Child Care Center Plan Review Information Report  
(Report must be completed and submitted with copy of plans)

Name of Child Care Center: 

Location & Mailing Address: 

Owner: __________________________ Telephone: __________________________

Person in Charge: __________________________ Telephone: __________________________

Proposed Operating Hours: __________ Proposed Construction/Remodeling Start Date: __________

Proposed Completion & Opening Date: __________

Floor plans showing location of all furnishings and equipment and size of rooms submitted?  ■ Yes  ■ No

GENERAL

1. Maximum number of children to be accommodated: _______ Minimum age: _______ Maximum ages: _______

2. Location is relatively noise and pollution free:  ■ Yes  ■ No

3. Facility located in a basement or below ground level:  ■ Yes  ■ No

4. List types of construction material or covering:

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5. Floor and wall junctures coved in toilet rooms and food service areas:  ■ Yes  ■ No

6. Carpeting used:  ■ Yes  ■ No  Where:

   Carpeting meets State Fire Marshal’s requirements:  ■ Yes  ■ No

7. All painted surfaces, including cribs and toys, free of lead or other toxic materials:  ■ Yes  ■ No

8. Square feet of activity area provided: __________

VENTILATION

1. Description of ventilation system in Activity areas: __________

   Toilet rooms: __________

SEWAGE AND LIQUID WASTE DISPOSAL

1. Facility served by public sewage system:  ■ Yes  ■ No

   If no, served by a health department approved/permitted individual sewage system:  ■ Yes  ■ No

   Date approved: __________________________ Permit number: __________________________
WATER SUPPLY
1. Facility served by public water system: Yes ☐ No ☐ Name: ________________________________
   If no, served by a health department approved/permitted individual water system: Yes ☐ No
   Date approved: ____________________________  Permit number: ____________________________
   Bacteriological samples collected: Yes ☐ No ☐ Date: ____________________  By: ____________________
2. Hot and cold water provided at all applicable areas: Yes ☐ No ☐
3. Water pressure at least 20 psi in all areas: Yes ☐ No ☐
4. Angle-jet type drinking fountains with non-oxidizing mouth guards provided: Yes ☐ No ☐ Number: ________

INSECT AND RODENT CONTROL
1. All buildings and structures of rat proof construction: Yes ☐ No ☐
2. All doors opening to outside are close fitting: Yes ☐ No ☐
3. All screen doors, or doors used in lieu thereof, are self closing: Yes ☐ No ☐
4. All openings to the outside effectively protected against entrance of insects: Yes ☐ No ☐

SOLID WASTE
1. Concrete platform or metal rack provided for outside storage of garbage containers: Yes ☐ No ☐
2. Area provided for cleaning garbage containers: Yes ☐ No ☐ Where: ________________________________
   If outside, frost-proof hose bibb provided: Yes ☐ No ☐ Equipped with vacuum breaker: Yes ☐ No ☐
   Hot and cold water provided: Yes ☐ No ☐

HEATING
1. Type of heating system provided: Natural gas/Propane ☐ Electric ☐ Coal ☐ Oil ☐ Wood ☐
   Gas and oil heating devices properly vented to outside air: Yes ☐ No ☐
2. Shielding or other effective means used to protect children from direct contact with radiators, registers, hot water pipes and similar hazards: Yes ☐ No ☐
3. Thermometers provided in all rooms used by children: Yes ☐ No ☐
   Located approximately 30 inches above floor level: Yes ☐ No ☐

LIGHTING
1. Play and activity surfaces have at least 50 foot candles of illumination at floor level: Yes ☐ No ☐
2. All other areas have at least 30 foot candles of illumination at floor level: Yes ☐ No ☐
3. All light bulbs and fluorescent tubes protected by effective shields: Yes ☐ No ☐

SANITARY FACILITIES
1. Number provided, toilet rooms: ______________  flush toilets: ______________  lavatories: ______________
2. Toilet fixtures sized so they may be used by children without assistance: Yes ☐ No ☐
   If no, step stools provided that are properly constructed for safety and easily cleanable: Yes ☐ No ☐
3. Separate and private toilet rooms provided for males and females who are 6 years of age or older: Yes ☐ No ☐
4. Toilet rooms open directly into kitchen:  □ Yes  □ No

