

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 2nd 3rd

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

	(YES)	(NO)
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:

	FLOORS	WALLS	CEILING
KITCHEN			
DIAPERING AREAS			
RESTROOMS			
CLASSROOMS			
LAUNDRY ROOMS			

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 _____