



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 \_\_\_\_\_

<b>Capacity/Ratio</b>	Yes	No	Comments
The provider is at/within licensed/enrolled capacity.			
The provider is at/within ratio established by DHS.			
<b>Civil Rights</b>	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.			

<b>Health/Safety/Sanitation</b>	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.			

<b>Meal Observation</b>	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"> <li>• name of child;</li> <li>• normal days and hours in care;</li> <li>• meals normally received in care;</li> <li>• signature of parent/guardian; and is</li> <li>• updated at least annually.</li> </ul>			
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"> <li>• Birth to age 1: formula or breast milk</li> <li>• Children age 1: whole milk recommended</li> <li>• Children 2 and over: 1%, ½%, or skim</li> </ul> (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 \_\_\_\_\_

### USDA Nondiscrimination Statement

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>