



CUMBERLAND COUNTY ENVIRONMENTAL HEALTH

CHILD CARE CENTER

PLAN REVIEW CHECKLIST

Plans must be a minimum of 11 x 14 inches with the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.

Plans MUST be submitted along with the following items:

1. A thoroughly complete Child Care Center Plan Review Application
2. Proposed menu

Plans and specifications should include:

1. Plans drawn to scale showing the furniture (including built-in items), equipment, plumbing fixtures, playground and classrooms (indicate age of child proposed in each), and nursing mothers' room (if applicable).
2. Site plan showing:
 - a. Location of building on site
 - b. Toilet facilities
 - c. Dumpster pad location.
 - d. Grease storage container location
 - e. Entrances and exits
 - f. Loading and unloading areas
 - g. Location of any outside buildings
3. Complete finish schedules for each room including floors, walls, and ceilings.
4. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead wastewater lines, water heater, can wash, & mop sink.

Suggested for mop sink: combination faucet, hot & cold water, threaded nozzle, approved backflow prevention, 3'x3' curbed, impervious pad, and sloped to drain. If interior install, ensure walls are easily cleanable & non-absorbent. ***Not applicable to centers licensed for fewer than 13 children and/or located in a residence.***

5. Hand washing facilities designated for diapering, food preparation areas, dishwashing area, and toilet facilities.

REQUIREMENTS CAN BE FOUND AT:

.2800 Rules for Sanitation of Child Care Centers: <http://ehs.ncpublichealth.com/docs/rules/294306-10-2800.pdf>

NC DHHS Div. of Child Development & Early Education:
http://qa2.ncchildcare.nc.gov/general/mb_customerservice.asp

Please note: This application is only for establishments seeking to be licensed as a Child Care Center with DCDEE

Detach this page for your reference

CUMBERLAND COUNTY DEPT OF PUBLIC HEALTH

Food & Lodging

1235 Ramsey Street
Fayetteville, NC 28301
Phone: 910.433.3618
Fax: 910.433.3793



Onsite Wastewater

130 Gillespie Street
Fayetteville, NC 28301
Phone: 910.433.3667
Fax: 910.323.6142

CumberlandCountyNC.gov

Child Care Center Establishment Plan Review Application

DO NOT LEAVE ANY BLANK SPACES. WRITE N/A IF NON-APPLICABLE.

Type of Plan Review: NEW CONSTRUCTION REMODEL CHANGE OF OWNERSHIP

Name of Establishment: _____

Physical Address: _____ City: _____ Zip _____

Mailing Address of Establishment: _____

Phone (if available): _____ Fax: _____

Manager / Person in Charge: _____

Phone(s): _____ Email: _____

Applicant (if different than Owner): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (s): _____ Email: _____

Owner or Owner's Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (s): _____ Email: _____

Establishment is owned by: Association _____ Corporation _____ Individual _____
Partnership _____ Other Legal Entity _____

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers and the local resident agent if one is required based on the type of legal ownership.

If child care center is on a septic system or a well, approval must be granted from the Health Department *prior* to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist at the Onsite Wastewater office.

FACILITY INFORMATION:

Projected start date of construction: _____ Projected opening date: _____

Total Square Footage of Facility: _____ Number Licensed For: _____

PRE-LICENSING:

Have you contacted your State licensing agent? Yes No

If yes, please list his/her name: _____

LIGHTING REQUIREMENTS

Ensure that the following lighting requirements are met. If you are unsure of the intensity of your lighting, please call & have an Environmental Health Specialist check your fixtures with a light meter. Also note that kitchens and ALL rooms used by children must have shielded lights or shatterproof bulbs.

