



**CHILD CARE CENTER  
PLAN REVIEW APPLICATION**

**Brunswick County Health Services, Environmental Health Section**

**25 Courthouse Drive ▪ P. O. Box 9**

**Bolivia, NC 28422**

**(910)253-2150**

**Email: env-health@brunswickcountync.gov**

\_\_\_\_\_ New

\_\_\_\_\_ Remodel

\_\_\_\_\_ Ownership Change

|   |      |
|---|------|
| Name of Establishment:                                  |      |
| Previous Name (if applicable):                          |      |
| Establishment Address:                                  |      |
| Establishment Phone:                                    | Fax: |
| Applicant Name/Title:                                   |      |
| Address:  |      |
| Email:  |      |
| Phone:  |      |
| Number of children for which facility will be licensed: |      |

**Submit the following items to the address above to begin the plan review process:**

- \_\_\_\_\_ Complete set of plans drawn to scale (1/4" = 1' minimum) showing the location of storage areas, food service areas, diaper changing areas, trash can wash facilities, and general plumbing, electrical, mechanical and lighting information;
- \_\_\_\_\_ Identify each classroom on the plan with the age group(s) using the room;
- \_\_\_\_\_ Site plan showing the location of exterior equipment such as dumpsters and playground equipment;
- \_\_\_\_\_ Completed Child Care Center Plan Review Application;
- \_\_\_\_\_ Proposed menu for all meals/snacks.

**BUILDING INFORMATION**

- New Building  
 Proposed Construction Date: \_\_\_\_\_  
 Proposed Opening Date: \_\_\_\_\_
- Existing Building  
 Year Building Constructed: \_\_\_\_\_  
 Proposed Opening Date: \_\_\_\_\_

If built prior to 1978, has this structure been tested for the presence of lead-based paint by a certified inspector or risk assessor? \_\_\_\_\_ If yes, provide name and attach copy of report.

- City Water                       Private Well\*  
 \*Private water supply wells must comply with the construction requirements of 15A NCAC 18A .1700 and 15A NCAC .0100 2C.
- City Sewer                       Septic System\*  
 \*On-site wastewater systems must be specifically approved for the proposed use and permitted by the Department or other Regulatory Agency.

**Zoning Jurisdiction:**

- County Jurisdiction       Town Jurisdiction    Name of Jurisdiction: \_\_\_\_\_
- Is this a center located in a residence?  YES     NO

**HOT WATER SUPPLY**

Hot water temperature in the kitchen and laundry must be provided at a minimum of 120°F. Hot water at all areas accessible to children must be maintained between 80°F – 110°F. Provide specifications for water heater(s):

Water Heater 1 (tank size and KW or BTUs): \_\_\_\_\_  
 Water Heater 2 (tank size and KW or BTUs): \_\_\_\_\_

If one heater will be used describe how required hot water temperatures will be maintained in each area.

Describe the location of the can wash and how it will be made inaccessible to children if supplied with water over 110°F: \_\_\_\_\_

**FINISH SCHEDULE**

Please indicate which materials will be used in the following areas:

|                      | <b>FLOORS</b> | <b>WALLS</b> | <b>CEILINGS</b> |
|----------------------|---------------|--------------|-----------------|
| <b>KITCHEN</b>       |               |              |                 |
| <b>RESTROOMS</b>     |               |              |                 |
| <b>STORAGE ROOMS</b> |               |              |                 |
| <b>LAUNDRY ROOMS</b> |               |              |                 |
| <b>CLASSROOMS</b>    |               |              |                 |

**FOOD SERVICE**

- Will meals be prepared on-site?                       YES                       NO
- Will any foods be fried?                                       YES                       NO
- Will any foods be cooled for use at a later date?                       YES                       NO
- Will fruits/vegetables be washed on-site prior to service?                       YES                       NO

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

List make/model numbers for refrigeration units: \_\_\_\_\_

Will any food or snacks be prepared/portioned in a classroom?  YES  NO

If yes, indicate which classroom(s) and describe preparation area(s): \_\_\_\_\_

Describe how the kitchen will be made inaccessible to children: \_\_\_\_\_

**Infant Food Service (If Applicable):**

Will bottles, cereal, formula, food be prepared in the classroom?  YES  NO

If yes, is a separate handsink and countertop space provided?  YES  NO

If no, where will infant food be prepared? \_\_\_\_\_

Where will bottles be stored prior to service? \_\_\_\_\_

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

**DISHWASHING FACILITIES**

What types of eating and drinking utensils will be used?

