Insert Sponsor letterhead here

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:

_____

RELATIVE CARE/ALTERNATE APPROVAL ONLY:
Have there been any changes to the household?   Name: _____ Date of Birth: _____ Moved: ☐ In ☐ Out
☐Yes ☐No   Provider's Initials _____ Name: _____ Date of Birth: _____ Moved: ☐ In ☐ Out

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,   ☐Yes ☐No
    The temperatures are _____ and _____
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

<u>**Meal Observation**</u>

31. Which meal is being reviewed? ☐ N/A

    ☐ Breakfast ☐ AM Snack ☐ Lunch
    ☐ PM Snack ☐ Dinner ☐ Evening Snack

    a. Meal time on provider's application _____ to _____
    b. Time of meal service observed: _____
    c. Child's menu # served _____ ☐ Minute Menu
    d. Does the meal served match the menu number?
                        ☐ Yes ☐ No* ☐ N/A
    e. Are substitutions correctly indicated on claim form?
                        ☐ Yes ☐ No* ☐ N/A

32. <u>**Children (1-12 years of age)**</u>: (*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?
                        ☐ Yes ☐ No* ☐ 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?
                        ☐ Yes ☐ No* ☐ N/A

35. Meal observed provided a variety of colors temperatures, textures, shapes, sizes and color?
                        ☐ Yes ☐ No

36. Is there a current CN Label present and being used for combination items, such as fish sticks, corn dogs, chicken nuggets, etc.?
                        ☐ Yes ☐ No* ☐ N/A

37. <u>**Infant (Birth-11 months)**</u>: (*in the space provided, specify breast milk or type of formula. Record serving size observed and food served as observed.*) ☐ N/A
    a.   Infant menu #served: _____ ☐ Minute Menu
    b.   Does the meal served match the menu #? ☐ Yes ☐ No*
    c.   Are substitutions correctly indicated on claim form?
                        ☐ Yes ☐ No* ☐ 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 wavier on file or indication that parent is providing formula?
                        ☐ Yes ☐ 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?
                        ☐ Yes ☐ No* ☐ N/A

40. If an 8-11 month old infant meals, at least one of the required components are supplied by the provider? ☐ Yes ☐ No* ☐ N/A

41. Did provider serve the minimum amount of food required per infant according to their ages and meal pattern? ☐ Yes ☐ No*

<u>**Food Preparation/Sanitation**</u>

42. Food service conducted in compliance with generally accepted health and sanitation practices:

    a.   Proper thawing utilized and clean food preparation surfaces maintained? ☐ Yes ☐ No*
    b.   Provider washed hands prior to food preparation?
                        ☐ Yes ☐ No*
    c.   Children washed hands prior to eating? ☐ Yes ☐ No*

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

Insert Sponsor letterhead here

Type of Review:

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

FDCH Monitoring Record Summary Page

Provider's name: _____

Summary of significant findings from previous monitoring visits:

_____
_____
_____

Did provider have any of the same problems during this review as with previous reviews: ☐ Yes* ☐ No ☐ N/A

If yes on previous question, did provider correctly implement the previous corrective action plan? ☐ Yes* ☐ No ☐ N/A

If yes, why was corrective action plan not effective? _____

_____

_____

Unexcused Absence at Meal Time (Unannounced Review) (MR #1,18,31)	Unusual Claiming Patterns (MR #5,8,9,17,18a,19, 29,30)	Meal Pattern Compliance (MR #27,29,31-42)	Menu and Meal Records Compliance (MR #5,9,10,15,16,25-30,31,38,39)	Attendance and Meal Count Records Up To Date (MR #5,16,18a)	Enrollment Information Kept Up To Date (MR #6,19,20)	Imminent Threat to Children's Health or Safety (MR#11-14,21-24,42)	Training Attendance (MR #4)	License/RC/AA Cert./Relative Care Cert./ Appl. Maintained and Current (MR #1,2,3,6)
☐	☐	☐	☐	☐	☐	☐	☐	☐

Ratings: 0= not observed; 1= good review, no problems; 2 = suggestions for improvement; 3= corrective action (if sponsor has different ratings than list)

Summary of all commendations, comments, recommendations, technical assistance given, and/or corrective action

Commendations:
Recommendations:
Discuss non-compliance, technical assistance given, and corrective action:

_____   _____
Sponsor Representative Signature   Date   Provider or Representative Signature   Date

Arrival Time: _____

Depart Time: _____   *If you have additional comments, mail this form with your comments to your sponsor, attn.: to the director, within _____days of the review.   Page _____ of _____

FDCH Monitoring Record Summary Page
Additional Comments

Provider's name: _____ Date of review: _____

ADA Compliant 11/30/2018

5 Day Reconciliation

Institution Name: _____

Site Name: _____

Total enrolled participants (children) for the month: _____

Full name of enrolled child:	ATT	Date:	ATT	Date:	ATT	Date:	ATT	Date:	ATT	Date:
1		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
2		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
3		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
4		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
5		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
6		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
7		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
8		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
9		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
10		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
11		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
12		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
13		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
14		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
15		B A L P D E		B A L P D E		B A L P D E		B A L P D E		B A L P D E
Total of Attendance & Meals										

Did enrollment and attendance support the number of children's meals claimed daily? ☐ **Yes** ☐ **No**

If no, explain: _____