



Application Date:

| Plan Review Form | | | | |
|---|---|---------------------------------|---------------------|-------|
| Facility Information | | | | |
| Name of Facility: | | Contact: | | |
| Street Address: | | Phone: | | |
| City: | | Cell: | | |
| State/Zip: | | Fax: | | |
| County: | | Email: | | |
| CDHS Licensing Specialist: | | CDHS License #: | | |
| Number of Children: | Infants | Toddlers | Preschool and Older | Total |
| License Type: | Child Care Center 24 hour facility (specify) | School Age | Resident Camp | |
| Business/Ownership Information (If Different) | | | | |
| Individual or Corporate Name: | | Phone: | | |
| Street Address: | | Cell: | | |
| City: | | Fax: | | |
| State/Zip: | | Email: | | |
| Contact Information (If Different) | | | | |
| Additional Contact: | | Phone: | | |
| Street Address: | | Cell: | | |
| City: | | Fax: | | |
| State/Zip: | | Email: | | |
| Building Information | | | | |
| New Construction (yes or no): | | Remodel (yes or no): | | |
| Starting date: | | Original year of construction*: | | |
| Planned opening date: | | | | |

*Renovation activities that will disturb painted surfaces in buildings built before 1978 must be conducted pursuant to the U.S. Environmental Protection Agency Lead Renovation, Repair and Painting Program regulations unless a lead based determination shows that the surface does not contain lead based paint. Determinations shall be made by a certified inspector or risk assessor.

| Days and Hours of Operation | | | | | | | | | | | |
|--------------------------------|--------|--------|---------|-----------|----------|--------|----------|------|-----|-----|-----|
| Days | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | | | | |
| Hours | | | | | | | | | | | |
| Select all months of operation | | | | | | | | | | | |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |

A. Radon Testing* - Has the facility been tested for radon? Yes No

*All facilities are required to test for radon. New facilities are required to test for radon within 6 months of occupancy. After remodeling, radon tests may need to be conducted again.

If yes, list the date and the highest level (pCi/

L): Date: Highest Result: pCi/L

B. Water Supply (Select One)

| | | |
|--|----------------------------|----------------------------------|
| | Municipal | Name: |
| | Well and/or Spring | Public Water System ID Number: |
| | Private Well and/or Spring | No Public Water System ID Number |

C. Sewage Disposal (Select One)

| | | |
|--|---------------------------|---|
| | Municipal | Name: |
| | Onsite Waste Water System | Indicate location on site plan and attach a copy of the permits for the systems that will service the facility. |

D. Plans- For each question, indicate yes or no, and include the date submitted if applicable.

| Question | Yes | No | Date Submitted |
|---|-----|----|----------------|
| Have plans been submitted to the local building department? | | | |
| Have plans for this facility been submitted to the Colorado Department of Human Services? | | | |

E. Do you have similar facilities in other counties in Colorado? Yes No
If yes, list other counties:

I. **Facility Site Plan-** Submit a site plan that includes the location of all outdoor areas that apply to this facility. Check all that apply.

| | | |
|--------------------------------|-----------------------------------|----------------|
| Animal enclosures ¹ | Outdoor refrigerators or freezers | Swimming pools |
| Gardens | Outdoor storage areas | Trash storage |
| Grease interceptor | Play Areas | Well or spring |
| Hot tubs | Septic tank & leach field | Wading pools |

¹ Include the types of animals.

II. **General facility floor plan/layout-** Submit floor plans drawn to scale that include all areas of the building. For classrooms, include the number of children anticipated and their ages. Include the location of all areas listed below that apply to the facility. Please note, a separate drawing will be requested for the kitchen. Check all that apply.

| Plumbing and Other Fixtures | | Designated Areas | |
|-----------------------------|--|--|--|
| Bottle preparation sinks | | Car seat storage | |
| Chemical dispensing units | | Chemical storage areas | |
| Drinking fountains | | Children's personal belonging storage | |
| Garbage disposals | | Diaper changing areas ¹ | |
| Handwashing sinks | | Employee personal belonging storage | |
| Laundry facilities | | First aid supply storage | |
| Showers/bathtubs | | Food (meals/snacks/bottle) preparation areas | |
| Toilet facilities | | Ill/injured child areas | |
| Utility/mop sinks | | Mat/cot storage ² | |
| Ventilation fans | | Medication storage | |
| Water heater locations | | Staff break areas | |

¹Diaper changing areas must be adjacent to a handwashing sink and have adequate storage area for children's diapers, other supplies, and disinfecting solutions.

²Mats, cots, clean linens, clothing and toys may not be stored in bathrooms.

