***Children First Home Review*** **Time In:_____Out:_____**

**Provider:_____ Date:_____**

**Address:_____Town:_____ Phone:_____**

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

□ Current AA Home Fire/Health Inspection
□ DES or DHS Ratio_____
*Care Givers 1 2 3*
□ Current Finger Print or Application
□ Building For Future Posted

**CACFP Required Record Maintenance**
□ Permanent Agreement
□ Current □ Past Child Care Home Provider Application
□ Current □ Past Child Enrollment Forms
□ Current □ Past Sign In/Out
□ Current □ Past Menu's

*List missing CACFP records:*
_____
_____
_____
_____

| Children Present<br>□*Y* □*N* ** Providers Own Children Claimed (Residential Children)* | | Age | Enrollment | Meal Count & Sign In/Out Up to Date<br>** if no list disallow dates/meals* |
|---|---|---|---|---|
| **1.** | □C □NC | | □Y □N | □Y □N |
| **2.** | □C □NC | | □Y □N | □Y □N |
| **3.** | □C □NC | | □Y □N | □Y □N |
| **4.** | □C □NC | | □Y □N | □Y □N |
| **5.** | □C □NC | | □Y □N | □Y □N |
| **6.** | □C □NC | | □Y □N | □Y □N |
| **7.** | □C □NC | | □Y □N | □Y □N |
| **8.** | □C □NC | | □Y □N | □Y □N |
| **9.** | □C □NC | | □Y □N | □Y □N |
| **10.** | □C □NC | | □Y □N | □Y □N |
| **11.** | □C □NC | | □Y □N | □Y □N |
| **12.** | □C □NC | | □Y □N | □Y □N |
| **13.** | □C □NC | | □Y □N | □Y □N |
| **14.** | □C □NC | | □Y □N | □Y □N |
| **15.** | □C □NC | | □Y □N | □Y □N |

*Children expected/Times they are expected:*

***Over ratio**, describe:*

*Meals not current on menu disallow dates and meals on all children:*

| Date/s | Meal/s |
|---|---|
| | |
| | |

**Meal Circle Meal Observed:**
**B AM L PM D N**
**PW Not Observed**
□Y □N Meal Time Correct
□Y □N Provider Supplies Food
□Unit □ Family

**List Meal Components**

| |
|---|
| |
| |
| |
| |
| |

**List Infant Meal Components**

| | |
|---|---|
| | |

□Y □N Parent Statement on file
□Y □N All Infants Claimed/Listed
□Y □N □NA Formula is IFF
□Y □N □NA Cereal is IFC

□Y □N □ NA 1-2 yrs. old whole milk
□Y □N □ NA DX RX on file if needed.
□Y □N □ NA CN Label/s on file if needed.

**A** = *Attendance* **C** = *Meals claimed on menu*

| **Meal** | **Date of visit:** | | **1 day before :** | | **2 days before:** | | **3 days before:** | | **4 days before:** | | **5 days before:** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Date→** | | | | | | | | | | | | |
| ***All meals and kids*** | **A** | **C** | **A** | **C** | **A** | **C** | **A** | **C** | **A** | **C** | **A** | **C** |
| 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:
_____
_____
_____
_____

**Nutrition Education**

*Describe* any problems with meals and what technical assistance was given. S*uggestions* 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.*

□Y□N Educated High Fat -High Sugar
□Y□N WIC brochure available?
□Y□N Yearly training reminder?
*Newsletters=location, dates and times.*

□Y□N Nutrition education handouts given and discussed? Review packet:
*Seasonal Nutrition CACFP Safety Other:*

**Sanitation and Safety**

□Y□N Hands washed before/after eating?
□Y□N Food is safely stored, a sanitizing solution used, & no evidence of rodent or insect infestation.
□Y□N Lid on trash can

□Y□N Food labeled and dated when necessary
□Y□N Thermometer in all
□Y□N Frig. (at or below 41 ˚) Freezer (at or below 0˚)
□Y□N Fire escape plan posted?
□Y□N 911# posted

□Y□N Fire Extinguisher
□Y□N Chemicals/Meds. out of children/s reach
*Describe* any obvious fire, health and/or safety hazards:
□Y□N No imminent threat to the children

**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 during regular meal service times.
□Y □N Understands to notify office when change of AA, DES, DHS, New Phone, New Address etc.

**Corrective Action (include due dates and follow up notes)**

| ***Problem*** | ***Corrective Action (CA) Solution*** | ***Due Dates*** |
|---|---|---|
| ***1-*** | ***1-*** | |
| ***2-*** | ***2-*** | |

*Comments:* *Comments:*

_____ _____
*Staff Signature* *Provider Signature*

Equal opportunity provider.