

**CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE HOME REVIEW FORM**

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. _____				
If a new home, did provider receive notification of the Tier 2 mixed				

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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 – 5 months	6 - 11 months	
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			
Grains		Grains			

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.				
MEAL PATTERN IMPLEMENTATION REVIEW	Y	N	N/A	COMMENTS
35. Has the facility implemented the updated meal pattern requirements? If no, explain.				
36. Juice is limited to once per day per institution.				
37. Is the proper milk purchased for the appropriate age groups (12-24 months whole unflavored milk, 2 to 5 years unflavored 1% or fat-free, 6 and up unflavored 1% or fat-free or flavored fat-free).				
38. At least one serving of grains per day is whole grain-rich.				
MEAL PATTERN IMPLEMENTATION REVIEW (continued)	Y	N	N/A	COMMENTS
39. Meat/meat alternates replaced the entire grains component				

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for breakfast a maximum of three times per week.				
40. Grain-based desserts do not count toward the grain requirement for meals and snacks served to participants.				
41. Breakfast cereals purchased contain no more than six (6) grams of sugar per dry ounce.				
42. Yogurt purchased contains no more than 23 grams of sugar per six (6) ounces. (<i>Tofu and soy yogurt may be served as a meat alternate</i>).				
43. A vegetable and fruit is served during lunch and supper meals; or the fruit component is substituted for a vegetable; or two different vegetables are served during lunch and supper meals.				
44. Water was offered to participants throughout the day.				
INFANT FEEDING	Y	N	N/A	COMMENT
45. Does the home have participants 1 year and under in care?				
46. Does the provider supply at least one of the required components from the infant meal pattern for enrolled infants?				
47. If yes, does the home provide at least one creditable infant formula? If yes, list type(s) of formula offered below:				
48. 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.				
49. Does the provider serve juice to infants? If yes, explain.				
50. 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?				
51. Complete the following chart.				

Food Item	Supplied by Provider	Supplied by Parent

MEAL COUNTS (continued)	Y	N	N/A	COMMENTS
52. 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.				
53. Do the meals claimed support both the attendance and enrollment records? If "NO", explain.				

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54. Is there evidence of meal count verification 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									
Seriously Deficient							Y	N	N/A	COMMENTS
46. Was the home ever declared seriously deficient? If "Yes", provide date(s). (e.g. notification, appeal, rescission, etc.)										
47. Were repeated findings identified during this review? If "Yes", was the home declared seriously deficient. If "NO" explain.										
CIVIL RIGHTS							Y	N	N/A	
48. The provider allows all children equal access to its child care services and facilities regardless of discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.										
49. The provider serves meals to all enrolled children equally regardless of discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. If "NO," explain.										
50. The Nondiscrimination Statement and complaint procedures are included in provider advertisements when referencing admissions and/or the CACFP.										
51. Does the home post "Building for the Future" magnet or flyer in a prominent place? If "No", explain.										
52. Does the provider give Building for the Future Flyers to the parents of each enrolled child?										

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

TOTAL ENROLLED PARTICIPANTS	ETHNICITY:				
	Hispanic or Latino		Not Hispanic or Latino		
TOTAL ENROLLED PARTICIPANTS	RACE:				
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

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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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54. 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 _____.</p> <p><input type="checkbox"/> Meal counts were not available _____.</p> <p><input type="checkbox"/> Meal count records available did not support the number of meals claimed for reimbursement. _____ 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>_____ breakfasts, _____ lunches, _____ supplements, _____ dinners. Therefore, reimbursement was higher than you were entitled to receive.</p> <p>Refer to page _____ 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 _____</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, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</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: _____

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(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.