

# Licensed Family/ Family Group Food Service Inspection



*Working for Healthy Communities*

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Name of Provider \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

1. Food prepared by caregiver from an approved source? Yes\_\_\_ No\_\_\_
2. Food brought in by parents to serve to other children in facility from an approved source? Yes\_\_\_ No\_\_\_
3. Food brought in by parents for child's use labeled? Yes\_\_\_ No\_\_\_
4. Opened baby food
  - a. Marked with date/time of opening and refrigerated Yes\_\_\_ No\_\_\_
  - b. Discarded if not used within 24 hours or opening Yes\_\_\_ No\_\_\_
  - c. Infant formula or breast milk discarded after feeding or within two hours of initiating a feeding? Yes\_\_\_ No\_\_\_
5. Refrigerator at or below 41 °F? Yes\_\_\_ No\_\_\_
  - a. Refrigerator clean and in good repair? Yes\_\_\_ No\_\_\_
  - b. Thermometer in refrigerator? Yes\_\_\_ No\_\_\_
6. Stem thermometer available to check cook/hot hold temperature? Yes\_\_\_ No\_\_\_
7. All caregivers have current food handler's card on file at facility? Yes\_\_\_ No\_\_\_
8. Food served on plates, napkins, or other sanitary holders? Yes\_\_\_ No\_\_\_
9. Re-usable food holders, utensils, and prep surfaces washed, rinsed, and sanitized with an approved sanitizer before each use? Yes\_\_\_ No\_\_\_
10. Personal Cleanliness
  - a. Hand-washing facilities available and used? Yes\_\_\_ No\_\_\_
  - b. Hair restraints in use Yes\_\_\_ No\_\_\_
  - c. Clean outer clothing Yes\_\_\_ No\_\_\_
11. Chemicals stored away from food and food service items? Yes\_\_\_ No\_\_\_
  - a. Inaccessible to children? Yes\_\_\_ No\_\_\_
12. Menus-Current week posted for review? Yes\_\_\_ No\_\_\_

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Signatures \_\_\_\_\_

Child Care Provider

\_\_\_\_\_

Inspector