III. Finishes

- A. Carpet may not be installed in the following areas: kitchens, restrooms, laundry rooms, utility rooms, mechanical rooms, or under or around sinks and diaper changing areas.
- B. Floor wall junctures in all areas not carpeted must be tightly coved with approved concave coving.
- C. Hand contact and splash areas of doors, walls, cabinets and shelves must be smooth, non-absorbent and easily cleanable.

| Initial | Statement |
|---------|--|
| | I confirm that the finishes in the proposed facility meet all requirements listed above. |

Annex 1: Kitchen and Food Handling Procedures

A. Submit a separate drawing for the kitchen/food handling areas. Check all that apply.

| | | |
|--------------------------|----------------------------------|--------------------------------|
| Cooking equipment* | Food delivery cart storage areas | Ice bins/Ice machines |
| Dishwasher* | Food preparation sinks | Lighting |
| Dishwashing sinks | Grease interceptor/Grease trap | Recycle/damaged/returned goods |
| Dry storage areas | Handsinks | Refrigerators/freezers* |
| Floor sinks/floor drains | Hot holding equipment* | Ventilation hoods* |

* Include specification sheets

B. Select the meals and/snacks that are served. Menus can be attached if completed.

Breakfast: AM Snack: Lunch: PM Snack: Dinner:

C. Check all that apply to the food service operation

| | |
|---|--|
| Fresh fruits and/or vegetables will be served | Leftovers are cooled down and saved for another meal or snack ¹ |
| Food is made in one location and delivered to another location for service ² | Meals are served family style or through a buffet line |
| Food will be prepared 4 hours or more in advanced ¹ | Raw meats will be cooked |
| Kitchen is also used to prepare food for people other than the children and staff at the child care facility ² | Raw shell eggs will be cooked |

¹If food that requires refrigeration is prepared 4 hours or more in advanced or leftovers are saved for another meal or snack, then commercial (restaurant grade) refrigeration is required.

²These activities also require a retail food establishment license.

D. Food/beverages will be primarily served on:

Multi-use tableware Disposable tableware Both

E. If applicable, describe where infant bottles will be prepared, washed, rinsed, and sanitized.

Annex 2: Plumbing

A. Provide the number of plumbing fixtures requiring hot water in table below.

| Plumbing Fixture Requiring Hot Water | Number in facility |
|--|--------------------|
| 2-compartment sinks | |
| 3-compartment sinks | |
| Commercial dish machines | |
| Handsinks (include kitchens, restrooms and classrooms)Pre-rinse sprayers | |
| Drinking fountains | |
| Mop sinks/utility sinks | |
| Showers | |
| Washing Machines for laundry | |
| Other: | |

B. Provide the measurements of your dish washing sinks. If the compartments are different sizes, include the size of each basin.

| Location | Number of Basins | Dimensions of Basin(s) (Length x Width x Depth) | |
|----------|------------------|--|---|
| | | X | X |
| | | X | X |
| | | X | X |

C. Provide the following information about your water heaters. *Attach specification sheets.*

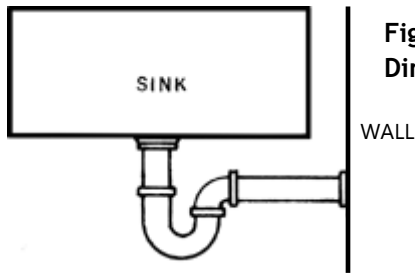
| Hot Water Heater | | |
|------------------|---------|---------------|
| Make | Model # | KW/BTU Rating |
| | | |
| | | |

D. Drinking water must be accessible to children at all times. If drinking fountains are not available, how will drinking water be provided to children during hours of operation?

E. If laundry facilities are not provided at the facility, describe where and how linens will be washed.

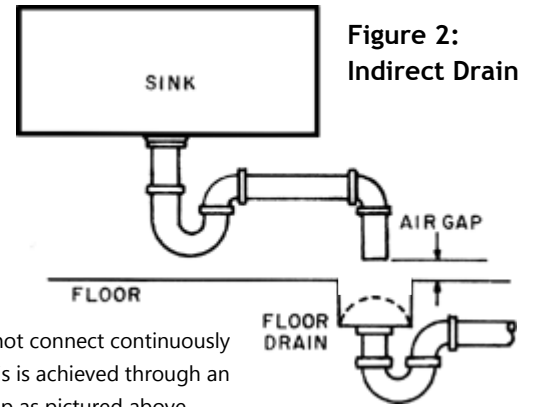
F. Where will toys be washed, rinsed, and sanitized

Indirect or Direct Plumbing- Using the figures below, indicate which fixtures are directly drained or indirectly drained.



**Figure 1:
Direct Drain**

Direct waste lines connect continuously from the sink basin or fixture to the sanitary sewer.



**Figure 2:
Indirect Drain**

In-direct waste lines do not connect continuously to the sanitary sewer. This is achieved through an air break or an air gap as pictured above.

The following fixtures are required to be indirectly drained:

1. Dishwashing sinks;
2. Dish machines;
3. Food preparation sinks; and
4. Ice machines

| Initial | Statement |
|---------|--|
| | I confirm that dishwashing sinks, dish machines, food preparation sinks, and ice machines are indirectly drained to the sewer. |

Now that you have completed this packet please use this checklist to verify that you are including all required information. Lack of complete information will delay review and plan approval.

| Required Documents to Submit | | | |
|------------------------------|--------------------------------------|--|--|
| | Facility Site Plan (See Section I) | | Plumbing (See Annex 2) |
| | Facility Floor Plan (See Section II) | | Specification sheets for kitchen equipment |
| | Kitchen Plan (See Annex 1) | | Specification sheets for hot water heaters |
| | Menus, if available | | Other: |