



Child Care Center Plan Review Information Report  
(Report must be completed and submitted with copy of plans)

Name of Child Care Center: \_\_\_\_\_

Location & Mailing Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Telephone: \_\_\_\_\_

Proposed Operating Hours: \_\_\_\_\_ Proposed Construction/Remodeling Start Date: \_\_\_\_\_

Proposed Completion & Opening Date: \_\_\_\_\_

Floor plans showing location of all furnishings and equipment and size of rooms submitted?  Yes  No

GENERAL

1. Maximum number of children to be accommodated: \_\_\_\_\_ Minimum age: \_\_\_\_\_ Maximum ages: \_\_\_\_\_

2. Location is relatively noise and pollution free:  Yes  No

3. Facility located in a basement or below ground level:  Yes  No

4. List types of construction material or covering:

Floors

Walls

Ceilings

Activity areas \_\_\_\_\_

Toilet rooms \_\_\_\_\_

5. Floor and wall junctures coved in toilet rooms and food service areas:  Yes  No

6. Carpeting used:  Yes  No Where: \_\_\_\_\_

Carpeting meets State Fire Marshal's requirements:  Yes  No

7. All painted surfaces, including cribs and toys, free of lead or other toxic materials:  Yes  No

8. Square feet of activity area provided: \_\_\_\_\_

VENTILATION

1. Description of ventilation system in Activity areas: \_\_\_\_\_

Toilet rooms: \_\_\_\_\_

SEWAGE AND LIQUID WASTE DISPOSAL

1. Facility served by public sewage system:  Yes  No

If no, served by a health department approved/permitted individual sewage system:  Yes  No

Date approved: \_\_\_\_\_ Permit number: \_\_\_\_\_

WATER SUPPLY

1. Facility served by public water system:  Yes  No Name: \_\_\_\_\_  
If no, served by a health department approved/permitted individual water system:  Yes  No  
Date approved: \_\_\_\_\_ Permit number: \_\_\_\_\_  
Bacteriological samples collected:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_
2. Hot and cold water provided at all applicable areas:  Yes  No
3. Water pressure at least 20 psi in all areas:  Yes  No
4. Angle-jet type drinking fountains with non-oxidizing mouth guards provided:  Yes  No Number: \_\_\_\_\_

INSECT AND RODENT CONTROL

1. All buildings and structures of rat proof construction:  Yes  No
2. All doors opening to outside are close fitting:  Yes  No
3. All screen doors, or doors used in lieu thereof, are self closing:  Yes  No
4. All openings to the outside effectively protected against entrance of insects:  Yes  No

SOLID WASTE

1. Concrete platform or metal rack provided for outside storage of garbage containers:  Yes  No
2. Area provided for cleaning garbage containers:  Yes  No Where: \_\_\_\_\_  
If outside, frost-proof hose bibb provided:  Yes  No Equipped with vacuum breaker:  Yes  No  
Hot and cold water provided:  Yes  No

HEATING

1. Type of heating system provided:  Natural gas/Propane  Electric  Coal  Oil  Wood  
Gas and oil heating devices properly vented to outside air:  Yes  No
2. Shielding or other effective means used to protect children from direct contact with radiators, registers, hot water pipes and similar hazards:  Yes  No
3. Thermometers provided in all rooms used by children:  Yes  No  
Located approximately 30 inches above floor level:  Yes  No

LIGHTING

1. Play and activity surfaces have at least 50 foot candles of illumination at floor level:  Yes  No
2. All other areas have at least 30 foot candles of illumination at floor level:  Yes  No
3. All light bulbs and fluorescent tubes protected by effective shields:  Yes  No

SANITARY FACILITIES

1. Number provided, toilet rooms: \_\_\_\_\_ flush toilets: \_\_\_\_\_ lavatories: \_\_\_\_\_
2. Toilet fixtures sized so they may be used by children without assistance:  Yes  No  
If no, step stools provided that are properly constructed for safety and easily cleanable:  Yes  No
3. Separate and private toilet rooms provided for males and females who are 6 years of age or older:  Yes  No

