



PUEBLO CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
101 W. 9TH STREET
PUEBLO, CO 81003
(719) 583-4307 fax: (719) 583-4322
www.pueblohealthdept.org

Child Care Facility Plan Review Application

I. INSTRUCTIONS

A. Fill out this form completely and accurately.

- A minimum of **two (2) weeks** shall be necessary for review of both detailed plans and specifications of a proposed newly constructed child care facility and/or any proposed remodeled facility.
- Lack of complete information may delay the review and plan approval.
- Please be prepared with all necessary paperwork when scheduling a plan review appointment.
- Any changes from approved plans must be submitted in writing and approved by the Pueblo City-County Health Department.
- Plans will not be reviewed until all items are submitted, which includes application, completed plan review packet and fee.

B. Please call Environmental Health Division at 719-583-4307 with any questions or to schedule an appointment.

C. Pay the following plan review fees:

- A non-refundable plan review application fee of \$100 is due when application is submitted.
- Plan reviews, pre-opening inspections and related activities are billed at \$50/hour.

Please refer to *Colorado Department of Public Health and Environment Rules & Regulations (6 CCR 1010-7)* available online at:

<http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6576&fileName=6%20CCR%201010-7>

FOR OFFICE USE ONLY:

Date Received: _____ Fee Paid: _____ Staff Initials: _____

Application Date: _____

Plan Review Form	
Facility Information	
Name of Facility:	CDHS License #:
Street Address:	Phone:
City:	Cell:
State/Zip:	Fax:
County:	Email:
Number of Children: _____ Infants _____ Toddlers _____ Preschool _____ School age	
CDHS Licensing Specialist:	
Business/Ownership Information	
Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Building Information	
New Construction (yes or no):	Remodel (yes or no):
Starting date:	Original year of construction*:
Planned opening date:	Highest radon result (pCi/L):

Days and Hours of Operation											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours											
Circle all months of operation											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

*Renovation activities that will disturb painted surfaces in buildings built before 1978 must be conducted pursuant to the U.S. Environmental Protection Agency Lead Renovation, Repair and Painting Program regulations unless a lead based determination shows that the surface does not contain lead based paint. Determinations shall be made by a certified inspector or risk assessor.

A. Water Supply

1. Is your drinking water supplied by a private water supply such as a well or spring? **YES / NO** If no, skip to B.

2. If yes, do you have a Public Water System Identification (PWSID) number? **YES / NO**
 PWSID Number: _____

3. If you have a private water supply, complete the table below and attach:
 - a. The most recent sample results for bacteriological testing; and
 - b. A piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Drinking Water Supply Information	Well	Spring
Depth (ft)		N/A
Method of disinfection		

B. Sewage Disposal

1. Is there an on-site waste water treatment system: **YES / NO** If yes, indicate location on site plan and attach a copy of the permits for the systems that will service the facility.

C. Plans

1. Have plans for this facility been submitted to the local building department? **YES / NO**

If yes, name of local building department: _____

Date submitted: _____

2. Do you have similar facilities in other counties in Colorado? **YES / NO**

If yes, list counties

3. Have plans for this facility been submitted to the Colorado Department of Human Services? YES / NO

Date submitted: _____

I. Facility Site Plan- Submit a site plan that includes the location of all outdoor areas that apply to this facility. Check all that apply.

Play Areas	Gardens	Trash storage
Animal enclosures	Outdoor storage areas	Outdoor refrigerators or freezers
Septic tank	Well or spring	Grease interceptor
Swimming pools	Hot tubs	Wading pools

II. General facility floor plan/layout- Submit floor plans drawn to scale that include the location of all areas listed that apply to the facility. Label each area on the floor plan with the intended age of children. Please note, a separate drawing will be requested for the kitchen. Check all that apply.

Plumbing and Other Fixtures		Designated Areas	
Handwashing sinks		Diaper changing areas	
Bottle preparation sinks		Ill/injured child areas	
Toilet facilities		Food (meals/snacks/bottle) preparation areas	
Showers/bathtubs		First aid supply storage	
Ventilation fans		Medication storage	
Laundry facilities		Children’s personal belonging storage	
Utility/mop sinks		Mat/cot storage	
Chemical dispensing units		Car seat storage	
Water heater locations		Chemical storage areas	
Drinking fountains		Employee personal belonging storage	
Garbage disposals		Staff break areas	

III. Kitchen Plan- Submit a separate drawing for the kitchen/food handling areas. Check all that apply.

A. Submit equipment specification sheets for all pieces of equipment.

Handsinks	Ice bins/Ice machines	Cooking equipment
Dishwashing sinks	Grease interceptor/Grease trap	Hot holding equipment
Dishwasher	Dry storage areas	Refrigerators/freezers
Food preparation sinks	Recycle/damaged/returned goods	Lighting
Floor sinks/floor drains	Food delivery cart storage areas	Ventilation hoods

Annex 1: Child Care Operation Procedures All Ages

- A. Where will toys be washed, rinsed, and sanitized?