1. Food Preparation & Dishwashing Areas*: 50 foot candles (540 lux)
2. Children’s work tables: 50 foot candles (540 lux)
3. Diapering Surfaces: 50 foot candles (540 lux)
4. All Other Areas – INCLUDING Storage areas: 10 foot candles (110 lux)

Food Prep areas & Dishwashing areas will be measured at 30 inches above the floor)

TYPE OF FOOD SERVICE: CHECK ALL THAT APPLY

Prepared on Site Catered/Delivered If yes, from where? _____

Utensils & Dishes:

Single-service (disposable): Plates Glassware Silverware

Multi-service* (reusable): Plates* Glassware* Silverware*

This includes sippy-cups, baby food spoons, & high-chair feeding trays.

FOOD STORAGE:

Cubic-feet of cold storage:

Reach-in refrigerator storage: _____ ft³ Number of Refrigerators*: _____

Reach-in freezer storage: _____ ft³ Number of Freezers: _____

Ensure that there is a thermometer in the warmest part of ALL refrigerators.

Type of Refrigeration*: Commercial Residential

Make & Model if Commercial: _____

What type of containers will be used to store cut vegetables, sauces, dry goods, etc? _____

When domestic refrigeration equipment is used, except in child care centers licensed for fewer than 13 children & located in a residence, the following provisions shall apply:

- (1) except for thawing under refrigerated conditions, potentially hazardous foods shall not be prepared prior to the day that such foods are to be served;
- (2) potentially hazardous foods that have been heated shall not be reheated or placed in refrigeration to be used in whole or in part on another day; **and**
- (3) salads containing potentially hazardous food shall not be prepared on site. Prohibited salads include chicken, egg, tuna, crab, and other salads containing meat.

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food.

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) & how food will be handled (washed, cut, cooked, etc.)

1. FOOD SOURCE – inspected and approved?

2. SPECIALTY HANDLING – will you prepare any of the following?

- Fried Foods (this includes foods cooked on a stovetop in their own juices) If Yes, a commercial hood is required.
- Foods prepared prior day of service? If Yes, commercial refrigeration required (see page 3).
- Salads containing potentially hazardous foods prepared on site? (Includes tuna, chicken, pasta, etc.)
If Yes, commercial refrigeration required (see page 3).

3. PRODUCE HANDLING – washed on site prior to use?

4. MEAT & POULTRY HANDLING – pre-portioned & ready-to-cook? If No, how will they be handled?

**5. BOTTLE & CEREAL PREPARATION – if prepared in classroom: where water will be obtained?
food preparation area in classroom? (describe!)**

6. BABY BOTTLES – where will they be stored? Where will they be warmed?

7. THAWING – How will thawing be accomplished for frozen foods?

DISHWASHING FACILITIES

a. Hand Dishwashing: Sink bays must be large enough to accommodate largest utensil.

- 1. Number of sink compartments: _____
Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
Length of drainboards (inches): Right: _____ Left: _____
- 2. What type of sanitizer will be used? Chlorine: Iodine: Quaternary Ammonium:
Hot Water: Other (specify): _____

b. Mechanical Dishwashing

- 1. Will a dish machine be used? Yes No
Dish machine manufacturer and model: _____
- 2. Type of sanitization: Hot water (180°F) Chemical

c. General Cleaning

- 1. Describe how cooking equipment, cutting boards, slicers, counter tops, high chair trays, etc. that **cannot be submerged in sinks or put through a dishwasher** will be cleaned & sanitized:

- 2. Type of sanitizer used: Chlorine Quaternary Ammonium

- 3. Describe location & type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

- 4. Square feet of air drying space: _____ ft²

GARBAGE AND REFUSE

- 1. Will diaper pails have lids? Yes No
- 2. Provision for garbage disposal: Dumpster Compactor Cans
- 3. Provision for cleaning dumpster/compactor: On-site Off-site
If off-site cleaning, provide name of cleaning contractor: _____
- 4. Describe location for storage of any recyclables (cooking grease, cardboard, glass, plastic etc.): _____
- 5. Will a pad sloped to drain be placed under dumpsters, trash cans, recyclables, oil/grease containers?
Yes No

