

Public Health Daycare Plan Review Application

It is our aim to facilitate licensing of a new daycare center in the most cost effective way possible. This means reviewing a floor plan prior to construction changes. An eraser is cheaper than a contractor. Please submit the following documents with your application:

1. Floor plan with play areas, sleeping areas, kitchen layout, diapering stations, restrooms, laundry facilities, storage areas, plumbing details.
2. Site plan with the building and location within the building of the daycare. Include alleys, streets, outdoor play equipment, fencing, ground cover.

Name of establishment: _____

Address of establishment: _____

Contact: Name: _____

Mailing address: _____

E-mail: _____ Telephone _____

How many children will be on the license?

Infants: _____ Toddlers: _____ Preschoolers: _____ School Age _____
(0-24 Months) (24-36 months) (36 months-5 years) (5-13 Years)

Maximum number of staff: _____

Do you plan on having pets on site? YES NO Please list the animals: _____

Note: Please provide vaccination records for animals that will be at the facility.

Structural Requirements

WATER SOURCE

Is your building connected to Municipal Public Water system Private Well?

Reference: ARM Section 37.95.225

Note: If you serve 25 or more people for 60 days/year, your water system will be considered public. Please contact the Department of Environmental Quality for water system review and licensing.

Please provide the results of a bacteriological water test and a nitrate + nitrite water test from your well.

SEWAGE DISPOSAL

Is your building connected to Municipal Sewage System Public Wastewater System?

Reference: ARM Section 37.94.226

If not, then contact your local Environmental Health office to review current wastewater system for increased wastewater flows for the proposed use. Provide a copy of the Certificate of Subdivision Approval and wastewater system permits.

HAND SINKS, RESTROOMS, BATHING, DIAPER STATION

Locate all hand sinks, restrooms, diaper stations and bathing facilities on your floor plan. The diaper station must be in a separate area from food preparation and play areas.

3. A hand sink is required **at** the diapering station located at least 6 feet away from any food or bottle preparation area in those centers that provide care for children in diapers. It must be located in the diapering area so that hands can be washed *immediately* after diapering.

Reference: ARM 37.95.210 & ARM 37.95.184

4. A hand sink is also required for any area where food is prepared, handled, or served. This would include bottles, meals or snacks. The use of gloves is NOT a substitute for hand washing. *This must be a different sink than the hand sink in the diapering area.*

Reference: ARM 37.95.214 & ARM 37.95.184

5. All hand sinks must be provided with hot and cold running water under pressure, soap and paper towels in dispensers and waste receptacles. Hot water must be between 100° and 120° F to prevent scalding burns.

Reference: ARM 37.95.207

6. Provide a written handwashing policy for all employees.

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

8. How many toilets are in this facility _____ Urinals _____?

9. Daycare centers that provide care for children in diapers must provide adequate bathing facilities that is separate from food service, food preparation and play or sleeping areas. ARM 37.95.210 (c) Please describe your bathing facilities. _____

10. 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.

LAUNDRY

Soiled laundry can lead to sick children. Reference: ARM 37.95.206

1. Do you plan on doing laundry on site? YES NO

a. If not, then how will you manage soiled laundry? _____

2. If yes, please answer the following questions:

a. The rules require an initial water temperature of 140° F in the wash cycle which must last for at least 8 minutes. Hot air tumble dryers must be used for all laundry done on site.

b. Please describe how you will obtain hot water of 140° F at the washing machine and a maximum of 120° F for hand sinks and bathing facilities. This can be done by using a booster heater at the washing machine or tempering valves at hand sinks and bathing facilities or by using a separate water heater. _____

c. What is the temperature of the wash water? _____

3. Bedding must be assigned to 1 child until laundered. Please identify how you will maintain separation of bedding. _____

SOLID WASTE

Solid waste must be stored in fly-tight, watertight, and rodent proof containers and removed at least weekly. ARM 37.96.205

1. What will be provided for garbage & refuse handling? (Check all that apply)

Dumpster Compactor Recycled Containers Individual Garbage Cans

2. Describe location where **dumpster/compactor/cans** are to be stored: _____

Number: _____ Size: _____

Frequency of pickup: _____

Contractor: _____

3. **Recycled Containers:** Indicate what materials will be recycled: *(Check all that apply)*

- Glass Metal Paper Plastic Cardboard

4. Describe your frequency and method of cleaning garbage cans: _____

GENERAL FACILITIES

1. 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.) _____

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

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

4. Describe the kind of rest equipment that will be available for the children (cots, mats, cribs, etc.) _____

5. Describe how this equipment will be cleaned and sanitized. _____

6. Insect & Rodent Control: Please check the appropriate box:

Yes **No** **NA**

Will all outside doors be rodent proof?

