



**Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127**



Childcare Plan Review Submittal Checklist

Prior to review of Child Care plans, the following must be submitted. Please initial to indicate submittal includes each of the following:

- _____ Completed Application (this packet)
- _____ Water supply documentation (permits, applications, testing, etc.)
- _____ For wells/ground water supplies serving 25 or more people, documentation of compliance from Department of Environmental Quality, Public Water Supply Section
- _____ Sewage disposal documentation (permits, applications, inspections, etc.)
- _____ Site plan showing specific location of the property, buildings, playground, fencing, parking, utilities, dumpster, etc.
- _____ Floor plan drawn to scale (minimum $\frac{1}{4}" = 1'$) of facility with the following labeled: Kitchen, Utility rooms, bathrooms, diaper changing stations, food preparation areas, ice machines, sinks (labeled with use), washer & dryer, cubbies/lockers, storage areas (specify if lockable), sick child area, offices, washing facilities for solid waste containers, classrooms with age group & number of children indicated.
- _____ Equipment specification sheet for all food service and other equipment (refrigerator, water heater, dish machine, stove, exhaust fan, sinks, etc.)
- _____ Proposed Menu (one month minimum)

Approval of these plans and specifications does not guarantee or imply compliance with any other code, law, or regulation that may be required. I certify that the information in this application is correct, and I understand that any deviation without prior approval from the Department may nullify plan approval.

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

Date: _____

Print Name: _____ Title: _____

Signature: _____



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Child Care Center Establishment Plan Review Application

This application along with all items listed on the attached checklist is required to be submitted before a plan review can be completed. **Plan review and approval is required prior to initiating construction.**

Submit application via email to: mcappleh@moorecountync.gov

☐ New construction ☐ Re-model of existing structure ☐ Change of Ownership

Name of Proposed Child Care _____

Location Address _____ City _____ Zip _____

County _____ Number of National locations _____ Number of North Carolina locations _____

Owner or Owner's Representative: _____

Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

Operator/Director Name: _____

Phone _____ E-mail _____

Establishment is owned by: Association _____ Corporation _____ Individual _____ Partnership _____

Other Legal Entity _____

*** Please attach names, titles and addresses of persons comprising the legal ownership**

General Information

Projected Start Date of Project: _____ Projected Opening Date: _____

Have you contacted NC DCDEE Licensing? ☐ YES ☐ NO Name of contact: _____

Proposed maximum capacity of center- Children: _____ Staff: _____

List age groups & number of classrooms per group:

Indicate days and hours of operation: _____

Is this center located in a residence? ☐ YES ☐ NO

What year was the structure built? _____

**If the structure was built prior to 1978, then a lead hazard investigation will be completed by the Health Department.*

Main Food Service and Preparation

How will meals be provided? Check all that apply.

- ☐ Prepared/cooked on-site
- ☐ Catered from a permitted food service establishment or approved childcare center

Name of caterer(s) (if applicable): _____

- ☐ Provided by parents (lunchbox); where will lunchboxes be stored? _____
- ☐ Other _____

Where will children eat meals? ☐ Classroom ☐ Dining Hall ☐ Other _____

Will family-style meals be served? ☐ YES ☐ NO

Meal/snacks provided: (Check all that apply) ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner

Type of Refrigeration: ☐ Domestic ☐ Commercial

Make & Model _____

Is food preparation counter space available? YES ☐ NO

Is cooking equipment available? YES ☐ NO ☐ N/A List all cooking equipment:

Is a hand wash sink available? (separate from the utensil-washing sink) ☐ YES ☐ NO

Is there a separate and lockable cabinet or closet for hazardous chemicals located in the kitchen? ☐ YES ☐ NO

How will the kitchen be made inaccessible to the children?

Definition of Potentially Hazardous Foods = Any food or ingredient in a form capable of supporting the growth of infectious or toxigenic microorganisms (raw or heat-treated food of animal origin, heat-treated food of plant origin and raw seed sprouts).

Will potentially hazardous food be prepared prior to the day of service? ☐ YES ☐ NO

Will potentially hazardous foods be reheated? ☐ YES ☐ NO

Will salads containing potentially hazardous foods be prepared? (Ex: Chicken salad) ☐ YES ☐ NO

Will any foods be fried? ("Frying" means to cook over direct heat in hot oil or fat. This includes the oil or fat that is generated by the food or added to the cooking utensil.) ☐ YES ☐ NO

Will frozen food be thawed on site? ☐ YES ☐ NO; How? _____

Will raw fruits/vegetables be provided by the center? ☐ YES ☐ NO; Describe procedure and location for washing/preparation: _____

Will human milk be stored frozen? ☐ YES ☐ NO

Will frozen human milk be stored for more than 7 days? ☐ YES ☐ NO

If YES, where will it be stored? _____

Will bulk specialty milk (almond milk, soy milk, lactose free, etc.) be provided by parents? ☐ YES ☐ NO

If YES, where will it be stored? _____

Infant/Toddler Food Service

Will bottles be stored, prepared, warmed, served out of the kitchen? ☐ YES ☐ NO

Will bottles be stored, prepared, warmed, served, in infant classrooms? ☐ YES ☐ NO ☐ N/A (If N/A or NO, proceed to the next section).

