination, which is not appealable.

Provider Signature: _____

Date: _____

Reviewer Signature: _____

Date: _____