

PROVIDER MONITORING

PREAPPROVAL VISIT FORM INSTRUCTIONS

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new family day care home (FDCH) prior to the beginning of Child and Adult Care Food Program (CACFP) operations (before filing a claim). These visits must be documented and kept on file.

Provider Number: Once an agreement number has been assigned, record the provider's agreement number.

Provider's Name and Address: Record the provider's name and address.

Date: Record the date of the preapproval visit.

Provider Agrees to Comply After Training: Check if the provider agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Provider's Signature and Date: The provider must sign and date the Preapproval Visit form. No one but the provider may sign the form.

Sponsoring Organization (SO) Representative's Signature and Date: The SO representative who made the preapproval visit must sign and date the Preapproval Visit form.

NOTE: Preapproval visits **CANNOT** be counted as annual provider training.

EXAMPLE

Provider Number: Pending

PREAPPROVAL VISIT FORM

Provider's Name: PATTY PERFECT Date: 9/19/YYYY

Provider's Address: 100 SUNNYLANE, BIG HILL, OK 71234

The following items were discussed and reviewed:		Provider Agrees to Comply
1. Provider's Application and Agreement		
a. License	1a.	X
b. Tiering Procedures	1b.	X
c. Claiming Own Children	1c.	X
d. Sponsoring Organization (SO) Policies	1d.	X
e. Civil Rights Compliance	1e.	X
2. Record-Keeping Requirements		
a. Enrollment Data	2a.	X
b. Daily Arrival and Departure Record	2b.	X
c. Daily Record of Meals Served	2c.	X
d. Weekly Meals Served/Infant Meals Served	2d.	X
3. Meal Patterns		
a. Minimum Meal Pattern Requirements (Components and Quantities)	3a.	X
b. Meal Limitation/Time Frame	3b.	X
c. Infant Meal Pattern Requirements	3c.	X
d. Child Nutrition (CN) Labels/Product Formulation Statements	3d.	X
e. Special Dietary Needs	3e.	X
f. Planning and Following Cycle Menus	3f.	X
4. Sanitation and Safety	4.	X
5. Child and Adult Care Food Program (CACFP) Training Requirement	5.	X
6. Reimbursement/Claiming Procedures	6.	X

Comments: The provider requested nutrition education materials and technical assistance in developing cycle menus.

Approval Recommendation: Yes No Effective Date: October 3, YYYY
Explain: _____

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

PATTY PERFECT
Provider's Signature

9/19/YYYY
Date

JENNIFER JONES
Sponsoring Organization Representative's Signature

9/19/YYYY
Date

ON-SITE MONITOR REVIEW INSTRUCTIONS

On-Site Monitor Review

There are two different methods in which a sponsor may conduct reviews to comply with United States Department of Agriculture (USDA) requirements:

- a. Conduct one announced and two unannounced* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
- b. An SO may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, its first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking review. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

* Sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure that the reviews are unpredictable to the facility.

A. General Data

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
2. Provider's Name: Record the FDCH provider's name.
3. Provider's Address: Record the FDCH provider's address.
4. Tier Type: Circle the appropriate tier for which the home is currently determined.
5. Unannounced or Announced: Indicate if the review is unannounced or announced.
6. Provider's Number: Record the FDCH provider's agreement number.
7. Date of Visit: Record the date of the monitor review.
8. Time of Visit: Record the time of the monitor review.
9. Review Cycle: Circle the appropriate cycle.
10. Review Type: Circle the appropriate answer to identify which review is being conducted.
11. Provider Is Home: If *No*, indicate if the sponsor was notified.

