

**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. Obtain copies of all supporting documentation that demonstrates noncompliance.

**PAGE 1**

**Record the Day Care Home provider name and Sponsoring Organization agreement number at the top page one.**

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

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

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

**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, Training/Technical Assistance.

**Last Monitoring Date:** Document the date of the last monitoring completed. If this is a new provider, put “NA” in the block.

**Findings:** This will be at the end of each section. You may use this to document any program violations found or provide further explanation of a program violation documented if needed.

The box below will be at the end of each page. If program violation were noted in a section, the block “Required corrective actions... section” must be checked. If no program violations were noted in a section, the block “No corrective actions... section,” must be checked.

Required corrective action listed on supplemental summary of finding for the review section.

No corrective action required for this section.

**I. GENERAL DATA**

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

**Name of Sponsoring Organization:** Record the Sponsoring Organization’s name.

**Name of Provider:** Record the provider’s name. If completing form using the computer, this field will be filled in automatically.

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

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

**Approved Days of Care:** Check all days that care has been approved by the sponsor in the day care home.

Check to ensure the provider has a permanent DHHS/State license or alternate approval CAC 8H on file. If no current license is on file, write as a program violation and ensure provider is eligible to participate in the CACFP.

Check to ensure the provider has a copy of the current sponsor provider agreement CAC 8D on file. Ask the day care home provider to provide the copy of the agreement to you. If the provider does not have a copy of the agreement, write as a program violation.

**II. MEAL SERVICE TIMES**

**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 Serving Times**”, record the start times and end times of all approved meals from the Day Care Home Application or NCCares.

**III. PARENTAL NOTIFICATION**

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 program violation.

2. Check to ensure that the provider has copies of the “Building for the Future” flyer on hand. Provider should have copies to hand out to parents/guardians. If the provider cannot supply a copy, write as a program violation.
3. Check to ensure that the Building for the Future flyer is being provided to the parents/guardians. If provider does not provide a copy of flyer to each parent/guardian, write as a program violation.
4. Ask to see the documents that are provided to the parent/guardian to inform them about the WIC program. Check yes or no. If the WIC documents are not available, provide them a copy of a WIC Flyer to give out and write as a program violation.

## PAGE 2

**Provider Name:** Record the name of the provider being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

## IV. 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 program violation.
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 program violation.
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 the discrimination statement is not included in the provider’s advertisements, write as a program violation.

## V. ATTENDANCE AND ELIGIBILITY DATA

### Chart

**Full Name of all Children Enrolled:** Record the full name and age of all the children enrolled in the day care home.

**In Attendance:** Check all children that are in attendance during the monitoring.

**Age:** Document the age of each child. Infants document their age by month with a “m” behind the number (for example: 8m)

**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 and complete, write as a program violation.

**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.

**Claiming Meal:** Check the box if the provider plans to claim the meal 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.

1. **The provider is at/within license capacity at the time of the review:** check license to ensure provider is at or within the capacity approved. If not within the approved license capacity, request an explanation from the provider and record explanation. Write as a program violation and report to the Division of Child Development Early Education (DCDEE) licensing consultant for the county.
2. **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 DCDEE licensing consultant and write as a program violation.
3. **Do the children enrolled have complete and current enrollment per CFR §226.18 on file:** After completing the chart, check yes or no. If enrollment forms are not complete or not on site, write as a program violation.
4. **Are the daily attendance records up-to-date:** Ask for attendance records. Ensure daily attendance is being done. If daily attendance records are not on file, write as a program violation. Record the date the attendance was last documented. Dates attendance records are not on file, meals should not be claimed for those days.

## VI. MENU AND MEAL COUNT

1. **Are meal count available and up to date:** Review the meal count records to ensure they are current and up-to-date. Document the date of the last recorded meal. If meal count records are not up-to-date, write as a program violation.

**2. Are the infant menus up to date:** Review the menus to ensure they are current and up-to-date. Document the date of the last recorded meal service. If menus are not up-to-date, write as a program violation.

**3. Are menus for one and older up to date:** Review the menus to ensure they are current and up-to-date. Document the date of the last recorded meal service. If menus are not up-to-date, write as a program violation.

