

Type of Review:

- Announced Meal Observation
 Unannounced File
 Review # _____ Meal Ratio:
 License RC Relative Care AA
 Date of review: _____ Arrival Time: _____

FDCH Monitoring Record

Provider's name: _____ Phone number(s): _____
 Address: _____ City: _____ Tier I Tier II Tier II (Mixed)
 Date of last Review: _____ Summary of significant findings from previous monitoring visits:

Forms Retention & Accuracy

1. Is there a copy of the FDCH application in the home? Yes No*
 a. Hours of care same as application? Yes No*
 b. Meals are served at times listed on application? Yes No*
 2. A copy of the sponsor/provider agreement with all addendum is on file at provider's home? Yes No*
 3. "Building for the Future" poster/magnet displayed in home. Yes No*
 4. Has second provider/sub received annual training? Yes No* N/A
 a. If no, is signed Quick References on file for second provider/sub? Yes No* N/A
 5. Is time in/out with parent's signatures/initials recorded daily? Yes No*
 a. If not, it is current up to what date? _____ (date)

Approval Information

6. Approved Capacity _____ Present: _____ Within limits? Yes No*

Civil Rights:

7. The provider allows all children equal access to child care services and serves meals to all enrolled children regardless of race, color, sex, age disability, or national origin? Yes No*

Eligibility Data

8. Are all meals served to age eligible children? Yes No*
 9. Meals served to provider's own children are claimed only if all the following are true: 1) provider is income eligible, 2) provider's own children are enrolled, 3) and outside enrolled day care children are participating in the meal service? Yes No* N/A
 10. Does the provider ask parents to provide any or all of the food served to their children, charge separately for meals, or charge higher income families a higher rate? Yes* No

Safety/Imminent Danger

11. Does provider have current fire extinguisher that meets state and local requirements? (Minimum state requirements for LC and Res Cert is 2A10BC) Yes No*
 12. A smoke detector is located in the home? Yes No*
 13. Cleaning supplies and other toxic material(s) are seen to be safely stored out of the reach of children and away from food? Yes No*
 14. Other obvious safety hazards/imminent dangers observed? Yes* No

Claim Form Review

15. Menus numbers are recorded daily? Yes No*
 16. Accurate meal count is maintained daily? Yes No*
 a. Meal counts is complete up to _____ (date)
 17. Does current claim seem to have unusual claiming patterns? Yes* No
 a. If yes, validate at office? or validate at this review?
 18. What is the closest meal to time of review? B A L P D E (circle one)
 a. Is the number of children you see today comparable to the number of children claimed (for same meal) over the past five prior days? (complete graph before answering) Yes No*

| Date | #claimed | Date | #claimed | Date | #claimed |
|---------|----------|------|----------|------|----------|
| (today) | | | | | |
| | | | | | |

Child Enrollment

19. Annual re-enrollment completed with all CACFP information required and on file? Yes No*
 20. Total enrollment _____ Resident _____ Daycare _____

Food Safety /Sanitation

21. Food is properly stored/covered in the refrigerator/freezer(s) and in dry storage areas? Yes No*
 22. The refrigerator(s) and freezer(s) are clean, The temperatures are _____ and _____ Yes No
 23. Is there obvious evidence of rodent or insect infestation? Yes* No
 24. Other obvious food safety/sanitation dangers observed? Yes* No

Cycle Menus Currently in Use

25. Check all that apply. Write in menu number.
 Sponsors (Menu #'s _____) Own (Menu #'s _____)
 Minute Menu
 a. If using sponsor menus, are they the most current version? Yes No* N/A
 b. If provider is using own menus, have they been approved by the sponsor? Yes No* N/A
 c. Does the provider have menus currently posted? Yes No*

General Observations

26. Medical statements are on file for children who require substitutions that do not meet the CACFP meal pattern? Yes No* N/A
 27. Milk substitution request and creditability documentation on file for children receiving a **medically (disability)** requested milk substitution? Yes No* N/A
 28. Milk substitution request on file for children receiving **other** requested milk substitution? Yes No* N/A
 a. Milk substitution meets USDA parameters? Yes No* N/A

