



Child Care Centre Food Premises Questionnaire

Facility #: _____

Date: _____

General - Facility Information

Facility Name

Facility Address

City/Town _____

Postal Code _____

Facility Phone # _____

Fax # _____

Existing Business **New Business** **Proposed Opening Date** (if new) _____ / _____ / _____
YYYY MM DD

Nature and Complexity of Operation

Type of Facility: Full Time Nursery School School Age Program

Days & Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					
Other:					

Water Supply and Sewage Treatment

Water Supply: Municipal Private If private, specify well type – Dug well Drilled well

Water Treatment Device: Yes No If "yes", specify treatment type – Chlorinator UV

Sewage Treatment: Municipal Private If private, specify type of system –

Holding tank Septic tank + tile bed Other(describe): _____

Type of Equipment and Facilities (check all applicable boxes)

Designated/Separate handwash sink 3 Compartment Sink 2 Compartment sink

Mechanical (commercial) dishwasher (high temperature rinse) **or**

Mechanical (commercial) chemical sanitizer dishwasher (type) _____
 (i.e. chlorine bleach/ quaternary ammonia/ iodine)

Chemical sanitizer used for food contact surfaces (e.g. counters/tables/large equipment, etc.)

_____ (i.e. chlorine bleach/quaternary ammonia, etc.)

Pest control contracted: Yes No Name of Company _____

Garbage storage (between pick-ups): Storage room Storage shed Bulk bin Other _____

Meals Served

Meals Prepared on site **Meals Catered** **Both** (Indicate which meals below)

Breakfast Snacks: a.m. p.m. Lunch Dinner

Meal Service: Multi-use dishes/cups/cutlery used Single-use dishes/cups/cutlery/napkins used
(i.e. disposable plates/cups/cutlery/napkins)

If applicable:

Caterer's Name: _____ **Phone Number:** _____

Caterer's Address: _____

Caterer approved & inspected by the local Health Department:

Yes Last inspection date & name of the local Health Department:

No

Foodhandler Personnel

Includes: - Staff routinely involved in food transport, storage, preparation and service.
- Supervisors or staff who fill in when regular foodhandlers are absent.

Names of Foodhandler(s)	Certified		Certification Type (course name /agency name)	Date of Certification DD/MM/YYYY
	Yes	No		
	Yes	No		
	Yes	No		

Foodhandler Training by the Health Department: Recommended

Child Care Centre Food Suppliers (complete the chart)

Codes: Meats = M Fish = F Poultry = P Dairy = D Produce = PR Breads/Baked = B Dry = D Other (specify)			
Supplier Names	Addresses	Phone	Type of Food (see letter code above)

Is prepared food ever brought in from outside sources for special events?

(e.g. pizza, burgers, cakes, snacks, etc.) Yes No

If "yes", specify type of food, suppliers, addresses, phone numbers, in supplier chart above.

Menu Items: Attach copy of current menus i.e. Breakfast/Snacks/Lunch/Dinner

Menus provided during inspection Menus to follow

Food Processes

- Freeze - Thaw - Prep - Cook - Hot Hold - Serve
(e.g. roasts, cut or ground meats, casseroles, stews) Yes No
- Cold Hold - Prep - Cook - Hot Hold - Serve
(e.g. roasts, cut or ground meats, casseroles, stews) Yes No

- 3. Cold Hold - Prep - Cold Hold - Serve Yes No
(e.g. meat or cheese sandwiches, salads, fruit/veg. sticks)
- 4. Freeze - Cook - Hot Hold – Serve Yes No
(e.g. fish sticks, frozen pizzas, chicken nuggets, meats from frozen)
- 5. Prep - Cook - Hot Hold - Serve Yes No
(e.g. spaghetti + sauce, rice, dry/canned beans)
- 6. Prep - Cook - Cool - Cold Hold - Serve Yes No
(e.g. baked goods, pasta, potato or egg salad, jello, puddings)
- 7. Catered Foods
 - Hot Hold - Serve Yes No
 - Cold Hold - Serve Yes No
 - Hazardous food temperatures audited and recorded upon arrival? (Hot and Cold) Yes No
 - Hazardous food temperatures audited and recorded prior to service? (Hot and Cold) Yes No
(e.g. if food is hot held for more than 1 hour prior to service)

Indicate how catered, hazardous foods will be maintained hot and/or cold until service?
(e.g. bain marie, stove, oven or refrigerator):

8. Other Processes (describe):

Applicant's Name: _____

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Date reviewed by PHI: _____

Name of PHI: _____

Referral to Part 8 PHI: Date: _____

Part 8 review complete/reply received : Date: _____

Comments/Changes:

