

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215
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**SOCIAL SERVICE FACILITY PLAN REVIEW
 Instructions and Application Forms**

USE THIS PACKET TO HAVE PLANS REVIEWED FOR CONSTRUCTING A CHILD CARE CENTER / GROUP HOME / CAMP OR REMODELING AN EXISTING FACILITY. THIS PLAN REVIEW IS REQUIRED FOR THE DEPARTMENT TO PROVIDE ITS APPROVAL TO THE COLORADO DEPARTMENT OF SOCIAL SERVICES FOR LICENSURE OF THE FACILITY.

INSTRUCTIONS:

Please follow all instructions in the plan review application. An incomplete application will delay the inspection and approval process.

*** PLANS SUBMITTED MUST INCLUDE 1 COPY TO BE RETAINED BY JEFFERSON COUNTY PUBLIC HEALTH ***

PLAN REVIEW FEES (payable to Jefferson County Treasurer)

- Application fee (payable at time of application) \$ 80.00
- Plan review fee and Inspection fees: Included with application fee.

Below is a checklist of required information needed to complete the plan review.
 Please ensure all information is included.
Lack of complete information will delay review and plan approval.

Facility Site Plan (See Section I)	Annex 3, plumbing
Facility Floor Plan (See Section II)	Menus
Kitchen Plan (See Section III)	Employee Illness Policy
Room Finish Schedule (See Section IV)	Children’s illness policy
Annex 1, child care procedures	Specification sheets for hot water heaters
Annex 2, food handling procedures	Specification sheets for kitchen equipment

NOTES

If this proposal is to remodel an existing facility, a site visit by Department staff may be required as part of the plan review process. There is no additional charge for this visit.

Once the plans have been reviewed the Department will provide an approval letter detailing the specific terms of approval. A pre-opening inspection is typically required and will be made at no extra charge when the facility is about to open to the public.

PROCESSING TIME

Please allow 7-10 working days for review. Incomplete applications or missing plans or documents will delay this process.

JCPH CONTACT:

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REVISED 7/27/2017

Application Date: _____

Plan Review Form	
Facility Information	
Name of Facility:	CDHS License #:
Street Address:	Phone:
City:	Cell:
State/Zip:	Fax:
County:	Email:
Number of Children: _____ Infants _____ Toddlers _____ Preschool _____ School age	
CDHS Licensing Specialist:	
Business/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:

Building Information	
New Construction (yes or no):	Remodel (yes or no):
Starting date:	Original year of construction*:
Planned opening date:	Radon result (pCi/L):

Days and Hours of Operation											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours											
For seasonal operations, please circle all that apply											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

*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.

A. Water Supply

1. Is your drinking water supplied by a well or spring? **YES / NO** If no, skip to B.

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

PWSID Number: _____

3. If you have a private water supply, complete the table below and submit:

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 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**

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

Play Areas	Gardens	Trash storage
Animal enclosures	Outdoor storage areas	Outdoor refrigerators or freezers
Septic tank	Well or spring	Grease interceptor
Swimming pools	Hot tubs	Wading pools

II. General facility floor plan/layout- Submit floor plans drawn to scale that includes the location of all areas listed that may apply to the facility. Label each room 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		Diaper changing areas	
Toilet facilities		Ill/injured child areas	
Showers/bathtubs		Food (meals/snacks/bottle) preparation areas	
Utility/mop sinks		First aid supply storage	
Laundry facilities		Medication storage	
Water heater locations		Children's personal belonging storage	
Chemical dispensing units		Mat/cot storage	
Bottle preparation sink		Car seat storage	
Drinking fountains		Chemical storage areas	
Ventilation fans		Employee personal belonging storage	
Garbage disposals		Staff break areas	

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

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

Handsinks	Ice bins/Ice machines	Cooking equipment
Warewashing sinks	Grease interceptor/Grease trap	Hot holding equipment
Dishmachines	Dry storage areas	Refrigerators/freezers
Food preparation sinks	Recycle/damaged/returned goods	Lighting
Floor sinks/floor drains	Food delivery cart storage areas	Ventilation hoods

Annex 1: Child Care Operation Procedures All Ages

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

Product Name	EPA Registration Number

B. What type of disinfectant will be used for surfaces contaminated with high hazard body fluids, including diaper changing tables?

Product Name	EPA Registration Number

C. Where will toys be washed, rinsed, and sanitized?

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

E. Where are soiled bedding, linens, and clothing stored?

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

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

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

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

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

Infant/Toddler Feeding

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

- B. Where will bottles be prepared?

- C. How will frozen breast milk be thawed?

- D. How will bottles be warmed?

- E. Where will bottles 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;
 - c. Storage of supplies; and
 - d. Where the disinfectant will be stored

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

Annex 2: Menu and Food Handling Procedures

- A. Submit menu(s) for breakfast, lunch, snacks, and dinner including the service schedule.
- B. Specify nature of meal service (e.g. family style, buffet, plated etc.)
- C. Food/beverages will be primarily served on:
 Multi-use tableware Single-service tableware Both
- D. Will food be prepared at your facility and then transported to a different location? **YES / NO**
If yes, list locations:
- E. Describe how and where fresh fruits and vegetables will be washed.
- F. 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?
- G. Will cooked food be cooled and re-served? **YES/NO** If yes, list the types of foods to be cooled.

Annex 3: Plumbing

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

Plumbing Fixture Requiring Hot Water	Number of Fixtures throughout facility
Handsink(s) include kitchens, restrooms and classrooms	
3-compartment sink(s)	
Commercial dish machine(s)	
Pre-rinse sprayer(s)	
Washing Machine(s) for Laundry	
Mop sink(s)/Utility sink(s)	
Shower(s)	
Other:	
Other:	

B. Provide the measurements of your dish washing sinks.

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

C. Provide the following information about your water heaters. *Please attach specification sheets.*

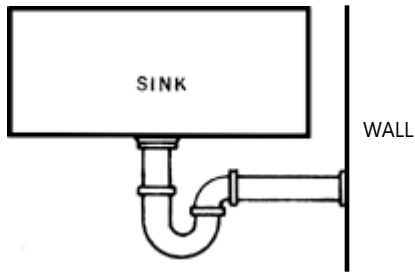
Hot Water Heater		
Make	Model #	KW/BTU Rating

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

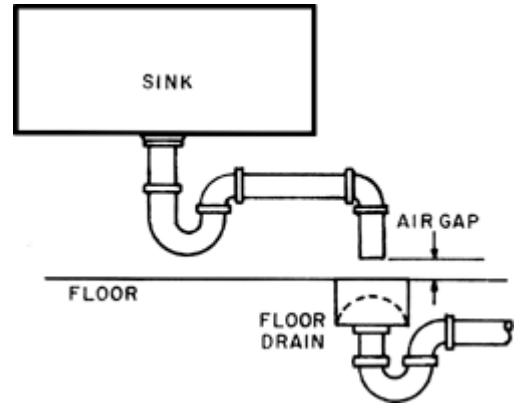
1. Handwashing sinks between 90° to 120° F;
2. Warewashing sinks at a minimum of 110° F;
3. Commercial dish machines at a minimum of 120° F;
4. When applicable, laundry facilities at a minimum of 140° F when hot water is used to sanitize.

Indirect or Direct Plumbing- Using the diagrams below, indicate which fixtures 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.

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