

Application Date:

Establishment Information	
Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Business/Ownership Information	
Individual(s) 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:

Choose one:
 Newly Constructed Remodeled Conversion of existing structure Other

Provide a detailed scope of work:

The following items must be submitted for review with this completed application:

- Menu for breakfast, lunch, snacks, and dinner
- Provide a list that identifies the number of children and their age range for each classroom
- Plans identifying the layout of facility, identifying all sink fixtures and their plumbing, identifying all food handling equipment
- Equipment specification cut sheets

FACILITY INFORMATION		
Hours/Days of Operation Sun: ___ to ___ Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thur: ___ to ___ Fri: ___ to ___ Sat: ___ to ___	Type of Establishment <input type="checkbox"/> Child Care/Day Care Center <input type="checkbox"/> Before/After School Program <input type="checkbox"/> Day Camp <input type="checkbox"/> Summer Camp <input type="checkbox"/> Summer Lunch Program <input type="checkbox"/> Other: _____	Capacity Maximum Capacity: _____ Children's Age Range: _____ # of Classrooms: _____ # Children/Classroom: _____ # Staff/Classroom: _____

Floors, Walls, and Ceilings

Indicate the materials used in each of the following areas: (e.g. acoustical tile, linoleum, concrete, etc.). Note: All floors, walls, and ceilings should be smooth and easily cleanable in these areas.)

	Floors	Coving	Walls	Ceilings
<i>Example:</i>	<i>Quarry Tile</i>	<i>Wood</i>	<i>FRP</i>	<i>Vinyl Accoustical Tile</i>
Kitchen				
Food Storage				
Toilet Rooms				
Luandry Rooms				
Utility Room				
Classrooms				
Diaper Changing Area				
Other:				
Other:				

Food Handling Questions	Yes	No
Will food be held cold? (i.e. refrigeration)		
Will food be held hot? (i.e. steam tables, hot boxes)		
Will fresh produce be washed on-site?		
Will food be cooled after cooking?		
Will food be reheated after cooling for re-service?		
Will food that is frozen need to be thawed?		
Will proteins or vegetable foods be fully cooked from a raw state?		

If applicable, identify where pre-made food is received/purchased from:

How will meals be provided for the children?

- Prepared/Cooked on-site
 Catered from approved kitchen
 Parents
 Other: _____

Where will children eat meals? (e.g. family style in classrooms, dining area, plated, etc.)

Will food/beverages be primarily served on:

- multi-use tableware
 single-service tableware
 both

List the equipment to be used for food service and indicate where it is commercial (C) or domestic (D):

C or D	Equipment	C or D	Equipment	C or D	Equipment

INFANT/TODDLERFOODSERVICE

Where will bottles be prepared? Classroom Kitchen Parents Other: _____

Which sink will be used for bottle preparation? _____

How/where will frozen breast milk be thawed? _____

How/where will bottles be warmed? _____

Is a refrigerator provided for bottle storage? Yes No Location: _____

Where will bottles be washed, rinsed, and sanitized? _____

DIAPERING

Will the facility be caring for children with diapering needs? Yes No

Do all infant, toddler, and two-year-old rooms have diapering stations? Yes No

Is there a separate hand sink used exclusively for diaper changing hand washing? Yes No

Are changing tables within reach of the diapering supplies? Yes No

Are all diapering stations separated from food preparation equipment and tables? Yes No

LAUNDRY

Will the facility wash linens on-site? Yes No

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

Where are clean bedding, linens, and extra clothes stored? _____

Where are soiled bedding, linens, and clothing stored? _____

Is the laundry operation physically separated from children by door or partition? Yes No

MISC.

Where will toys be washed, rinsed, and sanitized? _____

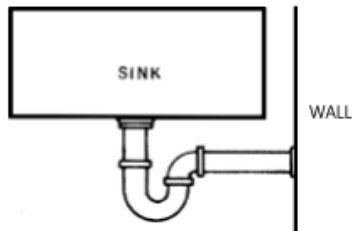
How will drinking water be accessible to children during hours of operation?

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

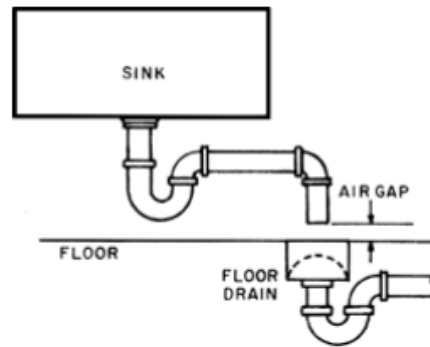
PLUMBING

Fixture	Direct or Indirect	Total Amount in facility
Classroom Hand Sink		
Diaper Changing Hand Sink		
Restroom Hand Sink		
Food/Bottle Preparation Sink		
3-compartment Ware Washing Sink		
Dish Machine		
Mop Sink		
Ice Machine		
Shower		

****** 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.

Is a garbage disposal provided? Yes No

If yes, please indicate the location(s).

3-Compartment Sink						
Location	Length (") of Soiled Drainboard	Dimensions (") of Sink Compartments (LxWxD)			Length (") of Clean Drainboard	Pre-Rinse Sprayer Yes/No

Food Preparation Sink				
Location	Length of Drainboard	Dimensions (Inches) of compartments of sinks (LxWxD)		

Dish Machine					
Location	Make	Model	Heat or Chemical Sanitizing?	Is a pre-rinse sprayer provided?	Length of Drainboard(s)

Indicate type of water heater or heating systems servicing the facility in the table below. If more than one water heater is servicing the facility, please indicate the number of heating systems and which plumbing fixtures each heater or system will service.

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Water Heater			
Make	Model #	KW/BTU Rating	Recovery Rate (GPH) @ 100° F rise