



Dear Child Care Facility Designer/Engineer/Builder:

Any new or remodeled child care facilities or early childhood education program will need to submit plans to Tri-County Health Department (TCHD) for review and approval **prior** to construction and/or opening.

The plan review process is designed to occur prior to building/remodeling and thereby prevent the need for costly and time consuming modifications/additions after the facility is built. The lack of a plan review may result in TCHD withholding our approval to open the facility until requirements are met. TCHD's approval is required for the facility to be licensed by the Colorado Department of Human Services.

TCHD is conscientious about the time and expense involved in building and remodeling a child care facility. To make the process as efficient as possible, please adhere to the following procedures:

1. Read and fill out the enclosed form completely. Your plans will not be reviewed until the procedures listed here are all met.
2. Plans must be submitted electronically to: ehchildcare@tchd.org
3. A plan review application fee of **\$120.00** will be invoiced once plans are received by TCHD. The application fee must be paid in full by the due date otherwise the approval of the plans may be delayed.
4. Invoices will be sent via email to your preferred email and instructions on how to pay the invoice will be provided with the emailed invoice. Invoices must be paid before the plan review will be conducted.
5. You will be notified within 14-30 business days after your plans are reviewed and approved or if more information is needed.

Additionally, if the facility will also have newly constructed or remodeled retail food service establishments (restaurants, grocery) and/or public or semi-public swimming pools, spas, and spray pads, then separate plan reviews for those areas are also required by TCHD. If the building department knows of any of the above facilities that will be opening or is being remodeled, it is recommended and requested that the certificate of occupancy not be issued until TCHD approves the facility.

If you have any questions regarding your plan submittal or want to make any changes/modifications after your submittal, please contact ehchildcare@tchd.org.

Thank you for your cooperation.

Sincerely,

The Child Care Plan Review Team

<p>TCHD Use Only:</p> <p>Service Request #: _____</p> <p>Date Application Received: _____</p>
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Plan Review Form									
Facility Information									
Name of Facility:	Contact:								
Street Address:	Phone:								
City:	Cell:								
State/ Zip:	Fax:								
County:	Email:								
CDHS Licensing Specialist (if known):	CDHS License # (if known):								
Number of Children: <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Infants</td> <td style="text-align: center; width: 25%;">Toddlers</td> <td style="text-align: center; width: 25%;">Preschool and older</td> <td style="text-align: center; width: 25%;">Total</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Infants	Toddlers	Preschool and older	Total	_____	_____	_____	_____
Infants	Toddlers	Preschool and older	Total						
_____	_____	_____	_____						
License Type: <input type="radio"/> Child Care Center <input type="radio"/> School-Age <input type="radio"/> Resident Camp <input type="radio"/> 24-hour Facility (Specify) _____									
Business/Ownership Information (If Different)									
Individual or Corporate Name:	Phone:								
Street Address:	Cell:								
City:	Fax:								
State/Zip:	Email:								
Contact Information (If Different)									
Additional Contact:	Phone:								
Street Address:	Cell:								
City:	Fax:								
State/Zip:	Email:								
Building Information									
New Construction (yes or no)	Remodel (yes or no)*:								
Starting Date of Construction/Remodel:	Original year of construction:								
Planned opening date:									

***If a remodel, please ensure that any and all asbestos and lead testing has been conducted by certified inspectors.**

Days and Hours of Operation												
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday					
Hours												
Circle all months of operation												
All Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

A. Radon Testing*

Has the facility been tested for radon? Yes No

*All facilities are required to test for radon. New facilities are required to test for radon within 6 months of occupancy. After remodeling, radon tests may need to be conducted again. It is recommended that facilities test for radon **every 5 years**.

If yes, provide the testing results and list the date and the highest level (pCi/L):

Date: _____

Highest Result: _____ pCi/L

B. Water Supply (Select One)

<input type="radio"/>	Public Community	<input type="radio"/>	Public Non-Community
<input type="radio"/>	Private Well and/or Spring Well Permit #(PWSID): _____	<input type="radio"/>	Other or Unknown

C. Sewage Disposal (Select One)

<input type="radio"/>	Sewer District	<input type="radio"/>	Septic/Onsite Waste Water System*
<input type="radio"/>	Unknown	<input type="radio"/>	Other

*Indicate location on site plan and attach a copy of the permits for the systems that will service the facility. You may search septic property records at: <http://www.tchd.org/642/Septic-Systems-Property-Records-Search>

D. Plan submission

For each question, indicate yes or no, and include the date submitted, if applicable.

