

# JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT



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## Procedure for the Submission of a Child Care Center Application:

There is no fee for this plan review. Please include the following items in your plan review packet:

1. A completed Application- be sure to include a phone number for a contact person who can answer questions. Also, make sure that *all* items are completed on the application. If any items are left blank, the plan review process will be delayed.
2. Provide a drawing, **to scale**, of the proposed facility and include all classrooms, storage areas, equipment, sinks, refrigerators, freezers, bathrooms, laundry, dishwashers, diaper changing stations, etc. (Usually a scale of  $\frac{1}{4}'' = 1'$  is used). (An example of a scaled drawing is available upon request.)
3. A proposed menu

The completed packet can be returned to our office:

- Hand Delivered or mailed to our office at the address listed above
- Emailed to [ehapplications@johnstonnc.com](mailto:ehapplications@johnstonnc.com)

# Child Care Center Plan Review Application

## General Information:

Name of Center: \_\_\_\_\_

Center's Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Who is the Contact Person for this Project? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Operational Information:

What are the days and hours that the center plans to be in operation?  
\_\_\_\_\_

Number of children that the center will be licensed for (approximately): \_\_\_\_\_

What are the ages of the children you plan to care for in the center? \_\_\_\_\_  
\_\_\_\_\_

Will the center have a licensed afterschool program?      Yes      No

Will the center offer overnight care or two shifts?      Yes      No

If yes, explain. \_\_\_\_\_

Is the proposed center an existing facility/building?      Yes      No

If yes, what is the date when the facility/building was constructed? \_\_\_\_\_

If the facility is new, what is the proposed construction start date? \_\_\_\_\_

What is the projected date for the opening of the center? \_\_\_\_\_

What is the approximate square footage of the facility? \_\_\_\_\_

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## Food Preparation:

Will meals be prepared at the facility or catered in? \_\_\_\_\_

If catered in, what is the name and address of the catering facility?

Will the equipment be shared with any other group in the same facility?                      Yes                      No

1) List equipment to be used in the kitchen and indicate whether it is commercial (NSF listed) or domestic:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2) Dishwashing Facilities:

Will the center serve food/beverage on:                      multi-service articles                      single-use articles

Where multi-use articles are used, the center must have one of the following:

\_\_\_\_\_ Dishwasher and a two-compartment sink

\_\_\_\_\_ Three-compartment sink

The equipment needs to be of sufficient size and volume based on the volume of utensils to be washed, rinsed and sanitized.

What size sink will be used for dishwashing and what are the dimensions?

\_\_\_\_\_ Two-compartment:                      \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ in.

\_\_\_\_\_ Three-compartment                      \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ in.

Is there at least 24 inches length of countertop space or drain board space on both sides of the sinks and/or dish machine?                      Yes                      No

Dishwasher:

Will the center use a dishwasher?                      Yes                      No

If so, list the make and model (provide a spec sheet if available): \_\_\_\_\_

3) How will all food containers/pans/utensils be sanitized in the dishwashing process?

|       |
|-------|
| _____ |
| _____ |
| _____ |

4) Will any foods be fried on-site?                      Yes                      No

If yes, is a commercial hood system planning to be installed?                      Yes                      No

5) Check foods that will be prepared in your child care center kitchen:

\_\_\_\_\_ raw vegetables                      \_\_\_\_\_ raw chicken                      \_\_\_\_\_ raw hamburger  
\_\_\_\_\_ raw fish / seafood                      \_\_\_\_\_ salads                      \_\_\_\_\_ precooked meats  
\_\_\_\_\_ pre-prepared meats\*                      \_\_\_\_\_ egg-based products

\*pre-portioned, ready-to-cook

Where will the above items be washed and/or prepped? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Refrigeration / Freezers:

Adequate refrigeration and freezer space provided: \_\_\_\_\_

Conspicuous and accurate thermometer in each freezer and refrigerator?                      Yes                      No

7) Is a separate hand-washing lavatory provided\*?                      Yes                      No

\* Only food service personnel shall use this lavatory.

