

# CHILD AND ADULT CARE FOOD PROGRAM PROVIDER REVIEW FORM

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

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

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

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

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

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

**GENERAL SANITATION IN FOOD PREPARATION AND SERVING AREA**

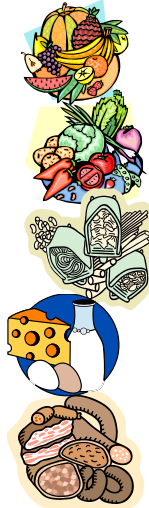
- \_\_\_\_\_ refrigeration inside/outside
- \_\_\_\_\_ range top/oven
- \_\_\_\_\_ floor
- \_\_\_\_\_ counter/eating surfaces
- \_\_\_\_\_ garbage container
- \_\_\_\_\_ dishes, utensils, glasses
- \_\_\_\_\_ cutting board
- \_\_\_\_\_ animals in food service areas

**PERSONAL SANITATION**

- \_\_\_\_\_ provider washes hands before food preparation
- \_\_\_\_\_ children wash hands before eating
- \_\_\_\_\_ sanitation practices

**QUALITY OF THE MEAL OBSERVED**

- \_\_\_\_\_ salt, sugar, and fat concerns considered
- \_\_\_\_\_ sufficient quantities of each food component were prepared and available to enrolled children
- \_\_\_\_\_ texture and color good
- \_\_\_\_\_ meal time atmosphere encourages good eating habits
- \_\_\_\_\_ plate waste minimal?



**FOOD AND SUPPLY STORAGE AREAS**

- \_\_\_\_\_ poisons and cleaning supplies stored out of reach of children
- \_\_\_\_\_ flour and other grain products stored in air tight containers
- \_\_\_\_\_ perishables wrapped/cover in refrigerator
- \_\_\_\_\_ refrigeration units are clean with thermometers in place and displaying the required temperatures.

**PROGRAM RECORDS AND TRAINING**

- \_\_\_\_\_ complete full names of enrolled children listed on meal count records and meal counts recorded daily
- \_\_\_\_\_ menu prepared in advance with changes recorded
- \_\_\_\_\_ eligibility application for provider's own children present and claimed on the meal count only when other non-residential children are present for meal service
- \_\_\_\_\_ enrollment forms for children present and claimed on meal count
- \_\_\_\_\_ attendance records support meal counts
- \_\_\_\_\_ agreement/application on file
- \_\_\_\_\_ copies of monitoring visits on file
- \_\_\_\_\_ age/meal limitation is being met

**1 = GOOD      2= NEEDS IMPROVEMENT      3= NOT IN COMPLIANCE      N/A= NOT APPLICABLE**

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)

**AREAS OF STRENGTH/IDEAS TO SHARE**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**MILK** \_\_\_\_\_



**MEAT/MEAT ALTERNATE** \_\_\_\_\_



**FRUIT/VEGETABLE** \_\_\_\_\_



**FRUIT/VEGETABLE** \_\_\_\_\_



**BREAD/BREAD ALTERNATE** \_\_\_\_\_

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 Home. 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 home within the prescribe timeline. I also understand that corrective actions must be permanently completed and failure to do so will result in a seriously deficient determination, which is not appealable.*

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_