



Child Care Center/Family Day Care Facility Plan Review Information Report

Report must be completed and submitted with a copy of floor plans.
Lead Risk Assessment for all buildings built prior to 1978 submitted with this report.

Name of Child Care Center/Family Day Care Facility: _____

Location & Mailing Address: _____

Owner: _____ Telephone: _____

Person in Charge: _____ Telephone: _____

Proposed Operating Hours: _____ Proposed Construction/Remodeling Start Date: _____

Proposed Completion & Opening Date: _____

Floor plans showing the location of all furnishings and equipment and size of rooms submitted. Yes No

GENERAL

1. Maximum number of children to be accommodated: _____ Minimum age: _____ Maximum ages: _____

2. Location is relatively noise and pollution free: Yes No

3. Facility located in a basement or below ground level: Yes No

4. List types of construction material or covering:

Floors

Walls

Ceilings

Activity areas _____

Toilet rooms _____

5. Floor and wall junctures coved in toilet rooms and food service areas: Yes No

6. Carpeting used: Yes No Where: _____

Carpeting meets State Fire Marshal's requirements: Yes No

7. All painted surfaces, including cribs and toys, free of lead or other toxic materials: Yes No

8. Square feet of activity area provided: _____

VENTILATION

1. Description of ventilation system in Activity areas: _____

Toilet rooms: _____

SEWAGE AND LIQUID WASTE DISPOSAL

1. Facility served by public sewage system: Yes No

If no, served by a health department approved/permitted individual sewage system: Yes No

Date approved: _____ Permit number: _____

WATER SUPPLY

1. Facility served by public water system: Yes No Name: _____
If no, served by a health department approved/permitted individual water system: Yes No
Date approved: _____ Permit number: _____
Bacteriological samples collected: Yes No Date: _____ By: _____
2. Hot and cold water provided at all applicable areas: Yes No
3. Water pressure at least 20 psi in all areas: Yes No
4. Angle-jet type drinking fountains with non-oxidizing mouth guards provided: Yes No Number: _____

INSECT AND RODENT CONTROL

1. All buildings and structures of rat proof construction: Yes No
2. All doors opening to outside are close fitting: Yes No
3. All screen doors, or doors used in lieu thereof, are self closing: Yes No
4. All openings to the outside effectively protected against entrance of insects: Yes No

SOLID WASTE

1. Concrete platform or metal rack provided for outside storage of garbage containers: Yes No
2. Area provided for cleaning garbage containers: Yes No Where: _____
If outside, frost-proof hose bibb provided: Yes No Equipped with vacuum breaker: Yes No
Hot and cold water provided: Yes No

HEATING

1. Type of heating system provided: Natural gas/Propane Electric Coal Oil Wood
Gas and oil heating devices properly vented to outside air: Yes No
2. Shielding or other effective means used to protect children from direct contact with radiators, registers, hot water pipes and similar hazards: Yes No
3. Thermometers provided in all rooms used by children: Yes No
Located approximately 30 inches above floor level: Yes No

LIGHTING

1. Play and activity surfaces have at least 50-foot candles of illumination at floor level: Yes No
2. All other areas have at least 30-foot candles of illumination at floor level: Yes No
3. All light bulbs and fluorescent tubes protected by effective shields: Yes No

SANITARY FACILITIES

1. Number provided, toilet rooms: _____ flush toilets: _____ lavatories: _____
2. Toilet fixtures sized so they may be used by children without assistance: Yes No
If no, step stools provided that are properly constructed for safety and easily cleanable: Yes No
3. Separate and private toilet rooms provided for males and females who are 6 years of age or older: Yes No

SANITARY FACILITIES continued

- 4. Toilet rooms open directly into kitchen: Yes No
- 5. Door construction: Solid Louvered
- 6. Lavatories provided within or immediately adjacent to toilet rooms: Yes No
- 7. Lavatories provided with mixing faucets or tempered water: Yes No
- 8. Separate adult employee toilet rooms provided: Yes No Number of toilets provided: _____
- 9. Toilet rooms have covered waste containers: Yes No
- 10. Diaper changing will take place on premises: Yes No
If yes, Location: _____
Construction materials of diaper changing surface: _____
Approved hand washing facilities readily accessible to diaper changing area: Yes No
Soiled diapers stored in non-absorbent, easily cleanable, covered containers with plastic liner: Yes No
Feces from soiled diapers will be disposed: _____
Plastic liner containing disposable diapers disposed of along with garbage and refuse: Yes No
- 11. Toilet training chairs provided and of easily cleanable construction: Yes No
- 12. Facilities for emptying, cleaning and disinfecting toilet training chairs provided: Yes No
Location: _____

STORAGE AREAS

- 1. Approved storage facilities provided for, but not limited to, the following items:
 foodstuffs utensils toys work materials clothing linens medicines cleaning supplies toxic materials and all items which may be potentially hazardous to children
- 2. Locked cabinets provided for poisons and other potentially hazardous items: Yes No

ACTIVITY AREAS

Wading pools, swimming pools and other types of recreational water facilities require construction approval by Office of Environmental Health Services and an operational permit with the local health department.

- 1. Activity equipment free of safety hazards, of smooth construction, and easily cleanable: Yes No
- 2. Outdoor activity areas well drained: Yes No Free of safety hazards: Yes No
Enclosed by fence or other suitable barrier: Yes No
- 3. Supports for equipment used for climbing and similar play activities securely fastened to the ground: Yes No
- 4. Wading pool provided: Yes No REQUIRED: Health department approved and permitted: Yes No
Date approved: _____ Permit number: _____

FOOD SERVICE FACILITIES

- 1. Meals provided: Yes No
- 2. Meals prepared on the premises: Yes No
If yes, floor plans and completed health department form SF-35 submitted with application: Yes No
If no, source from which food is obtained: _____

3. Snacks provided: Yes No Describe: _____

LAUNDRY

1. Laundering done on premises: Yes No

Separate room provided: Yes No Location: _____

2. Non-absorbent, cleanable, covered containers provided for storing soiled laundry: Yes No

3. Washing machines installed to prevent back-siphonage: Yes No

4. Storage facilities provided for clean laundry to prevent soiling or contamination prior to use: Yes No

Location: _____

5. Minimum temperature of laundry water supply (°F): _____

6. Method used to dry laundry: Machine Line dry

BEDDING AND SLEEPING AREA

1. Type of equipment provided: Cots Cribs Mats Mattresses & Bedding

If mattresses used, mattress pads and waterproof covers provided: Yes No

2. Double-decker beds, if provided, used only for children 9 years of age or older: Yes No

3. Each child's bedding identified and used only for that child: Yes No

4. Cribs, cots, or mattresses spaced a minimum of 24 inches apart while in use: Yes No

5. Crib bars no farther apart than 2 3/8 inches: Yes No

6. Crib sides secure and high enough to prevent accidents, top of mattress to top of crib at least 26": Yes No

SAFETY

1. First aid kit provided: Yes No Type: _____

List contents: _____

ANIMALS

1. Animals kept on premises: Yes No

Indoors: Yes No Location: _____

Minimum temperature of room(s): _____

Type of animal(s): _____ Age(s): _____ Number: _____

2. Cats and dogs vaccinated against rabies, distemper, hepatitis, and Leptospirosis: Yes No

3. Outdoor quartering area(s) for animals complete and separate from children's outdoor activity areas: Yes No

Plans and information submitted by: _____

Title: _____

Date: _____

Telephone: _____

