

Application for Child Care Centre Plan Review

| Submit (| one (| | | | plans with your ails below) | ар | plicatio | on |
|--|------------|--|-------------|------|--|----------------|--------------------------------|--------------------|
| Name of the owner/operator: | | Tele | | | phone # | ! : | | |
| Name of premises: | | | | | | | | |
| Address: | | | | | | | | |
| Postal code: | | | | | | | | |
| Name of applicant: | | | | | | Telephone #: | | |
| Position of applicant: | | | | | | | | |
| A | | | | ^ | \ | | -1-4- | |
| Anticipated start date (dd/mm/yyyy) | | Anticipated completior (dd/mm/yyyy) | | | etion | date | | |
| ☐ New premises ☐ Rer | novati | on | Private w | /ate | er: 🗆 Yes 🗆 No | Priv | ate sewa | age: □ Yes □ No |
| | | | | | | | | |
| | ood safety | | | | Infection control | | | |
| Type of food preparation Type of equ | | | quipment | 1 | | | Classro | oom requirements |
| ☐ On-site food | | Sinks (check all that apply): | | : | Equipment (check all that apply): Cooking | | Sinks: • A multi-purpose sink | |
| preparation | | ☐ Separate hand | | | | | | |
| | | washing | g sink | | Equipment | | in e | ach classroom |
| ☐ Off-site food | | Two- | | | | | For roo | ms with diaper |
| preparation | | compartment sink | | k | ☐ Mechanical ventilation | | change areas A dedicated hand | |
| (catered food) | | | | | | | | |
| Name of caterer: | | • | rtment sinl | | | •. | wash | ning sink, that is |
| | | ☐ Food preparation sink | | | ☐ Hot holding unit | | not the multi-purpose | |
| ☐ Pre-packaged food | | Janitori | ial sink | | ☐ Refrigerator | | sink. | |
| (no preparation or | | | | | 5 | | | |
| cooking required) | Ute | ensils fo | r children | ı: | ☐ Freezer | | | |
| | | Single- | use (i.e. | | | | | |
| | | disposa | able) | | \square Commercial | | | |
| | | Multi-u | se utensils | 3 | mechanical | | | |
| | | (i.e. reu | ısable | | dishwasher | | | |
| | | cutlery | and | | Brand and Mo | del: | | |
| | | dishwai | re) | | | | | |



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| Additional Information: | |
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| OFFICE USE ONLY | | | | | | | |
|-----------------------------|--|---------------|--|--|--|--|--|
| Nexus # | | Area #: | | | | | |
| Approval date (dd/mm/yyyy): | | District PHI: | | | | | |
| Approval date (dd/mm/yyyy): | | Second PHI: | | | | | |

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