

# CHILD CARE FOOD PROGRAM PROVIDER REVIEW FORM

Provider Name: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Provider Telephone #: \_\_\_\_\_

# of Reviews Year to Date: \_\_\_\_\_

Registration # & Expiration Date: \_\_\_\_\_

Review Conducted by: \_\_\_\_\_






<p><b>GENERAL SANITATION IN FOOD PREPARATION AND SERVING AREA</b></p> <p>_____ refrigeration inside/outside</p> <p>_____ range top/oven</p> <p>_____ floor</p> <p>_____ counter/eating surfaces</p> <p>_____ garbage container</p> <p>_____ dishes, utensils, glasses</p> <p>_____ cutting board</p> <p>_____ animals in food service areas</p> <p style="text-align: center;"><b>PERSONAL SANITATION</b></p> <p>_____ provider washes hands before food preparation</p> <p>_____ children wash hands before eating</p> <p>_____ sanitation practices</p> <p style="text-align: center;"><b>QUALITY OF THE MEAL OBSERVED</b></p> <p>_____ salt, sugar, and fat concerns considered</p> <p>_____ sufficient quantities of each food component were prepared and available to enrolled children</p> <p>_____ texture and color good</p> <p>_____ meal time atmosphere encourages good eating habits</p> <p>_____ plate waste minimal?</p>	<p style="text-align: center;"><b>FOOD AND SUPPLY STORAGE AREAS</b></p> <p>_____ poisons and cleaning supplies are stored out of reach of children</p> <p>_____ flour and other grain products are stored in air tight containers</p> <p>_____ perishables are wrapped/cover in refrigerator</p> <p>_____ refrigeration units are clean with thermometers in place and displaying the required temperatures.</p> <p style="text-align: center;"><b>PROGRAM RECORDS AND TRAINING</b></p> <p>_____ complete full names of enrolled children are listed on the meal count/attendance records and both are recorded daily</p> <p>_____ menu are prepared in advance, including new meal pattern updates and substitutions are recorded</p> <p>_____ eligibility application for provider's own children are on file and claimed on the meal count only when other non-residential children are present for meal service</p> <p>_____ enrollment forms are on file for children in attendance and/or claimed on meal count</p> <p>_____ attendance records support meal counts</p> <p>_____ agreement/application on file</p> <p>_____ copies of monitoring visits on file</p> <p>_____ age/meal limitation is being met</p>
<p><b>1 = GOOD      2= NEEDS IMPROVEMENT      3= NOT IN COMPLIANCE    N/A= NOT APPLICABLE</b></p>	

Meal served this visit: \_\_\_\_\_

Number of non-residential children claimed for this meal \_\_\_\_\_

Number of provider's own children claimed for this meal \_\_\_\_\_

Food served: (write specific description on line next to required components)

	<b>MILK</b>	_____
	<b>MEAT/MEAT ALTERNATE</b>	_____
	<b>VEGETABLE/FRUIT</b>	_____
	<b>FRUIT/VEGETABLE</b>	_____
	<b>GRAINS/ GRAINS ALTERNATE</b>	_____

AREAS OF STRENGTH/IDEAS TO SHARE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Changes provider agrees to make:

\_\_\_\_\_

\_\_\_\_\_

Monitor will follow up by (date): \_\_\_\_\_

Is provider Seriously Deficient?: \_\_\_\_\_

Is this a follow up visit for blockclaiming? \_\_\_\_\_

Provider changes since previous visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

*You are being notified of these errors so that you reevaluate your submissions and/or collection procedures. Corrective actions must be submitted to the sponsoring organization within 3 days of the date of this notification. Continuous errors and incomplete or missing information will result in a seriously deficient determination in the operation of your Family Day Care Food Facility. These records will be reviewed for program compliance during an unannounced monitoring visit.*

*We certify that the above deficiencies were discussed during the exit conference and are true. Verification of the corrective actions will be on file at the Sponsoring Organization and Provider's facility within the prescribe timeline. I also understand that corrective actions must be permanently completed and failure to do so could result in a seriously deficient determination, which is not appealable.*

**Provider Signature:**

**Date:**

CIFW/REV FORM/18