

Food Premises Inspection Report

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| Name of Premise: Rugrats Childcare Centre Address: 3-1666 Lincoln Rd Fredericton NB E3B 8J6 | Licence #: 03-02159 Type: Class/Classe 4 Category: Compliance Water Supply: Private Date of Inspection: November 30, 2021 |
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| Item no. | Description | CDI | R |
|--|--|--------------------------|--------------------------|
| 1.0 FOOD | | | |
| 1.1 | N.O. Approved Source | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | N.O. Purchasing and Receiving | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | N.O. Acceptable Containers and Labeling | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.0 FOOD STORAGE | | | |
| 2.1 | N.O. Storage of Potentially Hazardous Foods | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | N.O. Frozen Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | S Refrigerated Storage (Temperature) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | N.O. Refrigerated Storage (Methods) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 | N.O. Refrigerated Storage (Space) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 | N.O. Dry Storage | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 | N.O. Storage of Food for Staff | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.0 FOOD PREPARATION AND HANDLING | | | |
| 3.1 | N.O. Thawing Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | N.O. Cooking Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | N.O. Holding Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | N.O. Cooling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | N.O. Re-heating Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | N.O. Handling Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.0 FOOD DISPLAY AND SERVICE | | | |
| 4.1 | N.O. Display Methods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | N.O. Advance Preparation | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.0 RECORD KEEPING AND RECALLS | | | |
| 5.1 | N.O. Record Keeping | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | N.O. Recall of Food | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.0 PERSONNEL | | | |
| 6.1 | N.O. Demonstrating Knowledge | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | N.O. Employee Health | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | N.O. Personal Hygiene Practices | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.0 FOOD EQUIPMENT AND UTENSILS | | | |
| 7.1 | N.O. Food Equipment (Design, Construction, Installation and Maintenance) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | N.O. Food Contact Surfaces | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | N.O. Mechanical Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | N.O. Manual Dishwashing | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5 | N.O. Eating Utensils and Dishes | <input type="checkbox"/> | <input type="checkbox"/> |

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8.0 CLEANING AND SANITIZING

- 8.1 N.O. Cleaning and Sanitizing
- 8.2 N.O. Detergents and Chemical Use and Storage

9.0 SANITARY FACILITIES

- 9.1 N.O. Washroom(s)
- 9.2 N.O. Hand Washing Station(s)

10.0 FLOORS, WALLS AND CEILINGS

- 10.1 N.O. Floors (Construction and Maintenance)
- 10.2 N.O. Walls (Construction and Maintenance)
- 10.3 N.O. Ceilings (Constructions and Maintenance)

11.0 WATER SUPPLY AND WASTE DISPOSAL

- 11.1 N.O. Water (Quality and Quantity)
- 11.2 N.O. Sewage Disposal
- 11.3 N.O. Solid Waste Handling

12.0 LIGHTING AND VENTILATION

- 12.1 N.O. Lighting
- 12.2 N.O. Ventilation

13.0 GENERAL

- 13.1 N.O. Licence
- 13.2 N.O. Rodent and Insect Control
- 13.3 N.O. Other Infractions/Hazards

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory MI - Minor infraction; MA - Major infraction; CR - Critical infraction, CDI - Corrected During Inspection, R - Repeated infraction

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item | MI /MA/ CR | Remarks | Date for correction |
|------|------------|---------|---------------------|
|------|------------|---------|---------------------|

CLOSING COMMENTS

Infractions from the previous inspection have been corrected.

Rating color

Green