

# Childcare 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 childcare 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 the Office of Environmental Health 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 \$155 is due when application is submitted.
- Plan reviews, pre-opening inspections and related activities are billed at \$150/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:

Facility Information				
Name of Facility:			Contact:	
Street Address:			Phone:	
City:			Cell:	
State/Zip:			Fax:	
County:			Email:	
CDHS Licensing Specialist:			CDHS License #:	
Number of Children:	Infants	Toddlers	Preschool and Older	Total
License Type:	<input type="radio"/> Child Care Center <input type="radio"/> 24 hour facility (specify)		<input type="radio"/> School Age	<input type="radio"/> Resident Camp

Business/Ownership Information (If Different)	
Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Contact Information (If Different)	
Additional 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:	

\*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											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours											
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

\*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.

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

L): Date: \_\_\_\_\_ Highest Result: \_\_\_\_\_ pCi/L

B. Water Supply (Select One)

<input type="radio"/>	Municipal	Name:
<input type="radio"/>	Well and/or Spring	Public Water System ID Number:
<input type="radio"/>	Private Well and/or Spring	No Public Water System ID Number

C. Sewage Disposal (Select One)

<input type="radio"/>	Municipal	Name:
<input type="radio"/>	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?	<input type="radio"/>	<input type="radio"/>	
Have plans for this facility been submitted to the Colorado Department of Human Services?	<input type="radio"/>	<input type="radio"/>	

E. Do you have similar facilities in other counties in Colorado? Yes  No

If yes, list other counties:

- 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 <sup>1</sup>	Outdoor refrigerators or freezers	Swimming pools
Gardens	Outdoor storage areas	Trash storage
Grease interceptor	Play Areas	Well or spring
Hot tubs	Septic tank & leach field	Wading pools

<sup>1</sup>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 <sup>1</sup>	
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 <sup>2</sup>	
Ventilation fans		Medication storage	
Water heater locations		Staff break areas	

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

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

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 covered 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.

**Annex 1: Kitchen and Food Handling Procedures**

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

<input type="checkbox"/>	Cooking equipment*	<input type="checkbox"/>	Food delivery cart storage areas	<input type="checkbox"/>	Ice bins/Ice machines
<input type="checkbox"/>	Dishwasher*	<input type="checkbox"/>	Food preparation sinks	<input type="checkbox"/>	Lighting
<input type="checkbox"/>	Dishwashing sinks	<input type="checkbox"/>	Grease interceptor/Grease trap	<input type="checkbox"/>	Recycle/damaged/returned goods
<input type="checkbox"/>	Dry storage areas	<input type="checkbox"/>	Hand sinks	<input type="checkbox"/>	Refrigerators/freezers*
<input type="checkbox"/>	Floor sinks/floor drains	<input type="checkbox"/>	Hot holding equipment*	<input type="checkbox"/>	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

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

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

<sup>2</sup>These activities also require a retail food establishment license.

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.

**Annex 2: Plumbing**

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

Plumbing Fixture Requiring Hot Water	Number in facility
2-compartment sinks	
3-compartment sinks	
Commercial dish machines	
Hand sinks (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 Basin(s)	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.*

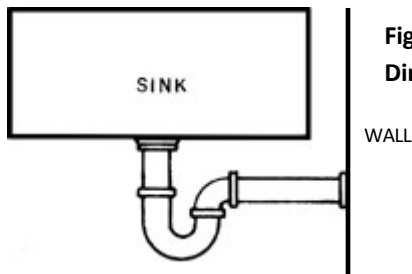
Hot Water Heater		
Make	Model #	KW/BTU Rating

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?

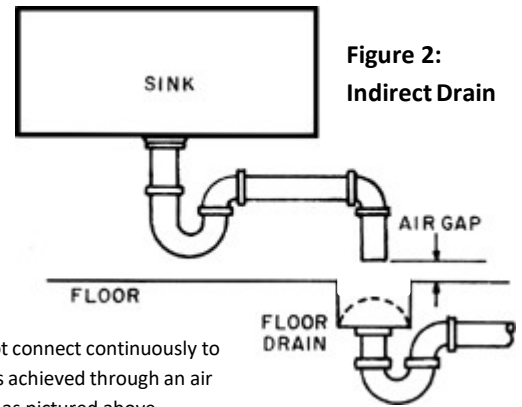
F. Where will toys be washed, rinsed, and sanitized?

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



**Figure 1:  
Direct Drain**

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



**Figure 2:  
Indirect Drain**

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.

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 Documents 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:

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**I. Disease Control**

A. What type of sanitizer will be used for food contact surfaces, tables, toys, and other commonly touched surfaces?

Product Name	EPA Registration Number

B. What type of disinfectant will be used for surfaces contaminated with high hazard body fluids, including diaper changing tables?

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 be stored?

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

G. Include your written Employee Illness Policy.

H. Include your written Children’s Illness Policy.

**II. Medications and First Aid Supplies**

- A. Where will medications and first aid supplies be stored?
  
  
  
  
  
  
  
  
  
  
- B. If medications require refrigeration, how will they be separated from food and inaccessible to children?

**III. Food Service, if applicable**

- A. Do parents/guardians provide food for their own children? YES  NO
  
  
  
  
  
  
  
  
  
  
- B. 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 (for example gloves, utensils etc.).

**IV. Infant Feeding, if applicable**

- A. How will breast milk be identified differently from formula?
  
  
  
  
  
  
  
  
  
  
- B. 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

<input type="checkbox"/>	Thermometer for measuring children’s temperatures	<input type="checkbox"/>	Gauze pads
<input type="checkbox"/>	Rolled gauze	<input type="checkbox"/>	Adhesive tape
<input type="checkbox"/>	Cold pack	<input type="checkbox"/>	Plastic bags
<input type="checkbox"/>	Disposable gloves	<input type="checkbox"/>	Band-Aids
<input type="checkbox"/>	Hand cleaner	<input type="checkbox"/>	Scissors

Other Required Supplies

<input type="checkbox"/>	Food thermometer for measuring food temperatures
<input type="checkbox"/>	Thermometers for refrigerators
<input type="checkbox"/>	Test kits for sanitizing solutions mixed at the facility
<input type="checkbox"/>	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](http://www.colorado.gov/cdphe/child-care)