

# Instructions for DHHS/CACFP Sponsoring Organization Day Care Home Review Form CAC 15-Home

This form is designed for use during a day care home review by the Sponsoring Organization of the records, and practices of the day care home.

## PAGE 1

**Date of Review:** Record the date(s) on which the Sponsoring Organization's representative completed the review.

**Arrival Time:** Record the actual time that the Sponsoring Organization's representative arrives at the day care home.

**Departure Time:** Record the actual time that the Sponsoring Organization's representative leaves the day care home.

**Tiering:** Check the appropriate tier of the day care home that is being reviewed.

**Type of Visit:** Check either announced (the day care home staff was notified of the visit) or unannounced (the day care home staff was not notified of the visit). Check whether the visit is for Monitoring, Follow-up or Training/Technical Assistance. If a follow-up visit, check which the type of the previous visit and record the date of that previous visit.

### I. General Data

1. **Name of Sponsoring Organization:** Record the Sponsoring Organization's name.

2. **Agreement Number:** Record the Sponsoring Organization's CACFP agreement number.

3. **Name of Provider:** Record the provider's name.

4. **Provider's Telephone Number:** Record the provider's telephone number with area code.

5. **Provider's address:** Record the provider's address including street, city, state and zip code.

6. **Name of Monitor(s):** Complete the monitor's name(s).

7. **Current sponsor/center agreement on file:** Ask the day care home provider to provide the current sponsor/provider agreement. If the current sponsor/provider agreement is not on file, write as a finding.

#### 8. DHHS/Licensing Registration Information

**Effective date:** Enter the dates that the license is effective.

**Capacity:** Enter the capacity of the day care home from the posted license document.

**Licensing #:** Provide the license number from the license posted in the day care home.

**Alternate Approval:** If the day care home is not licensed, check "Alternative Approval" if the document is on file. (If the day care home is not licensed, there must be an approved DHHS-CAC 8H "Application for Child Care Standards Approval of Non-Licensed Institutions and Facilities" on file.) Record the date the alternate approval was conducted.

**Is Licensing Capacity exceeded on day of review:** Observe the number of participants in the day care home on the day of the review and check whether the capacity is exceeded. Refer to 7CFR 226.6(d)(2)(A). If capacity is exceeded, write as finding and report finding to the Division of Child Development licensing consultant for the county.

9. **Hours of Organized Care:** Check all days that care is offered in the day care home. Record whether the provider offers holidays care.

10. **Authorized Meal Services:** Utilize the Day Care Home application or NCCares to complete this section. Review the Day Care Home Application and check all meal services this day care home is authorized to serve. If the home is not authorized to serve a type of meal, check no. Under "**Approved**", record the start times and end times of all approved meals from the Day Care Home Application or NCCares.

### Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e.*: *On day of review, April 1, 2005, sponsoring organization representative counted 10 children in attendance; license capacity allows for 8.*)

### Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

**Provider:** Record the provider's name.

## II. Attendance And Eligibility Data

### 1. Chart

**Full Name of all Children in Attendance:** Record the full name and age of all the children in attendance on the day of the review.

**Enrollment Form:** Ask the provider to supply all the enrollment forms for participants that are currently enrolled. Enrollment forms should be completed annually. If enrollment forms are not on file for all participants and/or the enrollment forms are not current, write as a finding.

**Provider's Own Child:** Check the box if the child is the provider's own child.

**Meal Participant:** Check each box if the child participated in meals observed on the day of the review.

**Meal Claimed:** Check the box if the meals were claimed for that child on the day of the review.

**Totals:** Total the number of enrollment forms and meals claimed for the day of the review.

2. **The observed meal was served at the approved, scheduled time:** Observe the meal from beginning to end of service for all participants in attendance. If the meal was not served within the approved service times, write as a finding.
3. **Did the provider notify the sponsor of the change:** If the meal was outside the approved serving times, check with the provider if he/she notified the Sponsoring Organization of the change. If the meal was served within the approved service times, the answer to #3 would be N/A.
4. **The provider is at provider/child ratio:** Check to see if the number of participants is within the provider/ child ratio on the day of review. If the provider/ child ratio is not within standards, contact the licensing consultant and write as a finding.
5. **The children in attendance and participating in the meal service have complete enrollment forms:** After completing the chart in #1, check yes or no if all the children in attendance and participating in the meal service have complete and current enrollment forms. If enrollment forms are not complete or not available, write as a finding.
6. **The meals claimed are served to children who are within regulatory age limits:** Check to ensure that all the participants on the day of the review are within regulatory age limits. If the participants served are outside the regulatory age limits, write as a finding. Those children should not be claimed.
7. **Meals served to the provider's own children are claimed only if the child is enrolled, eligible and other eligible children are participating in the meal service:** After completing the chart, and examining the meal count records, check to ensure that if meals are served to the provider's child only if other children are participating in the same meal service and if the provider's child is also enrolled. If provider's children are the only participants or are not enrolled, write as a finding.
8. **The provider charges separately for meals:** Check to ensure that provider does not charge separately for meals. If yes, write as a finding.

### Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e.: On day of review, April 1, 2005, sponsoring organization representative counted 10 children in attendance; license capacity allows for 8. On April 1, 2005, provider had 5 children in attendance but claimed meals for 7 children.*)

### Suggestions:

Record any suggestions that the Sponsoring Organization's Representative may have that would benefit the facility in this section.

## III. Civil Rights

1. Observe to determine if program benefits are made available to all participants on the day of review. If discrimination is observed, write as a finding.
2. Observe to ensure that the day care home provider serves all meals to all enrolled children equally. If discrimination is observed, write as a finding.

3. Check to ensure that the nondiscrimination statement and complaint procedures are included in all printed documents that are provided by the day care home which include information about CACFP. If a violation of discrimination is observed, write as a finding.

**Findings:**

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: On day of review, April 1, 2005, sponsoring organization representative observed that during the meal service, children were seated according to their ethnic background.*)

**Suggestions:**

Record any suggestions that the Sponsoring Organization's Representative may have that would benefit the facility in this section.

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**Provider:** Record the provider's name.

**IV. Parental Notification (Check the appropriate response)**

1. Check to ensure that the provider informs the parents and guardians of the children of the benefits of CACFP. If no method available, write as a finding.
2. Check to ensure that the provider has copies of the "Building for the Future" flyer on hand. If the provider can not supply a copy, write as a finding.
3. Check to ensure that the Building for the Future flyer is being provided to the parents or guardians. If provider does not provide a copy of flyer to each parent or guardian, write as a finding.
4. Ask to see the documents that are provided to the parent or guardian to inform them about the WIC program. Check yes or no. If the WIC documents are not available, provide them and write as a finding.

**Findings:**

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: On day of review, April 1, 2005, sponsoring organization representative observed that the provider did not have the Building for the Future flyer available for parents.*)

**Suggestions:**

Record any suggestions that the Sponsoring Organization's Representative may have that would benefit the facility in this section.

**V. DAY OF REVIEW - OBSERVATION OF MEAL SERVICE** (Observe meal service from beginning to end for all age groups.)

**Type of Meal Observed:** Record the type of meal service (Breakfast, AM Snack, Lunch, PM Snack, Supper, Late PM Snack)

**Time Served:** Record the beginning and ending times of the meal service. Circle "am" or "pm".

**A. Infants**

**Does the provider enroll infants in its child care:** If provider enrolls infants, check "yes". If the provider does not enroll infants, check "no" and skip to B.

**Number Served:** Record the number of infants per age group served during the observed meal.

**Chart:**

**Food Components:** Record each observed food component served under the appropriate food category.

**Amount to Be Served:** Record the amounts of each food component that the provider made available to be served. If the meal pattern was not met or the amounts were inadequate, write as a finding.

**Does the provider offer the infant meal pattern to currently enrolled infants:**

Request the parent-infant waiver forms (Provision of Iron-Fortified Infant Formula Forms) for all currently enrolled infants. If all infants enrolled have a current parent-infant waiver form on file, then "yes" would be checked. If all infants enrolled do not have a current parent-infant waiver form on file, then "no" would be checked. Record all infants enrolled without a form. If all enrolled infants do not have a form on file, write as a finding.

**Provider:** Record the provider's name

**B. Children:**

**Number Served:** Record the number of children per age group served during the observed meal.

**Chart:**

**Food Component:** Record each served food component under the appropriate food category.

**Amounts Available to Be Served:** Record the amounts of each food component that the facility made available to be served.

**Amounts Needed to Be Adequate:** Using the Food Buying Guide, calculate and record amounts needed to be adequate based on the number of observed children served per age group.

**Adequate:** If the amounts available to be served were more than the amounts needed to be adequate check "yes". If the amounts available to be served were less than the amounts needed to be adequate check "no". If the amounts were not adequate, write as a finding. If the meal pattern requirements were not met (amounts were inadequate, or the meal was missing components), write as a finding.

- 1. The menu corresponds to the meal observed:** Compare the meal served to the posted menu for that same meal. If the meal served does not match the posted menu, write as a finding.
- 2. The meal observed contains all required components:** If the meal did not meet the meal pattern and did not contain all the components, write as a finding.
- 3. Medical Statements are on file for all substitutions related to medical needs:** During the meal observation, list any participants for whom substitutions were used due to medical reasons. Ask to see the medical statements on file. A medical statement should include a statement from a recognized medical authority and should specify the food(s) to be omitted and recommend a choice of foods that may be substituted. If medical statements were not available or were incomplete, write as a finding. (Note: If substitutions are made due to religious beliefs, required documentation from the parents must be on file.)
- 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:** Check to ensure that dated, daily menus are on file. If menus are not available, write as a finding.
- 5. An accurate meal count was taken during or immediately after the meal service observed:** Observe whether a meal count was taken during or after the meal service. If a meal count was not taken, write as a finding.

**Provider:** Record the provider's name

**6. List the meal counts for each meal type claimed...participants.:**

**Chart 1:**

**Dates:** Record the dates of the previous 5 consecutive days of all meal services provider is approved to claim. Provide an explanation for breaks that are not weekends.

**Attendance:** Using the provider's attendance records, record the total number of children in attendance for each day of meal services.

**Enrollment:** Using the provider's current enrollment documentation, record the number of children enrolled for each day of meal services.

**Chart 2:**

**Participant Name:** Using the provider's attendance/enrollment documentation, record the names of the participants enrolled for the 5 day period of review.

**Meal Counts:** Using the provider's daily meal count record, check the meal service each participant participated during the 5 day review.

**Dates:** Using the dates from Chart 1, record the dates for each meal service the provider is approved to claim.

**Total:** Calculate the total meals served/claimed per meal services per date of service.

7. **Based on the comparison...accurate?:** Based on the comparison in the chart, determine if the meal counts for each day were accurate. If not, obtain an explanation from the facility for reason of discrepancy. If there is a discrepancy between the number of participants enrolled or in attendance, you must attempt to reconcile the difference and determine if meal counts need to be adjusted.
8. **Did the meal count exceed...days?:** If meal counts were greater than participants in attendance on any of the five days; write as a finding. All meal counts exceeding the number of participants in attendance on any day must be disallowed.

**Findings:**

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: On day of review, April 1, 2005, sponsoring organization representative observed that the meal pattern did not meet the meal pattern requirements. The meal did not contain a bread component.*)

**Suggestions:**

Record any suggestions that the Sponsoring Organization's Representative may have that would benefit the facility in this section.

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**Provider:** Record the provider's name.

**VI. Health/ Safety/ Sanitation**

1. Check to ensure that the refrigeration units are clean and maintained at the required temperature. The temperature of the refrigerator should be 40 degrees or less. If temperature is higher than 40 degrees, write as finding. If no thermometer is in the refrigerator, write as a finding.
2. Check to ensure that food is properly stored in the refrigeration units and in dry areas. Opened food should be covered or sealed and labeled. Food should be stored at least 12 inches off the floor. If not, write as a finding.
3. Check that cleaning supplies and other toxic materials are out of the reach of children and away from food. If not, write as a finding.
4. Check to see if there is evidence of rodents or insects in the center. If insects or rodents are present, write as a finding.
5. Check to ensure that nothing poses a fire, health, or safety hazard at the day care home. If problems are observed and are minor, write as a finding. If problems observed are major, adhere to the suspension procedures set forth in 7 CFR 226.17(4)(i).
6. During observations of the meal service, check to see that food service was conducted in generally accepted health and sanitation practices. If not, write as a finding.
7. Observe the food service and whether the children and provider wash their hands prior to handling food and eating. If not, write as a finding.

**Findings:**

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: On day of review, April 1, 2005, sponsoring organization representative observed there was no thermometer in the refrigerator.*)

**Suggestions:**

Record any suggestions that the Sponsoring Organization's Representative may have that would benefit the facility in this section.

**VII. Sponsor Training/ Monitoring (Answer the questions appropriately)**

1. Ask the provider to supply any documentation of training that the sponsor conducted within the last year. List the date(s) of the training(s). If no documentation is available or the provider did not attend training, write as a finding.
2. Ask the provider for any recommendations, suggestions for future topics during training.

3. List date of last monitoring conducted by sponsoring organization. List any problems that the monitor identified.
4. If any problems were identified, check to see that the corrective actions have been implemented and maintained.

**Findings:**

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e.: The provider has not attended any training in the last 12 months.*)

**Suggestions:**

Record any suggestions that the Sponsoring Organization's Representative may have that would benefit the facility in this section.

## VIII. Summary of Findings

**A. Complete ONLY if NO problems/ errors are found:**

If no findings were recorded in the review, the facility representative and sponsoring organization's representative should sign and date. If findings were recorded, do not sign in Section A. Skip to Section B to complete.

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**Sponsoring Organization's Name:** Record the name of the Sponsoring Organizations' name.

**Provider's Name:** Record the name of the provider.

**Date:** Record the date(s) of the monitoring.

**Agreement Number:** Record the Sponsoring Organization's CACFP agreement number.

**B. Complete only if findings were recorded in the review.**

**Review page/item #:** Record the page and item number of each finding cited.

**Brief Description of Findings:** Write a brief description of each finding from the review next to the appropriate page and item #. (*i.e. April 2005 meals with missing components served and claimed.*)

**Corrective Action Needed:** Write an appropriate corrective action (CA) that the day care home needs to complete in order to be in compliance for each finding. (*i.e. Serve and claim only meals that have the required meal components in adherence to §226.20.*)

**Corrective Action Due Date: Record** a date that the CA is to be completed by the provider.

**On Site Follow-Up:** Record "Yes", if the sponsoring organization's representative will return to the day care home to ensure that the corrective action was completed. Record "No", if the sponsoring organization's representative will not return to the day care home to ensure that the corrective action was completed. If the sponsoring organization's representative will not make an on-site visit, the day care home must mail/fax the corrective action(s) to the sponsoring organization's representative.

The provider/provider's representative and the sponsoring organizations' representative should both sign and date the review.