

**CHILD AND ADULT CARE FOOD PROGRAM
MONITORING FORM FOR
FAMILY DAY CARE HOME PROVIDER**

Date of Review: _____	<input type="checkbox"/> Review Unannounced	Arrival Time: _____	Departure Time: _____
Tier I <input type="checkbox"/>	Tier II <input type="checkbox"/>	Tier II with Income Eligibility Applications <input type="checkbox"/>	

1. Name of Sponsor:	Agreement Number:
2. Name of Provider: Telephone Number:	Address:
3. Reviewer(s):	

4. Family DCH Capacity: _____ Group DCH Capacity: _____
 License # _____ Date of Last Inspection: _____

Informal Provider: # of children in care: _____ Subsidy Verification from CAPS/DFACS: Form 58 Form 59
 Form 62

5. 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
<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch
	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
Meal Observed:		Meal Service Time Observed:

ATTENDANCE AND ELIGIBILITY DATA							
Full Name of All Children listed on the Roster	Child in Attendance?	Age	Enrollment Form	Relationship to Provider	For Pay	Meal Participant	Meal Claimed
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
Totals							

LICENSING REQUIREMENTS	YES	NO	N/A	COMMENTS
6) Is the provider at/within <i>licensed</i> capacity, and provider/child ratio? (An Informal Provider may not have more than 6 children for care).				
7) Does the provider have documentation on file for those children for which the provider receives no compensation?				
8) Is the provider in compliance with state regulations regarding the number of children that may be cared for without seeking registration or licensure?				
PARTICIPANT ELIGIBILITY/ MEAL COUNTS	YES	NO	N/A	COMMENTS
9) Are the meals claimed served to children who are within regulatory age limits?				
10) Are meals served to the provider's own children or foster children claimed only if the child is enrolled, eligible and other enrolled children are participating in the meal service?				
11) Are the meals counts recorded on the Daily Menu and Food Service Record and the number of children in care according to the enrollment and attendance records consistent? (Use the Meal Reconciliation page to document the number of participants in care according to attendance records)				
CIVIL RIGHTS	YES	NO	N/A	COMMENTS
12) Does the provider allow all children equal access to its childcare services and facilities regardless of race, color, sex, age, disability or national origin?				
13) Does the provider serve meals to all enrolled children equally regardless of the child's race, color, sex, age, disability or national origin?				
14) Is ethnic and racial data collected annually and maintained by the center?				
HEALTH/SAFETY/SANITATION	YES	NO	N/A	COMMENTS
15) Are the refrigeration and freezer units clean and maintained at required temperatures? (40 and 0 degrees respectively) <ul style="list-style-type: none"> • What is the refrigerator temperature? • What is the freezer temperature? 				
16) Is potentially hazardous food properly thawed? Method Used?				
17) Is food properly stored in the refrigeration units and in dry areas: <ul style="list-style-type: none"> • Are storage areas adequate? • Is all food off the floor? • Is food stored separately from cleaning items and other toxic materials? 				
18) Are trash containers covered?				
19) Are wiping cloths clean and is their use limited?				
20) Is the home free of rodent or insect infestation?				
21) Is the home free from any obvious fire, health and/or safety hazards?				
22) Is food service conducted in compliance with generally accepted health and sanitation practices?				

23) Do the provider and children wash hands prior to food handling and eating?				
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TRAINING	YES	NO	N/A	COMMENTS
24) Has the provider attended sponsor’s training within the last twelve months?				
25) Has the provider implemented the information provided at training?				
26) Has the provider completed the required Child Care and Parent Services (CAPS) 8-hour training if an Informal Provider?				
RECORDINGKEEPING	YES	NO	N/A	COMMENTS
27) Are separate, daily, dated menus available and up-to-date at the provider's home, for all approved/claimed meals for the current month up to the date of review?				
28) Are annually updated enrollment forms on file for all participants?				
29) Does the provider have copies of their monitoring reports in her/his files?				
30) Does the provider have notification of reimbursement options, Tier I or Tier II, on file?				
31) Does the provider have a copy of the current sponsor/provider agreement on file?				
PARTICIPANT INFORMATION	YES	NO	N/A	COMMENTS
32) Is current WIC information distributed to participant households per 7 CFR 226.15(n)?				
33) Is the Building for the Future Flyer or applicable sponsor notice that contains the required information distributed to participant households to inform them of the facilities’ participation in the CACFP per 7 CFR 226.16(b)(5)?				
OTHER REQUIREMENTS	YES	NO	N/A	COMMENTS
34) Has effective corrective action been implemented for all findings identified in the previous review?				