B. Children in Attendance

1. Name: Record the first and last names of the children in attendance.
2. Age: Record the age of each child.

3. CACFP Enrollment on File: If the child's annual CACFP enrollment form is on file at the provider's home, indicate *Yes*. If not, indicate *No*.
4. Meal Claimed Today: Indicate *Yes* if the child will be participating in the observed meal and if the provider will claim the child's meal. If not, indicate *No*.
5. CACFP Enrollment Forms Available for All Children Participating in the Current Month: Indicate *Yes* if all CACFP enrollment forms are on file for all children who have participated during the current month. If not, indicate *No*.
- C. Meal Requirements
1. Meal Service Times: Record the approved and verified meal service time for each meal service.
2. Meal Served at Approved Time: Indicate with a *Yes* or *No* whether all meals are being served at their approved meal service times.
3. Sponsor Was Notified of a Meal Change: Indicate with a *Yes* or *No* whether the SO was notified of the provider's change in meal service times.
- D. Training Record the date and location of the training session attended during this fiscal year. If no more training sessions will be offered this fiscal year and the provider has not attended training this fiscal year, the provider is seriously deficient.
- E. Civil Rights Observe whether or not the provider is in compliance with civil rights regulations. Circle *Yes* or *No*.
- F. Meal Observation
- Items 1—7: Observe the meal service, and answer each item accordingly.
- G. Meal Analysis for Aged 1-12:
- Meal Observed: Circle the appropriate meal which is being observed.
- Time Served: Record the time the meal was actually served.
- Children Served by Age:
- 1 through 2 years: Record how many children in this age group participated in the meal service.
- 3 through 5 years: Record how many children in this age group participated in the meal service.
- 6 through 12 years: Record how many children in this age group participated in the meal service.
- Total Children: Record how many total claimable children participated in the meal service.
- Nonclaimable Children Served: Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.
- Components and Quantities: In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

H. Infant Meal Analysis

Meal Observed: Circle the appropriate meal that is being observed.

NA: Check if no infants are in care on day of visit.

Infants Served by Age:

Birth through 3 months:

4 through 7 months

8 to 12 months

Record the number of infants in the appropriate age group who are participating in the meal service.

Each Infant's Analysis:

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

I—N: Read each statement, and answer each item accordingly.

O. Review Summary

Record all areas which require corrective action. Make appropriate comments and recommendations.

P. Provider Is in Compliance/Noncompliance:

Check the appropriate box. If any items with an asterisk indicates a *No* answer, the provider is seriously deficient.

Provider Is Seriously Deficient: Circle the appropriate response.

Unannounced Follow-Up Visit:

Circle *Yes* if a follow-up is required to view that corrective action has taken place. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced.

Provider Signature and Date:

The provider must sign and date the On-Site Monitor Review form.

Reviewer Signature and Date:

The reviewer must sign and date the On-Site Monitor Review form.

EXAMPLE

FAMILY DAY CARE HOME (FDCH) ON-SITE MONITOR REVIEW

A. General Data

1. Reviewer: MINNIE NICKELS 6. Provider's Number: 43
2. Provider's Name: PATTY PERFECT 7. Date of Visit: 11/10/YYYY
3. Provider's Address: 100 SUNNYLANE, BIG HILL, OK 71234 8. Time of Visit: 11:15
4. Tier Type: I II-H II-L (II-M) (Circle One) 9. Review Cycle: (1) 2 3
5. Unannounced Review Announced Review 10. Review Type: (Standard) Weekend Late P.M. Snack
Follow-Up (Circle One)
11. Provider Is Home: Yes No
If No, Sponsor Notified: Yes No

B. Children in Attendance

1. Name	2. Age	3. CACFP Enrollment on File		4. Meal Claimed Today	
		Yes/No	Yes/No	Yes/No	Yes/No
<i>Lisa Leone</i>	3	YES	YES	YES	YES
<i>Libby Leone</i>	2	YES	YES	YES	YES
<i>Jimmy James</i>	11 MO	YES	YES	YES	YES

C. Meal Service Times		
1. Meal Service Times	Approved	Verified
Breakfast	7:30	7:30
A.M. Snack	---	---
Lunch	11:30	11:30
P.M. Snack	2:30/3:30	2:30/3:30
Supper	---	---
Late P.M. Snack	---	---
2. Meals served at approved times.		Yes/No <input checked="" type="checkbox"/> YES
3. If No, sponsor was notified of meal change.		<input checked="" type="checkbox"/> NA

D. Training*

1. List dates and locations of training sessions attended this fiscal year.

Provider is scheduled for February training

E. Civil Rights

All children served the same meal at no separate charge regardless of race, color, national origin, sex, age, or disability, and there is no discrimination in the course of food service. (Circle One)

Yes No

Any area in noncompliance with an asterisk (), the provider must be declared seriously deficient.

