Summary Report of
Child Care Food Program Home Review

MCPS Form 240-52
February 2016

Department of Food and Nutrition Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

GENERAL INFORMATION: The following information is a summary of the visit and review conducted today. We will make an additional visit to homes which have evidence of problems. If problems are found, ineligible meals may be disallowed for reimbursement. A continuation of the problem will result in suspension or termination of participation in the Child Care Food Program.

Provider _____ Date of Visit____/____/_____ County **MONTGOMERY**

Address _____ Visit Sequence: (circle one) 1   2   3

_____ Reviewer_____

PART I: SUMMARY OF FINDINGS

1. Home meets licensing requirements   ❏ Yes ❏ No
2. Enrollment and attendance records are maintained   ❏ Yes ❏ No
3. Meal counts are being taken at each meal   ❏ Yes ❏ No
4. Meal patterns were being followed on day of visit   ❏ Yes ❏ No
5. Menus meet program requirements   ❏ Yes ❏ No
6. Civil rights compliance   ❏ Yes ❏ No

_____ ____/____/_____
Signature, Reviewer   *Date*

_____ ____/____/_____
Signature, Provider   *Date*

PART II: CORRECTIVE ACTION RECOMMENDED (FIRST VISIT)

Describe

The number of meals disallowed for reimbursement _____

_____ ____/____/_____
Signature, Reviewer   *Date*

_____ ____/____/_____
Signature, Provider   *Date*

PART III: EVIDENCE OF CORRECTIVE ACTION (FOLLOW-UP VISIT)

Describe

If no evidence of corrective action, indicate the effective date of termination of home ____/____/_____

_____ ____/____/_____
Signature, Reviewer   *Date*

_____ ____/____/_____
Signature, Provider   *Date*

NOTE: This is a multipart form. No carbon paper is required. Remove 2 copies and complete.
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