



CHILD CARE PLAN REVIEW AND APPROVAL FORM

___ New ___ Remodeled or Altered

NAME	ADDRESS	PHONE
Establishment:		
Owner/Consultant:		
Contact Name:		

- A. **Submit plans prior to construction.** Properly prepared plans and specifications for construction, remodeling, or alteration must be submitted to the District Health Department for review and approval. Such plans must include a floor plan of the childcare center.
- B. **APPROVAL of the final plans and specifications is required prior to the start of construction/remodel.**
- C. **Submit** a childcare application.
- D. **Preoperational/Final inspection:** The District Health Department must be notified of a request for preoperational inspection when 80% of the construction/remodel is completed, i.e. floor, walls, ceiling and equipment up and running.
- E. After plans are reviewed and approved, applicant must sign the final page accepting responsibility and verifying that it is understood that the childcare center will be built in accordance with the approved plans.
- F. The health department must be notified of any changes to the plan.

Date reviewed: _____

Reviewing Public Health Specialist

The intention of the plan review is to provide a child care facility that will operate in a manner that will protect the health and safety of children. By interpretation or definition the *Idaho State Code Title 39, Chapter 11, 39-1110; 39-1109 and Title 02, Chapter 10, IDAPA 1602.10.080.04* discusses child care facilities operating in a clean and sanitary manner, preventing cross contamination and the spread of communicable diseases. These sections of the code reflect the requirements on the following plan review checklist. In addition to the requirements we have added recommendations that will be of assistance in operating an efficient child care facility.

A. FOOD PROTECTION SECTION 39-1110 (1)(2)

PLANS			REQUIREMENTS AND RECOMMENDATIONS
YES	NO	NA	
			KITCHEN: 1. Separate hand wash sink Comments: _____ _____
			2. Dish Washing a. Dish machine (Note: Domestic dish machine shall have a sanitization cycle) Commercial unit is recommended. b. 3-compartment sink c. Commercial dish machine Note: Floor sink or drain recommended. Recommendation: Use a commercial model dish machine or two (2) domestic dish machines if enrollment is over one hundred (100) and if infant bottles are being washed. Comments: _____ _____
			3. Food/vegetable preparation sink – indirectly wasted to sewer with a one-inch air gap Comments: _____
			4. Cooking equipment Comments: _____
			5. Food Storage (no bare wood shelves)

B. WATER SUPPLY AND SEWAGE DISPOSAL SECTION 39-1110 (1-2)(6)

PLANS			REQUIREMENTS
YES	NO	NA	
			Water Supply: Must have hot (minimum of 100°F) and cold running water. 1. Public water supply (name of approved supplier/system) 2. Private supply (name of approved supplier/system)
			Note: If the center operates with 25 or more individuals the owner must comply with Idaho Public Drinking Water Rules. Contact Central District Health for information.
			3. Sewage Disposal* Septic System approved by the Health Authority. (Must be of proper size for the number of individuals using the facility) * Must apply for Accessory Use Permit from Central District Health b. Approved central or municipal sewer system Comments: _____

C. TOILET AND HANDWASHING FACILITIES 39-1110 (5)

PLANS			REQUIREMENTS AND RECOMMENDATIONS
YES	NO	NA	
			1. Toilets
			Recommendations: Toddler toilets for potty training
			Restrooms in each classroom
			2. Hand washing sinks (warm and cold water)
			a. Single lever faucets
Comments: _____			
			b. Tempering Valve Note: All hand washing sinks must have a water temperature of a minimum of 100°F.
			c. Maximum water temperature of 120 °F
			3. Hand washing sinks needed outside of restroom (Art projects, cleanup prior to eating)
Comments: _____			
			Note: Type of flooring around sinks outside of restroom must be smooth, easily cleanable, and non-absorbent.

D. STRUCTURAL DESIGN AND MATERIALS

PLANS			The following areas shall have a smooth, non-absorbent, and easily cleanable surface.	
YES	NO	N/A		Type of Flooring
			1. Dining areas in class room/outside of classrooms	
			2. Janitorial/mop service sink	
			3. Kitchen	
			4. Restrooms	
			5. Sinks outside of restroom	
			6. Drinking Fountain	
Comments: _____				

E. INFANT ROOM

PLANS			REQUIREMENTS AND RECOMMENDATIONS
YES	NO	N/A	
			1. Sinks (warm and cold water)
			a. Hand washing sink must maintain a minimum of 100° F
			b. Bottle preparation sink Note: Sinks shall be separated by at least 5 feet
Comments: _____			
			2. Under counter refrigeration with thermometers

Comments: _____			
			Recommendations:
			2 or 3-Compartment sink for bottle washing
			Dishwashing machine with sani-cycle
			Separate sleeping room
			Separate play area
			Note: Type of flooring around sinks and eating area must be smooth, easily cleanable and non-absorbent

F. Play Area Section 39-1110 (4)

PLANS			REQUIREMENTS AND RECOMMENDATIONS
YES	NO	NA	
			Play Yard
			1. Swings - 6-8 feet from fences and walls, anchored
Comments: _____			
			2. Slides not facing south
Comments: _____			
			3. Irrigation ditches or ponds fenced or covered
			4. Fences 6 feet tall on perimeter
			5. Other: Properly designed footing and fall areas around play equipment.
Comments: _____			
			6. Other
Comments: _____			
			Recommendations:
			1. Bike trail
			2. Separate play area designed for infants, one's and two's

G. Other Operations

PLANS			REQUIREMENTS
YES	NO	NA	
			1. Mop/Service sink
			a. Atmospheric Vacuum breaker
			b. Rack or hooks for hanging mops to dry
Comments: _____			
			2. Water fountain of sanitary design and not located in toilet room
Comments: _____			
			3. Electrical outlets
			a. Safety caps
			b. Electrical outlets with built-in safety devices (GFI)
Comments: _____			
			4. Storage
			a. Cubbies, coat hooks, or hangers

Comments: _____			
			5. Plumbing
			a. AVB on hose bibs
			b. Dishwasher drain hose
Comments: _____			
			6. Fire safety
			a. Smoke Detectors
			b. Fire Extinguisher
Comments: _____			

H. Miscellaneous Recommendations

			1. Storage for art supplies, cleaning compounds, and diapers
Comments: _____			
			2. Security at front entry
Comments: _____			
			3. Counter top for parent check-in
Comments: _____			
			4. Area for sick child
Comments: _____			

I have read, understand, and agree to comply with the above listed requirements and accept responsibility for any changes needed when not in compliance.

Signed: _____ Date: _____

Firm/Company: _____ Copy of plan review given to: _____

Approved by: _____

Public Health Specialist