



# Child and Adult Care Food Program Day Care Home Provider Visit and Monitoring Evaluation

If provider is not home; complete the "Provider Verification Form" form.

PROVIDER INFORMATION			
<b>Name of Provider:</b>	<b>Sponsor:</b>		
<b>Provider Address:</b>	Monitor (if applicable):		
Is this the provider's primary residence (verify with ID)? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>ADE Evaluator(s):</b>		
Unannounced Evaluation Date _____		Arrival Time _____ a.m. / p.m.	
Is provider home? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is a backup provider present? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Are day care children currently in care? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>COMMENTS:</b> _____			
_____			
_____			
_____			
<b>Approval Type:</b>	AA <input type="checkbox"/>	DES <input type="checkbox"/>	DHS <input type="checkbox"/> Tribal/Military <input type="checkbox"/>
<p style="text-align: center;">If provider is an AA Home and transports children, does provider have:</p> <p style="text-align: center;"><b>Current AZ Driver's License?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>    <b>Current Auto Insurance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;"><b>Written Parental Permission?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;"><b>Provider Does Not Transport</b> <input type="checkbox"/>      <b>Not an AA Provider</b> <input type="checkbox"/></p>			
RECORDKEEPING	YES	NO	OBSERVATION/DISALLOWANCES
Are meal counts current up to the close of business on the last date of operation? If no, indicate disallowances in detail.			
Are menus current up to the day of the visit? If no, indicate disallowances on menus.			
Do the menus meet the meal pattern? If no, indicate disallowances on menus.			

Provider: \_\_\_\_\_

Are CN Labels or Product Formulation Statements available for all processed entrees and /or foods being claimed for more than one component?			
Is supporting documentation available to validate the whole grain-rich item served once per day was indeed whole grain-rich?			
Is supporting documentation available to validate cereal or yogurt (if served) were within the sugar limits?			
Are sign in/out sheets current up to the time of this visit?			
Are separate sign in/out sheets available for each child?			
Is a copy of the permanent agreement available?			
Is a copy of the provider's current application available?			
Does the provider keep copies of previous monitoring visit forms left by the sponsor's monitor?			
Did provider have findings noted on previous monitoring forms from sponsoring organization?			
Are Program records for the current month, as well as the previous 12 months, maintained on-site and available for immediate review?			
Is the provider aware that all records must be maintained for a period of 5 years and that failure to maintain Program records shall be grounds for the denial of reimbursement?			

Provider: \_\_\_\_\_

**ENROLLMENT AND ATTENDANCE**

Full Names of all Children Enrolled, whether present or not:	Currently in attendance (Y/N)	Date Enrollment Form signed by parent/guardian (from provider's copy)	Age	C/NC	Providers own or residential child? (Y/N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
		<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Is the provider over ratio? If "YES" indicate disallowances. AA & DES (4 for-comp/6 max) DHS/Military/Tribal (refer to license/certificate)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the providers own or residential children only claimed when at least one non-resident child is present?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Provider: \_\_\_\_\_

**5-DAY RECONCILIATION**  
 (if disallowing meals this visit, mark on providers menu before finishing visit)

Total Number of Participants **Enrolled**: \_\_\_\_\_ **DHS Licensed Capacity (if applicable)**: \_\_\_\_\_

Total Number of Meals **Claimed** *(based on menu)*:

	Meal	5 Days Before Date:	4 Days Before Date:	3 Days Before Date:	2 Days Before Date:	1 Day Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Total Number of Participants in **Attendance** *(based on sign in/out sheets)*

*Note: include provider's own/residential on the left [they will not have a sign-in sheet], the day care participants in the middle, and the total in the shaded/right column):*

Approved Meal Service Times	Meal	5 Days Before Date:			4 Days Before Date:			3 Days Before Date:			2 Days Before Date:			1 Day Before Date:		
	Breakfast															
	AM Snack															
	Lunch															
	PM Snack															
	Dinner															
	Evening Snack															

**Compare the tables above. Do meal counts exceed attendance and/or enrollment?**  Yes  No  
 If yes, describe meals that are disallowed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provider: \_\_\_\_\_