WATER SUPPLY - SEWAGE

1. Is water supply: Municipal* Well** If Well: Number of Connections: _____

*Municipal Water Supply: _____ Fayetteville Public Works Commission (PWC)
_____ Aqua America

Is sewer: Municipal Septic

**Have applications been submitted to Health Dept. for well and septic approval? Yes No

2. Water Heater:

Tank type:

a. Manufacturer and model: _____

b. Storage capacity: _____ gallons

Electric water heater: _____ kilowatts (kW) Gas water heater: _____ BTUs

Tankless:

a. Manufacturer and model: _____

b. Quantity of tankless water heaters: _____

3. How will **access to kitchen be denied** to children when it is not in use? _____

4. Mop sinks are required to have a minimum temperature of 80° F – how will access to this area be denied to children if temperature exceeds 120° F? _____

HANDWASHING FACILITIES

1. Indicate number of ALL handwashing sinks (including restrooms & kitchen): _____

Indicate location(s) of handwashing sinks (indicate on diagram also):

2. How will 80 – 110° F water be maintained in all areas accessible to children including lavatories serving diaper changing areas (does not apply to centers serving only school-aged children)? _____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Food Storage				
Dry Storage				
Toilet Rooms				
Classrooms				
Diapering Areas				
Mop Sink/Can Wash				
Laundry Rooms				
Storage Buildings				

CLEANING FACILITIES

- Location and size of can wash/mop storage area _____
 - Will a water hose with a pistol grip/spray nozzle attached be used? _____
- Is a separate mop basin provided? Yes No
 - If yes, describe type and location: _____
- Will linens be laundered on site? Yes No
 - If no, how will linens be cleaned? _____
 - If yes, will the washing machine have: **(choose one)**
 - Limited Use (1 -2 times per day) Intermediate use (3 -4 times per day)
 - Heavy Use (used every 2 hours) Continuous Use (used every hour)
- Location of linen storage: _____

DIAPERING/TOILETING

- Describe locations for diaper changing. _____

- Will cloth diapers be allowed? YES NO
- Will child-sized toilets and lavatories be provided? YES NO
If not, describe how these fixtures will be accessible to children _____

- Will potty-chairs be used? YES NO

STORAGE (COMPLETE IF NOT ALREADY SPECIFIED ON THE PLANS)

1. How will **all chemicals/cleaners/aerosols** be stored locked and separate from Food? _____

2. How will **all medications** be stored separate & locked? _____

3. Where are the cot/mat storage areas? _____

4. Where will infant /toddler mouthable toys be washed, rinsed and sanitized? _____

5. Describe how a child's personal items will be stored (cubbies, coat hooks, etc.). _____

6. Where will the designated sick child area be located (separated from other children, located near a toilet & lavatory)? _____

PETS

1. Will there be pets in the center? YES NO

If yes: What animals? _____

Are current veterinary records available? _____

INSECT AND RODENT PREVENTION AND CONTROL

1. How is fly protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
2. How is fly protection provided on windows that open?
Self-closing Fly Fan Screens
3. Will any insect control devices (i.e. zapper) be installed? Yes* No
*If yes, please indicate location: _____

I ATTEST THE FOLLOWING:

- I HAVE SUBMITTED A SCALE DRAWING OF THE PROPOSED FACILITY (1/4 IN. = 1FT) & LOCATION OF EQUIPMENT IS SHOWN ON THE PLANS
- I HAVE LABELED ALL DIAPER CHANGE STATIONS, ALL SINKS (& TYPE), RESTROOMS, CUBBIES & FURNITURE IN ALL ROOMS
- I HAVE SUBMITTED A PROPOSED MENU

CONSTRUCTION OR RENOVATION MAY NOT BEGIN UNTIL PLANS HAVE BEEN APPROVED. I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM THE CUMBERLAND COUNTY HEALTH DEPARTMENT MAY NULLIFY PLAN APPROVAL.

Signature: _____

Date: _____