

FDCH Monitoring Record

Type of Review:

- Announced Meal Observation
 Unannounced File
 Block Claim
 Meal Ratio:
 B A L P D E

Provider's name: _____ Phone Number(s): _____

Address: _____ City: _____

Date of review: _____ Review # _____ Date of last review _____

Problems noted at last review and/or claim: _____ None

Were problems noted above resolved? Yes No* N/a Tier I Tier II Tier II (Mixed)

Forms Retention & Accuracy

- 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*
- A copy of the sponsor/provider agreement with all addendums is on file at provider's home? Yes No*
- Building For the Future Poster displayed in home Yes No*

Approval Information

License R/C Relative Care

4. Approved Capacity: _____ #Present: _____ Within Limits? Yes No*

Civil Rights, Training and Attendance

- 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*
- Has provider/helper received annual training? N/a Yes No*
- Is time in/out with parent signatures/initials recorded daily?
 a. If not, it is complete up to _____ (date) Yes No*

Eligibility Data

- All claimed meals are served to children who are within the regulatory age limits? Yes No*
- Meals served to provider's own children are claimed only if all the following are true: 1) provider is income eligible, 2) provider's children are enrolled, 3) and outside enrolled day care children are participating in the meal service? Yes No*
- 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

- Fire extinguisher has a current tag or current date? Yes No*
- A smoke detector is located in the home? Yes No*
- 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

- Menu numbers are recorded daily on claim form? Yes No*
- Accurate meal count is maintained daily? Yes No*
 a. Meal count is complete up to _____ (date)
- What is the provider's policy regarding caring for sick and/or injured children? _____
- What is the provider's policy regarding drop-in/part-time day care? _____

- Does the provider have children in shift care? Yes* No
 a. If yes, is the number in care within licensing limits at all times? Yes No*
- Does the current claim appear to be a block claim? Yes* No
 a. If yes, validate at office? or validate at this review?
- 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 five prior serving days?
 (complete graph below before answering) Yes No*

| Date | # claimed | Date | # claimed | Date | # claimed |
|---------------|-----------|-------|-----------|-------|-----------|
| (today) _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Child Enrollment

- Annual re-enrollment completed with all CACFP information required and on file? Yes No*
- Total enrollment _____ Resident _____ Day Care _____

24. 5 DAY RECONCILIATION (Look at five consecutive claiming days in **present or previous** claiming period.) Write the children's names in the first column. Write the dates the reconciliation period covers on top of each respective column. Place a check mark on column "En" if child was enrolled and on column "Att" if child attended. Check the meals that were claimed for each child B=breakfast, A=a.m. snack, L=lunch, P=p.m. snack, D=dinner, E=evening snack.

| Children's Names: | En | Att | Date: _____ | | | | | | | Att | Date: _____ | Att | Date: _____ | Att | Date: _____ | Att | Date: _____ | |
|-------------------|----|-----|-------------|---|---|---|---|---|---|-----|-------------|-----|-------------|-----|-------------|-----|-------------|---|
| | | | B | A | L | P | D | E | B | | | | | | | | | A |
| 1. | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | |

25. Did enrollment and attendance on the five day reconciliation support the number of children's meals claimed each day? Yes

26. List of children present by full name and age: (not necessary if recorded on current provider enrollment list attached to this form)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Provider Name _____

Date of review _____

Approved 11/2010

Food Safety/Sanitation

27. Food is properly stored/covered in the refrigerator/freezer(s) and in dry storage areas? Yes No*
28. The refrigerator (s) and freezer (s) are clean and the temperatures are _____ and _____ Yes No*
29. Is there obvious evidence of rodent or insect infestation? Yes* No
30. Other obvious food safety/sanitation dangers observed? Yes* No

Cycle Menus Currently in Use

31. Sponsors (Menu #'s) _____ Own (Menu #'s) _____
- Minute Menu
- a. If using sponsor's menus, are they the most current version? Yes No*
- b. If provider is using own menus, have they been approved by sponsor? Yes No*

Meal Observation (If not observing meal today, skip to question 45)

32. Which meal are you here to review?
- 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 menu # served _____ Minute Menu
- d. Does the meal served match the menu number? Yes No*
- e. Are substitutions correctly indicated on claim form? Yes No*

33. Children (1-12 Years of Age): (In the space below, write the serving sizes served for each age group and menu served today as observed)

| Components | Serving sizes | | | Items Served (Note all substitutions) |
|-------------|---------------|-------|-------|--|
| | 1-2 | 3-5 | 6-12 | |
| Milk | _____ | _____ | _____ | _____ |
| Meat/Alt | _____ | _____ | _____ | _____ |
| Fruit/Veg | _____ | _____ | _____ | _____ |
| Fruit/Veg | _____ | _____ | _____ | _____ |
| Grain/Bread | _____ | _____ | _____ | _____ |

