

# APPENDIX D

## Child and Adult Care Food Program (CACFP)

### Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

**Project Officer:** Fred S. Lesnett

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## FDCH Onsite Observation Form

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## FDCH Onsite Observation Form

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**CHILD AND ADULT FOOD CARE PROGRAM  
(CACFP) MEAL CLAIMS ASSESSMENT  
ICF International**

**Attn: Erika Gordon, Project Director  
11785 Beltsville Drive, Suite 300  
Calverton, MD 20705  
Tel: (800) 840-8248**

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

**CACFP MEAL CLAIMS ASSESSMENT**  
**FDCH ONSITE OBSERVATION FORM**

OMB # \_\_\_\_\_

DATA COLLECTOR ID: \_\_\_\_\_

SPONSOR'S NAME: _____ PROVIDER'S NAME: _____ PROVIDER'S ADDRESS: _____ CITY _____ ST _____ ZIP _____ TELEPHONE NUMBER: _____	ICF MACRO SPONSOR ID: _____ ICF MACRO PROVIDER ID: _____ PROVIDER TIER: T1 <input type="checkbox"/> T2 <input type="checkbox"/> TIER MIXED <input type="checkbox"/>
CONFIRMED ONSITE? Y/N	

Additional Information: \_\_\_\_\_

**I. BACKGROUND INFORMATION**

<b>TOTAL CHILD ENROLLMENT FROM SPONSOR RECORD:</b>  Total number of infants (11 months old or younger): _____ Total number of preschool children (1-5 years): _____ Total number of school-age children (6+): _____	COMPLETED BY HQ STAFF:	<b>APPROVED FDCH MEAL SERVICE:</b>	<b>BREAKFAST (B)</b>  <input type="checkbox"/>	<b>AM SNACK (AS)</b>  <input type="checkbox"/>	<b>LUNCH (L)</b>  <input type="checkbox"/>	<b>PM SNACK (PS)</b>  <input type="checkbox"/>	<b>SUPPER (S)</b>  <input type="checkbox"/>	<b>EVENING SNACK (ES)</b>  <input type="checkbox"/>
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<b>DATES OF OBSERVATION:</b> ____/____/____ <small>(MM/DD/YYYY)</small>	<b>DAYS OF THE WEEK FOR SCHEDULED OBSERVATION</b> <i>(Select 2 days):</i>	<b>MON</b>  <input type="checkbox"/>	<b>TUES</b>  <input type="checkbox"/>	<b>WED</b>  <input type="checkbox"/>	<b>THU</b>  <input type="checkbox"/>	<b>FRI</b>  <input type="checkbox"/>
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<b>FIRST DATE OF VISIT:</b> ____/____/____ <small>(MM/DD/YYYY)</small>	<b>MEAL OBSERVATION INFORMATION</b>
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<b>DATA COLLECTOR TIME OF ARRIVAL:</b> ____:____:____ <small>AM/PM</small>	<b>MEAL(S) TO BE OBSERVED ON DAY 1</b> (At least 2 must be selected):	Breakfast (B)  <input type="checkbox"/>	AM Snack (AS)  <input type="checkbox"/>	Lunch (L)  <input type="checkbox"/>	PM Snack (PS)  <input type="checkbox"/>	Supper (S)  <input type="checkbox"/>	Evening Snack (ES)  <input type="checkbox"/>
<b>IS FDCH OPERATING ON DAY OF VISIT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MEAL(S) TO BE OBSERVED ON DAY 2</b> (At least 2 must be selected):	Breakfast (B)  <input type="checkbox"/>	AM Snack (AS)  <input type="checkbox"/>	Lunch (L)  <input type="checkbox"/>	PM Snack (PS)  <input type="checkbox"/>	Supper (S)  <input type="checkbox"/>	Evening Snack (ES)  <input type="checkbox"/>