EXAMPLE

F. Food Service/Meal Observation	Yes/No/NA	Yes/No/NA	Yes/No/NA
1. Meal service times as approved.	1. YES	6. Special dietary needs documentation available.	6. YES
2. All components served.	2. YES	7. Proper milk substitute provided.	7. YES
3. Required quantities served.	3. YES	8. If milk substitute is provided, is it an approved	8. YES
4. Plates and servings adjusted for age groups.	4. YES	milk substitution and is the correct documentation	
5. Meal supervision provided.	5. YES	available?	
		9. Proper milk type served (FF/1%).	9. YES
		10. Current product formulation/Child Nutrition (CN)	10. YES
		label on file and available at time of review.	
		11. Is further training needed?	11. NA

G. Meal Analysis for Aged 1 Through 12

Meal Observed: Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
Time Served: <u>11:30 a.m.</u>					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		
1	1		2	0	Inadequate quantity of meat served

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	MILK, 1%	1 1/2 cups = 12 fl oz	1 x 4 oz = 4 oz 1 x 6 oz = 6 oz = 10 fl oz	12 - 10 = + 2 oz
Fruit/Vegetable/Juice	GREEN BEANS, CUT APPLES, PEELED, CORED	5 (1/4 CUPS) 1/3# = 3.76 (1/4 C) TOTAL SERVED 8.76 (1/4 CUPS)	1 x 1/4 C = 1 (1/4 CUPS) 2 x 1/4 C = 2 (1/4 CUPS) = 3 (1/4 CUPS)	8.76 - 3 = + 5.76 (1/4 CUPS)
Grains/Breads	BISCUITS	2 - .75 OZ (1.50 OZ) BISCUITS	2 - .5 OZ (1 OZ) BISCUITS	1.5 - 1 = + .5 OZ
Meat/Meat Alternate	*CHICKEN NUGGETS *5 NUGGETS = 1.5 OZ MEAT PER CN LABEL	3 NUGGETS EACH (6 TOTAL)	1 x 4 NUGGETS 1 x 5 NUGGETS EQUALS 9 NUGGETS	6 - 9 = -3 NUGGETS

EXAMPLE

H. Infant Meal Analysis

N/A—No infants in care/participating in meal service.

Meal Observed: (Circle One)					
a. Breakfast	b. A.M. Snack	c. Lunch	d. P.M. Snack	e. Supper	f. Late P.M. Snack
NOTE: Record only infants without an Infant Meal Waiver.					

Infant's Name: Jimmy James **Age:** 11 months

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk	IRON-FORTIFIED INFANT FORMULA	8 OZ	6-8 OZ	+ 2 OZ
Fruit/Vegetable/Juice	APRICOTS	2 TBSP	1-4 TBSP	+ 1 TBSP
Infant Cereal/Bread/Crackers	IRON-FORTIFIED INFANT RICE CEREAL	3 TBSP	2-4 TBSP	+ 1 TBSP
Meat/Meat Alternate				

Infant's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk		NA		
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Infant's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk		NA		
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Comments: _____

EXAMPLE

YES/NO

YES/NO

I. License

1. Current license or permit available.
2. License capacity: 7
3. Second caregiver employed? Yes/No/NA
4. Provider meets licensing standards.

1. YES
2.
3. NA
4. YES

J. Provider's Own Children

1. Provider claims own children.
If Yes,
 - a. Provider's own children participating in child care.
 - b. Other enrolled children in care and participating in a meal service.
 - c. Complete and approved Family-Size and Income Application (FSIA) on file.

