

**CHILD AND ADULT CARE FOOD PROGRAM  
MONITORING REVIEW FORM FOR  
FAMILY CHILD CARE LEARNING HOME (DAY CARE HOME) PROVIDER**

Date of Review: _____ <input type="checkbox"/> Review Unannounced    Arrival Time: _____    Departure Time: _____
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1. Name of Sponsor:	Sponsor Agreement Number:
2. Name of Provider: Telephone Number:	Address:
3. Reviewer(s):	Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> Tier II with Income Eligibility Applications <input type="checkbox"/>

4.  Family Child Care Learning Home (DCH)     Child Care Learning Center (Group DCH)

Approved License Capacity: \_\_\_\_\_ License # \_\_\_\_\_ Date of Last Inspection: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Informal Provider:  # of children in care: \_\_\_\_\_ Subsidy Verification from CAPS:  Form 58     Form 59     Form 62

**5. Home Operations and Attendance.**

Normal Hours of Operation:  ____ AM - ____ PM	Check Normal Days of Care: <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	Holiday Care: <input type="checkbox"/> Yes <input type="checkbox"/> No  Multiple Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Meal Types:	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper

**ATTENDANCE AND ELIGIBILITY DATA**

Full Name of All Children listed on the Roster from all shifts	Child in Attendance?	Age	Enrollment Form on file?	Indicate Relationship to Provider	For Pay	Meal Participant	Meal Claimed
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

LICENSING REQUIREMENTS	YES	NO	N/A	COMMENTS
6) Is the Provider's license current/valid at the time of the visit?				
7) Does the Provider meet license capacity at the time of the visit? Does the Provider have more than 12 total children, under the age of 13, in care at one time?				
8) Does the Provider have more than six (6) unrelated children in care for pay at one time; regardless of relationship to the Provider?				
9) Does the Family (Group) Child Care Learning Home Provider have documentation on file for those children in care for no pay?				
10) Does the Provider have written approval from DECAL's CCS Unit to care for an additional two (2) unrelated children, for pay or not for pay, for up to two (2) hours per day?				
11) If an Informal Provider, are there no more than six (6) related children in care for pay or not for pay? If there is a combination of unrelated and related children in care, does the Informal Provider meet the capacity requirements?				
12) If an Informal Provider, are there no more than two (2) unrelated children for pay in care at one time?				
If an Informal Provider, are the following requirements met: At least 21 years of age?				
Have a successful CRC on file?				
Eight (8) hours of approved training on Health and Safety?				
Have CPR certification on file or within six months of approval?				
Have a recent successful home inspection by CCS?				
Have a working fire extinguisher and smoke detector where children are cared located?				
<b>PARTICIPANT ELIGIBILITY/ MEAL COUNTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
13) Are the meals only served to children who meet age requirements claimed for reimbursement?				
14) Are meals served to the Provider's own children or foster children in the Provider's care? If so, are the meals/snacks claimed for reimbursement when the following requirements met: <ul style="list-style-type: none"> <li>• When the Provider's own or foster child(ren) are enrolled for care?</li> <li>• When the Provider's own or foster child(ren) meet eligibility requirements?</li> <li>• When other enrolled children are present and participating in the meal service?</li> </ul>				
15) Are the meals counts recorded on DCH Weekly Meal Count Record, or an approved alternate form?				
16) Are meal counts consistent with enrollment and attendance for children in care? (Use the Meal Reconciliation page to document the number of participants in care according to attendance records)				

<b>CIVIL RIGHTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
17) Based on observation, does the Provider allow all children equal access to childcare services and facilities regardless of race, color, sex, age, disability or national origin?				
18) Does the Provider serve meals to all enrolled children equally regardless of the child's race, color, sex, age, disability or national origin?				
19) Is current racial/ethnic data collected annually and maintained on file by the Provider?				
<b>HEALTH/SAFETY/SANITATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
20) Are the refrigeration and freezer units clean and maintained at required temperatures? (40 and 0 degrees respectively)				
<ul style="list-style-type: none"> <li>• Indicate the refrigerator temperature.</li> <li>• Indicate the freezer temperature.</li> </ul>	<b>Refrigerator Temp: _____ Freezer Temp: _____</b>			
21) Is food properly thawed? Method Used? _____				
22) Is food properly stored in refrigeration/freezer units and in dry areas:				
<ul style="list-style-type: none"> <li>• Are storage areas adequate?</li> <li>• Is all food off the floor?</li> <li>• Is food stored separately from cleaning items and other toxic materials?</li> </ul>				
23) Are trash containers covered?				
24) Are wiping cloths clean and replaced often?				
25) Is the home free of rodent or insect infestation?				
26) Is the home free from any obvious fire, health and/or safety hazards?				
27) Is food service conducted in compliance with generally accepted health and sanitation practices?				
28) Does the Provider and children wash hands prior to food handling and eating?				

