



Public Health

Child Health Promotion Program

Dear Applicant:

Boulder County Public Health (BCPH) requires a plan review prior to building, remodeling or opening a child care program licensed by the Colorado Department of Human Services. It is also required when there is a change of license, governing body or capacity. To make the review procedure as quick and easy as possible, please observe the following procedures:

- Complete the enclosed plan review application and worksheets. **Lack of complete information will delay review and plan approval.** If plans are altered after final approval, they must be submitted for re-approval.
- Plan review packets and applications must be submitted to the Child Health Promotion Program, Boulder County Public Health, 3450 Broadway, Boulder, CO 80304 or electronically to the contact information below.
- An initial payment of **\$300.00 is required** upon submittal of plans for BCPH plan review. This covers the application fee, four (4) hours of work on the plan, and construction and opening inspections. If additional hours are needed to complete the plan, they will be billed at \$65.00 per hour.
- **Note: Please make checks payable to Boulder County Public Health or submit payment via credit card.**
- Once a completed plan review packet is received by BCPH, written notification will be emailed within 30 working days regarding the status of your plans, i.e. approved, disapproved, or a request for additional information.
- **Construction should not begin until the plan has been approved by Boulder County Public Health.**
- Two inspections are required prior to final approval – a construction inspection to verify that the plumbing and other construction work has been installed according to the approved plans and an opening inspection. **All construction and cleaning must be completed before the opening inspection.**
- Final approval from BCPH is necessary before you open for business.

If you have any questions, please contact Kara Kaiser at (303) 413-7550 or email her at kkaiser@bouldercounty.org. Go to our website, www.bouldercountychp.org for a complete listing of health regulations and education materials to help you complete the plan review process.

Boulder (Sundquist Building) • 3482 Broadway • Boulder, Colorado 80304 • 303.413.7500
www.BoulderCountyCHP.org



If paying by Credit Card fill out all of the information below as it appears on the card.



First Name:	Last Name:	
Card Number:	Exp. Date:	CVC Code:
Address:	City, State, Zip Code:	
Phone Number:	Email Address:	
Signature:		

All payments made by Credit/Debit Card will include processing fees charged by the credit card provider. The fees are calculated as follows:

Plan Reviews: \$307.52
 (Fee to Boulder County Public Health + (\$0.75 transaction fee))
 + (2.25% (Processing Fee))

Questions regarding billing or payment? Call: 303-413-7576

Ensure all information below is completed or attached with the final submission.		
<i>Lack of complete information will delay review and plan approval.</i>		
Facility Property Site Plan (Section I) Please Attach		Annex 2, Food Handling Procedures (Section VI)
Facility Floor Plan (Section II) Please Attach		Plumbing (Section VII)
Kitchen Plan (Section III) Please Attach		Menus –Please Attach
Room Finish Chart (Section IV)		Specification sheets for hot water heaters Please Attach
Annex 1, Child Care Procedures (Section V)		Specification sheets for kitchen equipment Please Attach

Application date: _____

Plan Review Form	
Child Care Program Information	
Name of Child Care Program:	CDHS License #:
Street Address:	Phone:
City:	Cell:
State/Zip:	Fax:
County:	Email:
Number of Children: ___ Infants ___ Toddlers ___ Preschool ___ School age	
CDHS Licensing Specialist:	
Child Care Program/Ownership Information	
Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Architect Contact Information	Contractor Contact Information
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
Building Information	
New Construction (yes or no):	Remodel (yes or no):
Proposed Construction Start Date:	Original year of construction*:
Planned opening date:	Highest radon result (pCi/L)**: 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.*

*** Due within 6 months of occupancy for new properties*

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

Child care licensing: New Currently licensed space / license # _____

Change of ownership: Yes No

List each classroom, number of children and ages of children within each classroom including school age:

Room Name	Age of Children	Number of Children

Attach additional sheet if needed

A. Water Supply

_____ Municipality Name _____
 _____ Well

Do you have a Public Water System Identification (PWSID) number? **YES / NO**

PWSID Number: _____

1. If you have a private water supply, complete the table below and attach:
 - a. The most recent sample results for bacteriological testing; and
 - b. A piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Drinking Water Supply Information	Well	Spring
Depth (ft.)		N/A
Method of disinfection		

B. Sewage Disposal

1. Is there an on-site waste water treatment septic system: **YES / NO** If yes, indicate location on site plan and attach a copy of the permits for the systems that will service the facility.

