

# SCOTLAND COUNTY HEALTH DEPARTMENT

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Health Director



## Child Care Center Application

The North Carolina Rules Governing the Sanitation of Child Care Centers (15A NCAC 18A .2800) require that plans be submitted for approval prior to construction / renovation / modification / change of ownership of such facilities by the local Health Department. Plans must be submitted with the necessary paperwork (see checklist below) to the \_\_\_\_\_ County Health Department.

### The following items must be submitted for Plan Review to begin:

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Copy of a signed lease agreement or bill of sale
- \_\_\_\_\_ Proof of water supply (well permit or bill)
- \_\_\_\_\_ Proof of sewage disposal (septic permit or bill)
- \_\_\_\_\_ Site plan showing specific location of the property and playground
- \_\_\_\_\_ Floor plan drawn to scale (minimum 1/4" = 1') of facility with the following labeled:

Equipment rooms, bathrooms, diaper changing stations, food preparation areas, ice machines, hand washing sinks, washer & dryer, cubbies/lockers, locked storage areas, sick child area, offices, can wash area, classroom with age group & number of children indicated.

\_\_\_\_\_ Equipment specification sheet for all food service equipment (refrigerator, hot water heater, stove, exhaust fan, sinks)

\_\_\_\_\_ Plumbing Plan (show floor drains, floor sinks, water heater)

\_\_\_\_\_ A dumpster and dumpster cleaning contract

\_\_\_\_\_ Proposed Menu (one-month minimum)

### Please complete the following information:

\_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_ Remodel/Addition \_\_\_\_\_ Change of Owner

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Establishment Phone \_\_\_\_\_ Email \_\_\_\_\_

If center will be located in an existing building, what year was the building constructed? \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Applicant's Title \_\_\_\_\_

(Owner, Manager, Architect)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Owner of the Establishment (if different from applicant) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Projected Start Date of Project: \_\_\_\_\_ Projected Opening Date: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS**

Name of Proposed Center \_\_\_\_\_

Have you contacted the State Licensing Agency? \_\_\_\_\_ Name of contact: \_\_\_\_\_

How many children are you trying to be licensed for? \_\_\_\_\_

List age groups & number of classrooms per group: \_\_\_\_\_

Is the center located in a: free standing building/school/home/church? (circle one)

Indicate what days the center will be open with the Hours of Operation:

Monday:                  Tuesday:                  Wednesday:                  Thursday:                  Friday:

What shifts will the center operate? (circle all that apply): 1st      2<sup>nd</sup>      3<sup>rd</sup>

If the structure was built prior to 1978, is a lead investigation required? YES NO UNSURE

Water Supply: Municipal (City of \_\_\_\_\_) Well? YES NO UNSURE

Lead in water samples collected at all outlets used for drinking or food preparation: YES NO UNSURE

Wastewater Supply: Municipal (City of \_\_\_\_\_) Septic System: YES NO UNSURE

**Main Foodservice**

	<b>(YES)</b>	<b>(NO)</b>
Will meals be prepared on-site?	( )	( )
Will any foods be fried?	( )	( )
Will meats be thawed on-site prior to use?	( )	( )
Will fruits/vegetables be washed on-site prior to use?	( )	( )
Can the kitchen door be locked?	( )	( )
Where will children eat meals? (family style in classroom, etc.) _____		
Please list make/model numbers for refrigeration units: _____		

How will dry goods be stored? \_\_\_\_\_

**Dishwashing Facilities**

What types of eating and drinking utensils will be used? **Single-use** (throw away) Yes \_\_\_ No \_\_\_

Multi-use (wash & re-use) **Multi-use** YES NO Will a dishwasher be used? YES NO

Make and model number: \_\_\_\_\_ Is there a sanitizing cycle? YES NO

Provide size of sinks and drainboards or countertop space: \_\_\_\_\_

Type of sanitizer used in center: Chlorine YES NO OTHER \_\_\_\_\_

Type of disinfectant used in center: Chlorine YES NO Other \_\_\_\_\_

**Garbage**

Where is the mop/can wash located? \_\_\_\_\_

Please note: The trash can wash facility must include combination faucet, hot and cold running water, threaded nozzle, and curbed impervious pad sloped to drain into an approved sanitary sewage system, a minimum temperature of 80 degrees F shall be provided.

If a dumpster is used, a copy of the cleaning contract must be provided.