Question	Yes	No	Date Submitted
Have plans been submitted to the local building department?	<input type="radio"/>	<input type="radio"/>	
Have plans for this facility been submitted to the Colorado Department of Human Services?	<input type="radio"/>	<input type="radio"/>	

Do you have similar facilities in other counties in Colorado? Yes No

If yes, list other counties: _____

***What plumbing code will be utilized to construct the facility?**

E. Facility Site Plan – Submit a site plan that includes the location of all outdoor areas that apply to this apply. Check all of the following that apply:

Animal Enclosures*	Outdoor refrigerators or freezers	Swimming pools
Gardens	Outdoor storage areas	Trash/recycling/compost storage
Grease Interceptor	Play areas	Well or spring
Hot Tubs	Septic tank and leach field	Wading pools

* Include the types of animals.

F. General facility floor plan/layout –

1. **Submit floor plan drawn to scale that include all areas of the building.**
 - a. **For classrooms, include the number of children anticipated and their ages.**
2. **Include the location of all areas listed below that apply to the facility.**
3. **Please note, a separate drawing will be requested for kitchens.**
4. **Check all of the following that apply:**

Plumbing and other fixtures		Designated areas	
Bottle preparation sinks		Car seat storage	
Chemical dispensing units		Chemical storage areas	
Drinking fountains ³		Children's personal belonging storage	
Garbage disposals		Diaper changing areas ¹	
Hand washing sinks – label child and adult		Employee personal belonging storage	
Laundry facilities		First aid supply storage	
Showers/bathtubs		Meals/snacks/bottle preparation areas	
Toilet facilities		Ill/injured child areas	
Utility/mop sinks		Mat/cot storage ²	
Ventilation fans		Medication storage	
Water heater locations		Staff break areas	
Art/Science Sink (for washing paints brushes, cleaning science materials)		Lactation room/prioritized or designated ⁴	

¹ Diaper changing areas must be immediately adjacent to a hand sink and have adequate storage area for children's diapers, other supplies, and disinfecting solutions.

² Mats, cots, clean linens, clothing and toys may not be stored in bathrooms.

³ Drinking fountains are prohibited on designated restroom hand sinks, art, and science sinks

⁴ The Colorado Workplace Accommodations for Nursing Mothers Act establishes a recommended standard for an employer to:

- 1) Provide reasonable unpaid break time, or allow an employee to use paid break and/or meal time, to express breast milk for her nursing child for up to 2 years after the child's birth;
- 2) Make reasonable efforts to provide a nursing mother with a private location in close proximity to her work area (other than a toilet stall) in which to express milk; and
- 3) Not discriminate against women for expressing milk in the workplace.

G. Finishes

- **Carpet may not be installed in the following areas:**
 - **Kitchens**
 - **Restrooms**
 - **Under or around sinks**
 - **Under or around diapering areas**
 - **Laundry rooms**
 - **Utility rooms**
 - **Mechanical rooms**
2. Non-carpeted areas must be tightly coved with approved concave coving at the floor to wall junctures.
 3. Hand contact and splash areas of doors, walls, cabinets and shelves must be smooth, non-absorbent and easily cleanable.

Initial	Statement
	I confirm that the finishes in the proposed facility meet all requirements listed above.

H. Facility Operation Procedures

1. Drinking water must be accessible to children at all times.
 - If drinking fountains are not available, how will drinking water be provided to children during hours of operation?

2. Will linens be washed at the facility? Yes No

- If no, describe where and how they will be washed:

3. Separate identified storage areas shall be provided for each child's personal effects, clothing, and bed linens. How will this be provided?

- Examples: individual cubicles, lockers, coat hooks, drawers, or closet space

4. Lighting requirements must be as follows:

- 30-foot candles upon play surfaces
- 20-foot candles provided in restrooms
- 10-foot candles provided in hallways and stairways

Initial	Statement
	I confirm that the light fixtures in the proposed facility meet all requirements listed above.