C. Plans

1. Have plans for this facility been submitted to the local building department? **YES / NO**

If yes, name of local building department: _____
 Date submitted: _____

2. Do you have similar facilities in other counties in Colorado? **YES / NO**

If yes, list counties: _____

3. Have plans for this facility been submitted to the Colorado Department of Human Services? **YES / NO**

Date submitted: _____

Name of Licensing Agent: _____

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

Play Areas		Gardens		Trash/Recycling/Compost storage
Animal enclosures		Outdoor storage areas		Outdoor refrigerators or freezers
Onsite Septic system		Well spring/cistern		Grease interceptor
Swimming/wading pools		Hot tubs		

II. General Facility Floor Plan/Layout- Submit floor plans drawn to scale that include the location of all areas listed that apply to the facility. Label each area on the floor plan with the intended age of children. Please note, a separate drawing will be requested for the kitchen. Check all that apply.

Plumbing and Other Fixtures		Designated Areas	
Handwashing sinks- label child and adult*			Diaper changing areas
Bottle preparation sinks			Ill/injured child areas
Toilet facilities			Food (meals/snacks/bottle) preparation areas
Showers/bathtubs			First aid supply storage
Ventilation fans			Medication storage
Laundry facilities			Children's personal belonging storage
Utility/mop sinks			Mat/cot storage
Chemical dispensing units			Car seat storage
Water heater locations			Chemical storage areas
Drinking fountains			Employee personal belonging storage
Garbage disposals			Staff break areas
Art Sink (For washing paint brushes, etc.)			Lactation room/prioritized or designated**

*An adult and child height hand washing sink is required in each classroom. Additionally, a child height handwashing sink needs to be installed directly outside the restroom to allow for supervision of handwashing and an adult height handwashing sink is needed inside the restroom for adults to use after assisting children with toileting or changing. Adult height sinks are 30-32 inches high; child height sinks are a maximum of 24 inches high.

**The Colorado Workplace Accommodations For Nursing Mothers Act establishes a standard for an employer to: 1) provide reasonable unpaid break time, or allow an employee to use paid break and/or meal time, to express breast milk for her nursing child for up to 2 years after the child's birth; 2) make reasonable efforts to provide a nursing mother with a private location in close proximity to her work area (other than a toilet stall) in which to express milk; and 3) not discriminate against women for expressing milk in the workplace.

III. Kitchen Plan- Submit a separate drawing for the kitchen/food handling areas. Check all that apply.

Hand washing sinks	Ice bins/Ice machines	Cooking equipment
Dishwashing sinks	Grease interceptor/Grease trap	Hot holding equipment
Dishwasher	Dry storage areas	Refrigerators/freezers
Food preparation sinks	Recycle/damaged/returned goods/compost	Lighting
Floor sinks/floor drains	Food delivery cart storage areas	Ventilation hoods
Staff food storage area	Staff-Personal Items	Staff eating area

A. Submit equipment specification sheets for all pieces of equipment.

IV. Room Finish Chart

Use the finish chart below to indicate interior finishes for each room within the facility. Address all types of flooring in each room. Include all areas of classrooms, bathrooms, kitchens, laundry, and utility rooms.

ROOM FINISH CHART						
Room Name or Number	Floors				Walls	Ceiling
	Finish	Around Sinks	Bathrooms	Floor-Wall Juncture	Finish	Finish
<i>Example: Toddler Room</i>	<i>Carpet</i>	<i>Tile</i>	<i>Tile</i>	<i>Concave Coving</i>	<i>Painted drywall</i>	<i>Acoustic tile</i>

Finishes under all sinks, drinking fountains, kitchens, restrooms and diaper changing areas needs to be easily cleanable (e.g. no carpeting).

