

Missoula City-County Health Department

301 W. Alder, Missoula, MT 59802
Phone: (406) 258-4755 FAX (406) 258-4781

CHILD CARE CENTER PLAN REVIEW APPLICATION

(This plan review is *optional* - not a Health Department requirement)

(\$225 Basic Fee)

Amount Received: _____

Date: _____

Establishment Information

___NEW ___REMODEL ___EXISTING STRUCTURE

Name of Establishment: _____

Location Address: _____ Zip _____

Telephone (if available): _____

Name of Owner: _____

Mailing Address: _____ Zip _____

Telephone: _____

Applicant Information

Contact Information: _____

Mailing Address: _____ Zip _____

Telephone: _____ FAX _____

Title (owner, manager, architect, etc.): _____

Email : _____

MCCHD Use Only:

Employee Initials _____

Plan Review for Daycare Centers:

Things that must be included with this packet:

- Floor plan illustrating the daycare setup, including all exits/entrances, equipment, storage, plumbing, diaper changing areas & cribs (if applicable), laundry facilities, kitchen facilities, stairways, etc.
- Site plan illustrating the location of the daycare in building, location of daycare on site including alleys, streets and location of any outdoor facilities, including any fencing, ground cover, and equipment on the grounds.

How many children will be on the license? _____

How many infants? (0-24 months) _____ Toddlers? (24-36 months) _____

Preschoolers? (36 months-5 years) _____ School aged children? (5 years-13 years) _____

How many staff members? _____

Does the facility plan to have pets? _____ If so, what kinds? _____

*Please provide documentation of vaccination records for animals that will be at the facility.

General Facilities

Describe the finish materials of the floors, walls, and ceilings in the areas where children will be located in the facility. (i.e. vinyl, tile, etc.) _____

Describe how the facilities will be kept at a temperature above 65 °F. _____

Describe the storage space provided for individual children and infants to keep their belongings separate. _____

Cleaning & Sanitizing

Where will cleaning materials, bleach, and other poisonous and toxic materials be kept in the facility? (Please note these areas on the floor plan.) _____

*Please provide a written policy describing the procedure for washing, rinsing, and sanitizing of the toys in the facility used by preschool and school aged children, including frequency and location of this process.

What chemicals will be used to clean the bathtubs, showers, sinks, urinals, toilets and floors in the facility? _____

***Items marked with asterisks indicate supplemental information that must be submitted with this plan review.**

General Housekeeping

How will the indoor and outdoor facilities be kept free of insect and rodent harborage?

Describe how you will store solid waste in the facility and outside the facility between collections.

What kind of rest equipment will be available for use by children? (i.e. cots, mats, etc.)

How will this equipment be sanitized?

Restrooms, Hand Washing, Bathing

Describe the set-up of hand washing sinks in the facility, including locations of sinks, soap, paper towels and trash receptacles.

What is the water temperature at its hottest point coming out of the hand sinks and bathing facilities? _____ This temperature must not be below 100 °F or above 120 °F. If the temperature is outside of this range, how will this be controlled?

Describe how hand washing and other good health habits will be taught during everyday activities.

*Please provide a written handwash policy for all employees.

How many toilets are in the facility? _____ How many urinals? _____

Illness, Injury, Emergency

Please list the locations of poison control and emergency numbers posted in the facility.

*Please provide a copy of the emergency contact phone number list that that will be posted by each telephone.

Please describe the area used for isolation of children who become ill while at the facility.

*Please include the written policy describing this isolation process, and how an illness will be handled at the facility. Include in this the guidelines that will be used to check the daily health of the children entering the facility.

*Please include the written policy for readmission of children who have been out of the facility with illness.

Will children's medications be stored at the facility? _____

*If so, please include a written protocol on storage, handling, and distribution of medications.

Describe your sick policy for employees, including symptoms that would lead to exclusion.

Please describe the contents and location of your first aid kit. (Please note these locations on the floor plans.) _____

*Please provide written first aid policies including directions for calling responsible parties for sick or injured children and documentation and reporting procedures for injuries and accidents.

Immunizations

*Please include a written policy describing the process of acquiring and holding children's immunization records, including the procedure of updating and an exclusion policy for children who are not updated.

*Please provide a written policy describing the process of acquiring and holding staff immunization records, including an exclusion policy for staff who are not updated.

