

**CABARRUS HEALTH ALLIANCE
CHILD CARE FACILITY PLAN REVIEW APPLICATION**

*Cabarrus Health Alliance
Environmental Health Section
1307 South Cannon Blvd.
Kannapolis N.C. 28083*

Office phone number 704-920-1207 Fax phone number 704-933-3379

Date: _____

____NEW ____REMODEL

If Remodel, Age Built? _____

Name of Center: _____

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____

*How Many Children Are Being Proposed? _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Please Provide The Following Items:

_____ Plans drawn to scale showing the furniture (including built-in items), equipment, plumbing fixtures, playground and classrooms (indicate age of child proposed in each).

_____ Site plan showing location of business; location of building on site (include location of any outside buildings, or items such as dumpsters, well, septic system, can wash).

_____ Complete finish schedules for each room including floors, walls, ceilings.

_____Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead wastewater lines and, **hot water heating equipment with capacity and recovery rate.**

Lighting Requirements:

- A. Food contact surfaces: 50 foot candles (540 lux)
- B. Dishwashing area: 50 foot candles (540 lux) (lighting in utensil washing area and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels)
- C. All other areas: 10 foot candles (110 lux) (Lighting to be measured at 30 inches above the floor.)
- D. Completely shielded bulbs or shatterproof bulbs must be used in food preparation, storage, and serving areas and in all rooms used by children.

FOOD PREPARATION

	<u>(YES)</u>	<u>(NO)</u>
1. Will meals be prepared on-site?	()	()
2. Will any foods be fried?	()	()
3. Will potentially hazardous foods be prepared prior to the day they will be served?	()	()
4. Will potentially hazardous foods be reheated, and be served at another meal?	()	()
5. Will salads containing potentially hazardous foods be prepared?	()	()
6. Will all meats be purchased pre-portioned and ready-to-cook?	()	()

FOOD SUPPLIES:

PLEASE CIRCLE / ANSWER THE FOLLOWING QUESTIONS

- 1. Are all food supplies from inspected and approved sources? YES / NO
- 2. Will there be a commercial refrigerator? YES / NO.
If yes, what is the make and model number? _____
- 3. Is adequate freezer and refrigeration available to store frozen foods and refrigerated foods? YES / NO
- 4. How will dry goods be stored?

- 5. Will any meats be washed or thawed on-site prior to use? YES / NO
- 6. Will any fruits and vegetables be washed on-site prior to use? YES / NO
- 7. Does each refrigerator have a thermometer? YES / NO
- 8. Is there a planned location for washing produce and the washing and/or thawing of meats? YES / NO
Describe _____

- 9. Where will baby bottles be stored? _____
- 10. Will bottles be warmed, cereals or formula mixed, or food prepared in the infant or toddler room YES () NO ()
If not, where will this be done? _____

INSECT CONTROL

Will windows be opened for ventilation? YES / NO. If yes, are all these windows screened? YES / NO

FINISH SCHEDULE

Must indicate which materials (painted sheetrock, carpet, 4" plastic molding, etc.) will be used in the following areas:

	FLOOR	BASE	WALLS	CEILING
Kitchen				
Food Storage				
Other Storage areas				
Toilet Rooms				
Classrooms				
Laundry Room				
Janitor Closet				

Please check appropriate boxes.

YES NO

GARBAGE

- 1. Will all diaper pails have lids? () ()
- 2. Is there an area designated for washing garbage cans? () ()
- 3. Will a dumpster be used? () ()
- 4. Describe location where outdoor dumpster/garbage cans are to be stored.

5. Will the dumpster be cleaned on- site () or off-site ()?

WATER SUPPLY

Is water supply public () or private well () ?

Private water supplies may need to be listed with the Public Water Supply Section of DEH Mooresville Regional Office (704-663-1699) All wells must comply with Section .1700 of the NCAC

If private, has source been approved? YES () NO () PENDING ()

Are backflow prevention devices provided on all hose bibs? YES () NO ()

SEWAGE DISPOSAL

Is building connected to municipal sewer? YES () NO ()

If no, is septic system approved? YES () NO () PENDING ()

GENERAL

Answer the following questions if not already answered on the plans:

How will all chemicals/cleaners be stored locked and separate from food? _____

How will all medications be stored separate and locked? _____

Will linens be laundered on site? YES () NO ()

If no, how will linens be cleaned? _____

Will the washing machine have: (choose one)
Limited Use (one or two times per day) ();
Intermediate use (three to four times per day) ();
Heavy Use (used every two hours) () or;
Continuous Use (used every hour) ()

Location of clean linen storage: _____

How will access to kitchen be denied to children when it is not in use?

Where are the cot/mat storage areas?

Where will infant /toddler mouthable toys be washed, rinsed and sanitized? _____

Describe how a child's personal items will be stored (cubbies, coat hooks, etc.). _____

Where will diapering supplies be stored? _____

Where will the designated sick child area be located (separated from other children and located near a toilet and lavatory)?

Describe locations for diaper changing. _____

DISHWASHING FACILITIES

What types of eating and drinking utensil will be used?
All single-use (throw-away) ()
All multi-use (reusable) ()
Some multi-use and some single-use ()

Will a dishwasher be used? YES/NO

Dishwasher

Type of sanitization used:
Hot water ()
Chemical type ()

What is the make and model number? _____

If Washing in a sink

Does the largest item to be washed fit into each compartment of the dishwashing sink? YES () NO ()

If no, what is the procedure for manual cleaning and sanitizing?

Are there drain boards or counter spaces on both ends of the sink? YES () NO ()

What length are the drainboards or counter space on each side? _____

Where will air drying of all pots, pans and utensils take place? _____

HANDWASHING/TOILET FACILITIES

Is there a handwashing sink in the kitchen? YES () NO ()

Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO ()

Will potty-chairs be used? YES () NO ()

Will cloth diapers be allowed? YES () NO ()

How will 90 – 110° F water be maintained in all areas accessible to children including lavatories serving diaper changing areas (does not apply to centers serving only school-aged children)? _____

Is hot and cold running water under pressure available at each handwashing sink? YES () NO ()

Will child-sized toilets and lavatories be provided? YES () NO () If not, describe how these fixtures will be accessible to children. _____

**THE CABARRUS HEALTH ALLIANCE MUST APPROVE ANY CHANGES
MADE TO PLANS.**

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-- federal, state, or local. It further does not constitute endorsement or acceptance of the completed facility (structure or equipment).

A pre-opening visit of the facility will be necessary to determine compliance with the “Rules Governing The Sanitation Of Child Care Centers” .2800 NCAC.

Signature(s)

Owner(s) or responsible representative(s)

Date: _____