Name of the contractor? \_\_\_\_\_

**Infant Foodservice**

Who will provide bottles? PARENT      CENTER

Who will prepare bottles? PARENT      CENTER

If parents provide bottles, where will they be stored? \_\_\_\_\_

Will bottles be warmed, cereals or formula mixed, or food prepared in the classroom? \_\_\_\_\_

If food will be prepared in the classroom, is a food preparation area available? (This includes a Food Preparation hand wash sink, adequate counter space, refrigeration) \_\_\_\_\_

If not, where will this be done? \_\_\_\_\_

What method will be used to warm bottles? \_\_\_\_\_

**Diapering**

Do all rooms with children in diapers have diapering stations? \_\_\_\_\_

Is a sink provided for washing hands after diapering (the Food Preparation hand wash sink may not be used for this purpose)? YES      NO      NOT APPLICABLE

If not in each room, please explain: \_\_\_\_\_

\_\_\_\_\_

Explain construction of the diaper changing table. \_\_\_\_\_

\_\_\_\_\_

Where and how will soapy water, sanitizer, and disinfectant be stored? \_\_\_\_\_

\_\_\_\_\_

Where will diaper creams, gloves, powders, etc. be stored? \_\_\_\_\_

Will potty chairs be used? YES      NO      IF YES, WHERE? \_\_\_\_\_

**Storage**

How/where will chemicals and other hazardous substances be stored? \_\_\_\_\_

Are approved locks provided? (magnetic, combination, key) YES      NO

Where will employee personal items be stored? \_\_\_\_\_

\_\_\_\_\_

How/where will medications be stored? \_\_\_\_\_

\_\_\_\_\_

Will linens be washed on-site? YES      NO (Laundry facilities require a minimum of 120°F)

If no, how will linens be cleaned? \_\_\_\_\_

Location of clean linen storage: \_\_\_\_\_

Will cots or mats be used? COTS      MATS

Where will cots/mats be stored? \_\_\_\_\_

How are the cubbies constructed? \_\_\_\_\_

### **Designated Sick Area**

Where is the designated sick area? \_\_\_\_\_

Is there a designated mat or cot and a vomitus receptacle available? YES NO

### **Outdoor Facilities**

Is there any chromated copper arsenate pressure-treated wood on the outside play area in the form of decks, shelters, picnic tables, landscaping timbers, fences, or other structures? YES NO

Is the outdoor play area clean, drained, and free of hazardous materials? YES NO

Is it in good repair, free of peeling, flaking/chalking paint, rust and corrosion? YES NO

Do sandboxes have covers? YES NO Are they constructed to drain? YES NO

### **Hot Water Supply** (Please relay this information to your plumber and engineer)

**\*\* Hot water heater(s) must be capable of supplying an adequate amount of water at the proper temperature for all uses, to include: sinks, dishwasher, laundry, can wash facility.**

Hot water temperature in the kitchen and laundry area must be provided at a minimum of 120°F, can wash sink shall be a minimum of 80 degrees F; hot water at all other sinks including diaper changing hand sinks accessible to children must be maintained between 80°F – 110°F.

How many hot water heaters will be used in the facility? \_\_\_\_\_

Will you be using antiscald devices and at what sinks?  
\_\_\_\_\_

### **Lighting Requirements**

- 50-foot candles of light are required in: Kitchen work surfaces, Diaper changing areas, Children's work tables, desks, and easels, Infant preparation areas.
- 10-foot candles are required in all other areas, including storage rooms.
- Shielded or shatterproof bulbs must be used in food preparation, storage and serving areas and in all rooms used by children.

### **Thermal Environment (65 - 85° F)**

Will heating and air conditioning be provided in all rooms used by children? YES NO

If no, explain \_\_\_\_\_

**Finish Schedule**

Please indicate which materials will be used in the following areas:

	<b>FLOORS</b>	<b>WALLS</b>	<b>CEILING</b>
<b>KITCHEN</b>			
<b>DIAPERING AREAS</b>			
<b>RESTROOMS</b>			
<b>CLASSROOMS</b>			
<b>LAUNDRY ROOMS</b>			

Approval of these plans and specifications by the \_\_\_\_\_ County Health Department does not indicate compliance with any other code, law, or regulation that may be required.

A pre-opening visit of the facility will be necessary to determine compliance with the “Rules Governing the Sanitation of Child Care Centers” 15A NCAC 18A .2800

I certify that the information in this application is correct and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

I understand that written approval of plans must be obtained prior to construction.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_