- B. Where are clean bedding, linens, and extra clothes stored?

- C. Where are soiled bedding, linens, and clothing stored?

- D. Will linens be washed at the facility? YES / NO If no, describe where and how they will be washed.

- E. How will drinking water be accessible to children during hours of operation?

- F. List any animals/pets at the facility and their location, if applicable.

Infant/Toddler Feeding

- A. Where will bottles be prepared?

- B. Where will bottles and other dishes be washed, rinsed, and sanitized?

Infant/Toddler Diapering

- A. Attach a picture or drawing of the diaper changing area that includes:
 - a. The location;
 - b. The location of the handwashing sink; and
 - c. Storage of supplies, including disinfectant

- B. Will cloth diapers be used? YES/NO
If yes, what will the soiled diapers be stored in and where?

Annex 2: Menu and Food Handling Procedures

- A. Submit menu(s) for breakfast, lunch, snacks, and dinner including the service schedule.
- B. Specify nature of meal service (e.g. family style, buffet, plated etc.)
- C. Food/beverages will be primarily served on:
 Multi-use tableware Single-service tableware Both
- D. Will food be prepared at your facility and then transported to a different location? **YES / NO** If yes, list locations:
- E. Describe how and where fresh fruits and vegetables will be washed.
- F. Will food be prepared 4 or more hours in advance of meals or snacks? **YES/NO** If yes, list the types of foods prepared in advance?
- G. Will cooked food be cooled and re-served? **YES/NO** If yes, list the types of foods to be cooled.

Annex 3: Plumbing

A. Provide the number of plumbing fixtures requiring hot water in table below.

Plumbing Fixture Requiring Hot Water	Number of Fixtures throughout facility
Handsinks (include kitchens, restrooms and classrooms)	
3-compartment sinks	
Commercial dish machines	
Pre-rinse sprayers	
Washing Machines for laundry	
Mop sinks/utility sinks	
Showers	
Other:	
Other:	

B. Provide the measurements of your dish washing sinks.

Location	Number of Basins	Dimensions of Basin(s) (Length x Width x Depth)	Length of Drainboard(s)

C. Provide the following information about your water heaters. *Attach specification sheets.*

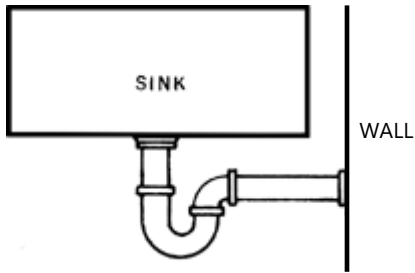
Hot Water Heater		
Make	Model #	KW/BTU Rating

D. How will you assure that the water supplied to the following areas is maintained at the appropriate temperatures:

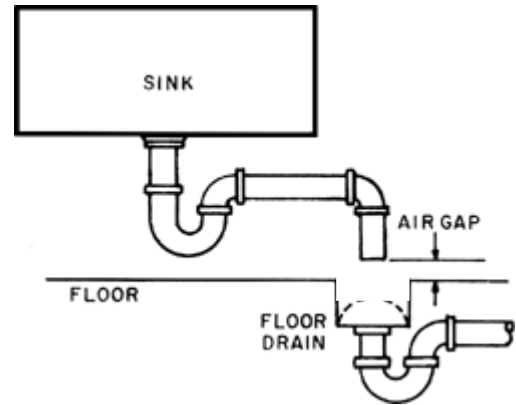
1. Handwashing sinks between 90°to 120°F;
2. Warewashing sinks at a minimum of 110°F;
3. Commercial dish machines at a minimum of 120°F;
4. When applicable, laundry facilities at a minimum of 140°F when hot water is used to sanitize.

Indirect or Direct Plumbing- Using the diagrams below, indicate which fixtures are directly drained or indirectly drained.

****** Direct vs. Indirect Draining ******



Direct waste lines connect continuously from the sink basin or fixture to the sanitary sewer.



In-direct waste lines do not connect continuously to the sanitary sewer. This is achieved through an air break or an air gap as pictured above.

Using the table below, indicate with a (X) if the fixture or equipment listed is directly drained or indirectly drained. Only one (x) should be indicated for each fixture.

Fixture or Equipment	Direct Drain	Indirect Drain
Dish washing sinks		
Dish machines		
Food Preparation Sinks		
Ice Bins/Machines		
Other:		

This checklist includes all required information needed to complete the plan review.

Ensure all information is included.

*****Lack of complete information will delay review and plan approval.*****

	Facility Site Plan (See Section I)		Annex 2, food handling procedures
	Facility Floor Plan (See Section II)		Annex 3, plumbing
	Kitchen Plan (See Section III)		Menus
	Room Finish Schedule (See Section IV)		Specification sheets for hot water heaters
	Annex 1, child care procedures		Specification sheets for kitchen equipment