**MEAL SERVICE OBSERVATION**

Meal: Observed  Not Observed  Meal Type: \_\_\_\_\_ Time Served: \_\_\_\_\_

Children		Infants		
Meal Components	Food Item Served	Meal Components	Birth – 5 Months	6 – 11 Months
Milk	<input type="checkbox"/> Fat Free <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole <input type="checkbox"/> None	IFF or Breast Milk		
Meat/Meat Alternate		Infant cereal		
Vegetable		Meat/Meat Alternate		
Fruit or Vegetable		Vegetable		
Grains/Breads		Fruit or Vegetable		
Other		Other		

MEAL OBSERVATION	YES	NO	N/A	OBSERVATIONS / TA PROVIDED
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Did provider and children wash hands before meal service?				
Were all meal components served together?				
Was food service conducted in compliance with generally accepted health and sanitation practices?				
Does the observed meal appear to have all required components in the required quantities?				
Is 1% or fat free milk made available to children 24 months and older? If meal did not include the correct milk, list all disallowances.				
Does meal observed match menu? (DHS)				
Does provider supply all food, including infant food components, for meals claimed?				
Does provider have doctor's statement for meal substitutions that defer from the required meal pattern?				
Is water made available to children to drink upon request throughout the day, including at meal times?				

HEALTH & SAFETY	YES	NO	N/A	OBSERVATIONS / TA PROVIDED
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Is there a potential threat to the children's health and safety? If "YES," describe threat.				
(If an AA home) were any violations identified on the health/fire inspection, to be corrected prior to the next inspection?				
If "YES," have the violations been corrected?				
Does provider have gas utilities?				
If provider has gas utilities, do they have a carbon monoxide detector?				
(If an AA home) does the provider have a residential pool?				

Provider: \_\_\_\_\_

If "YES," does the AA provider have basic water rescue training if enrolled children are allowed to participate in swimming activities?				
Does provider have a wading pool?				
Observe fire, health and/or safety hazards. Are there any obvious hazards (e.g., dangling cords, uncapped outlets, and knives out on counter)? Specify hazards.				
Are cleaning supplies or toxic materials safely stored out of the reach of children and away from food? If no, describe problem.				
Does the garbage can have a lid, and is it being used?				
Does the refrigerator appear to be clean and sanitary?				
Are foods properly stored in the refrigerator/freezer? (Refrigerator $\leq 41^{\circ}$ F/freezer $\geq 0^{\circ}$ F; verify by thermometer)				
Is food properly stored? If not describe.				
<b>CIVIL RIGHTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS/ TA PROVIDED</b>
Is there any separation of children by race, color, gender, age, disability or national origin?				
Is the non-discrimination statement included in provider advertisements for day care?				
How are households provided with WIC information and notified about the Program's benefits, including the name and phone number of the Sponsoring organization and the ADE? Note: If not posted, describe how the provider documents that parents/guardians have received the information.				
<b>CORRECTIVE ACTION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>OBSERVATIONS/ TA PROVIDED</b>
Were any problems identified and corrected by ADE today? If "YES" explain.				
Is further follow-up by the sponsor and corrective action necessary?				
If visit included a sponsor's monitor, did the monitor complete the 5-day reconciliation correctly at the time of the visit? If "NO" explain.				
Were any problems identified and corrected by the sponsoring organization's monitor today? If "YES" explain.				
<b>TECHNICAL ASSISTANCE</b>	<b>YES</b>	<b>NO</b>		<b>OBSERVATIONS/ TA PROVIDED</b>
Would the provider like to receive additional training and/or technical assistance?				
Does the provider have any questions regarding the CACFP or this evaluation that ADE can answer at this time?				

Provider: \_\_\_\_\_

*I verify that all areas described on this Day Care Home Provider Visit and Monitoring Evaluation form were discussed and I have been given the opportunity to ask questions regarding the evaluation. I understand that if there is follow-up or corrective action required from this review as indicated above I will be notified by my Sponsoring Organization. I acknowledge that if serious deficiencies are identified, I will receive a notice of the serious deficiency and the required corrective action from the Sponsoring Organization.*

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monitor Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

ADE Evaluator (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADE Evaluator (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_ a.m. / p.m.

**ADDITIONAL ENROLLMENT AND ATTENDANCE, IF NEEDED**

Full Names of all Children Enrolled, whether present or not:	Currently in attendance (Y/N)	Date Enrollment Form signed by parent/guardian (from provider's copy)	Age	C/NC	Providers own or residential child? (Y/N)
24.					
25.					
26.					
27.					