

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___

Signatures _____

Child Care Provider

Inspector