

**IREDELL COUNTY HEALTH DEPARTMENT
CHILD CARE FACILITY PLAN REVIEW APPLICATION**

Statesville location:

318 Turnersburg Highway
Statesville, NC 28625-2798
(704)878-5305 Fax: (704)871-3483

Mooresville location:

610 East Center Ave.
Mooresville, NC 28115-2548
(704)664-5281 Fax: (704)662-3239

Date: _____ NEW ___ REMODEL ___ If Remodel, Age of Building _____

Name of Center: _____

Location Address: _____ City _____, NC

Mailing Address: _____ City _____, NC

Phone Number with Area Code: __ (_____) _____

Name of Owner: _____

Owner Mailing Address: _____ City _____ State _____

Owner Telephone with Area Code: __ (_____) _____

Applicant's Name: _____

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

Mailing Address: _____ City _____ State _____

Applicant Telephone with Area Code __ (_____) _____

Applicant E-mail Address: _____

How Many Children Are Being Proposed? _____

Projected Date for: Start of Project: _____ Completion of Project: _____

Please Provide The Following Items:

_____ Plans drawn to scale showing the furniture (including built-in items, diaper change tables, cubbies, etc.), 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, and 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:

PLEASE CIRCLE / ANSWER THE FOLLOWING QUESTIONS

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

FOOD SUPPLIES:

Please circle / answer the following:

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? Make _____ Model # _____
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 meat? 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? _____
11. How will bottles and baby food be warmed? _____

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

GARBAGE:

1. Will all diaper pails have lids? YES / NO
2. Is there an area designated for washing garbage cans? YES/ NO
3. Will a dumpster be used? YES / NO
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
Mooreville Regional Office (704-663-1699).**
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 of dishwasher? Make _____ Model _____

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 80 – 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. _____

Signature(s):

Date: _____

Owner(s) or responsible representative(s)