<b>SPONSOR'S MONITOR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MONITOR'S TELEPHONE NUMBER :</b> _____
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4				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">AS</td> <td style="text-align: center;">L</td> <td style="text-align: center;">PS</td> <td style="text-align: center;">S</td> <td style="text-align: center;">ES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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14	 <hr/> (First Name)	 <hr/> (MI)	 <hr/> (Last Name)	____ Months/Years	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; text-align: center;"> <tr> <td><b>B</b></td><td><b>AS</b></td><td><b>L</b></td><td><b>PS</b></td><td><b>S</b></td><td><b>ES</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<b>B</b>	<b>AS</b>	<b>L</b>	<b>PS</b>	<b>S</b>	<b>ES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

**B. CLOSE-OUT QUESTIONS ON CHILD ATTENDANCE**

<p><b>NUMBER OF CHILDREN AT THE END OF THE MEAL SERVICE:</b></p> <p>____ <b>TOTAL</b></p> <p>____ <b>CACFP PARTICIPATING</b></p> <p>____ <b>CACFP NON-PARTICIPATING</b></p>	<p><i>Were all children served at the same time for this eating occasion?</i></p> <p><input type="checkbox"/> <b>YES</b></p> <p><input type="checkbox"/> <b>NO</b> → Child(ren) arrived during meal service</p> <p><input type="checkbox"/> <b>NO</b> → Child(ren) were napping/otherwise occupied during meal service</p>	<p>1. Child's arrival time : ____ ____:____ ____</p> <p>Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>2. Child's arrival time : ____ ____:____ ____</p> <p>Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>3. Child's arrival time : ____ ____:____ ____</p> <p>Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>Name(s) and ages of child(ren) napping/otherwise occupied:</p> <p>1. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>2. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>3. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>
<p>Total number of infants served during the meal service:</p> <p>_____</p>	<p>Number of infants receiving formula provided by parent:</p> <p>_____</p>	<p>Name(s) of infants receiving formula from parent:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

HQ Review: \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_

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<b>SECOND OBSERVATION</b>	DATE OF OBSERVATION: _____/_____/_____	OBSERVER ARVL. TIME: ____:____:____ <small>(AM/PM)</small>	OBSERVER DPT. TIME: ____:____:____ <small>(AM/PM)</small>																								
<p><b>RECORD THE ATTENDANCE AT TIME OF ARRIVAL:</b></p> <p>NUMBER OF CHILDREN PRESENT AT START OF MEAL SERVICE:</p> <p>_____ TOTAL</p> <p>_____ CACFP PARTICIPATING</p> <p>_____ CACFP NON-PARTICIPATING</p> <p>NUMBER OF INFANTS PRESENT: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">B</th> <th style="width: 5%;">AS</th> <th style="width: 5%;">L</th> <th style="width: 5%;">PS</th> <th style="width: 5%;">S</th> <th style="width: 5%;">ES</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: center;"><b>MEAL OBSERVED:</b></p>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>MEAL SERVICE TIME OBSERVED:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <th style="width: 5%;">B</th> <th style="width: 5%;">AS</th> <th style="width: 5%;">L</th> <th style="width: 5%;">PS</th> <th style="width: 5%;">S</th> <th style="width: 5%;">ES</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>SCHEDULED START TIME OF MEAL:</b></p> <p style="text-align: center;">____:____:____ <small>(AM/PM)</small></p> <p><b>SCHEDULED END TIME OF MEAL:</b></p> <p style="text-align: center;">____:____:____ <small>(AM/PM)</small></p>
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<p><b>OBSERVED START TIME OF MEAL:</b></p> <p style="text-align: center;">____:____:____ <small>(AM/PM)</small></p> <p><b>OBSERVED END TIME OF MEAL:</b></p> <p style="text-align: center;">____:____:____ <small>(AM/PM)</small></p> <p style="font-size: small;">Were children already eating when you arrived at the home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																											