1. NO
2.
3.
4.
5.
6. NA
7. NA
8.
9. NA

K. Record-Keeping Requirements

1. Daily Arrival and Departure Record up-to-date.
Date of last entry: 11/10/4444
2. Daily Record of Meals Served form up-to-date.
Date of last entry: 11/10/4444
 - a. More than three meals per day claimed for any child.
3. Weekly Meals Served form up-to-date.
Date of last entry: 11/10/4444
4. Infant meals served under one year old claimed?
 - a. If Yes, infant meal pattern followed.
 - b. Provider furnishes food items, if applicable.
 - c. Infant Meals Served form maintained.
Date of last entry: 11/10/4444
 - d. Infant Meal Waiver on file.
Yes/No/NA
5. Cycle Menu available.
 - a. Current cycle menu being followed.
 - b. If No, substitution was made.
 - c. Contains all required components.
 - d. Product formulation statement/Child Nutrition (CN) label for applicable item.
6. *Building for the Future* fact sheet distributed to parents.
7. WIC information made available to parents.
8. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period?

1. YES *
2. YES *
3. YES *
4. YES
5. YES *
6. YES
7. YES
8. YES
9.
10.
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L. Sanitation

1. Chemicals and medicines are properly stored in a separate location.
2. Refrigerator's temperature: 40°
3. Freezer's temperature: 0°
4. Clean kitchen floors, cupboards, and equipment.
5. Dining surface and countertops sanitized.
6. Proper method of dishwashing.
7. Proper handwashing techniques.
8. Pet-free kitchen during food preparation and service.
9. Proper food-handling procedure followed (food storage, thawing, time, temperature)
10. Home maintained in a clean, sanitary, and orderly manner.

1. YES
2.
3. YES
4. YES
5.
6. YES
7. YES
8. YES
9. YES
10. YES

M. Safety of Children

1. Children are in safe environment.
2. Conduct of provider does not place children in imminent danger.

1. YES *
2. YES *

N. Prior Review

1. Were deficiencies corrected?

1. YES *

NOTE: Any items, if in noncompliance, could contribute to a serious deficient status.

Any area in noncompliance with an asterisk (*), the provider must be declared seriously deficient.

FIVE-DAY MEAL RECONCILIATION REPORT

Provider FDCH Attendance Record

Provider Name:	Month/Year:	Number of Operating Days/Week:					
Child's Name	Enrollment		Attendance				
	Days Attended	A.M./P.M. Time	Day 1	Day 2	Day 3	Day 4	Day 5
TOTALS							

MEAL COUNTS

	Breakfast 2nd Shift <input type="checkbox"/>	AM Snack 2nd Shift <input type="checkbox"/>	Lunch 2nd Shift <input type="checkbox"/>	PM Snack 2nd Shift <input type="checkbox"/>	Supper 2nd Shift <input type="checkbox"/>	Evening Snack 2nd Shift <input type="checkbox"/>
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
TOTAL						

LICENSING REQUIREMENTS FOR SMALL FAMILY DAY CARE HOMES

- a. **Total number of children.** The total number of children in a small FDCH is limited to seven. The number includes:
 - (1) Children under five years of age who live in the home and are present in the home while children are in care.
 - (2) Foster children twelve years of age and younger who live in the home and are present in the home while children are in care.
 - (3) The children of any substitute or assistant caregiver.
- b. **One caregiver.** When only one caregiver is present, the total number and ages of children who may be in care at any one time are:
 - (1) Seven children, with no more than two children under two years of age.
 - (2) Six children, with no more than three children under two years of age.
 - (3) Five children of any age.

For example:

Total Number of Children in Care	Under 2 Years	2 Years and Older
7	0	7
7	1	6
7	2	5
6	3	3
5	4	1
5	5	0

- c. **Two caregivers.** Two caregivers must be present and providing care when:
 - (1) Seven children are in care and more than two children are under two years of age.
 - (2) Six children are in care and more than three children are under two years of age.
- d. Additional staff provisions are made for enrollment of children with disabilities who require individual attention.