<b>TRAINING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
29) Has the Provider attended the sponsor's training within the last twelve months?				
30) Has the Provider implemented the information provided at training?				
31) If an Informal Provider, is there written record of completing the required Child Care and Parent Services (CAPS) 8-hour training?				
<b>RECORDINGKEEPING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
32) Is the monthly menu posted in accordance with DECAL's Child Care Services requirements?				
33) Are all meals and snacks on the monthly menu creditable?				
34) Are annually updated enrollment forms, with parent signature and date, on file for all participants?				
35) Does the Provider have copies of previous monitoring reports in her/his files?				

36) Does the provider have notification of reimbursement options, Tier I or Tier II, on file?				
37) Does the provider have a copy of the current sponsor/provider agreement on file?				
<b>PARTICIPANT INFORMATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
38) Is current WIC information distributed to participant households per 7 CFR 226.15(n)?				
39) 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)?				
<b>OTHER REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
40) Has effective corrective action been implemented for all findings identified in the previous review?				

### OBSERVATION OF MEAL SERVICE

41) Record the meal/snack type observed, the total number of participants in attendance at the meal service, food items served, and the total number of meal/snacks served to children in care, including infant meals, if applicable.

<b>Meal/Snack Type Observed:</b>		<b>Total Number of Participants Enrolled on Date of Visit:</b>	<b>1-12 yrs.</b>	<b>Infants</b>
<b>Meal/Snack Time:</b>				

#### 1-12 yrs.

Meal Components	Food Item	Number of Meals/Snacks Served		
		1 yr.	2-5 yrs.	6-12 yrs.
Milk				
Meat/Meat Alternate				
Fruit				
Vegetable				
Grain (whole grain required once per day)	<input type="checkbox"/> WG			

#### Infants

Meal Components	Food Item		Number Meals/Snacks Served
	Birth - 5 Months	6-11 Months	
Iron-fortified Formula/Breast Milk			
Infant Cereal, Bread, Crackers			
Fruit/Vegetable			
Meat/Meat Alternate			
Sliced Bread or Crackers			

Observed Meal Service on Date of Review	YES	NO	N/A	COMMENTS
42) Was the meal/snack served at the approved, scheduled time?				
a) If "NO", does the provider have documentation that the sponsor was notified of the change?				
43) Are items served consistent with the posted menu?				
44) Does the meal/snack observed contain all required components?				
45) Was unflavored whole milk served to children ages 1 yr. and up to 2 years old?				
46) Was unflavored low-fat or fat-free milk served to children ages 2-5?				
47) Was unflavored low fat or flavored or unflavored fat-free milk served to children ages 6 or older?				
48) Were the required serving sizes for each component/food items prepared, available and served?				
49) Does the observed meal/snack provide a variety of colors, temperatures, textures, shapes, sizes and flavor?				
50) Does the meal service occur in a positive/pleasant environment?				
51) Are medical statements on file for all substitutions related to disabilities or medical needs?				
52) Is at least one component of the infant meal pattern supplied by the provider for claimed infant meals?				
53) 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**

Page	of	<b>Meal Service</b>	<b>Time Ranges</b>	<b>Day of the Week</b>	<b>Date</b>	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"/>
	Day 2	<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"/>
	Day 3	<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"/>
	Day 4	<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"/>
	Day 5	<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"/>
	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"/>
	Day 2	<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"/>
	Day 3	<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"/>
	Day 4	<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"/>
	Day 5	<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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	Day 2	<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"/>
	Day 3	<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"/>
	Day 4	<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"/>
	Day 5	<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"/>
	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"/>
	Day 2	<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"/>
	Day 3	<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"/>
	Day 4	<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"/>
	Day 5	<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"/>



**CHILD AND ADULT CARE FOOD PROGRAM  
DCH PROVIDER REVIEW FORM**

**Provider Name:** \_\_\_\_\_

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

*Provider Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Reviewer Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_