



The Child and Adult Care Food Program

Family Day Care Home Pre-Approval Review Form

Name of Sponsoring Organization: _____

Name of Reviewer: _____

Date of Visit: _____ Arrival Time: _____ Departure Time: _____

1. Name of Provider: _____

2. Name of FDC Home (if different from provider's name): _____

3. Address of Home: _____

4. Telephone Number: _____

5. Has the provider attended training from Sponsoring Organization? Yes: No:

Provide the date(s) of the training: _____

If no, when will provider be trained? _____

6. Number of children in attendance at time of review: _____ Age range of children: _____

7. Are the provider's own children in attendance? Yes: No:

If yes, how many of the provider's children attend? _____ Age(s) of child(ren): _____

8. Licensing and Approval:

a. Is the home licensed? Yes: No:

b. Is the license current? Yes: No:

Date of license expiration: _____

If no, is the home complying with renewal procedures? Yes: No:

c. Does the number in attendance during the visit exceed the licensed capacity? Yes: No:

d. Does the age range of the children present comply with the license? Yes: No:

e. Does the home currently enroll infants under one (1) year of age? Yes: No:

9. Tiering:

a. What is the home's tier designation? Tier I: Tier II:

b. Was the provider informed of their tier? Yes: No:

c. If Tier II, will Income Eligibility Statement forms be distributed to households? Yes: No:

10. Meal observation

- a. Meal type observed: Breakfast: Lunch/Supper: AM/PM Snack:
- b. The food served has been: Brought by the parent/guardian: Prepared by the provider:

Note: If the provider currently relies on food brought from home by the children's parents/guardians, the provider will need to begin purchasing and preparing food before claiming meals for reimbursement.

- c. Time of meal service: _____ d. Number of meals served: _____
- e. Does the meal observed meet the meal pattern requirements? Yes: No:
- f. Does the meal observed match the menu posted? Yes: No:

g. **Child/Adult Meal**

Component	Item(s) Served	√ for age-appropriate portion
Milk (<i>specify type</i>)	_____	_____
Bread/Bread Alternate	_____	_____
Fruit/Vegetable	_____	_____
Fruit/Vegetable	_____	_____
Meat/Meat Alternate	_____	_____
Other (Optional)	_____	_____

- h. Does the provider serve meals family-style? Yes: No:
- If yes, does the provider set out enough food at the beginning of the meal service for all participants to have the minimum portion and instruct them on the appropriate portion size? Yes: No:

i. **Infant Meal** (*if applicable*)

Component	Item(s) Served	√ for age-appropriate portion
Formula/Breast Milk	_____	_____
Infant Cereal	_____	_____
Fruit/Vegetable	_____	_____
Meat/Meat Alternate	_____	_____
Bread/Cracker	_____	_____

- j. Which formula does the provider offer to infants? _____

11. Health, Safety, Food Service Facilities and Sanitation

- a. Are there any obvious fire, health or safety hazards in the home? Yes: No:
- b. Are the kitchen and food preparation areas clean? Yes: No:
- c. Does the home have adequate access to running water (including drinking water)? Yes: No:
- d. Does the home have adequate space and equipment for washing dishes? Yes: No:
- e. Does the home have a working refrigeration unit? Yes: No:

Health, Safety, Food Service Facilities and Sanitation (*continued*)

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|--|-------------------------------|------------------------------|
| f. Are all of the refrigeration units clean? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| g. Are all of the refrigeration units maintained at the proper temperature? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| h. Is food properly stored in the refrigeration units? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| i. Does the home have a working freezer unit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| j. Are the freezer units clean? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| k. Are the freezer units maintained at the proper temperature? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| l. Is food properly stored in the freezer units? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| m. Does the home have adequate dry storage space? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| n. Is food properly stored in dry storage areas? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| o. Are cleaning supplies and other toxic materials stored separately from food and out of reach of children? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| p. Is there evidence of rodent or insect infestation? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| q. Was food service conducted in compliance with generally accepted health and sanitation practices? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| r. Did the provider and the children wash hands prior to food handling? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| s. Did the provider and the children wash hands prior to eating? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| t. Is the serving area seating capacity adequate? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| u. Is the serving area clean? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

12. During your visit, please do the following:

√ when completed

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| a. Review menus (<i>if provider currently provides meals</i>). | _____ |
| b. Discuss meal pattern requirements, menu planning, and maintaining accurate menus. | _____ |
| c. Discuss procedures for taking and maintaining daily attendance records. | _____ |
| d. Discuss procedures for taking and maintaining daily meal count records. | _____ |
| e. Discuss procedures for distributing and collecting the Enrollment Forms, or if applicable, the Enrollment Form/Income Eligibility Statement (IES) | _____ |
| f. Discuss procedures for distributing and maintaining Infant Formula Notification forms, if applicable. | _____ |
| g. Discuss procedures for distributing and maintaining Medical Substitution forms. | _____ |
| h. Discuss other records required by the Sponsoring Organization, if applicable.
(<i>specify</i>): _____ | _____ |
| i. Discuss procedures for submitting records to the Sponsoring Organization. | _____ |
| j. Observe a meal service. | _____ |

13. List any problems that were noted during the visit and any related corrective actions that were initiated to correct the problems.

<u>Problem</u>	<u>Corrective Actions</u>	<u>Due Date</u>

Signature of Provider: _____

Date: _____

Signature of Reviewer: _____

Date: _____