

Review Month/Year:

SPONSORING ORGANIZATION DAY CARE HOME REVIEW FORM

Department of Health and Human Services
 Division of Public Health
 Child and Adult Care Food Program

Sponsored Provider

Name:

Agreement #:

GENERAL						
The review month must be a month in which the provider has submitted documentation to file a claim. The review month must be a complete month.						
Date of Review			Arrival Time			
Type of Visit	Monitoring		Unannounced		Follow Up	
	Announced		Training / Technical Assistance			
Last Monitoring			Name of Monitor			
Name of Sponsor						
Provider's Address						
Provider's Telephone #						
Person(s) Interviewed						
Approved Days of Care	Sunday		Wednesday		Saturday	
	Monday		Thursday			
	Tuesday		Friday			
Tier Information						
	Tier I					
	Tier II					
	Tier II with Income Eligibility Applications					

LICENSING AND ELIGIBILITY							
License Number			Effective Date				
License Capacity	1 st		2 nd		3 rd		
					Yes	No	
1	The provider has a current DHHS/State License/Military.						
2	The provider is at/within license capacity at the time of review.						
3	The facility is at/within age limits at the time of review.						
4	The provider is at/within provider/child ratios at the time of review.						
5	Does the provider operate on holidays?						
	Required corrective actions listed on supplemental summary of findings for the LICENSING AND ELIGIBILITY review section above						
	No correction action required for the LICENSING AND ELIGIBILITY review section above						

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RECORDKEEPING				
1	The following records must be maintained and available at all times:	Yes	No	N/A
a	Sponsor/Provider Agreement			
b	Attachment F – Contractor’s Certification			
c	Certification of Single Exclusive CACFP Agreement - Facility			
d	Information on Owners/Principals - Facility			
e	Annual Information Certification for Facilities			
2	The provider has documentation from the sponsor of their reimbursement options, Tier 1 or Tier II.			

Monitoring

1	Does provider have documentation of the sponsor monitoring conducted in the past 12 months on file?			
2	List the dates of the sponsor monitoring conducted in the past 12 months			
3	Were any program violations identified during the last sponsor conducted monitoring?			
4	If yes to question 3, have all corrective actions been implemented?			

Parental Notification

1	Provider has made information about WIC available to parents/guardians of children enrolled in CACFP.			
	Required corrective actions listed on supplemental summary of findings for the RECORDKEEPING review section above			
	No correction action required for the RECORDKEEPING review section above			

ATTENDANCE AND ENROLLMENT DATA

Full Name of All Children Enrolled	In Attendance	Age	Enrollment Form	Provider’s Own Child	Meal Participant	Claiming Meal
<i>Example: Brooks Lee</i>	<i>1</i>	<i>3</i>	<i>1</i>		<i>1</i>	<i>1</i>
1						
2						
3						
4						
5						
6						
7						
8						

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Full Name of All Children Enrolled		In Attendance	Age	Enrollment Form	Provider's Own Child	Meal Participant	Claiming Meal
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
Total (1's will auto-tally)			N/A				

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				Yes	No
1	Do the children enrolled have complete and current documentation of enrollment per 7 CFR section 226.18 on file?				
2	Are the daily attendance records up-to-date?				
	Last day recorded				
3	In the table below, document attendance and meal record for past consecutive five days:				
	Date	Enrollment	Attendance	Recorded Meal Counts	
	Required corrective actions listed on supplemental summary of findings for the ATTENDANCE AND ENROLLMENT DATA review section above				
	No correction action required for the ATTENDANCE AND ENROLLMENT DATA review section above				

CIVIL RIGHTS						
				Yes	No	N/A
1	The provider has made the "Building for the Future" flier available to parents or guardians of children enrolled in the CACFP.					
2	Are all services and facilities used routinely by all persons without regard to race, color, national origin, age, sex, or disability? (e.g. social and recreational areas, study areas, lavatories, playgrounds, etc.)					
3	Are program benefits made available to all eligible individuals and households without regard to race, color, national origin, sex, age, or disability?					
4	The provider has informed the parent or guardian of children enrolled in CACFP about the program and its benefits.					
5	Are there any requirements or procedures which restrict or deny enrollment on the basis of race, color, sex, age, disability, or national origin?					
6	The non-discrimination statement and complaint procedures are included in provider advertisements when referencing admissions and/or the CACFP.					
	Required corrective actions listed on supplemental summary of findings for the CIVIL RIGHTS review section above					
	No correction action required for the CIVIL RIGHTS review section above					

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ANNUAL REQUIREMENTS

Current Review Date		Previous Review Date	
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***If completed during a previous review, SKIP ANNUAL REQUIREMENTS SECTION**

Civil Rights

		Yes	No	N/A
1	Does the provider have on file the estimated current participation by ethnic group?			
2	Does the provider have on file the estimated current participation by racial group?			
3	Is the provider's current participation representative of more than one racial group?			
a	If "no", to question 3, provide a statement indicating the general racial composition of the area the provider serves.			
4	If ethnic and racial data was obtained by observation, is there documentation on file informing participants and parents/guardians that ethnicity and race will be determined by Provider if not declared by self or parent/guardian?			
5	Is the ethnic and racial data collected and maintained for the three preceding fiscal years?			
6	Does the Provider have procedures on file for maintaining the confidentiality of beneficiary data collected on individuals and households?			

