



Daycare Plan Review Application

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

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

Establishment Information

Establishment Name _____

Establishment Address _____

Establishment Email _____

Establishment Phone Number _____

Owner Name _____

Mailing Address (if different than above) _____

Owner Email _____

Owner Phone Number _____

Children

How many children will be on the license?

Infants (0-2 years) _____

Toddlers (2-3 years) _____

Preschoolers (3-5 years) _____

School Age (5-13 years) _____

Maximum number of staff _____

Do you plan on having pets on site? ☐ Yes ☐ No, list animals _____

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

Water Source

Is your building connected to ☐ Municipal ☐ Public Water System ☐ Private

Reference: ARM Section 37.95.225

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

Provide the results of a bacteriological water test and a nitrate + nitrate 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 Stations

1. 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.
 - A hand sink is required **at** the diaper 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 in the diapering area so that hands can be washed *immediately* after diapering.
 - **Reference ARM Section 37.95.210 & ARM 37.95.184**
 - 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**
 - 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°F and 120°F to prevent scalding burns.
 - **Reference ARM 37.95.207**
2. Provide a written handwashing policy for all employees.
3. Describe how handwashing and other good health habits will be taught during everyday activities.

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

5. Daycare centers that provide care for children in diapers must provide adequate bathing facilities that is separate from food services, food preparation and play or sleeping areas. (ARM 37.95.210 (C)). Describe your bathing facilities.

6. Provide a written diapering protocol, including diapering procedure, cleaning and sanitizing of facilities, storage of soiled diapers, handwashing 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, 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. 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. 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 ☐ Compacter ☐ Recycled Containers ☐ Individual Garbage Cans

2. Describe locations 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

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 65F

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

Insect & Rodent Control

	Yes	No	N/A
Will all outside doors be rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all openable windows have a minimum of #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is area around building clear of unnecessary brush, litter, boxes, and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Identify what you will do to manage standing water and prevent mosquitos.

Cleaning & Sanitizing

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

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

3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? Diluted chemicals must have a manufacturer's label attached to spray bottles. ☐ Yes ☐ No

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

5. 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:

- Food from unsafe sources
- Inadequate cooking temperatures
- Inadequate holding temperatures (including hot and cold holding, cooling)
- Contaminated equipment
- Poor personal hygiene

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

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

Breakfast _____ Lunch _____ Dinner _____ Total meals per day _____

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

Frozen foods _____ Days per week

Refrigerated foods _____ Days per week

Dry goods _____ Days per 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 0.13 cubic feet/meal provided. This would be calculated by the meals per day * number of days in operation per week divided by the number of deliveries per week.

- 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? ☐ Yes ☐ No

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

7. Will you be using raw meats, poultry or seafood? ☐ 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?

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

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Refrigeration

☐

Running water (less than 70°F)

☐

Microwave (as part of cooking process)

☐

Cooked from frozen state

2. How often will cooking temperatures be monitored? (see attached cooking temperature requirements)

3. Will any temperature controlled for safety (TCS) foods be cooled for later service?

☐

Yes

☐

No

- If yes, list the types of food that will be prepared for later service.

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

Cooling Methods	Thick Meat	Thin Meat	Thick Soup/Gravy	Thin 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. 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.

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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.

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Domestic style dishwasher and two compartment sink for back-up

- Must be equipped with a heating element, capable of washing all dishware, utensils, and cooking utensils used for preparation and service in one cycle.
- If hot water is used to sanitize, it must enter the machine at 165°F
- If heating element is used, it must not be opened until the cycle is complete

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Three compartment sink is required if a dish machine and 2 compartment sink are not provided.

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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?

☐

Chlorine

☐

Iodine

☐

Hot water

☐

Quaternary ammonium

☐

Other _____

9. Are test papers and/or kits available for checking sanitizer concentration? ☐ Yes ☐ No

10. How often are sanitizer concentrations checked? _____

11. Indicate the process that will be used to clean food contact surfaces and equipment in place. This includes counter tops, cooking equipment and other surfaces.

12. Chemical type _____ Concentration _____

Health Care Requirements

1. Describe the area used for isolation of children who become ill while at the facility

2. 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
 - 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. Attach the policy for review.
 - The Employee Health and Personal Hygiene handbook can be downloaded from the FDA website. 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
 - 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.
 - Provide a written policy describing the process of acquiring and holding staff immunization records, including an exclusion policy for staff who are not updated.

Attachments

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

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)

Date

Signature(s)

Date

Submit this application to

Lewis & Clark Public Health
ATTN: Licensed Establishment Admin
1930 9th Ave
Helena, MT 59601

If you wish to discuss your plan with a sanitarian, contact us ahead of time to make an appointment. Leave a message at 406-457-8919 and we will return your call or email us at PHLicEst@lccountymt.gov.

Payment

Lewis & Clark County accepts cash, checks, credit cards, or money orders for payment.

Please either drop off payment or mail to the address above.

Contact us at 406-457-8977 to make arrangements to pay via credit card by phone. You must submit an application before payment can be received.