North Carolina Department Of Health And Human Services
Child and Adult Care Food Program
Sponsoring Organization Day Care Home Review Form

Date of Review: _____________

Arrival Time: _____________ Departure Time: _____________

☐ Tier I  ☐ Tier II  ☐ Tier II with Income Eligibility Applications

Type of Visit:  ☐ Announced  ☐ Unannounced
☐ Monitoring  ☐ Follow-up  ☐ Training/Technical Assistance
If Follow-up, to which contact?  ☐ Monitoring Date _____________ ☐ Previous Follow-up Date _____________

I. GENERAL DATA

1. Name of Sponsoring Organization ____________________________________________  
2. Agreement Number: _____________

3. Name of Provider ____________________________________________  
4. Provider’s Telephone Number: (______) __________________

5. Provider’s Address _________________________________________________________________________________________

6. Name of Monitor (s) _________________________________________________________________________________________

7. A copy of the current sponsor/provider agreement is on file at the provider’s home ☐ Yes ☐ No

8. DHHS Licensing Information

   Effective Date: From: _____________ To: _____________
   Capacity: _________ Licensing #: _____________ Alternate Approval: _____________
   Is Licensing Capacity exceeded on day of review? ☐ Yes ☐ No

   Holiday Care: ☐ Yes ☐ No

10. Meal Services:

<table>
<thead>
<tr>
<th>Authorized Meal Services</th>
<th>Serving Times</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<td>Breakfast</td>
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<td>AM Snack</td>
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<tr>
<td>Lunch</td>
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<td>PM Snack</td>
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<td>Supper</td>
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<td>LPM Snack</td>
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Findings ________________________________________________________________________________________________

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Suggestions _____________________________________________________________________________________________

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DHHS CAC 15Home (3/08)
Nutrition Services Branch
II. ATTENDANCE AND ELIGIBILITY DATA

<table>
<thead>
<tr>
<th>Full Name of All Children in Attendance</th>
<th>Age</th>
<th>Enrollment Form</th>
<th>Provider’s Own Child</th>
<th>Meal Participant</th>
<th>Meal Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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<tr>
<td><strong>TOTALS</strong></td>
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</tbody>
</table>

2. The observed meal was served at the approved, scheduled time. ☐ ☐ ☐

3. If “NO” to question 2, did the provider notify the sponsor of the change. ☐ ☐ ☐

4. The provider is at provider/child ratio. ☐ ☐ ☐

5. The children in attendance and participating in the meal service have complete and current enrollment forms. ☐ ☐ ☐

6. The meals claimed are served to children who are within regulatory age limits. ☐ ☐ ☐

7. Meals served to the provider’s own children are claimed only if the child is enrolled, eligible, and other eligible enrolled children are participating in the meal service. ☐ ☐ ☐

8. The provider charges separately for meals. ☐ ☐ ☐

Findings

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Suggestions

________________________________________________________________________________________________________________________
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III. CIVIL RIGHTS

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

1. The provider allows all children equal access to its child care services and facilities regardless of race, color, sex, age, disability or national origin. ☐ ☐ ☐

2. The provider serves meals to all enrolled children equally regardless of the children’s race, color, sex, age, disability, or national origin. ☐ ☐ ☐

3. The nondiscrimination statement and complaint procedures are included in provider advertisements when referencing admissions and/or the CACFP. ☐ ☐ ☐
Provider: __________________________

Findings ______________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
Suggestions _____________________________________________________________________________________________________________

IV. PARENTAL NOTIFICATION

1. The provider has informed the parents or guardians of children enrolled in CACFP about the program and its benefits.

2. The provider has “Building for the Future” flyer.

3. The provider has made the Building for the Future flyer available to parents or guardians of children enrolled in CACFP.

4. The provider has made information about WIC available to parents or guardians of children enrolled in CACFP.

Findings________________________________________________________________________________________________________________
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Suggestions_____________________________________________________________________________________________________________
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V. DAY OF REVIEW – OBSERVATION OF MEAL SERVICE

Type of Meal Observed ____________________  Time Served from ________ am/pm to ________ am/pm

A. Infants  Does the provider enroll infants in its child care? □ Yes □ No  (If no, skip to Section B on page 4.)

Number Served: _____ Birth – 3 months, _____ 4-7 months, _____ 8-11 months

<table>
<thead>
<tr>
<th>Food Components</th>
<th>Birth—3 Months Amounts Available to be Served</th>
<th>4-7 Months Amounts Available to be Served</th>
<th>8-11 Months Amounts Available to be Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat/Meat Alternate</td>
<td></td>
<td></td>
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<tr>
<td>Fruit/Vegetable</td>
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<tr>
<td>Infant Cereal/ Bread/Bread Alternate</td>
<td></td>
<td></td>
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<tr>
<td>Iron Fortified Formula or Breast Milk</td>
<td></td>
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</tr>
</tbody>
</table>