**4. Chart 1 (a)**

**Dates:** Record the dates of the previous 5 consecutive days of all meal services provider is approved to claim from the date of the observed meal or the date of the monitoring. Provide an explanation for breaks that are not weekends. Five consecutive days of operation must be documented.

**Attendance:** Using the provider's attendance records, record the total number of children in attendance for each meal service approved to claim.

**Enrollment:** Using the provider's current enrollment forms, record the number of children enrolled for each day of each meal service approved to claim.

**PAGE 3**

**Provider Name:** Record the name of the provider being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

**Chart 2 (b)**

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

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

**5. Based on the comparison...accurate:** Based on the comparison in the chart, determine if the meal counts for each day were accurate. If there is a discrepancy between the number of participants enrolled or in attendance, "no" should be checked and you must attempt to reconcile the difference and determine if meal counts need to be adjusted. If "no" is checked obtain and record an explanation. If difference cannot be reconciled, write as a finding.

**6. Did the meal counts...days:** Based on the comparison in the chart, determine if any of the meal counts for each day exceeded the attendance count. If "yes", reconcile the difference and determine the meal count adjustments required. Write as a program violation if meal counts exceeded attendance.

**PAGE 4**

**Provider Name:** Record the name of the provider being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

**VII. DAY OF REVIEW**

**A.**

**The provider charges separately for meals:** Check to ensure that provider does not charge separately for meals. If yes, write as a program violation.

**No Meal Observed:** Check this block if no meal service will be observed during the monitoring. Answer questions B.1-2 and then go to Section VIII Monitoring to resume answering questions.

**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. Check "am" or "pm".

**B. Infant Meals**

If infants are not enrolled, not in attendance or were fed on demand and the meal was not observed, check the appropriate N/A box and skip to Section B.1 or Section C as applicable and resume answering questions.

**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 program violation.

**1. 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 the names of all infants enrolled without a form. If all enrolled infants do not have a form on file, write as a program violation.

**2. If infants are currently enrolled, is the formula offered by the provider in stock:** Check to see if the formula offered by the provider is available on site. If the offered formula is not in stock, write as a program violation.

**C.**

**Children:**

If children are not in attendance or were fed outside of the approved time and the meal was not observed, check the appropriate N/A box and skip to Section C.6 or Section VIII as applicable and resume answering questions.

**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 program violation. If the meal pattern requirements were not met (amounts were inadequate, or the meal was missing components), write as a program violation.**

**1. Does the menu correspond 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 for infants and children, write as a program violation.

**2. Were the substitute foods documented on the menu:** Check to ensure that the menu was adjusted for all disabilities and medical conditions that restrict the participant’s diet. The substitution should also be written on the daily menu(s). If the substitutions were not documented on the menu(s), write as a program violation.

**3. Are the substitute foods provided by the provider:** The substitutions for disabilities are to be provided by the provider. The substitutions for medical conditions may be provided by the provider; however, if the provider claims the meal, the substitution must be provided by the provider. If the meals are not provided by the provider for disabilities, write as a program violation. If the provider claimed meals for medical conditions and did not provide the substitutions, write as a program violation.

**4. The meal observed contained all required components:** Observe the meal from beginning to end of service for all participants in attendance. Based on the meal service being observed, compare the food items served to what food items are required to ensure all required items were served. If the meal did not contain all the required components, write as a program violation.

**5. Was food service conducted in compliance with generally accepted health and sanitation practices:** Observe meal service to ensure general health and sanitation practices are being followed during the meal service. If general health and sanitation practices are not being followed, write as a program violation.

**PAGE 5**

**Provider Name:** Record the name of the provider being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

**6-7. The observed meal was served during the approved mealtime:** 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 outside the approved time, write as a program violation. If the meal was served within the approved service times, the answer to #7 would be N/A.

**8. 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 when meals are served to the provider’s child 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 program violation.

**9. Are the meals claimed served to children who are within the regulatory age limit:** Check ages of all participants in attendance. Check with provider about any questionable ages. Have them provide documentation to validate dates. If a participant is found to be outside of age limit, write as a program violation.

**10-11. Does the provider have participants enrolled with disabilities and/or medical conditions:** Ask for the names of each participant and their documented medical disability and/or condition.

