INSTRUCTIONS FOR
CACFP - DAY CARE HOME
REVIEW

This review form is provided to assist sponsoring organizations in the conduct of reviews. Sponsors may use this form, or may develop their own review form or tool. Reviews are used not only to determine compliance with Program requirements but also to verify and validate the documentation the day care home has provided the sponsor, identify training needs and identify any trends that may lead to deficiencies. This allows the sponsor to forecast the needs of the day care home and better manage the Program to ensure integrity. The following areas must be reviewed:

- Meal pattern
- Licensing
- Record keeping
- Training
- Attendance and meal counts
- Enrollment and eligibility
- Civil rights

All findings will require technical assistance and corrective action. Some findings will result in disallowance and require the sponsoring organization to submit an adjusted claim.

GENERAL INFORMATION

Name of Sponsoring Organization – Enter the name of the sponsoring organization.

CE ID – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS). If you do not know your CE ID, contact TDA.

Date of Review – Enter the date of review

Time of Arrival – Enter the time of arrival. Be sure to identify a.m. or p.m.

Time of Departure – Enter the time of departure. Be sure to identify a.m. or p.m.

DCH Type – Check the appropriate box.

Reason for Review – Check the appropriate box as follows:

- 1st four weeks: Mark this box to indicate if this review is being conducted within the first four weeks of participation.
- Regular – Mark this box to indicate if this review is one of the three regularly required reviews or regular review designated for this provider if review averaging, additionally mark the weekend box if the review occurred on a Saturday or Sunday
- Follow-up: Mark this box to indicate if this review is being conducted to follow-up on an unsuccessful monitor review or for a provider that was temporarily deferred.

Type of Review – Indicate if the review is announced (scheduled with the provider in advance) or unannounced (provider is not informed of the review in advance). Regardless of the type of review, day care homes are required to maintain records and have those available according to the recordkeeping requirements outlined in the CACFP DCH Handbook.

Monitor Name – Enter the name of the monitor that conducted the review. The monitor must be a member of the sponsor's administrative staff and must show photo identification. See CACFP DCH Handbook for contracting exceptions.

Provider's Name(s) – Enter the name of the provider(s). If someone other than the provider was onsite providing care give an explanation in Section H. Findings, Corrective Actions, and Commendations. Ensure the provider is in compliance with DFPS/HHSC requirements related to assistant or substitute caregivers.

Provider's Address – Enter the complete address of the provider, including State and zip code.

Date of Last Review – Enter the date of the last review.

Non-compliances identified at the last review – Enter any non-compliances identified at the last review.

Were the non-compliances corrected? – Indicate Yes or No. If no, enter the reason why.

A. ENROLLMENT

Column 1: Infant's/Children's Names – Enter the first and last name of all enrolled infants and children.

Column 2: Age – Enter the age of each infant/child.

Column 3: Resident – Mark this box if the infant/child is a resident of the provider's home.

Column 4: Attendance – Mark this box if the infant/child is in attendance at the time of the review.

Column 5: Served Meal? – Mark this box if the infant/child was served a meal during the meal service observed on the day of the review.

B. MEAL SERVICE

The day care home provider must operate according to his/her most current approved provider application and according to CACFP requirements. Based on the meal being observed, the most current approved provider application, and the records maintained by the provider determine compliance by completing the information and questions below. This assists sponsors in documenting compliance with meal pattern requirements, ensuring substitutions and special diets are properly administered and documented, congregate feeding is occurring, and children in attendance are the same as those normally claimed.

Enter the beginning and ending time of the meal service being observed under the appropriate meal type.

1. Review the *Daily Meal Count, Attendance, and Meal Production Record* (H1539) and *Daily Meal Production Record – Infants* (H1530-A) for meal being observed. If no, were substitutions consistent with USDA requirements and documented correctly?

2. Examine the *Daily Meal Count, Attendance, and Meal Production Records* (H1539) and *Daily Meal Production Record – Infants* (H1530-A). Are they completed on a daily basis?

3. The start and end time for the meal observed should fall within the time range provided on the *Provider Application*.

4. Review the *Daily Meal Count, Attendance, and Meal Production Records* (H1539) and *Daily Meal Production Record – Infants* (H1530-A) to determine if the correct number of meals/snacks is claimed per child.