5. Door construction:  □ Solid  □ Louvered

6. Lavatories provided within or immediately adjacent to toilet rooms:  □ Yes  □ No

7. Lavatories provided with mixing faucets or tempered water:  □ Yes  □ No

8. Separate adult employee toilet rooms provided:  □ Yes  □ No  Number of toilets provided: __________________________

9. Toilet rooms have covered waste containers:  □ Yes  □ No

10. Diaper changing will take place on premises:  □ Yes  □ No

   If yes, Location: __________________________________________

   Construction materials of diaper changing surface: __________________________________________

   Approved hand washing facilities readily accessible to diaper changing area:  □ Yes  □ No

   Soiled diapers stored in non-absorbent, easily cleanable, covered containers with plastic liner:  □ Yes  □ No

   Feces from soiled diapers will be disposed: __________________________________________

   Plastic liner containing disposable diapers disposed of along with garbage and refuse:  □ Yes  □ No

11. Toilet training chairs provided and of easily cleanable construction:  □ Yes  □ No

12. Facilities for emptying, cleaning and disinfecting toilet training chairs provided:  □ Yes  □ No

   Location: __________________________________________

   STORAGE AREAS

1. Approved storage facilities provided for, but not limited to, the following items:
   □ foodstuffs  □ utensils  □ toys  □ work materials  □ clothing  □ linens  □ medicines  □ cleaning supplies  □ toxic materials and all items which may be potentially hazardous to children

2. Locked cabinets provided for poisons and other potentially hazardous items:  □ Yes  □ No

   ACTIVITY AREAS

1. Activity equipment free of safety hazards, of smooth construction, and easily cleanable:  □ Yes  □ No

2. Outdoor activity areas well drained:  □ Yes  □ No  Free of safety hazards:  □ Yes  □ No

   Enclosed by fence or other suitable barrier:  □ Yes  □ No

3. Supports for equipment used for climbing and similar play activities securely fastened to the ground:  □ Yes  □ No

4. Wading pool provided:  □ Yes  □ No  Health department approved and permitted:  □ Yes  □ No

   Date approved: __________________________  Permit number: __________________________

   FOOD SERVICE FACILITIES

1. Meals provided:  □ Yes  □ No

2. Meals prepared on the premises:  □ Yes  □ No

   If yes, floor plans and completed health department form SF-35 submitted with application:  □ Yes  □ No

   If no, source from which food is obtained: __________________________________________

3. Snacks provided:  □ Yes  □ No  Describe: __________________________________________
LAUNDRY
1. Laundering done on premises: ☐ Yes ☐ No
   Separate room provided: ☐ Yes ☐ No Location: __________________________

2. Non-absorbent, cleanable, covered containers provided for storing soiled laundry: ☐ Yes ☐ No

3. Washing machines installed to prevent back-siphonage: ☐ Yes ☐ No

4. Storage facilities provided for clean laundry to prevent soiling or contamination prior to use: ☐ Yes ☐ No
   Location: __________________________

5. Minimum temperature of laundry water supply (°F): __________________________

6. Method used to dry laundry: ☐ Machine ☐ Line dry

BEDDING AND SLEEPING AREA
1. Type of equipment provided: ☐ Cots ☐ Cribs ☐ Mats ☐ Mattresses & Bedding
   If mattresses used, mattress pads and waterproof covers provided: ☐ Yes ☐ No

2. Double-decker beds, if provided, used only for children 9 years of age or older: ☐ Yes ☐ No

3. Each child's bedding identified and used only for that child: ☐ Yes ☐ No

4. Cribs, cots, or mattresses spaced a minimum of 24 inches apart while in use: ☐ Yes ☐ No

5. Crib bars no farther apart than 2 3/8 inches: ☐ Yes ☐ No

6. Crib sides secure and high enough to prevent accidents, top of mattress to top of crib at least 26": ☐ Yes ☐ No

SAFETY
1. First aid kit provided: ☐ Yes ☐ No Type: __________________________
   List contents: __________________________

ANIMALS
1. Animals kept on premises: ☐ Yes ☐ No
   Indoors: ☐ Yes ☐ No Location: __________________________
   Minimum temperature of room(s): __________________________
   Type of animal(s): __________________________ Age(s): _______ Number: _______

2. Cats and dogs vaccinated against rabies, distemper, hepatitis, and Leptospirosis: ☐ Yes ☐ No

3. Outdoor quartering area(s) for animals complete and separate from children’s outdoor activity areas: ☐ Yes ☐ No

Plans and information submitted by: __________________________
   Title: __________________________
   Date: __________________________
   Telephone: __________________________