LICENSING REQUIREMENTS FOR LARGE FAMILY DAY CARE HOMES

- a. **Large family day care home.** A large FDCH is a residential home that provides care and supervision for 8 to 12 children for part of the 24-hour day.
- b. **Requirements.** Large FDCHs are required to meet the rules contained in OAC 340:110-3-81 through 340:110-3-97, except as otherwise provided in this section.
- c. **Capacity.** Large FDCHs are required to meet the rules found in OAC 340:110-3-84(a). However, the total number of children in care in a large FDCH is limited to 12.
- d. **Supervision of outdoor play.** Large FDCHs are required to meet the rules contained in OAC 340:110-3-85(a)(2) pertaining to the supervision of outdoor play. However, when two or more staff are needed to meet the required staff to child ratio, at least one staff is present with children outdoors at all times.
- e. **Required number of caregivers.** Large FDCHs are exempt from the requirements regarding the number of caregivers needed described in OAC 340-110-3-84(b)-(c). The number of caregivers required in a large FDCH is described in (1) through (3) below.
 - (1) **One caregiver.** One caregiver may care for:
 - (a) Up to 5 children of any age
 - (b) Up to 6 children, with no more than 3 children under 2 years of age
 - (c) Up to 7 children, with no more than 2 children under 2 years of age
 - (d) Up to 7 children if the children are 2 years of age and older
 - (e) Up to 8 children if the children are 3 years of age and older
 - (f) Up to 10 children if the children are 4 years of age and older
 - (g) Up to 12 children if the children are 5 years of age and older
 - (2) **Two caregivers.** Two caregivers may care for:
 - (a) Up to 8 children under two years of age.
 - (b) Up to 12 children, with no more than 6 children under two years of age.
 - (3) **Three caregivers.** Three caregivers may care for up to 12 children, with no more than 8 children under two years of age.

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the sponsoring organization (SO) will implement the household contact system. If the SO or the monitor suspects at any time that the provider is cheating but records indicate compliance, the monitor will complete a Household Contact Documentation form on each household enrolled in the family day care home (FDCH).

Household contacts will consist of sending a form to **EVERY** household with a child attending the provider who is in question. The SO or the monitor will complete the forms using the records of the provider. The form will have an area for the SO or the monitor to enter the provider's name and number while the remaining requested information is to be completed by the parent/guardian of the enrolled child. The form will explain to the parents that the provider where their child is in attendance is being reviewed and their response would be appreciated.

Once the SO or the monitor completes the forms with the provider's information, the forms will be submitted to the SO for follow-through. The SO will make envelope labels for each form and mail the envelopes to the parents. Each envelope will contain a self-addressed, stamped envelope to the SO to encourage the parents to respond. The SO will log when the household contacts were sent out and log the responses when any are returned. The parents will be able to call the SO should there be any questions. The SO must receive at least **two negative** responses before further action is taken against the provider.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the provider seriously deficient. The only sufficient corrective action would be documentation that proved the household contact was invalid. The sponsor will allow only 48 hours for corrective action. At the end of 48 hours, if the provider did not present sufficient corrective action, the sponsor will propose the provider for termination and disqualification from the Child and Adult Care Food Program (CACFP). The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the provider does not appeal, the SO will send a termination/disqualification letter to the provider, logging the dates of the termination/disqualification. The Oklahoma State Department of Education (the **State Agency**) will receive copies of all letters when the termination/disqualification is complete. The State Agency, in turn, will send the Report of Disqualification From Participation form to the United States Department of Agriculture (USDA).

EXAMPLE

HOUSEHOLD CONTACT DOCUMENTATION

The _____ is conducting a review of SUE FAIR #100.
(Sponsor Name) (Provider Name and Number)

Please complete the information, and return this form in the envelope provided. Please call 444-555-7777
if you have questions. (Phone Number of Sponsor)

This questionnaire **MUST** be filled out by the parent/guardian only. If more than one child is listed, the information below applies to all of them. If not, a different form for each child will be used.

1. Child(ren): JOHN DOE Birth Date: MM/DD/YYYY
DAVID DOE MM/DD/YYYY

2. Please indicate which of the past 12 months your child was in care:
Oct Nov Dec Jan Feb Mar
Apr May June July Aug Sept

3. Please indicate the normal hours and days your child is in care.
Monday: _____ to _____ Thursday: _____ to _____
Tuesday: _____ to _____ Friday: _____ to _____
Wednesday: _____ to _____ Saturday: _____ to _____
Sunday: _____ to _____

4. Which meals/snacks does your child receive while in care?
Breakfast Lunch Supper
A.M. Snack P.M. Snack Evening Snack

5. Do you supply any food? Yes No
If Yes, please explain: _____

6. If your child is no longer in care, what was his or her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

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