I. Kitchen and Food Handling Procedures

1. Submit a **separate** drawing for the kitchen/food handling areas.

2. **Check all that apply:**

	Cooking equipment*		Food preparation sinks		Lighting
	Dishwasher*		Grease interceptor/grease trap		Recycle/damaged/returned goods
	Dishwashing sinks		Hand washing sinks		Refrigerators/freezers*
	Dry food storage areas		Hot holding equipment*		Ventilation hoods*
	Floor sinks/floor drains		Ice bins/ice machines		Staff personal item, food storage, and eating areas

* Include product specification sheets

3. **Select the meals and/or snacks that are served. Menus can be attached if completed. A sample menu is attached for reference.**

Breakfast
 AM Snack
 Lunch
 PM Snack
 Dinner

4. **Check all that apply to the food service operation**

	Fresh fruits and/or vegetables will be served		Leftovers are cooled down and saved for another meal or snack ¹
	Food is made in one location and delivered to another location for service ²		Meals are served family style or through a buffet line
	Food will be prepared 4 hours or more in advance ¹		Raw meats will be cooked
	Kitchen is also used to prepare food for people other than the children and staff at the child care facility or enrolled in the early childhood program ²		Raw shell eggs will be cooked

¹ If food that requires refrigeration is prepared 4 hours or more in advance or if leftovers are saved for another meal or snack, then commercial (restaurant grade) refrigeration is required.

² Some activities also require a retail food establishment license. Example: School kitchens that serve to all school children.

5. **Food/beverages will be primarily served on:**

Multi-use tableware
 Disposable tableware
 Both

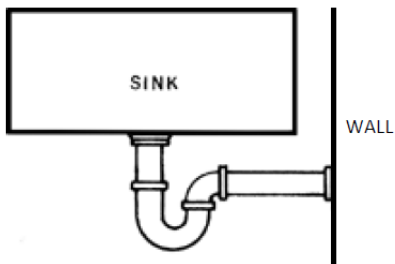
6. **If applicable, describe where infant bottles will be prepared, washed, rinsed, and sanitized.**

7. Indirect or Direct Plumbing

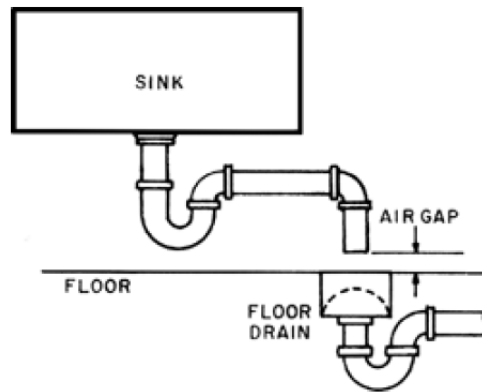
Using the diagrams below for reference, fill out the table below by indicating with an (X) which sinks are directly drained or indirectly drained. Only one (x) should be indicated for each fixture.

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

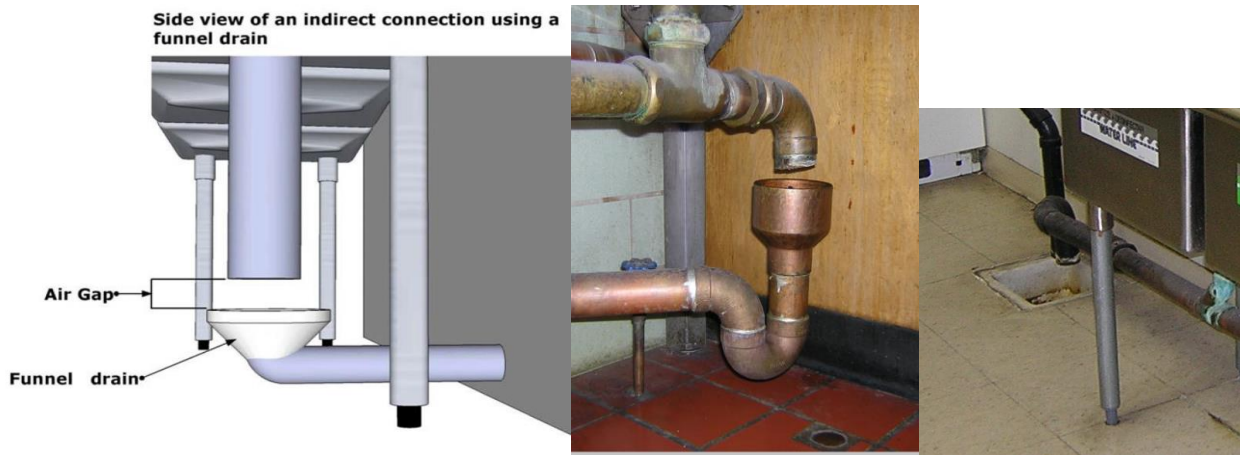
Direct vs. Indirect Draining



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.



J. Water Demand Calculations

Step 1: Use the information below to assist you in filling out the chart in Step 2.

Include ALL specifications sheets!

