



# ALAMANCE COUNTY Health Department

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Health Director

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Environmental Health Director

## Child Care Centers Plan Review Application

Name of facility: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone no.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone no.: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone no.: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_



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## **Required Plan Review Information**

In order to complete a Child Day Care plan review, the following information must be submitted to the Alamance County Health Department, Environmental Health Section.

- Architectural-quality plans drawn to ¼" = 1' or other acceptable scale showing the following:
- All structures, parking areas/driveways, fencing, wells or septic systems, playgrounds.
- All rooms and areas including, but not limited to: care rooms, sick rooms, kitchen, dining, bathrooms, storage (food and non-food), laundry, diaper changing, infant-toddler food service.
- All water supply and wastewater plumbing risers, floor drain locations, make, model and location of hot water generating equipment, fixture types, tempering valves, and can wash facilities.
- All lighting placement, type, and shielding provisions.
- Food service equipment floor plan identifying the placement and type of equipment. This includes manufacturer's specifications, make and model numbers, applicable NSF/ANSI, and UL listings.
- Storage facilities including dry food storage, shelving type, cubby/coat rack locations, hazardous and medical materials protection.
- All air circulation systems including kitchen hood, HVAC systems, and windows (screens).
- Final finish details for all floors, walls, ceilings, window treatments, cabinets, etc. (including substrate type, color, and coating materials).
- Solid waste storage and disposal provisions.
- Other information as may be requested.

## **FACILITY INFORMATION TO BE COMPLETED BY APPLICANT**

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

Proposed number of children licensed for: \_\_\_\_\_

Type construction:  New construction  Remodeling existing building

If existing, what year was the structure built? \_\_\_\_\_

Method of sewage disposal:  Municipal  Septic system

Note: An existing septic system inspection must be completed if the facility is served by a septic tank system. You can apply for this service with this office.

Type of water supply:  Municipal  Well

Note: An existing well inspection and bacteriological water sample must be applied for with this office if the facility is served by a private well water supply.

Proposed operating schedule: \_\_\_\_\_

Age of children receiving care (**check all that apply**):  0-1 year  2-3 years  4-5 years

6 years and older



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**FOOD SERVICE**

Meals/snacks provided:  Breakfast  Mid-morning snack  Lunch  Afternoon snack

Dinner  Evening snack

How will meals be prepared?  Prepared/cooked onsite  Catered\*

Other (parents, etc.) \_\_\_\_\_

**MENU: Attach a menu of items that will be prepared or served.**

(NOTE: If offsite meal preparation is intended, all food must be prepared in a food service operation such as a restaurant, food stand, commissary, or other approved facility.)

\*Catered Meals: Indicate the name and address of the facility where offsite food preparation will occur if this method of preparation has been indicated: \_\_\_\_\_  
\_\_\_\_\_

Where will children eat meals? (family style in classroom, dining area, etc.)  
\_\_\_\_\_

Type utensils used during service:  Re-useable  Disposable

Where will children eat meals? (family style in classroom, dining areas, etc.)  
\_\_\_\_\_

**INFANT FOODSERVICE**

Will bottles and/or cereal be stored, prepared, warmed and served, etc. in the infant room or out of the kitchen? \_\_\_\_\_

Does the infant room have countertop space for warming bottles and preparing cereal?  
\_\_\_\_\_

What method will be used to warm bottles? \_\_\_\_\_

Is there a refrigerator for bottle storage?  Yes  No

Where is it located? \_\_\_\_\_

Is there a separate hand wash lavatory used exclusively for bottle/food preparation hand washing?  
\_\_\_\_\_

**DIAPERING**

Do the infant, toddler and two's classroom all have diapering stations? Describe location  
\_\_\_\_\_  
\_\_\_\_\_



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If not in each classroom, explain:

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Where will the soapy water and disinfectant be stored? \_\_\_\_\_

Do you have test strips for the disinfectant?  Yes  No

Where will diaper creams, powders, lotions, etc. be stored out reach of the children? Where will locked storage be located? \_\_\_\_\_

Is there a separate hand wash lavatory used exclusively for diaper changing hand washing? Where is it located in relation to the changing table? (Distance from changing table)

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### **CUBBIES AND STORAGE**

How and where will cubbies be arranged?

Are coat hooks at least 12 inches apart? \_\_\_\_\_

Indicate where the following type of locked items will be stored and the type of lock used:

Medicines (both refrigerated and non-refrigerated): \_\_\_\_\_

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Cleaning supplies and all types of chemicals: \_\_\_\_\_

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Employee personal belongings (purses, keys, other items): \_\_\_\_\_

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Aerosols and toxic products: \_\_\_\_\_

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Janitor's closet: \_\_\_\_\_

### **BEDS, CRIBS, MATS AND LINENS**

How and where will cots and/or mats be stored?

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Where will cribs, cots, and mat sheets be stored?

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How and where will bed linens be cleaned?

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Where is the designated sick area with cot/mat?

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### **CLEANING AND SANITIZING**

\*Note: Furniture must be smooth, washable surface.

How will toys in infant and toddler rooms be washed and sanitized? \_\_\_\_\_

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What type(s) of sanitizer will be used on toys, diaper, and food areas, and furniture etc.?

Chlorine  Quaternary ammonia

\*Note: The appropriate test strips are required to test the sanitizer solution

Where is the can wash facility (mop sink) for cleaning trash cans, dumping mop water, etc. located?

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### **HOT WATER SUPPLY**

Separate water heaters are recommended as the best option to meet this standard for hot water. Variations in source water temperatures, periods of higher demand for water and other factors make it difficult to maintain all temperature standards with just one water heater, even with the use of mixing valves or anti-scald valves.

Hot water heater(s) specifications (note information for all water heaters)

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Storage tank size: \_\_\_\_\_ Gallons per hour recovery: \_\_\_\_\_

\*Note: The hot water in the kitchen must be a minimum of 120°F, and all sinks accessible to children must be maintained between 80-110°F. Hot water temperatures at the sinks accessible to children can cause a facility to be put on “Provisional” status if the water is less than 80°F or greater than 120°F.

### **FINISH SCHEDULE**

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

<b>Area</b>	<b>Floor</b>	<b>Walls</b>	<b>Ceiling</b>
Bathrooms			
Classrooms			
Diaper Changing Areas			
Foodservice Areas			



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Infant Feeding Areas			
Laundry			

**PLAYGROUND**

Please describe the playground area (size, type of play equipment, type of fence, water activities, etc) \_\_\_\_\_

\_\_\_\_\_

How is wood in the playground area sealed? \_\_\_\_\_

**BOTH APPLICANT AND DAY CARE OWNER/DIRECTOR MUST SIGN THIS APPLICATION**

Applicant's printed name and title: \_\_\_\_\_

Applicant's signature and date: \_\_\_\_\_ / \_\_\_\_\_

Day care owner's/director's name and title: \_\_\_\_\_

Owner's/director's signature and date: \_\_\_\_\_ / \_\_\_\_\_

Submittal of information: The completed application and the information indicated must be submitted to:

Alamance County Health Department  
 Environmental Health Section  
 209 N. Graham Hopedale Road  
 Burlington, NC 27217



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