   If no, provide an explanation and take action as appropriate.

5. Refer to the CACFP DCH Handbook for guidance on what parents/guardians may provide. Ensure the Provider is in compliance. Request to see parent preference documentation for all enrolled infants.

6. Request to see any medical statements on file and documentation that they are serving the required diet to the child(ren)/infants.

7. Are variations in meal patterns documented and approved by the sponsor? See CACFP DCH Handbook for further information and guidance.

C. MEAL ANALYSIS

The provider must provide meals that are in compliance with CACFP meal pattern requirements, including required components and portion sizes, substitutions, medical and special dietary needs and disabilities. Based on the meal being observed determine compliance by conducting an analysis and answering the following questions. This allows the sponsors to visually observed what is being served, validating the providers' actual process for preparation of compliant meals, observe when and how documentation is completed, and observe the children's acceptability of the meal being served and claimed. It also allows the sponsor to make immediate corrections to avoid disallowances, offer suggestions and technical assistance to improve the quality of the meals provided.

Complete the meal analysis for the meal observed, based on the CACFP meal patterns. Refer to the CACFP DCH Handbook for required quantities.

1. Complete the meal analysis based on the CACFP meal patterns. Use the *Daily Meal Count, Attendance, and Meal Production Record* (H1539) and *Daily Meal Production Record – Infants* (H1530-A) as needed to obtain the information. (Attach additional sheets, as needed).

2. Self-explanatory.

3. Is the quantity sufficient to meet the meal pattern requirements for the number of children and infants served?

4. Observe the type of meal service used. Refer to CACFP DCH Handbook for more information on meal service styles.

D. CIVIL RIGHTS

The provider must provide services to children regardless of race, color, national origin, sex, age or disability. The sponsor must ensure the provider is in compliance with civil rights requirements and providing equal access to the Program. Obtain from the provider the ethnic/racial breakdown of those children currently enrolled and those that actually participated on the day of review. Note that neither sponsors nor providers may use visual observation to obtain racial/ethnic data. Providers must be actively seeking to obtain this information via enrollment documentation or another mechanism. Only if a parent declined to identify a child via the established process should that child be marked as Unknown. Use this information and your observation of meal service not only to maintain the required ethnic and racial data, but also to determine if changes to the Program, facilities, or outreach efforts need to be made to ensure equal access to the Program.

Complete the chart by entering the ethnic and racial categories of infants/children based on current enrollment *and* actual participation as observed by the monitor on the day of the review. Infants/children of multiple racial categories can be categorized in more than one racial group.

Observe the practices of the provider during the review.

1. If the answer to this question is yes, then the provider is not in compliance with Civil Rights.

   Exception: If the provider has children of only one race, color, national origin, sex, age or disability in care and can provide a plausible explanation for this, then the provider would not be considered out of compliance.

   Example: The majority of children in the area in which the provider lives are of a certain race.

2. If this answer to this question is no, the provider is not in compliance with Civil Rights. The sponsor must obtain immediate corrective action from the provider and provide additional Civil Rights training.

3. Ask the provider to explain the Civil Rights complaint procedure. If the provider is unable to do so, this could be an indication that technical assistance or additional training is required.

4. Ensure you have distributed written Civil Rights complaint procedures to the provider to distribute to parents. Ensure the provider understands he or she is required to distribute the information.

E. RECORD KEEPING

The provider must maintain Program records according to record keeping requirements and to support claims submitted by the sponsor on behalf of the day care home. The sponsors must ensure the provider is in compliance by reviewing the records and answering the questions below. Additionally, use this review to determine if the information is accurate, current, the same as the information previously submitted, and in agreement with what is observed (children in attendance, etc.).

1. Self-explanatory.
2. Review the Provider's license. Does the day care home have more children by age than allowed per the restrictions placed on the license?
3. Examine all applicable forms for the month(s) being reviewed to ensure they are completed daily.
4. Review the *Daily Meal Count, Attendance, and Meal Production Records* (H1539) and *Daily Meal Production Record – Infants* (H1530-A) to determine if substitutions were correctly documented. The provider must line through the original items and write in the substitution.
5. Review the WIC information to determine if it is the latest available from TDA. Ensure the Provider has posted the "Building for the Future" flyer where it can be easily seen. Leave current WIC and "Building for the Future" flyers for the provider to distribute.

