

Name of Sponsoring Organization Test Sponsor			CE ID 12345	
Date of Review	Time of Arrival <input type="checkbox"/> AM <input type="checkbox"/> PM	Time of Departure <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Last Review 2020-02-28	
DCH Type <input type="checkbox"/> Licensed Child Care Home <input type="checkbox"/> Registered Child Care Home <input type="checkbox"/> Military <input type="checkbox"/> Indian Reservation				
Reason for Review <input type="checkbox"/> 1 <sup>st</sup> four weeks <input type="checkbox"/> Regular: <input type="checkbox"/> Weekend <input type="checkbox"/> Follow-up			Type of Review <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced	
Monitor's Name			Provider's Name(s) Test Center 2	
Provider's Address 100 Maple Street				
Non-compliances identified at the last review:				
Were the non-compliances corrected? <span style="float:right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>				
If no, explain?				

**A. Enrollment**

Enter the Names of all enrolled infants/children	Age	Resident	Attendance	Served Meal?
1. Bailey, Martin	4Y 10M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bennett, Teresa	4Y 2M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bennett, Craig	3Y 9M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cox, Timothy	3Y 0M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hill, Paul	1Y 1M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hill, Sarah	4Y 0M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C. Meal Analysis, continued**

2. Were all required components served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was a sufficient quantity of each component prepared to meet the meal pattern requirements for the number of infants/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Type of meal service: <input type="checkbox"/> Family Style or <input type="checkbox"/> Cafeteria/Pre-plated/Unitized		

**D. Civil Rights**

Complete the chart by entering the ethnic and racial categories of infants/children.

Number of Infants/Children	Ethnic Category		Racial Category				
	Hispanic or Latino	Not Hispanic or Latino	White	Black or African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander
Current Enrollment							
Actual Participation							

Based on your observation, is there any discrimination by race, color, national origin, sex, age or disability?  Yes  No

**E. Record Keeping**

1. Licensing		
a. Is the current license/certification posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. What is the current licensed capacity?		
c. Does today's attendance exceed the capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
d. Is the day care home subject to licensing standards other than DFPS/HHSC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
2. Enrollment – Is the Provider maintaining complete and current enrollment forms for each infant/child as well as following proper record retention for previously enrolled infants/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Attendance – Is the Provider maintaining complete and correct attendance records as well as following proper record retention for prior years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Meal count – Is the Provider maintaining complete and correct meal count and menu records as well as following proper record retention for prior years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**F. Training**

Has the Provider attended all mandatory training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, date mandatory training was completed:		

**G. Five-Day Reconciliation**

1. Compare Meal Counts to Attendance (Att) and Enrollment (Enr) for five consecutive days

Date:	Date:	Date:	Date:	Date:
<b>Meal Counts</b>				
B		B		B
AM		AM		AM
L		L		L
PM		PM		PM
S		S		S
E		E		E
Att		Att		Att
Enr		Enr		Enr

2. Are there any days when meal counts by type exceed attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, what is the explanation?		
b. Is the explanation reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If no, do meals need to be disallowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Document by type the number of meals disallowed		
3. Are there any days when meal counts by type exceed enrollment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, what is the explanation?		
b. Is the explanation reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If no, do meals need to be disallowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Document by type the number of meals disallowed		

**H. Findings, Corrective Actions, and Commendations**

Indicate findings, corrective actions and commendations.

**I. Certification and Signature**

The Provider(s) acknowledge that the monitor has discussed and provided technical assistance for all findings (including any disallowances), corrective actions, and commendations, as applicable. The Provider(s) agrees to implement and adhere to all required corrective actions.

\_\_\_\_\_  
Signature – Monitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Provider(s)

\_\_\_\_\_  
Date