Does the infant room have counterspace for warming bottles? ☐ YES ☐ NO What method will be used to warm bottles ☐ YES ☐ NO? _____

Is there a refrigerator for bottle storage? ☐ YES ☐ NO

Is there a separate hand wash lavatory used exclusively for bottle/food preparation handwashing? ☐ YES ☐ NO

Will bulk food items such as snacks be stored in the classrooms? ☐ YES ☐ NO

Utensil Washing/Sanitizing

Type of eating and drinking utensils used: ☐ Single service (disposable) ☐ multi-service (reusable)

Will infant bottles or sippy cups be cleaned at the center? ☐ YES ☐ NO

Type of Utensil-Washing Sink provided:

☐ 2-Compartment Domestic ☐ 3-Compartment Commercial ☐ Other _____

Type of Sanitizer for Utensil-Washing: ☐ Chlorine ☐ Quaternary Ammonium ☐ Other _____

Will a dish machine be used? ☐ YES ☐ NO

Is there a sanitizing cycle? ☐ YES ☐ NO Type of sanitation: ☐ Chemical ☐ Hot Water/Temperature

Dish machine manufacturer and model: _____

Describe location of air-drying space (Example: counterspace, overhead shelving, portable racks, drainboards, etc.): _____

Square feet of air-drying space: _____ ft²

Is a separate hand sink provided in the kitchen? ☐ YES ☐ NO

What sanitizer(s) will be used in the kitchen? _____

What sanitizer will be used in the classrooms? _____

Will highchairs be provided? ☐ YES ☐ NO If YES, describe procedures for washing, rinsing, sanitizing and air drying of highchair feeding trays. _____

Where will mouthed toys in infant and toddler rooms be washed and sanitized?

In classroom using the food prep hand sink ☐ YES ☐ NO

In the classroom using the 3-tub method ☐ YES ☐ NO

Sent back to the kitchen ☐ YES ☐ NO

Other method- Please describe _____

Diapering, Toileting, Disinfectants

List all disinfectant(s) used in center, Including EPA Reg #: _____

What disinfectant will be used on diaper changing surfaces? _____

List rooms that allow children in diapers/pull-ups: _____

Do all rooms with children in diapers/pull-ups have diaper changing stations? ☐ YES ☐ NO If NO, Describe diapering location and processes: _____

Where will detergent solution, and disinfectant be stored? (required to be at least 5 ft above floor)

Where will diaper creams, gloves, diapers, etc. be stored? (required to be at least 5 ft above floor)

Will potty chairs be used? ☐ YES ☐ NO

If YES, describe where they will be located, stored and cleaned:

Will child size toilets and sinks be provided? ☐ YES ☐ NO

If NO, describe how these fixtures will be accessible to children _____

Is there a separate hand wash sink used exclusively for diaper changing hand washing? ☐ YES ☐ NO

Storage

Will cubbies be provided? ☐ YES ☐ NO

Will coat hooks be provided? ☐ YES ☐ NO (If yes, coat hooks must have at least 12 inches separation)

If No is answered to the above, how and where are children's personal belongings stored (diaper bags, coats, car seats, backpacks, etc.)?

Where will chemicals, cleaners, aerosols, and other hazardous products be stored?

Where will medications be stored? _____

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

What type of locks are provided for chemicals and other hazardous substances? (combination, electronic, magnetic, keypad, key or equivalent) _____

Where will employee personal items be stored? _____

What type of cots/mats will be used? (bifold, stackable, etc.) _____

How/where will cots/mats be stored? _____

How will cots/mats/cribs be labeled? _____

Where is clean linen storage? _____

Will linens be washed on-site? ☐ YES ☐ NO

Where will seasonal items be stored? (such as decorations, water play items, etc..)

Designated Sick Area

Where is the designated sick area for children who become ill?

Is there a mat, bed or cot provided for the designated sick area? ☐ YES ☐ NO

Is there a vomitus receptacle provided for the designated sick area? ☐ YES ☐ NO

If the designated sick area is not in a separate room, describe how the area will be separated from space used by other children (Example: partition, screen, etc....)