5 Day Reconciliation

29. 5 Day Reconciliation attached? Yes No*
 30. Attach a list of currently enrolled participants with full name and age. Compare participants against those present during the review and against enrollment forms on file. Participants participating on day of review have current enrollment information. Yes No*

Meal Observations

| Meal Observation | | | |
|--|----------------------|-----|-------------------------------|
| 31. Which meal is being reviewed? <input type="checkbox"/> N/A <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack a. Meal time on provider's application _____ to _____ b. Time of meal service observed: _____ c. Child's menu # served _____ <input type="checkbox"/> Minute Menu d. Does the meal served match the menu number? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A e. Are substitutions correctly indicated on claim form? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | | | |
| 32. Children (1-12 years of age): (In the space below, write the serving sizes observed for each age group & menu served today as observed) | | | |
| Components | Serving Sizes | | Item Served |
| | 1-2 | 3-5 | 6-12 (note all substitutions) |
| Milk Percentage? _____ | | | |
| Meat/Alternative | | | |
| Meat/Alternative | | | |
| Fruit/Vegetable | | | |
| Fruit/Vegetable | | | |
| Grain/Bread | | | |
| Providers initials for meal accuracy _____ | | | |
| 33. If meal service is family style, is enough food prepared and available on the table for all children to receive required servings? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | | | |
| 34. If meal service is pre-plated, did provider serve the minimum amount of food required to each child according to their ages? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | | | |
| 35. Meal observed provided a variety of colors temperatures, textures, shapes, sizes and color? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 36. Is there a current CN Label present and being used for combination items, such as fish sticks, corn dogs, chicken nuggets, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | | | |
| 37. Infant (Birth-11 months): (in the space provided, specify breast milk or type of formula. Record serving size observed and food served as observed.) <input type="checkbox"/> N/A a. Infant menu #served: _____ <input type="checkbox"/> Minute Menu b. Does the meal served match the menu #? <input type="checkbox"/> Yes <input type="checkbox"/> No* c. Are substitutions correctly indicated on claim form? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | | | |
| Components | Serving Sizes | | Item Served |
| | 0-3 | 4-7 | 8-11 (note all substitutions) |
| Formula (iron fortified) | | | |
| Meat/Alternative | | | |
| Fruit/Vegetable | | | |
| Infant Cereal (iron fortified) | | | |
| Providers initials for meal accuracy _____ | | | |
| 38. Infant meal include either an approved, provider-supplied formula or approved parent-supplied formula with a formula waiver on file? <input type="checkbox"/> Yes <input type="checkbox"/> No* | | | |
| 39. If 4-7 month old infant is receiving "optional" food items (as listed on infant meal pattern), there is a parental request on file, and at least one of the meal components is supplied by the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | | | |
| 40. If an 8-11 month old infant meals, at least one of the required components are supplied by the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | | | |
| 41. Did provider serve the minimum amount of food required per infant according to their ages and meal pattern? <input type="checkbox"/> Yes <input type="checkbox"/> No* | | | |
| Food Preparation/Sanitation | | | |
| 42. Food service conducted in compliance with generally accepted health and sanitation practices: | | | |
| a. Proper thawing utilized and clean food preparation surfaces maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No* | | | |
| b. Provider washed hands prior to food preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No* | | | |
| c. Children washed hands prior to eating? <input type="checkbox"/> Yes <input type="checkbox"/> No* | | | |

Claim forms needed: Yes No If yes, how many were left? _____

Read newsletter: Yes No

If claiming on line: does the provider claim on line daily or are there paper records to support the claim? Y N

If no, discuss the importance of paper documentation. Meals will be disallowed if no paper documentation is available and the provider is not up to date on-line. Include on the summary page, what the provider is going to do to ensure she has all the required documentation.

Milk: What type milk is used for over 2? _____ What type milk is used for 1-2 year olds? _____