

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 THE FOLLOWING:

- a. Menu for the current week
- b. Daily Participation or Meal Counts forms for April-week of observation
- c. Sign in/Sign out sheets for target week and week of observation

d. Enrollment forms for new children participating in meal program

9. Record the attendance at time of arrival:

Total number of infants and children: |__|__|

10. ASK NAMES AND AGES OF CHILDREN PRESENT

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

11. Check name(s) of eating occasion observed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack
NOTE: If more than 5 children present, use the CACFP Meal Count Tally Sheet to count the number of meals served.		
11a. Total number infants served at each eating occasion.	__ __	__ __
11b. Total number preschool children 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 that apply <input type="checkbox"/> Infants <input type="checkbox"/> Preschool <input type="checkbox"/> School <input type="checkbox"/> Not reimbursable <input type="checkbox"/> NA	Check all that apply <input type="checkbox"/> Infants <input type="checkbox"/> Preschool <input type="checkbox"/> School <input type="checkbox"/> Not reimbursable <input type="checkbox"/> NA
SPONSOR NOT PRESENT = NA		

Sign-in/Sign-out sheets

12. Check the sign-in/sign-out procedure used at the FDCH.

- Sign-in/sign-out sheet completed by parents/guardians 1
- Attendance form completed by provider 2 → GO TO Q16
- No sign-in or attendance procedure observed 3 → GO TO Q16
- No sign-in/sign-out procedure used 4 → GO TO Q16
- OTHER PARENT SIGN-IN PROCEDURE (SPECIFY): 5 → GO TO Q16
-

13. Did the parents/guardians record the times of arrival and departure on the sign in/sign out sheet?

- YES, THE TIME OF ARRIVAL ONLY 1
- YES, THE TIME OF DEPARTURE ONLY 2
- YES, BOTH ARRIVAL AND DEPARTURE TIMES 3
- NO, ARRIVAL AND DEPARTURE TIMES NOT REQUIRED 4
- OTHER (SPECIFY): 5
-

14. Did the FDCH provider remind the parents/guardians to sign in or sign out?

- YES 1
- NO 0
- NOT OBSERVED n

Other observations:

16. Was a Daily Participation or meal counts form completed while children were eating or being served, after each meal, at the end of the day, or was this not observed?

- WHILE CHILDREN EATING/ BEING SERVED 1
- AFTER EACH MEAL/SNACK 2
- AT THE END OF THE DAY 3
- NOT OBSERVED n → GO TO Q18

17. Who completed the information on the daily participation or meal counts form?

- OWNER/ MANAGER OF FDCH 1
- ASSISTANT/HELPER 2
- VOLUNTEER/ PARENT 3
- OTHER (SPECIFY) 4

18. Record the attendance at time of observer's departure:

Total number of infants and children: |__|__|

19. ASK AGES OF CHILDREN STILL PRESENT

	Provider's Children	Other Children	Children not in program
Infants (under 1 year)	__ __	__ __	__ __
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 provider was informed in advance of your visit?

YES 1

NO 0

Arrivals/Departures

22. What was the pattern of **arrivals** of children during your **first** observation period?

ALL THERE AT TIME OF MY ARRIVAL 1

MOST THERE AT TIME OF MY ARRIVAL 2

ARRIVED INTERMITTENTLY DURING THE OBSERVATION 3

23. What was the pattern of **departure** of children during your **first** observation period?

NONE LEFT DURING MY VISIT 1

ONLY A FEW LEFT DURING MY VISIT 2

LEFT INTERMITTENTLY DURING MY VISIT 3

INTERVIEWER: IF NO SECOND VISIT IS PLANNED OR PERMITTED, CONTINUE TO END, PAGE 8.

Visit #2:

24. Time observer arrived: |_|_|:|_|_| am/pm

No second visit: NA → **GO TO END**

25. Accompanied by sponsor: YES NO

26. Record the attendance at time of arrival:

Total number of infants and children: |__|__|

27. ASK AGES OF CHILDREN PRESENT

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

28. Check name(s) of eating occasion observed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack
NOTE: If more than 5 children present, use the CACFP Meal 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	__ __	__ __
28c. Total number school age children served at each eating occasion	__ __	__ __

<p>28d. ASK SPONSOR: Was this meal/snack reimbursable for each age group of children?</p> <p>SPONSOR NOT PRESENT = NA</p>	<p>Check all that apply</p> <p><input type="checkbox"/> Infants <input type="checkbox"/> Preschool <input type="checkbox"/> School <input type="checkbox"/> Not reimbursable</p> <p><input type="checkbox"/> NA</p>	<p>Check all that apply</p> <p><input type="checkbox"/> Infants <input type="checkbox"/> Preschool <input type="checkbox"/> School <input type="checkbox"/> Not reimbursable</p> <p><input type="checkbox"/> NA</p>
---	---	---

29. Record the attendance at time of observer's departure:

Total number of infants and children: |_|_|

30. ASK AGES OF CHILDREN STILL PRESENT

	Provider's Children	Other Children	Children not in program
Infants (under 1 year)	_ _	_ _	_ _
Preschool (1-5 years)	_ _	_ _	_ _
School age (6+ years)	_ _	_ _	_ _

31. Time of departure: _____am/pm

Arrivals/Departures

32. What was the pattern of **arrivals** of children during your **second** observation period?

- ALL THERE AT TIME OF MY ARRIVAL 1
- MOST THERE AT TIME OF MY ARRIVAL 2
- ARRIVED INTERMITTENTLY DURING THE OBSERVATION 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