

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 Department of Public Health & Environment.
- Plans will not be reviewed until all items are submitted, which includes application, completed plan review packet and fee.

B. Please call Environmental Health & Emergency Preparedness 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:





Download before completing

Application Date:

		Plan Revi	ew Form	
		Facility In	formation	
Name of Facility:				Contact:
Street Address:				Phone:
City:				Cell:
State/Zip:				Fax:
County:				Email:
CDHS Licensing Sp	ecialist:			CDHS License #:
Number of Childre	en: Infants	Toddlers	Prescho	ol and Older Total
License Type:	Child Care Center 24 hour facility (spe	School <i>i</i> cify)	Age Re	esident Camp
	Business/O	wnership Inf	ormation (If	Different)
Individual or Corp	orate Name:			Phone:
Street Address:				Cell:
City:				Fax:
State/Zip:				Email:
	Cont	act Informat	ion (If Differ	ent)
Additional Contac	t:			Phone:
Street Address:				Cell:
City:				Fax:
State/Zip:				Email:
		Building In	formation	
New Construction	(yes or no):		Remodel (ye	es or no):
Starting date: O		Original year of construction*:		
Planned opening	date:			
*Renovation activities that will disturb painted surfaces in buildings built before 1978 must be conducted pursuant to the U.S.				

*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.

Days and Hours of Operation											
Da	ays	Sunday	y Mo	onday	Tuesday	Wedr	nesday	Thursday	Frid	lay S	aturday
Hours											
	Select all months of operation										
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

A. Radon Testing* - Has the facility been tested for radon? Yes No

If yes, list the date and the highest level (pCi/

L): Date: Highest Result: pCi/L

B. Water Supply (Select One)

Municipal	Name:
Well and/or Spring	Public Water System ID Number:
Private Well and/or Spring	No Public Water System ID Number

C. Sewage Disposal (Select One)

Municipal	Name:
Onsite Waste Water System	Indicate location on site plan and attach a copy of the permits for the systems that will service the facility.

D. Plans- For each question, indicate yes or no, and include the date submitted if applicable.

Question	Yes	No	Date Submitted
Have plans been submitted to the local building department?			
Have plans for this facility been submitted to the Colorado Department of Human Services?			

E. Do you have similar facilities in other counties in Colorado? Yes No If yes, list other counties:

^{*}All facilities are required to test for radon. New facilities are required to test for radon within 6 months of occupancy. After remodeling, radon tests may need to be conducted again.

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.

Animal enclosures ¹	Outdoor refrigerators or	Swimming pools
	freezers	
Gardens	Outdoor storage areas	Trash storage
Grease interceptor	Play Areas	Well or spring
Hot tubs	Septic tank &leach field	Wading pools

¹ Include the types of animals.

II. General facility floor plan/layout- Submit floor plans drawn to scale that include all areas of the building. For classrooms, include the number of children anticipated and their ages. Include the location of all areas listed below that apply to the facility. Please note, a separate drawing will be requested for the kitchen. Check all that apply.

Plumbing and Other Fixtures	Designated Areas
Bottle preparation sinks	Car seat storage
Chemical dispensing units	Chemical storage areas
Drinking fountains	Children's personal belonging storage
Garbage disposals	Diaper changing areas
Handwashing sinks	Employee personal belonging storage
Laundry facilities	First aid supply storage
Showers/bathtubs	Food (meals/snacks/bottle) preparation areas
Toilet facilities	Ill/injured child areas
Utility/mop sinks	Mat/cot storage ²
Ventilation fans	Medication storage
Water heater locations	Staff break areas

¹Diaper changing areas must be adjacent to a handwashing sink and have adequate storage area for children's diapers, other supplies, and disinfecting solutions.

III. Finishes

- A. Carpet may not be installed in the following areas: kitchens, restrooms, laundry rooms, utility rooms, mechanical rooms, or under or around sinks and diaper changing areas.
- B. Floor wall junctures in all areas not carpeted must be tightly coved with approved concave coving.
- C. Hand contact and splash areas of doors, walls, cabinets and shelves must be smooth, non-absorbent and easily cleanable.

Initial	Statement
	I confirm that the finishes in the proposed facility meet all requirements listed above.

²Mats, cots, clean linens, clothing and toys may not be stored in bathrooms.

