

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215
(303) 232-6301 FAX (303) 271-5760 jeffco.us/public-health

**SOCIAL SERVICE FACILITY SITE EVALUATION
Instructions and Application Form**

USE THIS PACKET TO REQUEST A SITE EVALUATION FOR A CHILD CARE CENTER / GROUP HOME OR CAMP THAT IS ALTERING THE NUMBER OF APPROVED AGE GROUP ROOMS OR ROOM CAPACITY. THIS FORM 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) \$ 100.00
 - **Plan review fees payable prior to issuing licensing recommendation \$ 75.00 per hour after first hour*
- *The fee for service is \$100 or the actual cost of such approval; whichever is greater. The remainder shall be payable when services are complete and charged at the hourly rate in excess of one hour.*

LICENSE FEES

Annual Inspection fees are based on the type and/or risk of the facility operations. Ranges for inspection fees are listed below:

- Child care centers performing food preparation and/or diaper changing \$ 300.00
- Child care centers – all other, including Before & After School,
Day treatment, Group Home, Summer Day Camps \$ 100.00
- Resident Camps \$ 600.00

**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 Floor Plan (See Section II)	Annex 1, child care procedures
Annex 2, food handling procedures	

PROCESSING TIME

Allow 10-14 days for review. **Incomplete applications will delay this process.** The primary contact person will be notified when the review is complete.

JCPH CONTACTS:

Alyson Rose
303-271-5739
adrose@jeffco.us

Judith Gonzalez
303-271-5754
jgonzale@jeffco.us

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):
<i>For Department Use Only: New Folder yes or no or Use Existing Folder: yes or no</i>	

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.

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.

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.