F. TRAINING

The provider must participate in required annual training. The sponsors must ensure the provider is in compliance by reviewing the training records, and answering the questions below. Additionally use this information to determine additional and/or future training needs.

Refer to CACFP DCH Handbook for training requirements. Based on your training plan for the provider, is the provider in compliance with training requirements? If yes, enter the date mandatory training was completed. If no, explain why and prescribe a plan of correction for the provider in H.

G. FIVE-DAY RECONCILIATION

The provider must maintain accurate meal counts and attendance records for the purpose of claiming only meals for which the provider is entitled. The sponsors must ensure the information the provider has been submitting for its monthly claim consolidation is accurate and correct and represents what truly occurs at the day care home on a daily basis. The sponsor will use this information to determine the legitimacy of the claims submitted by the provider, identify any discrepancies and obtain further information to determine any actions needed.

Refer to your CACFP DCH Handbook for information on the five-day reconciliation process and procedures.

1. Use the information obtained from the meal count, attendance and enrollment records to complete the chart.

2. Use the chart in #1 to obtain the necessary information to answer this question.

3. See Item 2 above.

H. FINDINGS, CORRECTIVE ACTIONS, AND COMMENDATIONS

1. Findings - List all the findings. Provide technical assistance for each finding. If meals are going to be disallowed document here and inform the site. Reference CACFP DCH Handbook Section 10000, *Serious Deficiency*, if it appears the day care home is seriously deficient.

2. Corrective Actions - If there are findings, identify the corrective action required and the due date that it must be satisfactorily completed.

3. Commendations – Document here all areas in which the day care homes operation of the Program is commendable.

I. SIGNATURE

Upon completion of the review, the monitor must share findings, corrective action and comments with the provider. Both must sign and date to acknowledge completion of the review.

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Name of Sponsoring Organization		CE ID	
Date of Review	Time of Arrival ☐ AM ☐ PM	Time of Departure ☐ AM ☐ PM	Date of Last Review

DCH Type

☐ Licensed Child Care Home   ☐ Registered Child Care Home   ☐ Military   ☐ Indian Reservation

Reason for Review	Type of Review
☐ 1ˢᵗ four weeks ☐ Regular**:** ☐ Weekend ☐ Follow-up	☐ Announced ☐ Unannounced
Monitor's Name	Provider's Name(s)

Provider's Address

Non-compliances identified at the last review:

Were the non-compliances corrected?   ☐ **Yes**   ☐ **No**

If no, explain?

A. Enrollment

Enter the Names of all enrolled infants/children	Age	Resident	Attendance	Served Meal?
1.		☐	☐	☐
2.		☐	☐	☐
3.		☐	☐	☐
4.		☐	☐	☐
5.		☐	☐	☐
6.		☐	☐	☐
7.		☐	☐	☐
8.		☐	☐	☐
9.		☐	☐	☐
10.		☐	☐	☐
11.		☐	☐	☐
12.		☐	☐	☐
13.		☐	☐	☐
14.		☐	☐	☐

B. Meal Service

Enter the beginning and ending time for the meal/snack being observed:					
Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

1. Was the menu served the same as posted for today?	☐ Yes		☐ No
If not, were substitutions consistent with USDA requirements?	☐ Yes		☐ No
If not, were substitutions documented correctly?	☐ Yes		☐ No
2. Are all items on the *Meal Production Records* (H1539/H1530-A) or alternate completed on a daily basis?	☐ Yes		☐ No
3. Are the times meals are served consistent with the times indicated on the *Provider Application*?	☐ Yes		☐ No
4. Is the combination of meals/snacks claimed consistent with CACFP regulations?	☐ Yes		☐ No
5. Does the Provider supply all meal components, including formula for infants?	☐ Yes		☐ No
If no, explain:			
6. Are there medical statements on file for infants/children with disabilities and/or medical or special dietary needs?	☐ N/A	☐ Yes	☐ No
7. Have variations in meal patterns been approved?	☐ N/A	☐ Yes	☐ No

C. Meal Analysis

1. Production: Complete the following information for the meal observed and calculate the amount of each component used. Consult the CACFP handbook for meal pattern requirements.