Volume of 3 compartment sink (measure one sink compartment in inches)

Basin length: _____" Basin width: _____" Basin depth: _____"

$$\frac{Length * Width * Depth * 0.375 * 3}{231 in^3 / gal} = \text{_____ gph}$$

(gallons per hour)

Note: 0.375 allows the compartments to be used less than full capacity

Volume of 2 compartment sink (measure one sink compartment in inches)

Basin length: _____" Basin width: _____" Basin depth: _____"

$$\frac{Length * Width * Depth * 0.375 * 2}{231 in^3 / gal} = \text{_____ gph}$$

Note: 0.375 allows the compartments to be used less than full capacity

***Hand Sinks (must be plumbed to a minimum of 90°F and maximum of 120°F)**

Number of Adult Hand Sinks = _____

Number of Child Hand Sinks = _____

Number of Kitchen Hand Sinks = _____

Total Number of Hand Sinks = _____ x 3.5gph = _____ gph

Dish Machine Brand(s) and Model Number(s)(include specification sheet(s))

Number of Dish Machines: _____

Brand: _____

Brand: _____

Model Number: _____

Model Number: _____

gph=_____

gph=_____

Clothes Washer (include specification sheet(s))

Number of Clothes Washers: _____

Brand: _____

Brand: _____

Model number: _____

Model number: _____

Small washer (9-12lbs) = _____ x32gph = _____ gph

Large washer (16+lbs) = _____ x42gph = _____ gph

*May use manufacturer's specifications for more water efficient calculations

Step 2: Use the information calculated above to fill out the chart below.

Plumbing Fixture	Water Usage (gallons per hour)	Number of Fixtures	Maximum Hourly Hot Water Demand Per Type of Fixture (gallons per hour)
<i>Example: dishwashing machine</i>	50	1	$(50 \times 1) = 50$
<i>Example: hand sink</i>	3.5	6	$(3.5 \times 6) = 21$
3-Compartment Sink(s) (Calculated in Step 1)			
2-Compartment Sink(s) (Calculated in Step 1)			
Dish Machine(s)			
Pre-Rinse Sprayer(s)	32		
Clothes Washing Machine (s)			
Mop Sinks/Utility Sink(s)	5		
Shower(s)	14		
Hand Washing Sinks	3.5		
Other:			
Other:			
Total hot water demand (GPH) required by all fixtures:			

Step 3: Calculate the minimum BTU or Kilowatt rating for the hot water heater:

1. For gas water heaters (BTU):

$$\frac{(\text{Max hourly usage as calculated above, GPH}) \times (100) \times 8.33}{0.75 \text{ or manufacturer's thermal efficiency}} = \text{minimum BTU rating}$$

Minimum BTU rating required for child care center = _____

Model of planned gas water heater (**include specification sheet(s)**)

Make and model = _____

Size of hot water heater = _____

Recovery rate for 120°F water heater at 80°F rise at sea level = _____

Recovery rate for 140°F water heater at 100°F rise at sea level = _____

OR

2. For electric water heaters (kW's):

$$\frac{(Max\ hourly\ usage\ as\ calculated\ above, GPH) * (100) * 8.33}{3412} = \text{minimum Kilowatt rating}$$

Minimum kW rating = _____

Model of planned kilowatt water heater (**include specification sheet(s)**)=

Make and model = _____

Size of hot water heater = _____

Recovery rate for 120°F water heater at 80°F rise at sea level = _____

Recovery rate for 140°F water heater at 100°F rise at sea level = _____

3. If additional hot waters are used, please include their information below:

Model of planned water heater = _____ (**include specification sheets**)

Size of hot water heater = _____

Recovery rate for 120°F water heater at 80°F rise at sea level = _____

Recovery rate for 140°F water heater at 100°F rise at sea level = _____

Model of planned water heater = _____ (**include specification sheets**)

Size of hot water heater = _____

Recovery rate for 120°F water heater at 80°F rise at sea level = _____

Recovery rate for 140°F water heater at 100°F rise at sea level = _____

The plumbing fixtures below have the following requirements:

1. Handwashing sinks between 90°F to 120°F;
2. Dishwashing sinks at a minimum of 110°F;
3. Commercial dish machines at a minimum of 150°F
4. When applicable, laundry facilities at a minimum of 140°F when hot water is used to sanitize.