Single-use (throw away)  Multi-use (wash & re-use)

Provide dimensions of dish sink basins and drainboards/countertop space or attach specification sheet(s):

What type of sanitizer will be used for food service equipment? \_\_\_\_\_

Will a dishwasher be used?  YES  NO

If yes, provide make and model number: \_\_\_\_\_

Type of sanitizer used:  Hot water  Chemical

**CLEANING AND SANITIZING**

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

What type of sanitizer will be used for toys? \_\_\_\_\_

What type of disinfectant will be used for diapering areas, toilets and lavatories? \_\_\_\_\_

**HANDWASHING**

Does each toilet area have a lavatory?  YES  NO

What type of faucets will be used at lavatories (manual, automatic, etc.)? \_\_\_\_\_

How will lavatories be made accessible to children? \_\_\_\_\_

**DIAPERING**

Do all rooms with children in diapers have diapering stations?  YES  NO

If no, please explain: \_\_\_\_\_

Where will diaper creams, gloves, powders, etc. be stored? \_\_\_\_\_

Will potty chairs be used?  YES  NO If yes, where will they be cleaned? \_\_\_\_\_

Will cloth diapers be allowed?  YES  NO If yes, describe proposed procedure for use: \_\_\_\_\_

**STORAGE**

Describe storage for children’s personal items (cubbies, etc)?: \_\_\_\_\_

**NOTE:** Coat hooks must be spaced at least 12 inches apart.

Describe storage for prescription medications: \_\_\_\_\_

Describe storage for emergency medications: \_\_\_\_\_

Describe storage for non-aerosol sanitizing, disinfecting, and detergent solutions, hand sanitizers, and hand lotions: \_\_\_\_\_

Describe storage for employee personal belonging (purses, keys, employee items): \_\_\_\_\_

Describe storage for corrosive agents, pesticides, bleaches, detergents, cleansers, polishes, any product which is under pressure in an aerosol dispenser, and any substance which may be hazardous to a child if ingested, inhaled, or handled: \_\_\_\_\_

**NOTE:** Locked storage rooms and cabinets shall include those which are unlocked with a combination, electronic or magnetic device, key or equivalent locking device.

**OUTDOOR FACILITIES**

Does your facility have a swimming or wading pool?  YES  NO

**NOTE:** Swimming and wading pools must be designed, constructed, operated, and maintained in accordance with the Rules Governing Swimming Pools, 15A NCAC 18A .2500. Unfiltered and non-disinfected containments of water may not be used for water recreation activities.

Are any outdoor structures made of chromated copper arsenate pressure-treated wood?  YES  NO

If yes, list equipment and how/when structures were last sealed? \_\_\_\_\_

**Note:** The premises, including the outdoor learning environment, shall be kept clean, drained to minimize standing water, free of litter and hazardous materials, and maintained in a manner which does not encourage the harborage of vermin. All debris, glass, dilapidated structures and broken play equipment shall be removed. Wells, grease traps, cisterns and utility equipment shall be made inaccessible to children.

**GENERAL**

Describe the proposed waiting area for those children who become ill to the extent that they can no longer participate in routine group activities. \_\_\_\_\_

Will any animals live at or visit the child care center?  YES  NO

If yes, describe the type of animal, location and any policies/procedures for veterinary exams and/or records that will be required. \_\_\_\_\_

.....  
**I certify that the information in this application is correct and I understand that any deviation without prior approval from Brunswick County Environmental Health may nullify plan approval.**

**Name (print/sign):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