**12. Is complete Medical Statements for CACFP and SFSP participants Requiring Meal Modification is on file:** Check to ensure that medical documentation is on file for the participants with a disability or medical condition that restricts his/her diet. If appropriate medical documentation was not on file, write as a program violation. The medical statement must be signed by a recognized medical authority and should specify the food(s) to be omitted from the diet and recommend a choice of foods that may be substituted.

**13. Were non-dairy beverages served in lieu of fluid milk...:** In observation of meal service and/or review of records, check to see if non-dairy beverages are being served instead of cow's milk.

**14. Are the non-dairy beverages nutritionally equivalent to milk...:** Look at the product label and ensure the non-dairy beverages are nutritionally equivalent to 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. If the beverage is not equivalent to cow's milk, write as a program violation. The meals served with non-equivalent beverages to milk cannot be claimed for reimbursement. Only if the beverage is for a participant with a disability that restricts his/her diet, it does not have to be equivalent to milk. Complete the non-dairy tool and submit with review along with the medical documentation.

**15. Is water made available to drink...:** Observe to see if water is being made available or participants have access to water throughout the day. If water access or availability is not obvious, ask the center representative how they are ensuring the participants have access to water throughout the day. If they are not, suggest ways they can provide water to their participants throughout the day.

## VIII. MONITORING

**1-2.** Ask the provider to give you copies of all monitoring conducted within the past 12 months. Document the dates the monitoring were conducted. If copies of the monitoring are not on file, write as a program violation.

**3-4.** Review last monitoring conducted to ensure that any program violations cited have been corrected. If any cited program violations from the last review conducted have not been corrected, write as a program violation.

### Indicate Date Completed...

**Current Review:** Monitor will check the block for the section if it is being completed during the current monitoring and document the date of the monitoring.

**Previous Review:** Monitor will check the block for the section if it was completed in a previous monitoring within the past 12 months and provide the date of the monitoring.

## IX. ANNUAL REQUIREMENTS

### A. CIVIL RIGHTS

**1-2.** Provider should have on file the estimated current participation by ethnic group and racial group. Check how data was obtained. Self-identification by the applicant/participant is the preferred method of obtaining characteristic data. Where an applicant does not provide this information, the data collector shall through visual observation secure and record the information where possible. (Keep this in mind if the observation method is used, parents/guardians have to be informed by the data collector that they will assign the applicant to an ethnic group if not designated by the parent/guardian.) However, the data collector may not "second guess," or in any other way change or challenge a self-declaration made by the applicant as to his or her racial background unless such declarations are patently false.

**3-4.** If the provider has only one race enrolled, a statement of the general racial composition of the area that the provider serves is required. If the provider has failed to document the ethnic and racial data of all enrolled participants annually, write as a program violation.

**5.** If ethnicity and race are obtained by observation; ask the provider for the written documentation used to inform applicants the procedure that will be used if they decline to provide their ethnicity and/or race. If there is no written documentation on file, write as a program violation.

**6.** Ask the provider for their written procedures of maintaining the confidentiality of beneficiary data (income eligibility applications, enrollment data, ethnic and racial data) collected on individuals and households. The data should be

maintained using safeguards that prevent its use for discriminatory purposes. Such safeguards shall include allowing access to program records containing this data only by authorized personnel (there should be restricted access). If the center does not have written procedures on file, write as a program violation.

## B. TRAINING

**1-4.** Ask the provider to give you a copy of the last programmatic and civil rights training. Document the date of the last training and review documentation of training to ensure all required areas were addressed. If no documentation is available and/or the provider did not attend training, write as a program violation.

### PAGE 6

**Provider Name:** Record the name of the provider being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

**Complete this Section (ONLY IF NO PROGRAM VIOLATIONS ARE FOUND):**

If no program violations were recorded in the review, the facility representative and sponsoring organization's representative should sign and date. If program violations were recorded, do not sign in this Section. Skip to Section below to complete.

**Complete this Section (ONLY IF PROGRAM VIOLATIONS ARE FOUND):**

**Chart:**

**Review page/ item #:** Record the page and item number of the program violation cited.

**Brief Description of Findings:** Write a brief description of each program violation 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 program violation. (*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 center.

**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 provider must mail/fax the corrective action(s) to the sponsoring organization's representative.

**Technical Assistance (TA) provided:** document all TA given to provider relating to program violations cited.

The facility representative and sponsoring organization's representative should sign and date.

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