



Michigan Department of Education
 Child and Adult Care Food Program
Child Day Care Home Review Form

Date: _____ ANNOUNCED

Arrival Time _____ UNANNOUNCED

Sponsor: _____ Agreement Number _____

Sponsor Monitor: _____ Provider Address: _____

Provider Name: _____

Provider Telephone Number: _____ License Number: _____

License observed: Yes No N/A Provider information verified by license: Yes No N/A

Capacity: _____ Expiration Date: _____

Unlicensed Number _____ Child Care Authorization Letter (DHS #198) Yes No N/A

Tiering status (*check one*): Tier 1 Tier 2 Mixed

Hours of organized care: _____ to _____ (or 24 hours per day)

Days of care (*circle all that apply*): Sun. Mon. Tues. Wed. Thur. Fri. Sat. Holiday care: Yes No

Meal service times:
 Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Eve Snack _____

WIC information is provided to FDCH providers and parents: Yes No

Full names of all children in attendance at time of review	Age	Related to provider	Provider's own child	Child served at observed meal/snack	Child claimed for observed meal/snack
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Number of care givers present _____ Number of children present _____

Capacity/Ratio	Yes	No	Comments
The provider is at/within licensed/enrolled capacity.			
The provider is at/within ratio established by DHS.			
Civil Rights	Yes	No	Comments
The provider allows equal access to childcare services and facilities regardless of race, color, sex, age, disability or national origin. If no, explain.			
The provider serves meals to all enrolled children equally regardless of the child's race, color, sex, age, disability or national origin. If no, explain.			
Does provider have infants in care?			
Does provider supply all food/formula for infants?			
If answer to above question is no, does provider have signed statements from parents of infants saying that they prefer to provide the food/formula?			
The provider has been trained on civil rights requirements and can verbalize action to take if a parent desires to file a complaint against the food program.			

Health/Safety/Sanitation	Yes	No	Comments
The home appears to be free of obvious fire, health, and safety hazards.			
If no, an imminent threat to the health or safety of children was observed and the appropriate agency was contacted. Attach documentation of the agency contacted and the date of contact.			

Meal Observation	Yes	No	N/A	Comments
Was a meal/snack observed during the review?				
If yes, which meal/snack was observed?				B AMS L PMS SU EVE
Time of meal service				
The meal/snack was served at the approved/scheduled time.				
The menu corresponds to the meal observed.				
If no, were changes noted on the menu?				
The meal observed contains all required components.				
If no, is a medical statement on file?				
Sufficient quantities of all components are made available to the children.				
For providers with 12+ children in attendance in a single day or SD due to problems with meal counts or claims: Was accurate meal attendance taken while the children were seated/eating?				

Meal Observed

1 - 12 Year Olds

Infants

Components	Food Items	Components	Birth - 3 Months	4 - 7 Months	8 - 11 Months
Milk		Iron-fortified Formula/Breast Milk			
Meat/Alternate		Meat/Alternate			
Fruit/Vegetable					
Fruit/Vegetable		Fruit/Vegetable			
Bread/Grain		Iron-fortified Infant Cereal			
Other		Other			

Record Keeping

The provider has on hand for immediate review for the current and past 12 months of the following records:

Daily attendance	Yes	No	Comments/Required Adjustments
Enrollment form for each child that includes: <ul style="list-style-type: none"> • name of child; • normal days and hours in care; • meals normally received in care; • signature of parent/guardian; and is • updated at least annually. 			
Menus			
Meal attendance			
Provider/Sponsor Agreement			

Meal Count Reconciliation

Complete a five day meal count reconciliation using Attachment A-Homes.

- Explain any discrepancies between the number of children enrolled, in attendance, and the number of meals claimed.

- Compare the number of children currently present to the number of meals claimed during the five days in the reconciliation. Explain any discrepancies between the number of children present and the meals claimed.

Menus	Yes	No	Comments/Required Adjustments
Do menus meet CACFP requirements for all meals and snacks for the current month? <i>(Up until the date of the review)</i> Include infants.			
Menus are (circle all that apply) <i>written by provider, pre-printed and/or coded</i> . If menus are coded or pre-printed ask provider for a menu recall of the last meal/snack. Does the recall match the menu?			
The center makes drinking water available to children throughout the day. If no, explain. (FY 11 FDCH Memo #10)			
Was the appropriate variety of milk served for each age group? If no, explain. <ul style="list-style-type: none"> • Birth to age 1: formula or breast milk • Children age 1: whole milk recommended • Children 2 and over: 1%, ½%, or skim (FY 11 FDCH Memo #13)			

Previous Reviews & Findings

1. There were findings from previous review. N/A Y N

If yes, list: _____

2. Findings from previous reviews were corrected.

N/A Y N

Summary of Findings

Provider Signature _____ Sponsor Signature _____

MDE Signature _____ Departure Time _____ Date _____

Direct questions regarding this form to (517) 373-7391

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