**A. COLLECT CHILD ATTENDANCE AND MEAL SERVED**

	Child's Name <i>(Record First, Middle Initial, and Last Name):</i>	Age and Age Group	Provide r's Child?	In CACFP?	Record the Observed Meal Served to the Child for the Observed Meal Service:																				
1	_____ <small>(First Name)</small>	_____ <small>(MI)</small>	_____ <small>(Last Name)</small>	_____ Months/Years <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <th style="width: 33%;">INFANT</th> <th style="width: 33%;">PRE-SCHOOL</th> <th style="width: 33%;">SCHOOL AGE</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	INFANT	PRE-SCHOOL	SCHOOL AGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <th style="width: 5%;">B</th> <th style="width: 5%;">AS</th> <th style="width: 5%;">L</th> <th style="width: 5%;">PS</th> <th style="width: 5%;">S</th> <th style="width: 5%;">ES</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child consumed formula</li> <li><input type="checkbox"/> Child consumed food from home replacing meal</li> <li><input type="checkbox"/> Child was not served a meal</li> <li><input type="checkbox"/> Child arrived during meal service</li> </ul>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14	_____	_____	_____	_____ <b>Months/Years</b>			<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>B</b></td> <td style="text-align: center;"><b>AS</b></td> <td style="text-align: center;"><b>L</b></td> <td style="text-align: center;"><b>PS</b></td> <td style="text-align: center;"><b>S</b></td> <td style="text-align: center;"><b>ES</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>B</b>	<b>AS</b>	<b>L</b>	<b>PS</b>	<b>S</b>	<b>ES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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**B. CLOSE-OUT QUESTIONS ON CHILD ATTENDANCE**

<p><b>NUMBER OF CHILDREN AT THE END OF THE MEAL SERVICE:</b></p> <p>_____ <b>TOTAL</b></p> <p>_____ <b>CACFP PARTICIPATING</b></p> <p>_____ <b>CACFP NON-PARTICIPATING</b></p>	<p><i>Were all children served at the same time for this eating occasion?</i></p> <p><input type="checkbox"/> <b>YES</b></p> <p><input type="checkbox"/> <b>NO</b> → Child(ren) arrived during meal service</p> <p><input type="checkbox"/> <b>NO</b> → Child(ren) were napping/otherwise occupied during meal service</p>	<p>1. Child's arrival time : ____ ____:____ ____</p> <p>Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>2. Child's arrival time : ____ ____:____ ____</p> <p>Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>3. Child's arrival time : ____ ____:____ ____</p> <p>Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <hr/> <p>Name(s) and ages of child(ren) napping/otherwise occupied:</p> <p>1. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>2. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>3. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>		
<p>Total number of infants served during the meal service:</p> <p>_____</p>	<p>Number of infants receiving formula provided by parent:</p> <p>_____</p>	<p>Name(s) of infants receiving formula from parent:</p> <p>_____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
<p>HQ Review: _____</p>		<p><b>Additional Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

<b>THIRD OBSERVATION</b>	DATE OF OBSERVATION: ____/____/____	OBSERVER ARVL. TIME: ____:____:____ <small>(AM/PM)</small>	OBSERVER DPT. TIME: ____:____:____ <small>(AM/PM)</small>																																												
<p><b>RECORD THE ATTENDANCE AT TIME OF ARRIVAL:</b></p> <p>NUMBER OF CHILDREN PRESENT AT START OF MEAL SERVICE:</p> <p>_____ TOTAL</p> <p>_____ CACFP PARTICIPATING</p> <p>_____ CACFP NON-PARTICIPATING</p> <p>NUMBER OF INFANTS PRESENT: _____</p>	<b>MEAL OBSERVED:</b>		<b>MEAL SERVICE TIME OBSERVED:</b>	<b>SCHEDULED START TIME OF MEAL:</b>	<b>SCHEDULED END TIME OF MEAL:</b>																																										
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		<b>OBSERVED START TIME OF MEAL:</b>	<b>OBSERVED END TIME OF MEAL:</b>																																												
		<p>____:____:____</p> <p><small>(AM/PM)</small></p>	<p>____:____:____</p> <p><small>(AM/PM)</small></p>																																												
<p><i>Were children already eating when you arrived at the home? <input type="checkbox"/> YES <input type="checkbox"/> NO</i></p>																																															