Describe required corrective action for any item that was answered as a “NO” on the Summary of Findings – page 7

OBSERVATION OF MEAL SERVICE

35) Record the meal type observed, the total number of participants, food items served, and the serving sizes for all meals including infant meals, if applicable.

Meal Type Observed:		Total Number of Participants Served on Date of Review:	1-12 yrs.	
			1-12 yrs.	Infants
1-12 yrs.				
Meal Components	Food Item	Serving Size		
		1-2 yrs.	3-5 yrs.	6-12 yrs.
Milk				
Meat/Meat Alternate				
Fruit/Vegetable				
Fruit/Vegetable				
Bread/Bread Alternate				
Other				

Infants			
Meal Components	Food Item / Serving Size		
	Birth - 3 Months	4 - 7 Months	8 - 11 Months
Iron-fortified Formula/Breast Milk			
Infant Cereal			
Fruit/Vegetable/ Fruit Juice			
Meat/Meat Alternate			
Sliced Bread or Crackers			

Meal Service on Date of Review	YES	NO	N/A	COMMENTS
35) Was the observed meal served at the approved, scheduled time?				
a) If “NO”, does the provider have documentation that the sponsor was notified of the change?				
36) Does the menu documentation correspond to the meal observed?				
37) Does the meal observed contain all required components?				
38) Is fat-free or 1% milk served to persons 2 years of age or older as required?				
39) Were the required quantities of food items prepared, available and served?				
40) Does the observed meal provide a variety of colors, temperatures, textures, shapes, sizes and flavor?				
41) Does the meal service occur in a positive/pleasant environment?				
42) Are medical statements on file for all substitutions related to medical needs?				
43) Is at least one component of the infant meal pattern supplied by the provider for claimed infant meals?				
44) Is the number of participants in care at the time of the meal service consistent with the number of participants being claimed for the previous five operating days?				

Describe required corrective action for any item that was answered as a “NO” on the Summary of Findings – page 7

Page	of	Meal Service	Time Ranges	Day of the Week	Date	1. Insert the meal time ranges for the institution and dates chosen for the five-day meal reconciliation. 2. Insert each child's name. 3. Record the meal types claimed for each child from the meal service records for the five-day period. 4. Reconcile claimed meals for each child with attendance records for the five day period. 5. Using each child's enrollment form, check if enrollment information is complete and current and compare the days, meals, and times the parent indicated the child would be in attendance to their meal service records to see if they reconcile for the five day period.
Licensed Capacity:		Breakfast		Day 1		
		AM Snack		Day 2		
		Lunch		Day 3		
		Pm Snack		Day 4		
		Supper		Day 5		

CHILD'S NAME	DAY	MEAL PARTICIPATION						PRESENT		ATTENDANCE				ENROLLMENT										
		Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	Yes	No	Times				Is Enrollment Form Current & Complete?		Does Enrollment Form Reconcile to Meal Service Records?								
										AM		PM		Days		Times		Day		Meal		Time		
										Time In	Time Out	Time In	Time Out	Y	N	Y	N	Y	N	Y	N	Y	N	
	Day 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CHILD'S NAME	DAY	MEAL PARTICIPATION						PRESENT		ATTENDANCE				ENROLLMENT																
										Times				Is Enrollment Form Current & Complete?				Does Enrollment Form Reconcile to Meal Service Records?												
		Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	Yes	No	AM		PM		Days		Times		Day		Meal		Time								
										Time In	Time Out	Time In	Time Out	Y	N	Y	N	Y	N	Y	N	Y	N							
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**CHILD AND ADULT CARE FOOD PROGRAM
DCH PROVIDER REVIEW FORM**

Provider Name: _____

Review Item #	Brief Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected

Provider Signature: _____

Date: _____

Reviewer Signature: _____

Date: _____