4. Toilet rooms open directly into kitchen:  Yes  No
5. Door construction:  Solid  Louvered
6. Lavatories provided within or immediately adjacent to toilet rooms:  Yes  No
7. Lavatories provided with mixing faucets or tempered water:  Yes  No
8. Separate adult employee toilet rooms provided:  Yes  No Number of toilets provided: \_\_\_\_\_
9. Toilet rooms have covered waste containers:  Yes  No
10. Diaper changing will take place on premises:  Yes  No

If yes, Location: \_\_\_\_\_

Construction materials of diaper changing surface: \_\_\_\_\_

Approved hand washing facilities readily accessible to diaper changing area:  Yes  No

Soiled diapers stored in non-absorbent, easily cleanable, covered containers with plastic liner:  Yes  No

Feces from soiled diapers will be disposed: \_\_\_\_\_

Plastic liner containing disposable diapers disposed of along with garbage and refuse:  Yes  No

11. Toilet training chairs provided and of easily cleanable construction:  Yes  No

12. Facilities for emptying, cleaning and disinfecting toilet training chairs provided:  Yes  No

Location: \_\_\_\_\_

### STORAGE AREAS

1. Approved storage facilities provided for, but not limited to, the following items:

foodstuffs  utensils  toys  work materials  clothing  linens  medicines  cleaning supplies  toxic materials and all items which may be potentially hazardous to children

2. Locked cabinets provided for poisons and other potentially hazardous items:  Yes  No

### ACTIVITY AREAS

1. Activity equipment free of safety hazards, of smooth construction, and easily cleanable:  Yes  No

2. Outdoor activity areas well drained:  Yes  No Free of safety hazards:  Yes  No

Enclosed by fence or other suitable barrier:  Yes  No

3. Supports for equipment used for climbing and similar play activities securely fastened to the ground:  Yes  No

4. Wading pool provided:  Yes  No Health department approved and permitted:  Yes  No

Date approved: \_\_\_\_\_ Permit number: \_\_\_\_\_

### FOOD SERVICE FACILITIES

1. Meals provided:  Yes  No

2. Meals prepared on the premises:  Yes  No

If yes, floor plans and completed health department form SF-35 submitted with application:  Yes  No

If no, source from which food is obtained: \_\_\_\_\_

3. Snacks provided:  Yes  No Describe: \_\_\_\_\_

LAUNDRY

- 1. Laundering done on premises:  Yes  No  
Separate room provided:  Yes  No Location: \_\_\_\_\_
- 2. Non-absorbent, cleanable, covered containers provided for storing soiled laundry:  Yes  No
- 3. Washing machines installed to prevent back-siphonage:  Yes  No
- 4. Storage facilities provided for clean laundry to prevent soiling or contamination prior to use:  Yes  No  
Location: \_\_\_\_\_
- 5. Minimum temperature of laundry water supply (°F): \_\_\_\_\_
- 6. Method used to dry laundry:  Machine  Line dry

BEDDING AND SLEEPING AREA

- 1. Type of equipment provided:  Cots  Cribs  Mats  Mattresses & Bedding  
If mattresses used, mattress pads and waterproof covers provided:  Yes  No
- 2. Double-decker beds, if provided, used only for children 9 years of age or older:  Yes  No
- 3. Each child's bedding identified and used only for that child:  Yes  No
- 4. Cribs, cots, or mattresses spaced a minimum of 24 inches apart while in use:  Yes  No
- 5. Crib bars no farther apart than 2 3/8 inches:  Yes  No
- 6. Crib sides secure and high enough to prevent accidents, top of mattress to top of crib at least 26":  Yes  No

SAFETY

- 1. First aid kit provided:  Yes  No Type: \_\_\_\_\_  
List contents: \_\_\_\_\_

ANIMALS

- 1. Animals kept on premises:  Yes  No  
Indoors:  Yes  No Location: \_\_\_\_\_  
Minimum temperature of room(s): \_\_\_\_\_  
Type of animal(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ Number: \_\_\_\_\_
- 2. Cats and dogs vaccinated against rabies, distemper, hepatitis, and Leptospirosis:  Yes  No
- 3. Outdoor quartering area(s) for animals complete and separate from children's outdoor activity areas:  Yes  No

Plans and information submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_