APPENDIX B OBSERVATION FORM

CACFP FAMILY DAYCARE HOME OBSERVATION FORM

Observer MPRID#:
Sponsor ID#: FDCH ID#:
1. Total enrollment from sponsor records: (fill in prior to visit) _
Infants (under 1 year)
_ Preschool children (1-5 years)
_ School-age children (6+ years)
2. Does the enrollment form have a place for parents to record the meals or snacks their children will need while they are in day care? □YES □NO
Visit #1:
3. Check day of visit: □Monday □Tuesday □Wednesday □Thursday □Friday
4. DATE: _ / / 2 0 0 MONTH DAY YEAR
5. Was FDCH operating on day of visit:? □YES → GO TO Q6 □NO
5a. Is FDCH still operating: □YES □NO → GO TO Q6
5b. Why was FDCH not operating on date of visit?
6. Time observer arrived: _ : am/pm
7. Accompanied by sponsor: □YES □NO
8. IF AVAILABLE, COLLECT COPIES/PROVIDE FEDEX SUPPLIES FOR THI FOLLOWING: a. Menu for the current week b. Daily Participation or Meal Counts forms for April-week

c. Sign in/Sign out sheets for target week and week of observation

observation

d. Enrollment forms for new children participating in meal program

9. Record the attendance at time of arrival:

Infant Preschool School Age 11. Check name(s) of eating occasion observed NOTE: If more than 5 children present, use the number of meals served. 11a. Total number infants served at each eating occasion. 11b. Total number preschool children	Provider's Child Breakfas Lunch Supper Snack	(Check of Other	Not in Program □ Breakfast □ Lunch □ Supper
NOTE: If more than 5 children present, use the number of meals served. 11a. Total number infants served at each eating occasion.	☐ Breakfas ☐ Lunch ☐ Supper ☐ Snack	st	□ Lunch
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eating occasion.	the CACFP	Meal Count	☐ Snack
			1 1 1
served at each eating occasion			
11c. Total number school age children served at each eating occasion			
11d. ASK SPONSOR: Was this meal/snack reimbursable for each age group of children?	Check all th	nat apply	Check all that app
3 3 12 2 2 2	□ Infants		□ Infants
	□ Prescho	ool	□ Preschool
	☐ School☐ Not reim	hurcabla	☐ School☐ Not reimbursa
SPONSOR NOT PRESENT = NA	LINULIEIII	เมนเอสมเซ	

Sign-in/Sign-out sheets

	12. Check the sign-in/sign-out pro	ocedure used at the FDCH.	
	Sign-in/sign-out sheet complete	ed by parents/guardians	□ 1
	Attendance form completed by	provider	□ 2 → GO TO Q16
	No sign-in or attendance proce	dure observed	□ 3 → GO TO Q16
	No sign-in/sign-out procedure ι	□ 4 → GO TO Q16	
	OTHER PARENT SIGN-IN PRO	OCEDURE (SPECIFY):	□ 5 → GO TO Q16
13.	Did the parents/guardians recoin/sign out sheet?	rd the times of arrival and	departure on the sign
	YES, THE TIME OF ARRIVAL ON	NLY	□ 1
	YES, THE TIME OF DEPARTURE	E ONLY	□ 2
	YES, BOTH ARRIVAL AND DEPA	ARTURE TIMES	□3
	NO, ARRIVAL AND DEPARTURE	TIMES NOT REQUIRED	□ 4
	OTHER (SPECIFY):		□ 5
14.	Did the FDCH provider remind the	e parents/guardians to sign	in or sign out?
	YES	□1	
	NO	□ 0	
	NOT OBSERVED	□n	

15. Use sign-in/sign-out (SISO) sheets for the target week and week of observation to complete the following grid. ASK PROVIDER FOR COPIES OF SISO SHEETS AND FILL OUT AFTER VISIT. 1) Record the dates for each day of the target week and the week of observation including the day of observation. 2) Record the children's first names in alphabetic order. 3) Using the SISO sheets, record the daily arrival and departure times for each child. If the child is noted as absent, record "ABS" for that day. If no information is provided/required for either an arrival or departure time, record NA.