8) Will there be a separate metal stem thermometer to check food temperatures and water temperatures:                      Yes                      No

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## Infant Feeding Areas / Classroom Food Service:

1) Where will bottles be stored or prepared? \_\_\_\_\_

If in the classroom, is there a separate hand-washing lavatory and designated food preparation counter?                      Yes                      No

How do you plan on heating the bottles? \_\_\_\_\_

Where is the heating equipment located? \_\_\_\_\_

2) Will older children be dining in the classroom or in another location? \_\_\_\_\_

How will food be transported to the dining location? \_\_\_\_\_  
\_\_\_\_\_

Note: If bottles or "sippie cups" are stored in the classroom, a hand sink in addition to the hand-washing sink for diaper-changes is required.

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## Diaper Changing Stations

1) How many designated diaper changing areas\* will be in the center? \_\_\_\_\_ (indicate all changing stations on the plan)

2) Is a hand-washing sink accessible to each diaper changing station?                      Yes                      No

Explain: \_\_\_\_\_

3) How do you plan on cleaning / disinfecting the changing station between uses? \_\_\_\_\_  
\_\_\_\_\_

\* This includes the changing of pull-ups or soiled clothing.

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## Solid Wastes:

1) Is there a can cleaning facility or mop sink?                      Yes                      No

2) Will a dumpster be used?                      Yes                      No

Who is the Contractor? \_\_\_\_\_

3) Is there a grease trap?                      Yes                      No

If yes, where is it located? \_\_\_\_\_

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## Water and Wastewater:

1) Water Source:                      Community                      Private well

2) Sewage service:                      Municipal sewer                      On-site septic system

*\*If the center is on a private well and serves 25 or more people, documentation shall be provided from the Public Water Supply Section that the well is approved.*

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## Water Heater(s):

Water heating equipment shall be provided to meet the maximum hot water requirements of the child care center. The capacity and recovery ratings are based on the number and size of sinks, capacity of dishwashing machines and laundry machines.

- Hot water at the kitchen sink used for cleaning and sanitizing, and laundry machines, shall have a minimum temperature of 120° F.
- Water in all areas that are accessible to children shall be tempered between 80°F and 110°F.
- Can-Wash or Mop sinks shall provide a minimum water temperature of 80°F.

How will these requirements be met? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List specifications of hot water heater(s) to be used. This should include capacity, set temperature, and recovery rate\*.

Quantity \_\_\_\_\_ Capacity: \_\_\_\_\_ gallons Recovery: \_\_\_\_\_ gallons/hour Temperature \_\_\_\_\_

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Quantity \_\_\_\_\_ Capacity: \_\_\_\_\_ gallons Recovery: \_\_\_\_\_ gallons/hour Temperature \_\_\_\_\_

\*Note: Recovery must be in gallons per hour at 100°F rise.

A specification sheet from the manufacturer detailing this information will also be acceptable.

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## Floors, Walls, and Ceilings:

Indicate the materials used in each area: (e.g., Acoustical tile, linoleum, etc.) (All floors, walls, and ceilings should be cleanable in these areas. \*)

|               | Floors | Walls | Ceilings |
|---------------|--------|-------|----------|
| Kitchen:      | _____  | _____ | _____    |
| Food Storage: | _____  | _____ | _____    |
| Toilet Rooms: | _____  | _____ | _____    |
| Laundry Room: | _____  | _____ | _____    |
| Utility Room: | _____  | _____ | _____    |
| Classrooms:   | _____  | _____ | _____    |

\*Ceilings in rooms in which food is prepared shall be non-absorbent.

Carpeting Requirements: Closely woven construction and easily cleanable. Carpets must be vacuumed daily and cleaned once each six months using extraction cleaning methods.

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## Miscellaneous:

1) Where will hazardous substances be stored? (Must be stored under lock and key.)

\_\_\_\_\_

\_\_\_\_\_

2) Will linens be washed at the center or sent home? \_\_\_\_\_

3) Where will the children's personal items (bags, coats, etc.) be stored? \_\_\_\_\_

\_\_\_\_\_

Will cubbies or coat hooks be provided? \_\_\_\_\_

4) Where will the designated sick area be located? \_\_\_\_\_

\_\_\_\_\_

5) Where will mats or cots be stored? \_\_\_\_\_

\_\_\_\_\_

6) How and where will toys be washed and sanitized? \_\_\_\_\_

\_\_\_\_\_

7) Will animals be allowed on the grounds of the facility?                      Yes                      No

If yes, explain locations and restraints. \_\_\_\_\_

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## Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_