Are screen doors provided on all entrances left open to the outside?

Do all openable windows have a minimum #16 mesh screening?

Is area around building clear of unnecessary brush, litter, boxes, and other harborage?

7. Mosquito breeding sites can be eliminated by emptying standing water from flowerpots, buckets and barrels; changing water weekly in pet dishes and birdbaths; and drilling drainage holes in tire swings so water drains out. Please identify what you will do to manage standing water and prevent mosquitoes. _____

CLEANING & SANITIZING

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

2. Cleaning agents used for bathtubs, showers, sinks, toilets and urinals must contain a fungicide or germicide. What cleaning agents will be used to clean the bathtubs, showers, sinks, urinals, toilets and floors in the facility? _____

3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? *(Check one)* **YES** **NO**
Diluted chemicals must have manufacturer's label attached to spray bottles.

4. Describe how you will maintain separation between cleaning devices for toilets, urinals and tubs. _____

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

FOOD PREPARATION REVIEW

Providing safe food requires managing the 5 most common causes of foodborne illness as identified by CDC. This will include providing active managerial control over the following risks:

1. Food from unsafe sources
2. Inadequate cooking temperatures
3. Inadequate holding temperatures (including hot and cold holding, cooling)
4. Contaminated equipment
5. Poor personal hygiene

This plan review application will evaluate your proposed procedures, food sources, and facility design and their ability to control the risks of foodborne illness.

1. What is the maximum number of children you will be preparing meals for:

Breakfast _____ Lunch _____ Dinner _____ Total meals/day: _____

2. What is the projected frequency of deliveries (used to identify storage demands) for:

Frozen foods _____ days/week

Refrigerated foods _____ days/week

Dry goods _____ days/week

3. Refrigeration capacity (cubic feet) must be large enough to keep food at 45° F or less (41° F or less is preferred.) FDA has identified that you need approximately .13 cubic feet/meal provided. This would be calculated by the meals/day *number of days in operation/week divided by the number of deliveries/week.

Please identify the refrigeration capacity in cubic feet: _____

4. Total square feet of dry goods storage shelving space in facility: _____

5. Does each refrigerator/freezer have a thermometer? (Check one) YES NO

6. How often will cold holding temperatures be monitored? _____

7. Will you be using raw meats, poultry or seafood? (Check one) YES NO

How will cross-contamination be prevented? _____

8. Describe procedures to prevent bare hand contact with exposed, ready-to-eat foods. _____

9. How will produce be washed? _____

TIME-TEMPERATURE MANAGEMENT

1. Is thawing temperature controlled for safety food part of your operation? YES NO

If yes, please indicate by checking the appropriate boxes how frozen foods will be thawed. More than one method may apply.

Thawing Method

- | | |
|--|--------------------------|
| Refrigeration | <input type="checkbox"/> |
| Running water (Less than 70° F.) | <input type="checkbox"/> |
| Microwave (as part of cooking process) | <input type="checkbox"/> |
| Cooked from frozen state | <input type="checkbox"/> |

2. How often will cooking temperatures be monitored? _____

Please see attached cooking temperature requirements.

3. Will any temperature controlled for safety (TCS) foods be cooled for later service? (Check one) YES NO

Please list the types of food that will be prepared for later service. _____

Please indicate by checking the appropriate boxes how will TCS foods be cooled from 140-70° F in two hours and 70-41° F in four hours. (3-501.14)

Cooling Methods	Thick Meat	Thin Meat	Thin Soup, Gravy	Thick Soup, Gravy	Rice, Noodles
Shallow pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce volume or size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid chill (ice paddles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe) _____

How will TCS foods be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds within two hours? _____

