

West Virginia Department of Health & Human Resources
Health Department



Child Care Center Plan Review Information Report
(Report must be completed and submitted with copy of plans)

SG-99 Rev 5/06

Name of Child Care Center: _____

Location & Mailing Address: _____

Owner: _____ Telephone: _____

Person in Charge: _____ Telephone: _____

Proposed Operating Hours: _____ Proposed Construction/Remodeling Start Date: _____

Proposed Completion & Opening Date: _____

Floor plans showing location of all furnishings and equipment and size of rooms submitted? ☐ Yes ☐ No

GENERAL

1. Maximum number of children to be accommodated: _____ Minimum age: _____ Maximum ages: _____

2. Location is relatively noise and pollution free: ☐ Yes ☐ No

3. Facility located in a basement or below ground level: ☐ Yes ☐ No

4. List types of construction material or covering:

Floors

Walls

Ceilings

Activity areas _____

Toilet rooms _____

5. Floor and wall junctures coved in toilet rooms and food service areas: ☐ Yes ☐ No

6. Carpeting used: ☐ Yes ☐ No Where: _____

Carpeting meets State Fire Marshal's requirements: ☐ Yes ☐ No

7. All painted surfaces, including cribs and toys, free of lead or other toxic materials: ☐ Yes ☐ No

8. Square feet of activity area provided: _____

VENTILATION

1. Description of ventilation system in Activity areas: _____

Toilet rooms: _____

SEWAGE AND LIQUID WASTE DISPOSAL

1. Facility served by public sewage system: ☐ Yes ☐ No

If no, served by a health department approved/permitted individual sewage system: ☐ Yes ☐ No

Date approved: _____ Permit number: _____

WATER SUPPLY

1. Facility served by public water system: ☐ Yes ☐ No Name: _____
If no, served by a health department approved/permitted individual water system: ☐ Yes ☐ No
Date approved: _____ Permit number: _____
Bacteriological samples collected: ☐ Yes ☐ No Date: _____ By: _____
2. Hot and cold water provided at all applicable areas: ☐ Yes ☐ No
3. Water pressure at least 20 psi in all areas: ☐ Yes ☐ No
4. Angle-jet type drinking fountains with non-oxidizing mouth guards provided: ☐ Yes ☐ No Number: _____

INSECT AND RODENT CONTROL

1. All buildings and structures of rat proof construction: ☐ Yes ☐ No
2. All doors opening to outside are close fitting: ☐ Yes ☐ No
3. All screen doors, or doors used in lieu thereof, are self closing: ☐ Yes ☐ No
4. All openings to the outside effectively protected against entrance of insects: ☐ Yes ☐ No

SOLID WASTE

1. Concrete platform or metal rack provided for outside storage of garbage containers: ☐ Yes ☐ No
2. Area provided for cleaning garbage containers: ☐ Yes ☐ No Where: _____
If outside, frost-proof hose bibb provided: ☐ Yes ☐ No Equipped with vacuum breaker: ☐ Yes ☐ No
Hot and cold water provided: ☐ Yes ☐ No

HEATING

1. Type of heating system provided: ☐ Natural gas/Propane ☐ Electric ☐ Coal ☐ Oil ☐ Wood
Gas and oil heating devices properly vented to outside air: ☐ Yes ☐ No
2. Shielding or other effective means used to protect children from direct contact with radiators, registers, hot water pipes and similar hazards: ☐ Yes ☐ No
3. Thermometers provided in all rooms used by children: ☐ Yes ☐ No
Located approximately 30 inches above floor level: ☐ Yes ☐ No

LIGHTING

1. Play and activity surfaces have at least 50 foot candles of illumination at floor level: ☐ Yes ☐ No
2. All other areas have at least 30 foot candles of illumination at floor level: ☐ Yes ☐ No
3. All light bulbs and fluorescent tubes protected by effective shields: ☐ Yes ☐ No

SANITARY FACILITIES

1. Number provided, toilet rooms: _____ flush toilets: _____ lavatories: _____
2. Toilet fixtures sized so they may be used by children without assistance: ☐ Yes ☐ No
If no, step stools provided that are properly constructed for safety and easily cleanable: ☐ Yes ☐ No
3. Separate and private toilet rooms provided for males and females who are 6 years of age or older: ☐ Yes ☐ No