Infants

*Provide a written protocol for the sanitizing of cribs, playpens, and toys used by infants and toddlers, including the frequency and facilities used for this process. (Unlike toys for preschoolers and school aged children, this process must take place daily.)

How will cribs and bedding be separated for individual infants? _____

Describe the facilities available for bathing infants and children? _____

*Please provide a written protocol for bathing procedures of infants.

Please provide a description of all diaper changing areas, including location, hand wash facilities, and distance from all food service areas and equipment, including refrigeration and storage of bottles. (Please note the locations of these facilities on the floor plans.) _____

*Please provide a written diapering protocol, including diapering procedure, cleaning and sanitizing of facilities, storage of soiled diapers, hand washing facilities and procedures, and the handling of non-disposable diapers if applicable.

*Please provide a copy of the feeding schedule to be completed by parents for each infant.

*Please provide a written protocol for feeding of infants, including the sanitizing process for bottles.

Kitchen

Does the dishwasher in the facility have a heat booster? _____ What is the temperature of the rinse water in °F? _____ (This water must reach at least 165 °F.)

*Please note the location of your dishwasher and two compartment sink on the floor plan.

Do you have thermometers in all refrigeration and freezer units? _____

Do you have a cooking thermometer? _____ what is the range in °F? _____

*Please indicate all food storage areas on the floor plan, including refrigerators and freezers.

*Please provide a written protocol describing food storage, both in refrigeration/freezer units, and dry storage. Include how food will be kept off the floor, and how cross contamination will be prevented, and the method of labeling and dating ready-to-eat foods in your refrigeration units.

How will you store your sanitizer water for the kitchen/dining areas? _____

Will you be cooking raw meats? _____

Will food be served family style? _____

If you have a pet in the facility, please describe the barrier in place that prevents the animal from entering the kitchen. _____

Nutrition

Will your facility take part in the DPHHS Child Care Food Program? _____ DPHHS Food Program number _____

*If not, please provide a copy of the menus reviewed by a registered dietician, and a signed copy of the evaluators findings and recommendations including the date and the evaluators dietician registration number.

Laundry Facilities

Will laundry be completed at the facility? _____ If so, please answer the following:

Describe the laundry facilities at the center. _____

Does the washer have a heat booster? _____ What is the wash water temperature? _____
(This water temperature must reach at least 145 °F.)

*Please include a written policy on laundry procedures, including the separation of individual children's laundry and the separation of clean and dirty laundry.

Outdoor facilities:

Is the outdoor play area fenced? _____ If so, what kind of fencing is provided? _____

*Please show fencing on site plan, including height of fence, gates, and any gaps more than 4 inches.

What permanent play equipment will be provided in the outdoor play area? _____

*Please include a description of the construction of this equipment, including building materials, height, and any safety features.

What material will be provided for ground cover of the play areas? (Suggested ground covers include sand, fine gravel or woodchips with a depth of at least 6 inches) _____

Are there trampolines on the daycare property? _____ If so, how will they be kept inaccessible to children in care? _____

Will swimming pools or wading pools be located on the premise? _____

*If so, please include a description of the pool and how it is in accordance with ARM 37.95.227, and a written protocol describing the use of lifeguards, the surrounding area of the pool, the fencing surrounding the area, and the safety equipment present at the pool. Quality Assurance Division must be notified of pools, as well as insurance companies.

Will there be any spas or saunas on the premise? _____ If so, how they be kept inaccessible to children? _____

Will there be a designated smoking area for staff and visitors of the facility? _____
If so, please describe the location of this area, ensuring it is a far enough distance from the facility to prevent smoke from entering the building or areas where children are located.

Water and Sewer

Is the facility connected to a public water supply? _____ Please provide the public water supply number. _____

If not, are there less than 25 people in the facility including children, staff, volunteers, and visitors on a daily basis? _____

*If so, please submit a water sample to the department, and repeat this process at least quarterly.

*If the facility has more than 25 people for more than 60 days out of the year, the water system must be evaluated as a public system by DEQ.

Is the facility connected to a public sewage system? _____

If not, are there less than 25 people in the facility including children, staff, volunteers, and visitors on a daily basis? _____

*If so, please provide specifications of the septic system provided for the facility.

Please provide the permit number for the septic system. _____