Annex 1: Kitchen and Food Handling Procedures

A. Submit a separate drawing for the kitchen/food handling areas. Check all that apply.

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

^{*} Include specification sheets

B. Select the meals and/snacks that are served. Menus can be attached if completed.

Breakfast: AM Snack: Lunch: PM Snack: Dinner:

C. Check all that apply to the food service operation

Fresh fruits and/or vegetables will be served	Leftovers are cooled down and saved for another meal or snack ¹
	Meals are served family style or through a
Food is made in one location and delivered to another location for service ²	buffet line
Food will be prepared 4 hours or more in advanced ¹	Raw meats will be cooked
Kitchen is also used to prepare food for people other than the children and staff at the child care facility ²	Raw shell eggs will be cooked

¹If food that requires refrigeration is prepared 4 hours or more in advanced or leftovers are saved for another meal or snack, then commercial (restaurant grade) refrigeration is required.

D. Food/beverages will be primarily served on:

Multi-use tableware Disposable tableware Both

E. If applicable, describe where infant bottles will be prepared, washed, rinsed, and sanitized.

²These activities also require a retail food establishment license.

Annex 2: Plumbing

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

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

B. Provide the measurements of your dish washing sinks. If the compartments are different sizes, include the size of each basin.

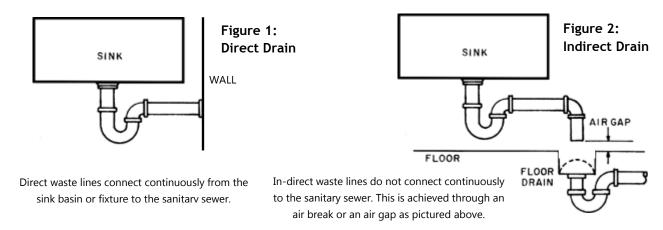
Location	Number of Basins	Dimensions of Basin(s) (Length x Width x Depth)		
		X	X	
		X	X	
		X	X	

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

Hot Water Heater		
Make	Model #	KW/BTU Rating

- D. Drinking water must be accessible to children at all times. If drinking fountains are not available, how will drinking water be provided to children during hours of operation?
- E. If laundry facilities are not provided at the facility, describe where and how linens will be washed.
- F. Where will toys be washed, rinsed, and sanitized

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



The following fixtures are required to be indirectly drained:

- 1. Dishwashing sinks;
- 2. Dish machines;
- 3. Food preparation sinks; and
- 4. Ice machines

Initial	Statement
	I confirm that dishwashing sinks, dish machines, food preparation sinks, and ice machines are indirectly drained to the sewer.

Now that you have completed this packet please use this checklist to verify that you are including all required information. Lack of complete information will delay review and plan approval.

Required Docur	nents to Submit
Facility Site Plan (See Section I)	Plumbing (See Annex 2)
Facility Floor Plan (See Section II)	Specification sheets for kitchen equipment
Kitchen Plan (See Annex 1)	Specification sheets for hot water heaters
Menus, if available	Other:



Addre	ity Name: ess: e Number:	Date:
I. A.	Disease Control What type of sanitizer will be used for food contact commonly touched surfaces?	surfaces, tables, toys, and other
	Product Name	EPA Registration Number
В.	What type of disinfectant will be used for surfaces of fluids, including diaper changing tables?	ontaminated with high hazard body
	Product Name	EPA Registration Number
C.	How will children's handwashing be supervised?	
D.	Do you have a health consultant? YES NO If	yes, provide contact information below:
E.	Where will clean bedding, linens and extra clothes b	e stored?
F.	List any animals/pets at the facility and their location	on, if applicable.
G.	Include your written Employee Illness Policy	
Н.	Include your written Children's Illness Policy	

	Medications and First Aid Supplies Where will medications and first aid supplies be stored?
В.	If medications require refrigeration, how will they be separated from food and inaccessible to children?
	Food Service, if applicable Do parents/guardians provide food for their own children? YES NO
В.	Do parents/guardians ever provide food for all of the children? YES NO If yes, list the types of foods provided.
C.	Will children be involved in preparing or handling food for children other than themselves? YES NO If yes, describe typical situation below.
D.	Describe how the temperature of potentially hazardous foods will be monitored.
E.	Describe how frozen foods will be thawed, if applicable.
F.	Describe how ready-to-eat foods will be handled (example gloves, utensils etc.).
	Infant Feeding, if applicable How will breast milk be identified differently from formula?
В.	How will frozen breast milk be thawed?
C.	How will bottles be warmed?

V. **Resources-** Use the tables below to assure that you have all of the required supplies that will be verified during your inspection.

Required First Aid Supplies

Thermometer for measuring children's	Gauze pads
temperatures	
Rolled gauze	Adhesive tape
Cold pack	Plastic bags
Disposable gloves	Band-Aids
Hand cleaner	Scissors

Other Required Supplies

Food thermometer for measuring food temperatures	
Thermometers for refrigerators	
Test kits for sanitizing solutions mixed at the facility	
Test kits for disinfecting solutions mixed at the facility and kept for more than one day	

Additional resources can be found at www.colorado.gov/cdphe/child-care