Child Care Operation Procedures

- A. Where and how will toys be washed, rinsed, and sanitized?

- B. Where are clean bedding, linens, and extra clothes stored?

- C. Where are soiled bedding, linens, and clothing stored?

- D. Will linens be washed at the facility? YES / NO If no, describe where and how they will be washed.

- E. How will drinking water be accessible to children during hours of operation?

- F. List any animals/pets at the facility and their location, if applicable.

- G. How and when are nap mats washed, rinsed, sanitized and stored?

Infant/Toddler Feeding

- A. Where will bottles be prepared?

- B. What is the water source for making bottles of formula or cereal?

- C. Where will bottles, pacifiers and other dishes be washed, rinsed, and sanitized?

Infant/Toddler Diapering

- A. Attach a picture or drawing of the diaper changing area that includes:
 - a. The location;
 - b. The location of the handwashing sink; and
 - c. Storage of supplies, including spray bottles for washing, rinsing and disinfecting

- B. Will cloth diapers be used? YES/NO
If yes, what will the soiled diapers be stored in and where?

Menu and Food Handling Procedures

A. Which meals/snacks do you provide to children?

Breakfast A.M. Snack Lunch P.M. Snack Dinner

B. Submit menu(s) for breakfast, lunch, snacks, and dinner including the service schedule for each room.

C. Specify the type of meal service (e.g. family style, plated etc.)

D. Food/beverages will be primarily served on:

Multi-use tableware Single-service tableware Both

E. Will food be prepared at your facility and then transported to a different location?
YES / NO If yes, list locations:

F. Describe how and where fresh fruits and vegetables will be washed.

G. Will food be prepared 4 or more hours in advance of meals or snacks? **YES/NO**
If yes, list the types of foods prepared in advance.

H. Will cooked food be cooled and re-served? **YES/NO** If yes, list the types of foods to be cooled.

Plumbing

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

Plumbing Fixture Requiring Hot Water	Number of Fixtures throughout facility
Hand washing sinks (include kitchens, restrooms and classrooms)	
3-compartment sinks for washing, rinsing and sanitary tableware*	
Dish machines	
Pre-rinse sprayers	
Washing Machines for laundry	
Mop sinks/utility sinks	
Showers	
Other:	
Other:	

*A 3 compartment sink is not required if you have a dishwasher

C. Provide the measurements of your dish washing sinks, if applicable

Location	Number of Basins	Dimensions of Basin(s) (Length x Width x Depth)	Length of Drain board(s)

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

Hot Water Heater		
Make	Model #	KW/BTU Rating

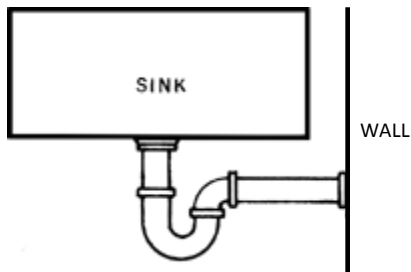
E. How will you assure that the water supplied to the following areas is maintained at the appropriate temperatures:

1. Handwashing sinks between 90°to 120°F;
2. Dish-washing sinks at a minimum of 110°F;
3. Commercial dish machines at a minimum of 120°F;
4. When applicable, laundry facilities at a minimum of 140°F when hot water is used to sanitize.

