

Children First Home Review

Time In: _____ **Out:** _____

Provider: _____ **Date:** _____

Address: _____ **Town:** _____ **Phone:** _____

Circle Review Type: Special 1st 2nd 3rd 28 DAY Unannounced Announced

<p>Eligibility status must be current for valid claims.</p> <p><input type="checkbox"/> Current AA Home Fire/Health Inspection and CCS Fire due _____ Health due _____ CCS due _____</p> <p><input type="checkbox"/> Current DES or DHS Ratio Care Givers 1 2 3 DES or DHS Expiration Date _____</p> <p><input type="checkbox"/> Current Finger Print or (Application New Providers Only) Fingerprint Expiration Date _____</p> <p><input type="checkbox"/> Current CPR and First Aid CPR due _____ First Aid due _____</p>	<p>CACFP Required Record Maintenance List missing CACFP records: _____</p> <p><input type="checkbox"/> Permanent Agreement (One current form marked September 2008)</p> <p style="text-align: center;">Permanent Agreements are not renewed annually.</p> <p>October 1, 2009 to current, Each FY Oct 1 to Sept 30.</p> <p><input type="checkbox"/> Current <input type="checkbox"/> Past Child Care Home Provider Application _____</p> <p><input type="checkbox"/> Current <input type="checkbox"/> Past Child Enrollment Forms _____</p> <p><input type="checkbox"/> Current <input type="checkbox"/> Past Sign In/Out _____</p> <p><input type="checkbox"/> Current <input type="checkbox"/> Past Menu's _____</p> <p><input type="checkbox"/> Current <input type="checkbox"/> Building for the Future Posted _____</p> <p style="text-align: right;"><small>* additional Building for the Future forms can be found in manual or online.</small></p>
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Children Present	Age	Enrollment	Meal Count & Sign In/Out Up to Date - if no list disallow dates/meals	Meals not current on menu disallow dates and meals on all children:																													
<input type="checkbox"/> Y <input type="checkbox"/> N Providers Own Children Claimed (★ Residential Children)																																	
1. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Date/s</th> <th style="width:50%;">Meal/s</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p><input type="checkbox"/> Y <input type="checkbox"/> N Circle meal observed on menus:</p> <p style="text-align: center;">B AM L PM D N PW Not Observed</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Meal Time Correct</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Provider Supplies Food</p> <p><input type="checkbox"/> Unit <input type="checkbox"/> Family</p> <p style="text-align: center;">List Meal Components</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <p style="text-align: center;">List Infant Meal Components</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <p><input type="checkbox"/> Y <input type="checkbox"/> N Parent Statement on file</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N All Infants Claimed/Listed</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Formula is IFF</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Cereal is IFC</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA 1-2 yrs. old whole milk</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA DX RX on file if needed.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA CN Label/s on file if needed.</p>	Date/s	Meal/s																											
Date/s	Meal/s																																
2. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																														
3. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																														
4. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																														
5. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																														
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7. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																														
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9. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																														
10. <input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																														

Circle (E) for **children expected** or this space can be used for additional children in care, i.e. DHS homes. All children in care must be listed on menu, even when the meal is not eligible to be claimed.

E	<input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E	<input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E	<input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E	<input type="checkbox"/> C <input type="checkbox"/> NC		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Over ratio, all meals disallowed when over ratio list dates and times:

Report all children in care. Maximum at one time 6 children in care, 4 of 6 children can be for compensation. No more than 4 children can have meals claimed on menus, unless eligible residential children or according to DES or DHS license. CACFP meals for non-residential children are considered compensation.

A = Attendance based on sign in/out sheets C = Meals claimed based on children's meal count (menu)

Meal	Date of visit:	1 day before :		2 days before:		3 days before:		4 days before:		5 days before:	
		A	C	A	C	A	C	A	C	A	C
All meals and kids											
Breakfast											
AM Snack											
Lunch											
PM Snack											
Supper											
Night Snack											

5 Day Reconciliation

Prior 5 days consistent with regular claim: _____

Prior 5 days NOT consistent with regular claim, describe: _____

<p>Nutrition Education</p> <p>Describe any problems with meals and what technical assistance was given. Suggestions for improvement in regards to Dietary Guidelines: Vit. A & C, variety, color, texture, shape, flavor, less plate waste etc?: See Child Care Manual for idea's.</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N Limit High Fat -High Sugar (2 week each)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N WIC information available?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Yearly training reminder? <i>Newsletters=location, dates and times.</i></p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N Nutrition education handouts given and discussed? Review packet: <i>Seasonal Nutrition CACFP Safety Other:</i> _____</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Menus and other supplies provided?</p>
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<p>Sanitation and Safety</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Hands washed before/after eating? <i>Provider and children should demonstrate.</i></p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Food is safely stored, a sanitizing solution used, & no evidence of rodent or insect infestation.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Lid on trash can</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N Food labeled and dated when necessary</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Thermometer in any refrigerators or freezers</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Frig. (at or below 41 °) Freezer (at or below 0°)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Fire escape plan posted?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N 911#'s and Emergency #'s posted?</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N Fire Extinguisher</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Chemicals/Meds. out of children/s reach</p> <p>Describe any obvious fire, health and/or safety hazards:</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N No imminent threat to the children</p>
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Non-Discrimination and Notification

Y N Offers meals to all enrolled children without regard to race, gender, color, age, disability, national origin?

Y N Understands how to file a discrimination complaint.

Y N Understands to notify office when change in schedule affects meal service.

Y N Understands to notify office when change of AA, DES, DHS, New Phone, New Address etc. (some changes require state approval for valid claims)

Problem	Corrective Action (CA) Solution	Due Dates (30 days max)

Comments: _____

Staff Signature _____
Provider Signature _____

This intuition is an equal opportunity provider.