Are Vomit and Diarrheal Clean Up Procedures Available ☐ YES ☐ NO

Water Supply

Water supply: ☐ Municipal ☐ Community ☐ Onsite (Well)

*If water supply is onsite, how many total people will the well serve (#of staff + # of children + # other people the well serves)? _____

*If the well serves 25 or more people, call Public Water Supply at 919-571-4700. Water supplies must meet applicable requirements of 15A NCAC 18A .1700 and 15A NCAC 18C.

Has Lead testing been completed for all water outlets used for drinking or food preparation

(.2816(b)): ☐ YES ☐ NO

Wastewater disposal: ☐ Public/Municipal ☐ Private/on-site (*If private/onsite- attach a copy of septic approval.)

Water Heater (Please relay this information to your plumber, architect and/or engineer)

**** Water heater(s) must be capable of supplying an adequate amount of water at the proper temperature for all uses, to include lavatories, sinks, dishwasher, laundry, washing facilities for solid waste containers.**

.2815(e) Hot water used for cleaning and sanitizing utensils and laundry shall be provided at a minimum temperature of 120 degrees Fahrenheit at the point of use. Water in areas accessible to children shall be tempered between 80 degrees Fahrenheit and 110 degrees Fahrenheit. Hot water that exceeds 120 degrees Fahrenheit is a burn hazard and shall not be provided in areas accessible to children.

Type of Water Heater: ☐ Tank Manufacturer and Model _____

☐ Quantity of Tanks _____

Storage Capacity ____gallons/____ Electric ____ kW ____ Gas _____ BTU

☐ Tankless Manufacturer and model: _____

☐ Quantity of tankless water heaters: _____

How will tempered (80-110° F) water temperatures be achieved? _____

How will water in excess of 120° F be made inaccessible? _____

Will water fountains be provided/installed? ☐ YES ☐ NO (Drinking fountains shall be separate from handwash lavatories.)

***Facilities shall include a mop sink or can cleaning facility with a faucet that has a threaded nozzle that delivers water of at least 80 degrees Fahrenheit. Water in excess of 110 degrees Fahrenheit must not be accessible to children.**

Wastewater

☐ Municipal ☐ Onsite (Septic System)

Provide location of mop sink/can wash provided at the childcare center for the washing and storage of solid waste containers, mop buckets and mops.

Garbage and Refuse

Will diaper pails have lids? ☐ YES ☐ NO

Provision for garbage disposal: ☐ Dumpster ☐ Compactor ☐ Garbage Containers

Provision for cleaning dumpster/compactor: ☐ On-site ☐ Off-site ☐ N/A

If Off-site cleaning, provide name of cleaning contractor: _____

Describe location for storage of any recyclables (grease, cardboard, glass, plastic etc...):

Outdoor Learning Environment

Is there any existing chromated copper arsenate (CCA) pressure-treated wood? ☐ YES ☐ NO If yes, detail treatment: _____

☐ Confirm all sandboxes have covers and are constructed to drain

Is the HVAC and mechanical equipment locked with a fence around it and locked so that it is not accessible to children? ☐ YES ☐ NO

Will storage be provided in the outdoor learning environment? ☐ YES ☐ NO

Specify (storage building, exterior entry storage room, exterior cabinet, etc.): _____

Pets

Will there be pets/animals in the center or on the premises? ☐ YES ☐ NO

List all pets/animals: _____

Lighting

Do all light fixtures have shatterproof or shielded bulbs in food preparation, storage, and serving areas and in all rooms used by children ☐ YES ☐ NO

Will a minimum of 50 foot-candles of lighting be provided at all work surfaces (including food prep, utensil washing, diaper changing, children's worktables, desks, and easels) ☐ YES ☐ NO

Will a minimum of 10 foot-candles of lighting be provided at all other areas, including storage? ☐ YES ☐ NO

Will all rooms used by children be heated, cooled, and ventilated to maintain an ambient temperature between 65° F and 85° F? ☐ YES ☐ NO

Are all openings to the outside protected against the entrance of pests and insects? ☐ YES ☐ NO

Finish Schedule

Please indicate the materials to be used in the following areas:

	Floors	Walls	Ceilings
Kitchen			
Diapering Areas			
Food Preparation Areas			
Food Storage Areas			
Utensil Washing Areas			
Toilet Rooms			
Classrooms			
Laundry Rooms			

***If acoustic and other absorbent ceiling materials are used, then ventilation to preclude the possibility of grease and moisture absorption must be provided.**