

**Guilford County Department of Health and Human Services**

Environmental Health 1203 Maple Str., Greensboro, NC 27405 336-641-3771

**Child Care Plan Review Application**

Business Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Owner/Director: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Proposed opening date: Click or tap to enter a date.

Days & Hours of Operation:Click or tap here to enter text.

**Plan review and approval is required prior to initiating construction.**

PRIOR TO REVIEW OF CHILD CARE PLANS, THE FOLLOWING MUST BE SUBMITTED. PLEASE INITIAL TO INDICATE SUBMITTAL INCLUDES EACH OF THE FOLLOWING:

\_\_\_\_\_\_ Completed Application

\_\_\_\_\_\_ Plan: Include all off the following

1. Site plan showing specific location of the property, buildings, playground, fencing, parking, utilities, dumpster, etc.
2. Floor plan drawn to scale (minimum ¼” = 1’) of facility with the following labeled.

Kitchen, Utility rooms, bathrooms, diaper changing stations with hand sinks separate from food preparation, food preparation areas, ice machines, sinks (labeled with use), toy washing, washer & dryer, cubbies/lockers, storage areas (specify if lockable), sick child area, offices, washing facilities for solid waste containers, classrooms with age group & number of children indicated.

1. Finish schedules. (Materials used on finished floors, cove base, walls, and ceilings
2. Plumbing Plan (water supply including temperatures, waste plumbing, floor drains, floor sinks, water heater(s), tempering valves, washing facilities, laundry facilities)

\_\_\_\_\_ Manufactures equipment specification sheets for all food service and other equipment (refrigerator, water heater, dish machine, stove, exhaust fan, sinks, etc.)

\_\_\_\_\_ Proposed Menu (one month minimum)

\_\_\_\_\_ Water supply documentation (permits, applications, testing, etc.)

\_\_\_\_\_ Sewage disposal documentation (permits, applications, inspections, etc.)

**Construction Details**

Is this  new construction or  remodel of existing structure? Check One

Is any part of the center or accessible structures built prior to 1978?  YES  NO

Is this a center in a residence?  YES  NO If yes, how many children?\_\_\_\_\_\_\_\_\_

Age Groups

|  |  |
| --- | --- |
| Age Groups | Number of Classrooms |
| Click or tap here to enter text. | Click or tap here to enter text. |
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**Water / Wastewater**

*Water supplies must meet applicable requirements of 15A NCAC 18A .1700 and 15A NCAC 18C.*

Municipal (city water)  Well Water

Municipal (city sewer)  Onsite Septic

If the water supply is not municipal, how many total people would the well serve (#of staff + # of children + # other people the well serves)? \_\_\_\_\_\_\_

*\*If the well will serve 25 or more people, call NC DEQ Public Water Supply at (919) 707-9100.*

#### **Supplemental Well and Sewage Disposal System Information Form – Required for well water and/or onsite septic**

For assistance with the information below contact Water Quality, 400 W. Market St., Greensboro, NC 27401, (336) 641-7613

**Facility Information:**

Type of Establishment: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sq. Footage – Food Service Area: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# of Public Restrooms**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Estimated # of meals per day: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dishwasher or  Single Service

Please list any known Well or Septic Tank specifications and Location information:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing Well & Sewage Disposal System Information:**

Date Septic System Installed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Permit #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Well Installed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Permit #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Owner at time of Installation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lead Testing**

Is any part of the center or accessible structures built prior to 1978?  YES  NO

Completed for all water outlets used for drinking or food preparation(.2816(b)): YES NO

**Food Service and Preparation Part 1 : Mark all that apply**

Will bottles be assembled/prepared? YES NO (If no, skip to the Part 2 questions)

* Where will bottles be prepared:  Kitchen  Classroom Other Click or tap here to enter text.
* Does the bottle preparation area have food preparation sink and food prep area/counter separate from other areas?  YES NO
* Detail Bottle warming location and equipment type: Click or tap here to enter text.
* Will human milk be stored frozen? YES NO
* Will frozen human milk be stored for more than 7 days? YES NO
  + If YES, where will it be store? Click or tap here to enter text.
* Will bulk specialty milk (examples: almond milk, coconut milk, soy milk, lactose free ) be provided by parents? YES NO
  + If YES, where will it be stored? Click or tap here to enter text.
* Will bulk food items be stored in classroom food prep area refrigerators? YES NO

**Food Service and Preparation Part 2 : Mark all that apply**

Prepared/cooked on-site  YES  NO

Catered from a permitted Food Service Establishment or approved Child Care Center

* Name of facility providing food: Click or tap here to enter text.