Training

		Yes	No	N/A
1	Date of the last CACFP programmatic training session the provider attended:			
2	Does Provider have documentation of the CACFP programmatic training on file?			
3	List the date of the last CACFP civil rights training session the provider attended:			
4	Does Provider have documentation of the CACFP civil rights training on file?			
Required corrective actions listed on supplemental summary of findings for the ANNUAL REQUIREMENTS review section above				
No correction action required for the ANNUAL REQUIREMENTS review section above				

MEAL COUNTS

		Yes	No	N/A
Are the meal counts available and up-to-date?				
Last Date Recorded				
1	Were daily meal counts documented by the end of the day for the previous day?			
Total # days food service was provided		Average Daily Attendance		

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Meals Served		Provider Reported	Reviewer Verified	Outcome Review of Records		
Breakfast						
AM Snack						
Lunch						
PM Snack						
Supper						
Night Snack						
Totals						
				Yes	No	N/A
2	Are there daily records of meal counts by type (breakfast, lunch, supper, and snacks) served to enrolled participants?					
3	Did the provider report more meals than participants in attendance?					
4	Did the provider report meals on days when they were closed (holidays, vacations)?					
5	Did the provider report more than one meal and two snacks or two meals and one snack per participant?					
				Required corrective actions listed on supplemental summary of findings for the MEAL COUNTS review section above		
				No correction action required for the MEAL COUNTS review section above		

MEAL SERVICE TIMES							
		Yes	No	Approved Serving Times	Start Time	End Time	
Breakfast							
AM Snack							
Lunch							
PM Snack							
Supper							
Night Snack							
					Yes	No	
1	Are serving schedules in accordance with those on the provider application?						
2	Did the provider serve all meal types for which reimbursement is being reported?						
3	Is the provider only claiming meal service(s) which were approved on their application?						
4	Are the meals claimed served to participants who are within regulatory age limits?						
				Required corrective actions listed on supplemental summary of findings for the MEAL SERVICE TIMES review section above			
				No correction action required for the MEAL SERVICE TIMES review section above			

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MEAL OBSERVATION

						Yes	No
Does the Provider charge separately for meals?							
No Meal Observed (SKIP to questions A.4-8)							
	Type of Meal Observed						
	Time Served FROM		AM		PM		
	Time Served TO		AM		PM		
A. Infants							
						Yes	No
1	Does the Provider enroll infants in its child care? (If "No" skip to section "B")						
2	Are infants currently enrolled with the Provider? (If "No" skip to section "B")						
3	Does the home offer the infant meal pattern to currently enrolled infants?						
	If "No" list participants for whom the home lacks the documentation that the infant meal pattern is offered, including Infant Formula Provision Form						
Check the appropriate box below:							
No Infants were in attendance during meal observation (skip to section B)							
No Infants were being fed during meal observation – fed on demand (skip to section B)							
	Number of Infants in attendance but not served during meal observation:						
	Number served for each age group:			Birth – 5 months			
				6-11 months			
Food Component (Infants)			Amount prepared for meal service	Amount to be adequate	Adequate		
Meal / Meat Alternate Component						Yes	No
Fruit or Vegetable Component							
Infant Cereal / Grain Component							
Breastmilk or Iron Fortified Formula Component							

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		Yes	No
4	List the type of infant formula the center provides		
5	Is the formula offered by the center in stock?		
6	Provide the expiration date of the formula in stock		
7	Are solid foods provided?		
8	Does the Provider provide all or all except one of the required components of the infant meal pattern?		
a	If "No" does the parent provide no more than one component of the infant meal for meals claimed?		

B. Children/Adults

	# Served	# Non-Dairy		
1 year				
2 years				
3-5 years				
6-12 years				
3-18 years				
Program Adults				
Non-program Adults				

Food Component (Children/Adults)	Amount prepared for meal service	Amount to be adequate	Adequate	
			Yes	No
Meal / Meat Alternate Component				
Fruit Component				
Vegetable Component				
Grain Component				
Whole Milk Component				
Low-Fat or Skim Milk Component				
Non-Dairy Beverage Component				

