

Duplin County Environmental Health
Child Care Center Plan Review Application

This application should be completed and submitted to Duplin County Environmental Health to provide information for review and approval prior to initiating construction. Plans drawn to scale and specifications for changes to building dimensions, kitchen specifications, or other modifications to existing child care centers must be submitted with this application for review and approval. Requirements for child care centers can be found in the Rules Governing the Sanitation of Child Care Centers 15A NCAC 18A .2800. A complete set of these rules can be found at <https://ehs.ncpublichealth.com/docs/rules/401432-1-SanitationRulesForm.pdf>

APPLICATION AND CONTACT INFORMATION

Name of Applicant _____ Phone _____

Mailing Address of Applicant _____
street city state zip code

Name of Director(s) _____ Phone _____

Name of Owner _____ Phone _____

FACILITY INFORMATION

Name of Center _____

Mailing Address _____
street city state zip code

Physical Address _____
street city state zip code

Facility Phone _____ Email _____

Proposed number of children _____ Ages _____

Will the center have a licensed afterschool program? YES () NO ()

Will the center offer overnight care or two shifts? YES () NO ()

Proposed opening date _____ Hours of operation _____

() New Facility

() Existing Facility, Approximate date of initial construction _____



Duplin County Health Services / Duplin County Environmental Health / Food & Lodging Section
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WATER & WASTEWATER INFORMATION

What kind of water supply is connected to the building? Private well () or Municipal water ()

**If the center is on a private well and serves 25 or more people, documentation shall be provided from the Public Water Supply Section that the well is approved.*

Is the building connected to municipal sewer? YES () NO ()

If NO, has private septic system been approved? YES () NO ()

FOODSERVICE INFORMATION

What type of meal service will be provided?

() Preparation and cooking on-site

Will raw meats such as chicken, fish, beef and pork be used? YES () NO ()

Will any foods be fried on-site? YES () NO ()

If yes, will a commercial hood system be installed? YES () NO ()

() Catered meals with only serving on-site

If catered, catering facility name & address _____

() Individual bag lunches brought from child's home

What type of snacks will be provided by the facility? _____

What type of serving utensils/plates/cups will be used? () multi-use articles () single-use articles

Where multi-use articles are used, the center must have one of the following:

() Dishwashing and at least two-compartment dishwashing sink

() Three-compartment sink

Describe equipment and procedures for washing, rinsing and sanitizing multi-use articles _____

** Equipment must be of sufficient size & volume based on the volume of utensils to be washed, rinsed & sanitized.*

What size sink will be used for dishwashing and what are the dimension:

() Two-compartment _____ x _____ x _____

() Three-compartment _____ x _____ x _____

Is there at least countertop space or drain board space on both sides of the sinks and/or dish machine of at least 24 inches? YES () NO ()

FOODSERVICE INFORMATION (continued)

How many refrigeration & freezer units are provided? _____ Refrigerator(s) _____ Freezer(s)
Is a conspicuous & accurate thermometer provided in each unit? YES () NO ()

Is a separate hand washing lavatory provided in the food preparation areas? YES () NO ()

Is a metal-stem food thermometer provided to check food temperatures? YES () NO ()

Infant Feeding Areas & Classroom Feeding

Where will children eat meals?

() In the classroom. Will meals be prepared & brought from kitchen to classroom? YES () NO ()

() In a dining room

Where will bottles and sippy cups be stored or prepared? _____

- If in the classroom, is there a separate hand washing lavatory & designated food preparation counter provided? YES () NO ()
- How do you plan to heat bottles? _____
 - Where will the heating equipment be located? _____

* If bottles or sippy cups are stored in the classroom, a separate hand washing lavatory in addition to hand washing lavatory for diaper changing is required.

DIAPER CHANGING STATIONS

How many designated diaper changing areas will be in the center? _____ (indicate areas on plans)

Is a hand washing sink accessible to each diaper changing station? YES () NO ()

What steps will be used for cleaning & disinfection of diaper changing stations between uses?

FLOORS, WALLS & CEILINGS INFORMATION

Indicate materials used in each area (i.e. acoustic tile, carpet, linoleum, etc.) All floors, walls and ceilings should be cleanable in these areas.

	Floors	Walls	Ceilings
Kitchen	_____	_____	_____
Food Storage	_____	_____	_____
Toilet Rooms	_____	_____	_____
Laundry Room	_____	_____	_____
Classrooms	_____	_____	_____

** Carpeting is allowed in classrooms. Carpets must be of closely woven construction & easily cleanable. Carpets must be vacuumed daily & cleaned once every 6 months using extraction cleaning methods. Documentation of cleaning is required to be kept on file.*

** Ceiling in rooms in which food is prepared shall be non-absorbent.*

SOLID WASTE INFORMATION

Is there a can cleaning facility or mop sink? YES () NO ()

Will a dumpster be used? YES () NO () If yes, who is the contractor? _____

Is there a grease trap? YES () NO () If yes, where is it located? _____

WATER HEATER INFORMATION

Water heating equipment shall be provided to meet the maximum hot water requirements of the child care center. Capacity & recovery ratings are based on the number and size of the sinks, capacity of dishwashing machines & laundry machines.