4. Toilet rooms open directly into kitchen: ☐ Yes ☐ No
5. Door construction: ☐ Solid ☐ Louvered
6. Lavatories provided within or immediately adjacent to toilet rooms: ☐ Yes ☐ No
7. Lavatories provided with mixing faucets or tempered water: ☐ Yes ☐ No
8. Separate adult employee toilet rooms provided: ☐ Yes ☐ No Number of toilets provided: _____
9. Toilet rooms have covered waste containers: ☐ Yes ☐ No
10. Diaper changing will take place on premises: ☐ Yes ☐ No

If yes, Location: _____

Construction materials of diaper changing surface: _____

Approved hand washing facilities readily accessible to diaper changing area: ☐ Yes ☐ No

Soiled diapers stored in non-absorbent, easily cleanable, covered containers with plastic liner: ☐ Yes ☐ No

Feces from soiled diapers will be disposed: _____

Plastic liner containing disposable diapers disposed of along with garbage and refuse: ☐ Yes ☐ No

11. Toilet training chairs provided and of easily cleanable construction: ☐ Yes ☐ No

12. Facilities for emptying, cleaning and disinfecting toilet training chairs provided: ☐ Yes ☐ No

Location: _____

STORAGE AREAS

1. Approved storage facilities provided for, but not limited to, the following items:

☐ foodstuffs ☐ utensils ☐ toys ☐ work materials ☐ clothing ☐ linens ☐ medicines ☐ cleaning supplies ☐ toxic materials and all items which may be potentially hazardous to children

2. Locked cabinets provided for poisons and other potentially hazardous items: ☐ Yes ☐ No

ACTIVITY AREAS

1. Activity equipment free of safety hazards, of smooth construction, and easily cleanable: ☐ Yes ☐ No

2. Outdoor activity areas well drained: ☐ Yes ☐ No Free of safety hazards: ☐ Yes ☐ No

Enclosed by fence or other suitable barrier: ☐ Yes ☐ No

3. Supports for equipment used for climbing and similar play activities securely fastened to the ground: ☐ Yes ☐ No

4. Wading pool provided: ☐ Yes ☐ No Health department approved and permitted: ☐ Yes ☐ No

Date approved: _____ Permit number: _____

FOOD SERVICE FACILITIES

1. Meals provided: ☐ Yes ☐ No

2. Meals prepared on the premises: ☐ Yes ☐ No

If yes, floor plans and completed health department form SF-35 submitted with application: ☐ Yes ☐ No

If no, source from which food is obtained: _____

3. Snacks provided: ☐ Yes ☐ No Describe: _____

LAUNDRY

1. Laundering done on premises: ☐ Yes ☐ No

Separate room provided: ☐ Yes ☐ No Location: _____

2. Non-absorbent, cleanable, covered containers provided for storing soiled laundry: ☐ Yes ☐ No

3. Washing machines installed to prevent back-siphonage: ☐ Yes ☐ No

4. Storage facilities provided for clean laundry to prevent soiling or contamination prior to use: ☐ Yes ☐ No

Location: _____

5. Minimum temperature of laundry water supply (°F): _____

6. Method used to dry laundry: ☐ Machine ☐ Line dry

BEDDING AND SLEEPING AREA

1. Type of equipment provided: ☐ Cots ☐ Cribs ☐ Mats ☐ Mattresses & Bedding

If mattresses used, mattress pads and waterproof covers provided: ☐ Yes ☐ No

2. Double-decker beds, if provided, used only for children 9 years of age or older: ☐ Yes ☐ No

3. Each child's bedding identified and used only for that child: ☐ Yes ☐ No

4. Cribs, cots, or mattresses spaced a minimum of 24 inches apart while in use: ☐ Yes ☐ No

5. Crib bars no farther apart than 2 3/8 inches: ☐ Yes ☐ No

6. Crib sides secure and high enough to prevent accidents, top of mattress to top of crib at least 26": ☐ Yes ☐ No

SAFETY

1. First aid kit provided: ☐ Yes ☐ No Type: _____

List contents: _____

ANIMALS

1. Animals kept on premises: ☐ Yes ☐ No

Indoors: ☐ Yes ☐ No Location: _____

Minimum temperature of room(s): _____

Type of animal(s): _____ Age(s): _____ Number: _____

2. Cats and dogs vaccinated against rabies, distemper, hepatitis, and Leptospirosis: ☐ Yes ☐ No

3. Outdoor quartering area(s) for animals complete and separate from children's outdoor activity areas: ☐ Yes ☐ No

Plans and information submitted by: _____

Title: _____

Date: _____

Telephone: _____