

County of Moore

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

**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. building plan/floor plan layout drawn to scale;**
- b. sick child policy;**
- c. employee health policy;**
- d. solid waste disposal method/company;**
- e. pest management company**

*“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