- Hot water at kitchen sinks & laundry machines shall have a minimum temperature of 120°F.
- Water in all areas accessible to children shall be tempered between 80°F and 110°F.
- Can wash or mop sinks shall provide a minimum water temperature of 80°F.

Explain how these requirements will be met (i.e. separate water heaters or anti-scald devices)

OUTDOOR LEARNING ENVIRONMENT INFORMATION

Is any pressure-treated wood, non-painted wood, present? YES () NO ()

If yes, was it installed prior to January 1, 2005? YES () NO ()

Can you provide documentation that the wood is not CCA (Chromated Copper Arsenate) pressure treated wood? YES () NO ()

If wood was installed before January 1, 2005 or you cannot provide documentation that wood is not CCA pressure-treated wood:

- Has it been sealed in the past 2 years with acceptable sealant? YES () NO ()
- Was bare soil accessible under the wood? YES () NO ()

If yes, has the bare soil been treated? YES () NO ()

If yes, indicate treatment method:

- () Soil removed & replaced with new soil to a depth of at least 4 inches.
- () Soil covered with at least 4 inches of fill material (specify type _____)
- () Soil made inaccessible (specify procedure: _____)

MISCELLANEOUS INFORMATION

How will be crib/mat/cot linens be handled & stored? _____

Where will mats/cots be stored & how will they be labeled? _____

How will children's personal items (i.e. coats, diaper bags, etc.) be stored? _____

Where & how will medications be stored? _____

Where will hazardous products be stored under lock & key? _____

How will the kitchen be made inaccessible when unattended by an employee? _____

Where will the designated sick area be located? _____

MISCELLANEOUS INFORMATION (continued)

How & where will mouthable toys be washed, rinsed & sanitized? _____

Will animals be allowed on the grounds of the facility? YES () NO () If yes, explain locations & restraints.

Are light bulbs shielded? YES () NO ()

Is at least 50 foot candles of illumination provided at work surfaces? YES () NO ()

Will there be any water play activities or a swimming pool at the center? YES () NO ()

If yes, explain _____

Statement: I hereby certify that the above information is correct & I fully understand that any deviation from the above without prior approval from the local health department may nullify approval.

Signature(s) _____
owner(s) or responsible representative(s)

Date _____

** Approval of these plans and specifications by Duplin County Environmental Health does not indicate compliance with any other codes, laws or regulations that my required – federal, state or local. It further does not constitute endorsement or acceptance of the completed facility (structure or equipment). A pre-licensing inspection of the facility with equipment & furniture in place will be necessary to determine compliance with local & state laws governing child care facilities.*

CCA PRESSURE-TREATED WOOD FORM FOR CHILD CARE CENTERS

FACILITY NAME _____ OPERATOR _____ PHONE _____

ADDRESS _____
street name city state zip code

PERSON COMPLETING FORM _____ TITLE _____

Please answer following questions

- 1. IS PRESSURE-TREATED NON-PAINTED WOOD PRESENT? _____ YES _____ NO
- 2. IF YES, WAS WOOD INSTALLED BEFORE JANUARY 1, 2005? _____ YES _____ NO
- 3. IF WOOD WAS INSTALLED BEFORE JANUARY 1, 2005:
 - HAS IT BEEN SEALED IN THE PAST TWO YEARS WITH ACCEPTABLE SEALANT? _____ YES _____ NO
 - WAS BARE SOIL ACCESSIBLE UNDER THE WOOD? _____ YES _____ NO
 - HAS THE BARE SOIL BEEN TREATED? _____ YES _____ NO

Complete this section if any pressure-treated, non-painted wood, installed prior to January 1, 2005, is present and has been treated or will be treated. 15A NCAC 18A .2831 requires that wood, which may contain chromated copper arsenate (CCA), be treated with an approved sealant at least once every two years and that bare soil underneath such wood be made inaccessible to children.

- Date exterior wood was last sealed/treated (if a range, give completion date) _____
- Wood components treated (list all) _____
(* if multiple components, list separately on attachment)
- Acceptable sealant type:
 - () Oil-based, semi-transparent sealant
 - () Oil-based clear stain
 - () Water-based clear stain

SOIL TREATMENT ACTIVITIES

If exterior wood was sealed, was bare soil accessible? _____ YES _____ NO

If YES, was soil treated? _____ YES _____ NO

If YES, indicate treatment method:

- _____ Soil removed and replaced with new soil to a depth of at least 4 inches
- _____ Soil covered with at least 4 inches of fill material (specify type _____)
- _____ Soil made inaccessible (specify procedure on attachment)

I certify that the information provide above is accurate.

Signature _____ Date _____

INSTRUCTION FOR COMPLETING FORM

Enter **ALL** requested information above, sign the document, keep a file copy & return original to the local health department.