- _____ Providers initials for meal accuracy
34. If meal service is family-style, is enough food prepared and available on table for all children to receive required servings? N/A Yes No*
35. If meal service is pre-plated, did provider serve the minimum amount of food required to each child according to their age? N/A Yes No*
36. Meal observed provided a variety of colors, temperatures, textures, shapes, sizes and flavors? Yes No*
37. **Infants (Birth -11 months):** (In the space provided, specify breast milk or type of formula. Record serving sizes and foods served as observed)
- N/A (If no infants present/enrolled skip to question 42)
- a. Infant menu # served: _____ Minute Menu
- b. Does the meal served match the menu #? Yes No*

| Components | Serving sizes | | | Items Served |
|--------------------------------|---------------|-------|-------|--------------------------|
| | 0-3 | 4-7 | 8-11 | (Note all substitutions) |
| Formula (Iron Fortified) | _____ | _____ | _____ | _____ |
| Meat/Alt | _____ | _____ | _____ | _____ |
| Fruit/Veg | _____ | _____ | _____ | _____ |
| Infant Cereal (Iron Fortified) | _____ | _____ | _____ | _____ |

- _____ Providers initials for meal accuracy
38. Infant meals include either an approved, provider-supplied formula or approved parent-supplied formula with a formula waiver on file? 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? N/A Yes No*
40. For 8 -11 month infant meals, at least one of the required components is supplied by the provider? N/A Yes No*
41. Did provider serve the minimum amount of food required per child according to their ages and meal pattern requirements? Yes No*

General Meal Observations

42. Medical statements are on file for children who require substitutions that do not meet the CACFP meal pattern? Yes No*
43. Meal was served in a positive/pleasant environment? Yes No*

Food Preparation/Sanitation

44. 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*

45. Comments, recommendations and technical assistance given: (All answers with an * must include an explanation. Write the item number, the problem, how it will be resolved and by when. Indicate if corrective action is necessary.)

46. Arrival Time: _____ Departure Time: _____

Primary Care Provider's Signature Date

Secondary Care Provider's Signature Date

Sponsor Representative's Signature Date

FDCH Sponsor Initials & Date _____

Child Management Associates

8831 South Redwood Road Suite D1
West Jordan, UT 84088

Type of Review:

- Announced Meal Observation
- Unannounced File
- Block Claim
- Meal Ratio:
- B A L P D E

FDCH Monitoring Record Summary Page

Provider's name: _____ Phone Number(s): _____
 Address: _____ City: _____
 Date of Review: _____ Review #: _____ Date of Last Review: _____
 Arrival Time: _____ Departure Time: _____

Problems noted at last review and/or claim: _____ None
 Were problems noted above resolved? Yes No* N/a Tier I Tier II Tier II (Mixed)

Summary of all comments, technical assistance, and/or corrective action. Please address each category.

| | |
|---|---|
| 1. Unexcused absence at meal time (Unannounced Review) (Agreement #15) | <input type="checkbox"/> _____ _____ |
| 2. Apparent Invalid Block Claim Discovered (16, 17, 18, 19, 20 ,21) | <input type="checkbox"/> _____ _____ |
| 3. Meal Pattern Compliance (31-41) | <input type="checkbox"/> _____ _____ |
| 4. Menu and Meal Records Compliance (9, 15, 31, 32e, 42) | <input type="checkbox"/> _____ _____ |
| 5. Attendance and Meal Count Records Up To Date (7,8, 16, 18, 19, 24) | <input type="checkbox"/> _____ _____ |
| 6. Enrollment Information Kept Up To Date (8,9,10, 22, 42) | <input type="checkbox"/> _____ _____ |
| 7. Imminent Threat to Children's Health or Safety (11-14, 27-30, 44) | <input type="checkbox"/> _____ _____ |
| 8. Training Attendance (Agreement #3, 6) | <input type="checkbox"/> _____ _____ |
| 9. License/RC/AA Cert./ Relative Relative Care Cert. Maintained and Current (1, 2, 3, 4) | <input type="checkbox"/> _____ _____ |

Provider Comments: _____

Ratings: 0= not observed; 1= good review, no problems; 2= technical assistance; 3=corrective action

Sponsor Representative Signature

Date

Provider or Representative Signature

Date

If you have additional comments, mail this form with your comments to your sponsor, attn. to the director, within 5 days of the review.