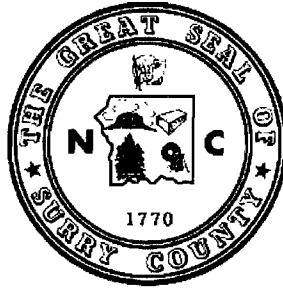


**Environmental
Health
Department**



**SURRY COUNTY GOVERNMENT
CENTER
118 HAMBY RD.
DOBSON, NC 27017**

COUNTY OF SURRY, NORTH CAROLINA

Memorandum

To: New Child Care Operators

From: Surry County Environmental Health Section, Lisa A. Ford, REHS

Subject: Child Care Establishment Plan Review Application

It has come to the attention of this office that you intend to open a new child care facility in Surry County. Please be advised that the "Rules Governing the Sanitation of Child Care Establishments" (15A NCAC 18A .2800) requires plans drawn to scale and specifications for changes to building dimensions, kitchen specifications, or other modifications to existing child care centers, and the plans shall be submitted to the local health department for review and approval prior to initiating construction, renovation, and/or change of ownership. Plans drawn to scale and specifications for prototype franchise or chain child care centers shall be submitted to the NC Division of Environmental Health. Plans must be approved prior to the first site visit and construction and modifications shall comply with the approved plans.

You should allow at least 3 weeks from the time of plan submittal for the plans to be reviewed. Any construction that has been started should be stopped until the plan has been approved. Any construction that has been done that does not meet the rules will have to be redone in a manner that meets the rules so the facility can be approved. If you have any questions, you can call (336) 401-8332 for help and further guidance.

**Surry County Health and Nutrition Center
Division of Environmental Health
Plan Review Unit**

Child Care Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Child Care Center: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone (if available): _____ Fax: _____

Applicant: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Contractor: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

I hereby certify that the information in the application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected Number of Children: _____

Projected start date of construction: _____ Projected completion date: _____

Type of Food Service:

Will the meals be prepared on site? Yes _____ No _____

If so, will the menu be simple or complex? _____

(Please include a menu for review)

If no, where will the food be coming from? _____

Are there any food items that have to be prepared ahead of time? _____

Will you allow children to bring lunches from home? _____

How are you going to thaw and warm food and beverages? _____

Will you be frying any foods? _____

Will you have a garden on site? Yes _____ No _____

If so, where on the premises will you grow fruits and vegetables? _____

How often will they be prepared in the facility? _____

Number of refrigerator units: _____ Number of freezer units: _____

Will your equipment be commercial or domestic? _____

(Please include spec sheets on all commercial equipment)

How will you thaw foods? _____

Where will your dry goods be stored?

Will you store bulk food in the classrooms for snacks? _____

Note: If you decide to store snacks i.e. crackers, cookies, cereal, etc. in each classroom a hand wash sink and a minimum 24" countertop space will be required. If an infant food prep area a refrigerator and bottle-warming equipment will also be required.

Dishwashing Facilities

Will your center use multi-use or single-use utensils? _____

Number of sink compartments: _____
Size of sink compartment (inches): Length: _____ Width: _____ Depth: _____
Length of drainboards (inches): Right: _____ Left: _____

What type of sanitizer will be used?
Chlorine: _____ Iodine: _____ Quaternary Ammonium: _____ Hot Water: _____
Other: _____ specify:

Will a dishmachine be used? Yes: _____ No: _____

Dishmachine manufacturer and model: _____
(Include spec sheet)
Type of sanitization: Hot water (180° F) _____ Chemical _____

Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?

Describe how toys/furniture will be cleaned and sanitized?

Describe the location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space.

Hand washing/Toilet Facilities

Is there a hand washing sink (with soap and a hand-drying device) in the kitchen? _____
Note: Need to have 18" separation between hs and drainboards or countertop space.

Will you be diapering? _____
Note: If yes, a separate hand wash facility is required.

What disinfectant will you be using in the diaper-changing area? _____

Employee Area

Is space provided for employee's personal items? Yes _____ No _____

If so, describe location:

Garbage and Refuse

Provision for garbage disposal: Dumpster _____ Cans _____

Provision for cleaning dumpster: On-site _____ Off-site _____

If off-site cleaning, provide name of cleaning contractor: _____

Describe location for storage of recyclables: _____

Cleaning Facilities

Specify location and size of area for washing of garbage cans and storage of mops:

Will a can wash be used or a utility sink? _____

Where will chemicals be stored? _____

Insect and Rodent Control and Pets

Will pets be kept on premises? _____

How is fly protection provided on all outside doors?