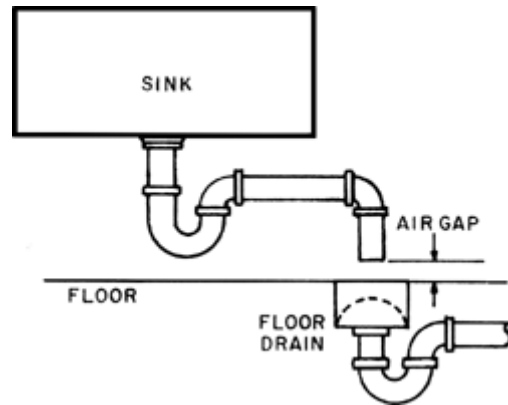
Please explain: _____

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

Direct vs. Indirect Draining

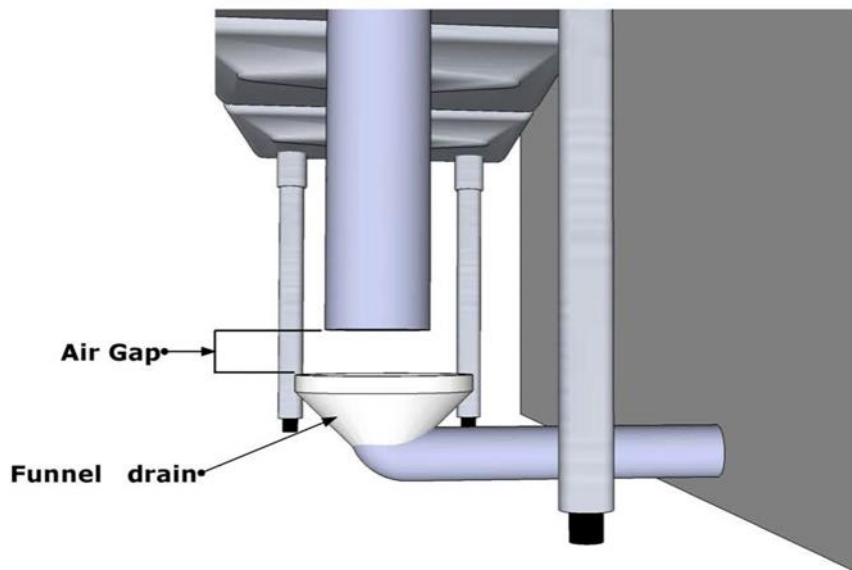


Direct waste lines connect continuously from the sink basin or fixture to the sanitary sewer.



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.

Side view of an indirect connection using a funnel drain



Using the table below, indicate with a (X) if the fixture or equipment listed is directly drained or indirectly drained. Only one (x) should be indicated for each fixture.

Fixture or Equipment	Direct Drain	Indirect Drain
Dish washing sinks		
Dish machines		
Food Preparation Sinks		
Ice Bins/Machines		
Other:		

Child Care Facility Pre-Opening Questionnaire

I. Disease Control

- A. What type of sanitizer will be used for food contact surfaces, tables, toys, and other commonly touched surfaces?

Product Name/Contact Time	EPA Registration Number

- B. What type of disinfectant will be used for surfaces contaminated with high hazard body fluids, including diaper changing tables? Test kits are required for solutions mixed at the facility. Solutions need to be tested daily.

Product Name/Contact Time	EPA Regulation Number

- C. How will children's handwashing be supervised without barriers?

- D. If you are a child care center, do you have a health consultant? **YES / NO** If yes, provide contact information below:

Name:

Email Address:

- E. Attach your written Employee Illness Policy

- F. Attach your written Children's Illness Policy

II. Medications and First Aid Supplies

- A. Where will medications be stored?

- B. If medications require refrigeration, how will they be separated from food and inaccessible to children?

- C. Where will first aid supplies be stored?

III. Food Service

- A. Do parents/guardians provide food for their own children? **YES / NO**

- B. Do parents/guardians provide food for all of the children? **YES / NO** If yes, list the types of foods provided.

- C. Will children be involved in preparing or handling food for children other than themselves? **YES / NO** If yes, describe below.

- D. Describe how the temperature of potentially hazardous foods* will be monitored.

- E. Describe how frozen foods will be thawed, if applicable.

- F. Describe how ready-to-eat foods will be handled (example gloves, utensils etc.).

**Dairy, meats, cooked grains, cooked vegetables, sprouts, herbs in oil, cut melons, eggs*

IV. Infant Feeding, if applicable

A. How will breast milk be identified differently from formula?

B. How will frozen breast milk be thawed?

C. How will bottles be warmed?

D. What size refrigerator is in the infant room(s)?

Please note: Full-sized refrigerators are required in infant rooms.