

FAMILY DAY CARE HOME PROGRAM

MONITOR REVIEW

- Date of Review \_\_\_\_\_ 1 2 3 UN 4WK Tier I \_\_\_\_\_ Tier II \_\_\_\_\_  
 Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ (circle review type^)  
 Tier II Mixed \_\_\_\_\_
- Reviewer(s): \_\_\_\_\_
- Name & Address of Provider \_\_\_\_\_
- Telephone Number \_\_\_\_\_ License Capacity: Day \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Night: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Total Number of Children Enrolled: \_\_\_\_\_ Total Children Present on Day of Review: \_\_\_\_\_
- Total Number of Provider's Children Served: \_\_\_\_\_ Total Approved for Reimbursement: \_\_\_\_\_
- Is there a copy of current sponsor/provider agreement on file at provider's home?  Yes  No
- Hours of Organized Care \_\_\_\_\_ SUN MON TUE WED THU FRI SAT (Circle days open.)
- Approved Meals: Breakfast \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_ Supper \_\_\_\_\_ BT Snack \_\_\_\_\_
- Approved Times: Breakfast: \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_ Supper \_\_\_\_\_ BT Snack \_\_\_\_\_
- Meal Observed: \_\_\_\_\_ Meal Service Time Observed: \_\_\_\_\_

12. ATTENDANCE AND ELIGIBILITY DATA

Full Name of All Children in Attendance	Age	Enrollment Form	Provider's Own Child	Meal Participant	Meal Claimed
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

13. List Meal Counts for Same Meal Observed on Day of Visit for Last Five (5) Serving Days:

DATE	No. of Meals Counted
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does the meal count for the five days appear reasonable when compared to today's meal count?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. DAY OF REVIEW – OBSERVATION OF MEAL SERVICE

1 – 12 Year Olds		Infants		
Meal Components	Food Items	Meal Components	Birth – 3 Months	Food Item
			4 – 7 Months	8 – 11 Months
Milk		Iron Fortified Formula/ Breast Milk/Whole Milk		
Meat/Meat Alternate		Meat/Meat Alternate		
Fruit or Vegetable		Fruit or Vegetable		
Fruit or Vegetable		Infant Cereal		
Bread/Bread Alternate		Other		
Other				

DAY OF REVIEW – OBSERVATION OF MEAL SERVICE	YES	NO	N/A	COMMENTS
15. The menu documentation corresponds to the meal observed.				
16. The meal observed contains all required components.				
17. It appears that the required quantities of food items are prepared, available and served.				
18. The observed meal provides a variety of color, temperatures, textures, shapes, sizes and flavor.				
19. The meal service occurs in a positive/pleasant environment.				
20. Medical Statements are on file for all substitutions related to medical needs.				
21. Are required/recommended components of the infant meal pattern supplied by the provider for claimed infant meals.				
22. Separate daily, dated menus for children and infants are available and up-to-date at the provider's home for all approved/claimed meals for the current month.				

**SANITATION/SPACE/FACILITIES**

23. Do children wash hands before meals?  Yes  No
24. Are there signs of insects or rodents?  Yes  No
25. Are food preparation areas and dining areas clean and adequate for each type of meal served?  Yes  No
26. Is garbage placed in proper containers?  Yes  No
27. Is all kitchen equipment in good working order?  Yes  No
28. Are outside play areas safe and clean?  Yes  No
29. Other comments regarding equipment and home environment: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**RECORDKEEPING**

30. Is there a copy of the site information sheet and the agreement between the sponsoring organization and the home provider on file?  Yes  No
31. Is there an enrollment form on file for each child present?  Yes  No
32. Are all children present at the time of the monitor visit recorded on a master roster?  Yes  No
33. Is the Meal Count/Attendance Record maintained on a daily basis and found to be correct?  Yes  No
34. Is the provider following the approved meal serve and time schedule?  Yes  No
35. Are records sent to the sponsor on a regular and timely basis?  Yes  No
- Comments regarding recordkeeping: \_\_\_\_\_
- \_\_\_\_\_

36. TIERING METHOD OF REIMBURSEMENT	YES	NO	N/A	COMMENTS
The provider was notified of their reimbursement options: Tier I or Tier II				
If the provider is a Tier II home, the provider requested the sponsor to collect income eligibility applications.				

**SIGN-IN/OUT SHEETS**

38. Does Provider maintain sign-in/out sheets?  Yes  No
39. If provider is claiming supper meals do sign-in/out sheets reflect meals claimed?  Yes  No
- Comments: \_\_\_\_\_
- \_\_\_\_\_
40. List topics covered during in-home training. \_\_\_\_\_
- \_\_\_\_\_
- Amount of time spent in conducting in-home training during this review. \_\_\_\_\_ Year to date: \_\_\_\_\_

**SUMMARY**

41. Make recommendations for correcting deficiencies or addressing problem areas found in this monitoring visit. Make special note of conditions which were cited in a previous monitoring visit. The provider and monitor should agree on time lines for completing the corrective actions.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature of Monitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Home Provider

\_\_\_\_\_  
Date