Self-closing door _____ Fly Fan _____ Screening _____

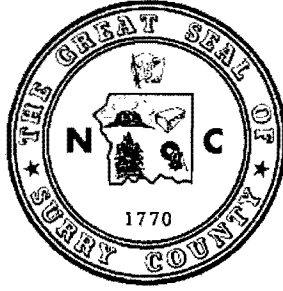
Indicate location of insecticide/rodenticide storage:

Outdoor Learning Environment

Will you have sandboxes? Yes _____ No _____

Will you have a pool on site? _____

Environmental
Health
Department



SURRY COUNTY GOVERNMENT
CENTER
118 HAMBY RD.
DOBSON, NC 27017

COUNTY OF SURRY, NORTH CAROLINA

**Child Care Center
Final Walk-through Checklist**

- ___ Chlorine test strips.
- ___ Disinfectant test strips.
- ___ Soapy water spray bottle at diaper-changing stations.
- ___ Sanitizer in spray bottle made up in kitchen and rooms (50-100 ppm chlorine).
- ___ Disinfectant for diaper pads, sinks and toilets (500-800 ppm chlorine).
- ___ Chemical Material Data and Safety Sheet (MSDS) for any EPA registered disinfectant.
- ___ All chemicals and spray bottles accurately labeled.
- ___ Rooms set up with cubbies, hooks, tables, chairs, shelving etc.
- ___ Furniture, shelving etc. has cleanable finish and in good repair.
- ___ Mats or cots in good repair. Storage units and compartments in good repair and clean.
- ___ Approved storage set-up for soiled clothing. Label dirty clothes bin.
- ___ All towel and soap dispensers installed and in working order.
- ___ All refrigerators, freezers and other mechanical food service equipment in working order.
- ___ All refrigerators and freezers with accurate thermometers.
- ___ Stem-type thermometer for food and water. Must be able to read temps from 0°F to 220°F.
- ___ All bottle warming equipment secured to wall or other approved means.
- ___ All cleaners, chemicals or other hazardous products properly stored and locked.
- ___ All locks, locked boxes and keys that will be used, in place.
- ___ Water in kitchen and washing machine is a minimum of 120°F.
- ___ Water at handwash sinks accessible to children is between 80°F and 110°F.
- ___ Playground equipment rust-free, no protruding nails on equipment, decking or ramps.
- ___ Playground and premises clean, neat.
- ___ No poisonous plants, no hazardous tree limbs, fencing in good repair, etc.
- ___ Clearance sampling has been completed and passed for centers with lead hazards.
- ___ Floors, walls, ceilings properly constructed, finish details completed and well-cleaned.
- ___ All storage off the floor throughout the facility.
- ___ Approved trash receptacles or dumpsters in place.
- ___ Canwash faucets have combination faucet or if not, Y hose installed.

Surry County Health & Nutrition Center
Division of Environmental Health
SERVICE INVOICE

DATE OF APPLICATION _____

APPLICANT NAME _____

TELEPHONE NUMBER _____

OWNER NAME _____

SITE ADDRESS _____

TAX LOT _____ PIN NUMBER _____

APPLICATION FOR:

SOIL SITE EVALUATION (RESIDENTIAL & NONRESIDENTIAL)

	<u>FEE</u>	<u>COST</u>
100-240 GPD (2 Bedroom)	\$ 160	_____
241-360 GPD (3 Bedroom)	\$ 225	_____
361-480 GPD (4 Bedroom)	\$ 280	_____
481-720 GPD (5,6 Bedroom)	\$ 325	_____
721-1500 GPD	\$ 625	_____
1501-2999 GPD	\$ 925	_____
3000 GPD and up	\$ 1250	_____

ENVIRONMENTAL HEALTH APPROVAL \$ 65 _____

REDRAW OF IP/CA \$ 35 _____

SITE REVISIT \$ 65 _____

ANY PUMP INSTALLATION \$ 65 _____

WELLS

Well Construction Permit	\$ 260	_____
Well Abandonment	\$ 250	_____
Water Sample, Bacteria	\$ 35	_____
Water Sample, Chemical	\$ 35	_____
Water Sample, Petroleum	\$ 100	_____
Water Sample, Pesticide	\$ 100	_____

PUBLIC SWIMMING POOLS

Annual Permit Fee for Swimming Pool, Spa, Wading Pool	\$ 100	_____
Any additional Pool, Spa, Wading Pool at same site	\$ 50	_____
Plan Review for Swimming Pool, Spa, Wading Pool	\$ 190	_____
Additional Plan Review at Same Site	\$ 50	_____

TATTOO'S

Tattoo Artist/Establishment Annual Fee \$ 125 _____

FOOD & LODGING

Plan Review	\$ 200	_____
TFE Permit	\$ 75	_____

TOTAL AMOUNT \$ _____