Enter the number of Program participants that were served (or attach a copy of the meal count and attendance document for the day of review):

Infants: 0-5 mos	Infants: 6-11 mos	Children: 1-2 yrs	Children: 3-5 yrs	Children: 6-12 yrs	Children: 13-18 yrs

Children	Food Items Served	Amount Prepared	No. of Servings per Amount Prepared	Amount Needed	+ OR -
Milk					
Meat/Meat Alternate					
Vegetables					
Fruits					
Grains					
Other Foods					

Infants	Food Items Served		Amount Prepared		No. of Servings per Amount Prepared		Amount Needed		+ OR -	
	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos
Milk										
Meat/Meat Alternate										
Vegetables										
Fruits										
Grains										
Other Foods										

C.   Meal Analysis, continued

2. Were all required components served?	☐ **Yes**	☐ **No**
3. Was a sufficient quantity of each component prepared to meet the meal pattern requirements for the number of infants/children?	☐ **Yes**	☐ **No**
4. Type of meal service: ☐ **Family Style or** ☐ **Cafeteria/Pre-plated/Unitized**		

D. Civil Rights

Complete the chart by entering the ethnic and racial categories of infants/children.

Number of Infants / Children	Ethnic Category			Racial Category					
	Hispanic or Latino	Not Hispanic or Latino	Unknown	White	Black or African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	Unknown
Current Enrollment									
Actual Participation									

Based on your observation, is there any discrimination by race, color, national origin, sex, age or disability?   ☐ **Yes**   ☐ **No**

E. Record Keeping

1. Licensing		
a. Is the current license/certification posted?	☐ **Yes**	☐ **No**
b. What is the current licensed capacity?		
c. Does today's attendance exceed the capacity?	☐ **Yes**	☐ **No**
If yes, explain:		
d. Is the day care home subject to licensing standards other than DFPS/HHSC?	☐ **Yes**	☐ **No**
If yes, explain:		
2. Enrollment – Is the Provider maintaining complete and current enrollment forms for each infant/child as well as following proper record retention for previously enrolled infants/children?	☐ **Yes**	☐ **No**
3. Attendance – Is the Provider maintaining complete and correct attendance records as well as following proper record retention for prior years?	☐ **Yes**	☐ **No**
4. Meal count – Is the Provider maintaining complete and correct meal count and menu records as well as following proper record retention for prior years?	☐ **Yes**	☐ **No**

F. Training

Has the Provider attended all mandatory training?	☐ **Yes**	☐ **No**
If yes, date mandatory training was completed:		

G. Five-Day Reconciliation

1. Compare Meal Counts to Attendance (Att) and Enrollment (Enr) for five consecutive days

Date:		Date:		Date:		Date:		Date:	
Meal Counts									
B		B		B		B		B	
AM		AM		AM		AM		AM	
L		L		L		L		L	
PM		PM		PM		PM		PM	
S		S		S		S		S	
E		E		E		E		E	
Att		Att		Att		Att		Att	
Enr		Enr		Enr		Enr		Enr	

2. Are there any days when meal counts by type exceed attendance?	☐ **Yes**	☐ **No**	
a. If yes, what is the explanation?			
b. Is the explanation reasonable?	☐ **Yes**	☐ **No**	
i. If no, do meals need to be disallowed?	☐ **Yes**	☐ **No**	
ii. Document by type the number of meals disallowed			
3. Are there any days when meal counts by type exceed enrollment?	☐ **Yes**	☐ **No**	
a. If yes, what is the explanation?			
b. Is the explanation reasonable?	☐ **Yes**	☐ **No**	
i. If no, do meals need to be disallowed?	☐ **Yes**	☐ **No**	
ii. Document by type the number of meals disallowed			

H. Findings, Corrective Actions, and Commendations

Indicate findings, corrective actions and commendations.

I.   Certification and Signature

The Provider(s) acknowledge that the monitor has discussed and provided technical assistance for all findings (including any disallowances), corrective actions, and commendations, as applicable. The Provider(s) agrees to implement and adhere to all required corrective actions.

Signature – Monitor	Date

Signature – Provider(s)	Date