**A. COLLECT CHILD ATTENDANCE AND MEAL SERVED**

Child's Name (Record First Name, Middle Initial, and Last Name):	Age and Age Group	Provide r's Child?	In CACFP?	Record the Observed Meal Served to the Child for the Observed Meal Service:																		
1	<p>_____ Months/Years</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;">INFANT</td> <td style="width: 33%;">PRE-SCHOOL</td> <td style="width: 33%;">SCHOOL AGE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	INFANT	PRE-SCHOOL	SCHOOL AGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 16.6%;">B</td> <td style="width: 16.6%;">AS</td> <td style="width: 16.6%;">L</td> <td style="width: 16.6%;">PS</td> <td style="width: 16.6%;">S</td> <td style="width: 16.6%;">ES</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child consumed formula</li> <li><input type="checkbox"/> Child consumed food from home replacing meal</li> <li><input type="checkbox"/> Child was not served a meal</li> <li><input type="checkbox"/> Child arrived during meal service</li> </ul>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11	_____	_____	_____	_____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">AS</td> <td style="text-align: center;">L</td> <td style="text-align: center;">PS</td> <td style="text-align: center;">S</td> <td style="text-align: center;">ES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service <input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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12	_____	_____	_____	_____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">AS</td> <td style="text-align: center;">L</td> <td style="text-align: center;">PS</td> <td style="text-align: center;">S</td> <td style="text-align: center;">ES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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13	_____	_____	_____	_____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">AS</td> <td style="text-align: center;">L</td> <td style="text-align: center;">PS</td> <td style="text-align: center;">S</td> <td style="text-align: center;">ES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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14	_____	_____	_____	_____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">AS</td> <td style="text-align: center;">L</td> <td style="text-align: center;">PS</td> <td style="text-align: center;">S</td> <td style="text-align: center;">ES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	B	AS	L	PS	S	ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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**B. CLOSE-OUT QUESTIONS ON CHILD ATTENDANCE**

<p><b>NUMBER OF CHILDREN AT THE END OF THE MEAL SERVICE:</b></p> <p>_____ TOTAL</p> <p>_____ CACFP PARTICIPATING</p> <p>_____ CACFP NON-PARTICIPATING</p>	<p><i>Were all children served at the same time for this eating occasion?</i></p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO → Child(ren) arrived during meal service</p> <p><input type="checkbox"/> NO → Child(ren) were napping/otherwise occupied during meal service</p>	<p>1. Child's arrival time : _____ _____ _____</p> <p>Was child served a meal? <input type="checkbox"/>YES, child was served same meal being served <input type="checkbox"/>YES, provider served a different meal <input type="checkbox"/>NO</p> <p>2. Child's arrival time : _____ _____ _____</p> <p>Was child served a meal? <input type="checkbox"/>YES, child was served same meal being served <input type="checkbox"/>YES, provider served a different meal <input type="checkbox"/>NO</p> <p>3. Child's arrival time : _____ _____ _____</p> <p>Was child served a meal? <input type="checkbox"/>YES, child was served same meal being served <input type="checkbox"/>YES, provider served a different meal <input type="checkbox"/>NO</p> <p>Name(s) and ages of child(ren) napping/otherwise occupied:</p> <p>1. _____ Age: _____ CACFP Participating: <input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>2. _____ Age: _____ CACFP Participating: <input type="checkbox"/>YES <input type="checkbox"/>NO</p>
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		3. _____ Age: _____ CACFP Participating: <input type="checkbox"/> YES <input type="checkbox"/> NO																																															
	Total number of infants served during the meal service:  _____	Number of infants receiving formula provided by parent:  _____	Name(s) of infants receiving formula from parent:  1. _____ 2. _____ 3. _____																																														
HQ Review: _____		<b>Additional Comments:</b> _____ _____ _____ _____ _____																																															
<b>FOURTH OBSERVATION</b>	DATE OF OBSERVATION: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">A</td> <td style="text-align: center;">L</td> <td style="text-align: center;">P</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	B	A	L	P	S	S	E	S	S	S	S	S	S	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SERVER ARVL. TIME: _____:_____:_____ (AM/PM)	OBSERVER DPT. TIME: _____:_____:_____ (AM/PM)																								
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																											
<b>RECORD THE ATTENDANCE AT TIME OF ARRIVAL:</b>  <b>NUMBER OF CHILDREN PRESENT AT START OF MEAL SERVICE:</b>  _____ TOTAL _____ CACFP PARTICIPATING _____ CACFP NON-PARTICIPATING  <b>NUMBER OF INFANTS PRESENT:</b> _____		<b>MEAL OBSERVED:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">A</td> <td style="text-align: center;">L</td> <td style="text-align: center;">P</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		B	A	L	P	S	S	E	S	S	S	S	S	S	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MEAL SERVICE TIME OBSERVED:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">A</td> <td style="text-align: center;">L</td> <td style="text-align: center;">P</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> <td style="text-align: center;">S</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		B	A	L	P	S	S	E	S	S	S	S	S	S	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SCHEDULED START TIME OF MEAL:</b>  _____:_____:_____ (AM/PM)	<b>SCHEDULED END TIME OF MEAL:</b>  _____:_____:_____ (AM/PM)
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<b>OBSERVED START TIME OF MEAL:</b>  _____:_____:_____ (AM/PM)	<b>OBSERVED END TIME OF MEAL:</b>  _____:_____:_____ (AM/PM)																																																
Were children already eating when you arrived at the home? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																	