	TARGET WEEK/ to/				WEEK OF OBSERVATION					
Child's	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
First Name	/	/	/	/	/	/	/	/	/	/
	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival	Arrival
(Pre-printed)	/Departure	/Departure	/Departure	/Departure	/Departure	/Departure	/Departure	/Departure	/Departure	/Departure
(Pre-printed)										

Other observations:

16. Was a Daily Participation eating or being served, after observed?			
WHILE CHILDREN	I EATING/ BEING	SERVED	□1
AFTER EACH ME	AL/SNACK		□ 2
AT THE END OF 1	THE DAY		□3
NOT OBSERVED			□ n → GO TO Q18
17. Who completed the informa	tion on the daily pa	articipation or m	eal counts form?
OWNER/ MANAGE	ER OF FDCH		□1
ASSISTANT/HELF	PER		□ 2
VOLUNTEER/ PAR		□3	
OTHER (SPECIFY		□ 4	
18. Record the attendan	ce at time of obse er of infants and ch	-	:
19. ASK AGES OF CHILE	DREN STILL PRES Provider's	SENT Other	Children not in
	Children	Children	program
Infants (under 1 year)	<u> </u>	<u> </u>	
Preschool (1-5 years)			
School age (6+ years)			
20. Time of departure:		_am/pm	

INTERVIEWER: COMPLETE THE FOLLOWING QUESTIONS AFTER LEAVING THE FDCH AT THE END OF THE FIRST VISIT.

21.	Did it seem that FDCH pr	ovider was ir	formed in advance of your visit?	
	YES		1	
	NO		0	
Arr	ivals/Departures			
22.	What was the pattern of a	rrivals of ch	ildren during your first observatio	n period?
	ALL THERE AT	TIME OF MY	' ARRIVAL	□1
	MOST THERE A	T TIME OF	MY ARRIVAL	□ 2
	ARRIVED INTER	RMITTENTL	Y DURING THE OBSERVATION	□ 3
23.	What was the pattern period?	of departur	e of children during your first	observatior
	NONE LEFT DU	RING MY VI	SIT	□1
	ONLY A FEW LE	EFT DURING	MY VISIT	□ 2
	LEFT INTERMIT	TENTLY DU	IRING MY VISIT	□ 3
	ERVIEWER: IF NO SECO	OND VISIT IS	S PLANNED OR PERMITTED, CO	ONTINUE
	it #2: Time observer arrived: _	:	am/pm	
	\square No second visit: N	A → GO TO I	END	
25.	Accompanied by sponsor	: □YES	□NO	
26.	Record the attendance at	time of arriv	al:	

Total number of infants and children: _	
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27. ASK AGES OF CHILDREN PRESENT

Name		Age (Check	one)	(Check on		ie)	
	Infant	Preschool	School Age	Provider's Child	Other	Not in Program	

28. Check name(s) of eating occasion	\square Breakfast	\square Breakfast
observed	☐ Lunch	☐ Lunch
	☐ Supper	☐ Supper
	□Snack	☐ Snack
NOTE: If more than 5 children present,	use the CACFP Meal C	Count Tally Sheet to
count the number of meals served.		
28a. Total number infants served at		
each eating occasion.		
28b. Total number preschool children		
served at each eating occasion	<u> _</u>	<u> _</u>
28c. Total number school age		
children served at each eating	<u> _</u>	<u> </u>
occasion		

	28d. ASK SPONSOR: Was this meal/snack reimbursable for each age group of children?	Check all that apply	Check all that apply
	3 3 1	□ Infants	□ Infants
		☐ Preschool	☐ Preschool
		☐ School	☐ School
		□ Not reimbursable	\square Not reimbursable
	SPONSOR NOT PRESENT = NA	□ NA	□NA
L		LINA	
29.	Record the attendance at time of obser	rver's departure:	
	Total number of infants	and children: _	
	30. ASK AGES OF CHILDREN STILL		
	Provider's Children	Other Children	Children not
	Infants (under 1 year)		in program I I I
	Preschool (1-5 years)		<u> </u>
	School age (6+	i_i_i	i_i_i
	<i>y</i> =====		
	31. Time of departure:	am/pm	
Arr	rivals/Departures		
32.	What was the pattern of arrivals of period?	children during your	second observation
	ALL THERE AT TIME OF MY	ARRIVAL	□1
	MOST THERE AT TIME OF M	IY ARRIVAL	□ 2
	ARRIVED INTERMITTENTLY	DURING THE OBSER	evation □ 3
	NO SECOND OBSERVATION	PERIOD	□n

33. What was the pattern of **departure** of children during your **second** observation period?

	NONE LEFT DURING MY VISIT	□1
	ONLY A FEW LEFT DURING MY VISIT	□ 2
	LEFT INTERMITTENTLY DURING MY VISIT	□ 3
	NO SECOND OBSERVATION PERIOD	□n
END. \	What is the status of the FDCH provider interview?	
	COMPLETED DURING VISIT	□1
	SCHEDULED TO COMPLETE BY PHONE	□ 2
	PROVIDER REFUSED	□3