Will potentially hazardous food be prepared prior to the day of service? YES NO

Will any food be kept as leftovers and reheated later?  YES NO

* If yes, list foods that will be kept and reheated: Click or tap here to enter text.

Will any salads be prepared such as chicken salad, potato salad, or macaroni salad? YES NO

Will any food be fried? *("Frying" means to cook over direct heat in hot oil or fat. This includes the oil or fat that is generated by the food or added to the cooking utensil.)* YES NO

Will raw fruits/vegetables be provided by the center? YES NO

Describe volume, procedure, and location for washing/preparation: Click or tap here to enter text.

Please list make/model numbers of refrigeration units and locations: Click or tap here to enter text.

Type of eating and drinking utensils used:  Single-service (disposable)  Multi-service (reusable)

How many compartments will the utensil sink have? Click or tap here to enter text.

Provide dimensions of utensil washing sink compartments and drainboards: Click or tap here to enter text.

Will a dish machine be provided? YES NO

* If YES, make and model number:Click or tap here to enter text.
* Is there a sanitizing cycle? YES NO

What type of sanitizing cycle: hot water chemical

List all sanitizers to be used in center: Click or tap here to enter text.

List all disinfectants to be used in the center: Click or tap here to enter text.

Will highchairs be provided?  YES NO

**Diapering & Toileting**

List rooms that allow children in diapers/pull-ups: Click or tap here to enter text.

Do all rooms with children in diapers/pull-ups have diaper changing stations? YES NO

If NO, Describe diapering location and processes: Click or tap here to enter text.

Describe construction of the diaper changing table: Click or tap here to enter text.

Where and how will detergent solution, and disinfectant be stored? Click or tap here to enter text.

*Detergent Solution Example: Dish soap and Water Disinfectant Example: Chlorine and Water 500-800ppm*

Where will diaper creams, gloves, diapers, etc. be stored? Click or tap here to enter text.

Will potty chairs be used? YES NO

* If YES, detail procedures including where they will be located, stored and cleaned:

Click or tap here to enter text.

**Storage**

Please indicate how many areas/rooms will be dedicated for child care center storage? Indicate on plans and describe here:

Click or tap here to enter text.

How/where will chemicals and other hazardous substances be stored? Click or tap here to enter text.

How/where will medications be stored? Click or tap here to enter text.

What type of locks are provided for chemicals and other hazardous substances? (combination, electronic, magnetic, keypad, key or equivalent) Click or tap here to enter text.

Where will employee personal items be stored? Click or tap here to enter text.

What type of cots/mats will be used? bifold trifold stackable other: Click or tap here to enter text.

How/where will cots/mats be stored? Click or tap here to enter text.

Where is clean linen storage? Click or tap here to enter text.

Will linens be washed on-site? YES NO If no, where will they be washed? Click or tap here to enter text.

How/where are children’s personal belongings stored (diaper bags, coats, car seats, backpacks, etc.)?

Click or tap here to enter text.

Will cubbies be provided? YES NO

Will coat hooks be provided? YES NO (If yes, coat hooks must have at least 12 inches separation)

***\*\* Water heater(s) must be capable of supplying an adequate amount of water at the proper temperature for all uses, to include: lavatories, sinks, dishwasher, laundry, washing facilities for solid waste containers.***

*.2815(e) Hot water used for cleaning and sanitizing utensils and laundry shall be provided at a minimum temperature of 120 degrees Fahrenheit at the point of use. Water in areas accessible to children shall be tempered between 80 degrees Fahrenheit and 110 degrees Fahrenheit. Hot water that exceeds 120 degrees Fahrenheit is a burn hazard and shall not be provided in areas accessible to children.*

How many water heaters will be provided? Click or tap here to enter text.

Purpose, location and size of water heaters: Click or tap here to enter text.

How will water in excess of 120° F be made inaccessible? Click or tap here to enter text.

**Designated Sick Area**

Where is the designated sick area? Click or tap here to enter text.

Describe the location, equipment and which restroom will be used for designated sick area:

Click or tap here to enter text.

**Outdoor Learning Environment**

Is there any existing chromated copper arsenate (CCA) pressure-treated wood (old wood prior to 2006)? YES NO

*\*Equipment that is not intended by the manufacturer to be used by children must be inaccessible as required by .2820.*

**Approval of these plans and specifications does not guarantee or imply compliance with any other code, law, or regulation that may be required.**

**I certify that the information in this application is correct, and I understand that any deviation without prior approval from the Department may nullify plan approval.**

**\*\*I understand that written approval of plans must be obtained prior to construction.**

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

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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