Does the provider offer the infant meal pattern to currently enrolled infants? ................ □ Yes □ No
If not, list participants without the signed formula provision form

_________________________________________________________________________________________
B. Children
Number Served: _____1-2years _____3-5years _____6-12years

<table>
<thead>
<tr>
<th>Food Components</th>
<th>Amounts Available To Be Served</th>
<th>Amounts Needed To Be Adequate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Yes</td>
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<tr>
<td>Meat/Meat Alternate</td>
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<tr>
<td>Fruit/Vegetable</td>
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<tr>
<td>Fruit/Vegetable</td>
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<td></td>
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</tr>
<tr>
<td>Bread/Bread Alternate</td>
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<tr>
<td>Fluid Milk</td>
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</tbody>
</table>

1. The menu corresponds to the meal observed. ☐ ☐ ☐
2. The meal observed contains all required components. ☐ ☐ ☐
3. Medical Statements are on file for all substitution related to medical needs. ☐ ☐ ☐
4. 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. ☐ ☐ ☐
5. An accurate meal count was taken during or immediately after the meal service observed. ☐ ☐ ☐

Findings________________________________________________________________________________________________________________
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Suggestions_____________________________________________________________________________________________________________
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6. List the meal counts for each meal type claimed by the provider for the 5 preceding days of the meal observation for all enrolled participants.

<table>
<thead>
<tr>
<th>Date</th>
<th>Attendance</th>
<th>Enrollment</th>
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<tbody>
<tr>
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</table>

7. Based on the comparisons, are the meal counts for each meal service accurate? □ Yes □ No
   a. If “no” obtain and record an explanation from the center’s representative. ____________________________________________________________
      ________________________________________________________________________________________
      ________________________________________________________________________________________

8. Did the meal counts exceed the attendance in the prior five days? □ Yes □ No

DHHS CAC 15Home (3/08)
Nutrition Services Branch
VI. HEALTH/SAFETY/SANITATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are the refrigeration units clean and maintained at required temperatures?</td>
<td></td>
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<tr>
<td>2. Is food properly stored in the refrigeration units and in dry areas?</td>
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<tr>
<td>3. Are cleaning supplies and other toxic materials safely stored out of reach of children and away from food?</td>
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<tr>
<td>4. Is there evidence of rodent or insect infestation?</td>
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<td>5. Are there obvious fire, health and/or safety hazards observed in the center?</td>
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<td>6. Was food service conducted in compliance with generally accepted health and sanitation practices?</td>
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<tr>
<td>7. Did the provider and children wash hands prior to food handling and eating?</td>
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</table>

Findings
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Suggestions
________________________________________________________________________________________________________________
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VII. SPONSOR TRAINING/MONITORING

1. List the date of the last sponsor conducted training session the provider attended:
____________________________________________________________________________________________________

2. Provider recommendations for future training topics/needs or training improvement ideas are:
____________________________________________________________________________________________________

3. List date of last monitoring:
List problem(s) identified during the last monitoring visit :
____________________________________________________________________________________________________
____________________________________________________________________________________________________

4. Have all corrective actions been implemented?  □ Yes  □ No  □ N/A

Findings
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
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Suggestions
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

VIII. SUMMARY OF FINDINGS (If problems/errors are found, skip this section and go to page 7.)

A. Complete section (ONLY IF NO PROBLEM/ERRORS ARE FOUND)

I verify that this facility was reviewed on this date and was found to be in compliance with CACFP requirements for the program area reviewed, as specified in this report. The findings in this report have been discussed with the Provider.

_______________________________________/_____________________  _____________________
Provider                                                                      Title     Date

___________________________________________/________________________  _______________________
Sponsoring Organization Representative                    Title     Date
B. Complete section (ONLY IF PROBLEMS/ERRORS ARE FOUND)

<table>
<thead>
<tr>
<th>Review Page/Item #</th>
<th>Brief Description of Finding(s)</th>
<th>Corrective Action (C.A.) Needed</th>
<th>Corrective Action Due Date</th>
<th>On Site Follow-up Yes or No</th>
</tr>
</thead>
<tbody>
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</table>

I, the Provider, verify that this facility was reviewed on this date and that the reviewer discussed the findings in this report with me prior to my signing. I understand that the reviewer determined that this facility is not in compliance with certain CACFP requirements; that this report serves as a warning regarding compliance with those requirements; that I am required to implement the corrective action stated above within the time frame(s) indicated to bring the facility into compliance with CACFP requirements; and that failure to implement the corrective action within the time frame(s) indicated could result in termination by the sponsoring organization.

/ Provider
Title Date

I, the Sponsoring Organizations Representative, verify that I reviewed this facility on this date and discussed the findings in this report with the Provider; determined that the facility was not in compliance with certain CACFP requirements; as specified in this report; and explained to the Provider that failure to implement the corrective action stated above within the time frame(s) indicated could result in termination of the facility’s agreement with the sponsoring organization.

/ Sponsoring Organization Representative
Title Date