4. Food product thermometers are required for monitoring food temperatures. Please indicate what type of measuring devices you will provide. Note: The thermometer must be designed for the food being tested; i.e.. Thermocouple for thin meats and foods.
- Bi-metal stemmed dial thermometer (Measuring between 0-220°)
 - Digital thermometer
 - Thermocouple (required for measuring thin products)
5. Describe your method and frequency of calibrating thermometers. _____
6. Describe your method of sanitizing thermometers. _____
7. What will be used for utensil washing? Provide specification sheets for any dish machine that you are proposing.
- Domestic style dishwasher and two compartment sink for back-up
 - a. Must be equipped with a heating element, capable of washing all dishware, utensils, and cooking utensils used for preparation and service in one cycle.
 - b. If hot water is used to sanitize, it must enter the machine at 165° F.
 - c. If heating element is used, it must not be opened until the cycle is complete.
 - Three compartment sink is required if a dish machine and 2 compartment sink are not provided.
 - Commercial dish machine is required if all the utensils are not fitting into the domestic style in one cycle.
8. What type of sanitizer is used? (Check one)
- Chlorine Quaternary ammonium Iodine Hot water
 - Other: _____
9. Are test papers and/or kits available for checking sanitizer concentration? (Check one) YES NO
10. How often are sanitizer concentrations checked? _____
11. Please indicate the process that will be used to clean food contact surfaces and equipment in place. This would include counter tops, cooking equipment and other surfaces. _____

Chemical type: _____ Concentration: _____ Test kit (Check one) YES NO

HEALTH CARE REQUIREMENTS

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

2. Please provide a 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.
3. Provide written procedures for employees to follow for responding to vomiting or diarrheal events that involve discharge onto surfaces in the daycare center.
4. Will children’s medications be stored at the facility? YES NO
 - a. Please include a written protocol on storage, handling, and distribution of medications.
5. Provide a written policy to exclude or restrict employees who are sick or have infected cuts and lesions? Please attach the policy for review.

The Employee Health and Personal Hygiene handbook can be downloaded from the FDA web site. It contains forms, posters, and decision tools to protect your children and coworkers.

<http://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatoryassistanceandtrainingresources/ucm113827.htm>

6. Immunizations
 - a. 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.
 - b. 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.

Swimming pools

- Attachments:
- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Floor Plan | <input type="checkbox"/> Isolation policy | <input type="checkbox"/> Employee Health Policy | <input type="checkbox"/> Policy for Vomiting and Diarrheal Accidents |
| <input type="checkbox"/> Specification Sheets | <input type="checkbox"/> Medication Protocol | <input type="checkbox"/> Immunization Protocol | <input type="checkbox"/> Readmission Policy |
| <input type="checkbox"/> Diapering Protocol | <input type="checkbox"/> Wastewater System Permit | <input type="checkbox"/> Water Sample Results | <input type="checkbox"/> Certificate of Subdivision Approval |



I hereby certify that the information I have supplied is correct, and I fully understand that any deviation from the given information without prior permission from this health regulatory office may nullify final approval.

Signature(s): _____

Owner(s) or responsible representative(s)

Date: _____



Approval of these plans and specifications by this regulatory authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

City Limits

**City of Helena Community Development
Building Division**
316 N. Park Room 435
Helena, MT 59623
(406) 447-8437

City of Helena Fire Inspection
300 Neill Avenue
Helena, MT 59601
(406) 447-8472

City of East Helena
City Hall
7 E. Main
East Helena, MT 59635
(406) 227-5321

Lewis & Clark County

Building Codes Bureau
PO Box 200517
Helena, MT 59620-0517
(406) 841-2040

**Department of Justice
Fire Prevention & Investigation Section**
2225 11th Ave.
Helena, MT 59601
(406) 444-2050

On-Site Wastewater

Subdivision Approval
Christal Ness – Permit Coordinator
316 N. Park Room 230
Helena, MT 59623
447-8392

Environmental Health Services Division
316 N. Park Room 230
Helena, MT 59623
447-8351

Water Supply

Public Water Supply:
MT Department of Environmental Quality
1520 E. Sixth Ave
PO Box 200901
Helena, MT 59620
444-4400

Non-public Water Supply- if you do not meet the definition of PWS, then you must meet minimum standards and complete the non-public water and wastewater application form.