<b>A. COLLECT CHILD ATTENDANCE AND MEAL SERVED</b>															
<b>Child's Name</b> (Record First, Middle Initial, and Last Name):			<b>Age and Age Group</b>			<b>Provide r's Child?</b>	<b>In CACFP?</b>	<b>Record the Observed Meal Served to the Child for the Observed Meal Service:</b>							
1				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	B	AS	L	PS	S	ES	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
	____ (First Name)	____ (MI)	_____ (Last Name)	INFANT <input type="checkbox"/>	PRE-SCHOOL <input type="checkbox"/>	SCHOOL AGE <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	B	AS	L	PS	S	ES	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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3				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	B	AS	L	PS	S	ES	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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4				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	B	AS	L	PS	S	ES	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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5				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	B	AS	L	PS	S	ES	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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6				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	B	AS	L	PS	S	ES	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service
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7				____ Months/Years			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	B	AS	L	PS	S	ES	<input type="checkbox"/> Child consumed formula <input type="checkbox"/> Child consumed food from
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				<b>INFANT</b> <input type="checkbox"/>	<b>PRE-SCHOOL</b> <input type="checkbox"/>	<b>SCHOOL AGE</b> <input type="checkbox"/>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>NO</b>		<input type="checkbox"/> home replacing meal <input type="checkbox"/> Child was not served a meal <input type="checkbox"/> Child arrived during meal service												
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**B. CLOSE-OUT QUESTIONS ON CHILD ATTENDANCE**

<p><b>NUMBER OF CHILDREN AT THE END OF THE MEAL SERVICE:</b></p> <p>_____ <b>TOTAL</b></p> <p>_____ <b>CACFP PARTICIPATING</b></p> <p>_____ <b>CACFP NON-PARTICIPATING</b></p>	<p><i>Were all children served at the same time for this eating occasion?</i></p> <p><input type="checkbox"/> <b>YES</b></p> <p><input type="checkbox"/> <b>NO</b> → Child(ren) arrived during meal service</p> <p><input type="checkbox"/> <b>NO</b> → Child(ren) were napping/otherwise occupied during meal service</p>	<p>1. Child's arrival time : ____ ____:____ ____          Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>2. Child's arrival time : ____ ____:____ ____          Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>3. Child's arrival time : ____ ____:____ ____          Was child served a meal? <input type="checkbox"/> <b>YES, child was served same meal being served</b> <input type="checkbox"/> <b>YES, provider served a different meal</b> <input type="checkbox"/> <b>NO</b></p> <p>Name(s) and ages of child(ren) napping/otherwise occupied:</p> <p>1. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>2. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p> <p>3. _____ Age: _____ CACFP Participating: <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b></p>		
<p>Total number of infants served during the meal service:</p> <p>_____</p>	<p>Number of infants receiving formula provided by parent:</p> <p>_____</p>	<p>Name(s) of infants receiving formula from parent:</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	
<p>HQ Review: _____</p>		<p><b>Additional Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		