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

Annex A

Sample CACFP (Child and Adult Care Food Program) Menu

CACFP Sample Menu

Week of July 24-28, 2017

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Vegetable, Fruit (or both) Grains	Breakfast Fresh Cut Strawberries	Breakfast Blueberries WGR Oatmeal	Breakfast WGR English Muffin Apple Slices with Cinnamon	Breakfast Cubed Cantaloupe Summer Squash *Pancakes	Breakfast Pineapple Southwest Tofu Scramble
Meat/Meat alternate (sub for grains up to 3x/week) Milk	Spinach Egg Bake Milk	Milk	Milk	Milk	Milk
Lunch Meat/Meat Alternate Vegetables Fruits Grains Milk	Lunch Grilled Chicken Drumsticks Carrots and Peas Raspberries Veggie *Mac n Cheese Milk	Lunch Stir Fry /Sajita Chicken Squash and Corn Watermelon Triangles *Brown Rice Milk	Lunch Grilled BBQ Tofu Vegetable Wrap Pineapple & Strawberries WGR Tortilla Milk	Lunch Turkey Noodles Carrot Sticks Blueberries WGR Spaghetti Milk	Lunch Tuna Sandwich Spinach and Tomatoes Apple Slices WGR Bread Milk
Snack (2 of 5) Meat/Meat Alternate Vegetables Fruit Grains Milk	Snack Peanut Butter Celery * Ants on a Log* Raisins	Snack HM Hummus Carrots and Cucumbers WGR Pita	Snack Yogurt HM *Banana Bread	Snack Cheddar Cheese Slices Granny Smith Apples WGR Crackers	Snack Cauliflower Breadsticks Watermelon

WGR or * indicates Whole Grain Rich
HM or *** indicates Home Made

All milk served to participants is unflavored, all participants 2 years and older are served either low-fat (1%) or fat-free milk and children 1 year old are served whole milk.

This menu template is provided by CACFP in collaboration with the Team Nutrition Grant CHOP.

Annex B

Sample Breastfeeding-Friendly Child Care Policy

The [name of child care program] is committed to providing ongoing support to breastfeeding families.

Supportive Environment

1. We provide an atmosphere that welcomes breastfeeding families. We support moms who continue to breastfeed their babies/children as they return and continue to work.
2. We have a private, designated space (other than the bathroom) for moms to breastfeed their children or express milk. If a space is not available, a portable divider/partition will be made available. We welcome moms to breastfeed in the classroom, as well.
3. In accordance with Colorado Law, we provide employees with reasonable break time to express milk. For time needed beyond usual break/lunch time, employees may work with supervisors to negotiate break times or other means of making up the time.
4. We maintain a breastfeeding supportive environment through posting and providing culturally appropriate breastfeeding support materials (pictures, posters, etc.), not including those produced or supplied by commercial entities and/or manufactures of infant formula.
5. We “check in” with families for feedback and ways to continue providing support.
6. Staff communicates a baby’s schedule (i.e., feeding, napping, etc.) so the mom can adjust her schedule for pumping and/or visiting to feed her baby.

Initial Contact

1. We discuss breastfeeding support with all potential new families and share this policy and breastfeeding resources. The policy is included in our parent/guardian handbook.
2. We work with families prior to their first day to transition their babies to bottle or cup feedings.

Feeding and Handling Milk

1. Staff follows storage and handling of breast milk, as defined by Colorado Department of Human Services regulations and Colorado Rules and Regulations Governing the Health and Sanitation of Child Care Facilities.
2. We discuss with all families how expressed milk is handled at our program.
3. Refrigerator and freezer space is available for breast milk storage.
4. Staff informs families on written procedures about the proper way to label and handle breast milk. Families should provide their own containers, labeled with the child’s name and date.
5. Staff talks with parents/guardians about the quantity of milk remaining to avoid waste.
6. We develop a sustainable feeding plan with each family, including feeding babies on demand as we observe hunger cues and coordinating the last feeding of the day to meet the mom’s feeding needs (either to feed or await mom’s feeding).
7. Babies are fed by the same caregiver as often as possible. All caregivers hold babies when feeding.
8. No formula or solid foods will be provided without first checking with the family.

Staff Training

1. Staff receives training at least once a year on feeding and handling breast milk, breastfeeding policy, and supporting exclusive breastfeeding.
2. Staff is monitored for compliance with our breastfeeding policy and standards.
3. Families may request information about the content of breastfeeding training for our staff.
4. This policy is reviewed annually, updated to incorporate new evidence-based research and practices, and shared with all employees, expectant moms, families and visitors.

SAMPLE

Child Care Program Director/Child Care Professional Signature

SAMPLE

Date

Disclaimer: This sample policy is for informational purposes only and should not be construed as professional advice. Sample policies and procedures may need to be adapted to best suit your organization's unique circumstances. We encourage your organization to seek appropriate professional assistance, as needed.

Additional sample policies are available at www.breastfeedcolorado.com