

County of Moore
Department of Health
705 Pinehurst Avenue • P.O. Box 279
Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.
Director

Telephone: 910-947-3300
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CHILD CARE CENTER PLAN REVIEW APPLICATION

Type of Construction: NEW__ REMODEL__

Name of Establishment:

Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Cell: _____

Property Owner:

Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Cell: _____
E-mail Address: _____

Business Owner:

Contact Person: _____
Address: _____
City & State: _____
Zip Code: _____
Telephone: _____ Fax: _____ Cell: _____
E-mail Address: _____

Applicant:

Title (owner, manager, architect, builder, etc.):

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Cell: _____

E-mail Address: _____

General Information (Childcare center facility information to be completed by applicant)

Type licensing: _____ New child care center _____ Currently licensed child care

DCDEE licensure: _____ Large Center in Residence _____ Childcare Center
*(*Family Care Homes are exempt from Environmental Health Regulation)*

Proposed number of children in care: _____

Type construction: _____ New construction _____ Remodeling existing building
If existing, what year was the structure built? _____

Projected Childcare Center opening date: _____

Method of sewage disposal: _____ Municipal _____ Septic system **attach a copy of septic approval*

Type of water supply _____ Municipal _____ Well Size of Hot Water Heater _____

Proposed Operating Schedule: Days/Wk & Operating hrs:

Age group and number of children receiving care: *(Check all that applies)*

____ 0-1 year _____ 2-3 year _____ 4-5 year _____ 6 years and older

Number of Diaper Change Areas proposed in facility: _____

Number/type of bedding for sleeping/napping _____ mats _____ cots _____ cribs

Food Service: Meals/snacks provided: *(Check all that applies)*

____ Breakfast _____ am snack _____ Lunch _____ pm snack _____ Dinner _____ Evening snack

*(*Attach a sample weekly menu of items that will be prepared or served.)*

Will formula/bottles be prepared in the classroom? _____

Type utensils used during service: _____ Reusable _____ Disposable

Location of meal preparations: Onsite _____ kitchen Off-site* _____

**If offsite meal preparation is intended, all food must be prepared in a food service operation such as restaurant, food stand, commissary or other approved facility.
Provide name of facility:*

****By signing below, I hereby 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.***

Applicant signature: _____

Date: _____

Other information to be included in application submittal:

- a. food vendors/place of purchase;
- b. sick child policy;
- c. employee health policy;
- d. solid waste disposal method/company;
- e. pest management company

A building plan drawn to 1/4"=1' or other acceptable scale with the following list of information must be submitted with the childcare center application.

"To Protect and Promote Health through Prevention and Control of Disease and Injury."
<http://www.moorecountync.gov/health/>

Environmental Health
Telephone: 910-947-6283
Fax: 910-947-5127

WIC
Telephone: 910-947-2797
Appointments: 910-947-3271
Fax: 910-947-2460