

**PROVIDER MONITORING REVIEW FORM**

Date \_\_\_\_\_ S  M  T  W  TH  F  SA  Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_  
 Review Type: 30 day  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Other \_\_\_\_\_ Review: U  A   
 Provider Name \_\_\_\_\_ Phone \_\_\_\_\_ OCC License # \_\_\_\_\_  
 OCC Capacity \_\_\_\_\_ DHS Provider Y  N  Date of Provider's last training \_\_\_\_\_  
 OCC Expiration Date \_\_\_\_\_ OCC License/business hours: Beginning time \_\_\_\_\_ Ending time \_\_\_\_\_  
 Finding(s) from previous reviews, if applicable: \_\_\_\_\_

Finding(s) corrected? Y  N  Comments \_\_\_\_\_

**Names of Children Enrolled and in Care**

Name	Age	Enrollment Form (Y/N)	Name	Age	Enrollment Form (Y/N)

<b>Meal/Snack Observed</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>B</b> <input type="checkbox"/> <b>AM</b> <input type="checkbox"/> <b>L</b> <input type="checkbox"/> <b>PM</b> <input type="checkbox"/> <b>SU</b> <input type="checkbox"/> <b>EVE</b> <input type="checkbox"/>
<b>Milk</b>	
<b>Meat/Meat Alternate</b>	
<b>Vegetable</b>	
<b>Fruit-Vegetable</b>	
<b>Grain/Bread</b>	

During the Provider review, were any imminent health or safety issues observed and reported? If yes, describe situation and actions taken in comments section below.	Y <input type="checkbox"/> N <input type="checkbox"/>
Is provider over licensed capacity?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are meals/snacks claimed over licensed capacity?	Y <input type="checkbox"/> N <input type="checkbox"/>
Attendance (time in/out) current to the time of the review?	Y <input type="checkbox"/> N <input type="checkbox"/>
Meal counts current to the time of the review?	Y <input type="checkbox"/> N <input type="checkbox"/>
Menu accurately documents components per CACFP Requirements?	Y <input type="checkbox"/> N <input type="checkbox"/>
Provider in compliance with infant feeding & infant documentation requirements?	Y <input type="checkbox"/> N <input type="checkbox"/>
Does the Provider have CN labels, Ingredient labels, Nutrition Facts Labels, etc. available as required?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are substitutions accurately recorded?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are medical statements for substitutions on file when required? Not applicable <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Meal service style: Restaurant <input type="checkbox"/> Family Style <input type="checkbox"/> Were portion sizes met for the meal service style and for the age of the child?	Y <input type="checkbox"/> N <input type="checkbox"/>
Meals are prepared and served within health & safety standards (food preparation areas; utensils; eating area)	Y <input type="checkbox"/> N <input type="checkbox"/>
The provider encourages children to wash hands prior to eating? No meal observed, not applicable <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Are provider's own children claimed? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, is an income eligibility form on file?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are current and complete Child Enrollment Forms on file for each child in care?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are all USDA records for the last 12 months and current month maintained in the provider's home? Where are previous 3 years documents stored _____	Y <input type="checkbox"/> N <input type="checkbox"/>

5-Day Reconciliation: Dates reviewed: \_\_\_\_\_ to \_\_\_\_\_ Meal types reviewed B  AM  L  PM  SU  E   
 Attendance & enrollment records support meal counts Y  N  If No, explain and document disallows:

Are fewer children present than normally claimed? Y  N  If Yes, explain \_\_\_\_\_

Meals disallowed and reasons: \_\_\_\_\_

Technical Assistance/Training offered: \_\_\_\_\_

Findings of non-compliance identified in this review \_\_\_\_\_

Serious Deficiency? Y  N

Corrective Action: \_\_\_\_\_

Reviewer's signature \_\_\_\_\_ Date: \_\_\_\_\_

Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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