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		Yes	No	N/A
1	Did the observed meal meet the meal pattern requirements?			
2	Were all meal components served at the same time?			
3	Does the Provider provide all or all except one of the required components for the child meal pattern?			
4	Are all participants over 2 years of age served fat-free / low-fat milk during the meal service?			
5	Does the Provider have participants enrolled with disabilities?			
6	Does the Provider have participants enrolled with medical conditions?			
7	Were substitutions for participants with disabilities or medical conditions documented on the menu?			
8	Were substitute foods provided by the Facility?			
9	Was appropriate medical documentation available?			
10	Were non-dairy beverages served in lieu of fluid milk for medical conditions or at parent or guardian's request?			
a	If "Yes" are the non-dairy beverages nutritionally equivalent to fluid milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk, as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR section 210.10 (m)(3)?			
11	Is water made available to drink during meal service and throughout the day?			
12	If Family Style Dining is used, answer the following questions:			
a	Is each participant offered all components?			
b	Is enough food available to provide the minimum servings of all required components for all participants?			
		Required corrective actions listed on supplemental summary of findings for the MEAL OBSERVATION review section above		
		No correction action required for the MEAL OBSERVATION review section above		

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MENU REVIEW								
	Number of Meals Disallowed	Reason Codes				L = Other (please explain)		
		D = Missing / Incomplete Record(s) of Number of Meals by type	G = Inadequate Quality of Meal Component(s)	H = Missing Meal Component(s) or amounts				
Breakfast								
AM Snack								
Lunch								
PM Snack								
Supper								
Night Snack								
Enter necessary explanations for "L-Other" reason codes below:								
					Yes	No	N/A	
1	Are the infant menus available and up-to-date?							
2	Are menus for age one year and older available and up-to-date?							
3	Is the type of milk recorded on the menu, including flavored or unflavored and fat content?							
4	Is a fruit and vegetable or two vegetable components provided daily at lunch and/or supper for children or adults?							
5	Is 100% juice offered no more than once per day?							
6	Is juice offered to infants?							
7	Was at least one serving of whole grains, identified on the menu each day?							
8	Are all grains either whole grain or enriched?							
9	Are all breakfast cereals six grams of sugar or less per day ounce?							
10	Is the type of cereal identified on the menu?							
11	Are grain-based desserts counted towards the grain component?							
12	If served at breakfast, are meat/meat alternate served in place of grains no more than three times per week?							
13	Is deep fat frying used as a cooking method?							
14	Is unflavored milk provided to participants from one to five years of age?							
15	If served, is flavored milk fat-free / 1% for participants ages six and up?							
16	For all combination foods does the provider have on file and utilize CN labels, product formulation statements, or standardized recipe?							
Required corrective actions listed on supplemental summary of findings for the MENU REVIEW section above								
No correction action required for the MENU REVIEW section above								

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SUMMARY – NO CORRECTIVE ACTION REQUIRED

✓	NO CORRECTIVE ACTION REQUIRED		
✓	CONSIDER THIS REVIEW CLOSED		
I verify that this home was reviewed on this date and was found to be in compliance with CACFP requirements for the program areas reviewed, as specified in this report. The findings in this report have been discussed with the home's authorized representative.			
Provider's Authorized Representative			
Provider's Authorized Representative Title		Date:	
Sponsoring Organization Representative			
Sponsoring Organization Representative Title			
Departure Time		Date:	

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SUMMARY – CORRECTIVE ACTION REQUIRED

I, the home’s authorized representative, verified that this home was reviewed on this date and that the Sponsoring Organization Representative discussed the findings in this report with me prior to my signing it. I understand that the Sponsoring Organization Representative determined that this home is not in compliance with certain CACFP requirements; that this report serves as a warning regarding non-compliance with those requirements; that I am required to implement the corrective action stated in this report within the timeframe(s) stated to bring this home into compliance with CACFP requirements; and that failure to implement the corrective action within the timeframe(s) stated could result in termination of this home from participation in the CACFP. I further understand that all corrective actions must be implemented fully and permanently. I further understand that this home owes the estimated amount of monies listed below due to rate changes and/or disallowances.

Provider’s Authorized Representative

Provider’s Authorized Representative Title

Date:

Total Estimated Amount Due: \$

I, the Sponsoring Organization Representative, verify that I reviewed this home’s operation and records on this date and determined that the home was not in compliance with certain CACFP requirements, as specified in this report; discussed the findings in this report with the home’s authorized representative and explained that failure to implement the corrective action required within the timeframe(s) stated could result in termination of the home from participation in the CACFP program.

Timeframe(s) for implementing the corrective action(s) begin(s) on the date signed above by the provider’s authorized representative.

Due date(s) for completion of corrective action(s) is/are stated below and on the attached Summary of Findings.

Technical Assistance Provided

Follow-Up Required:

Unannounced on-site visit by Sponsoring Organization Representative

Written response to Sponsoring Organization reviewer by home on/before:

Send written response to:

Sponsoring Organization Representative

Sponsoring Organization Representative Title

Departure Time

Date:

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SUMMARY – CORRECTIVE ACTION DOCUMENT (CAD)						
Page / Item Number	Brief Description of Program Violation(s)	Repeat Finding?	Corrective Action Document (CAD) Needed	CAD Due Date	On-site Follow-up	
					Yes	No

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Page / Item Number	Brief Description of Program Violation(s)	Repeat Finding?	Corrective Action Document (CAD) Needed	CAD Due Date	On-site Follow-up	
					Yes	No