



**Application Date:**

Plan Review Form	
<b>Facility Information</b>	
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:	<input type="radio"/> Child Care Center <input type="radio"/> School Age <input type="radio"/> Resident Camp <input type="radio"/> 24 hour facility (specify)
<b>Business/Ownership Information (If Different)</b>	
Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Contact Information (If Different)</b>	
Additional Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Building Information</b>	
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											
<b>Select all months of operation</b>											
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)

<input type="radio"/>	Municipal	Name: _____
<input type="radio"/>	Well and/or Spring	Public Water System ID Number: _____
<input type="radio"/>	Private Well and/or Spring	No Public Water System ID Number

C. Sewage Disposal (Select One)

<input type="radio"/>	Municipal	Name: _____
<input type="radio"/>	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?	<input type="radio"/>	<input type="radio"/>	
Have plans for this facility been submitted to the Colorado Department of Human Services?	<input type="radio"/>	<input type="radio"/>	

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 <sup>1</sup>	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

<sup>1</sup> 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 <sup>1</sup>
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 <sup>2</sup>
Ventilation fans	Medication storage
Water heater locations	Staff break areas

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

<sup>2</sup>Mats, 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 covered 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 <sup>1</sup>
Food is made in one location and delivered to another location for service <sup>2</sup>	Meals are served family style or through a buffet line
Food will be prepared 4 hours or more in advanced <sup>1</sup>	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 <sup>2</sup>	Raw shell eggs will be cooked

<sup>1</sup>If 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.

<sup>2</sup>These 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	Select Units
		X	X	Select Units
		X	X	Select Units

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

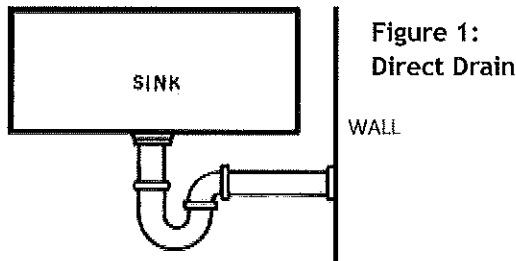
Hot Water Heater		
Make	Model #	KW/BTU Rating
		Select Units
		Select Units

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?

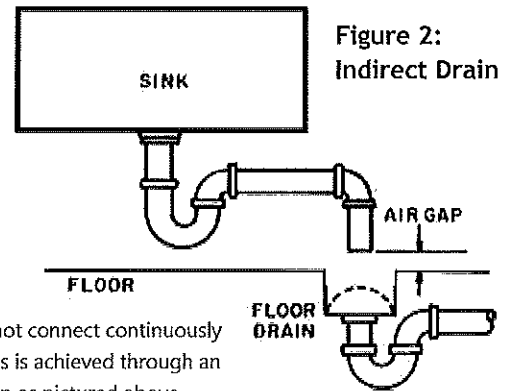
E. If laundry facilities are not provided at the facility, describe where and how linens will be washed.

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.



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



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: