

Dear Child Care Facility Designer/Engineer/Builder:

New or remodeled childcare facilities or early childhood education programs must submit plans to Douglas County Health Department (DCHD) for review and approval **prior** to construction or opening.

The plan review process is designed to occur prior to building or remodeling. This will prevent the need for costly and time-consuming modifications or additions after the facility is built. Failure to submit a plan review may result in DCHD reserving our approval to open the facility until requirements are met. DCHD's approval is required for the facility to be licensed by the Colorado Department of Human Services.

DCHD is respectful of the time and expense involved in building and remodeling a childcare facility. To make the process as efficient as possible, please follow these 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: eh@douglas.co.us or online at <https://myhealthdepartment.com/DCHD>
3. A plan review application fee of **\$120.00** will be invoiced once plans are received by DCHD. 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 DCHD. 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 DCHD approves the facility.

If you have any questions regarding your plan submittal or want to make any changes/modifications after your submittal, please contact eh@douglas.co.us.

Thank you for your cooperation.

Sincerely,

The Child Care Plan Review Team

DCHD Use Only:

Service Request #: _____

Date Application

Received: _____

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: <div style="display: flex; justify-content: space-between;"> Infants _____ Toddlers _____ Preschool and older _____ Total _____ </div>	
License Type: <input type="radio"/> Child Care Center <input type="radio"/> School-Age <input type="radio"/> Resident Camp <input checked="" 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 <input type="checkbox"/> Year	Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>

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. Effective July 1, 2022, radon measurement or mitigation in Colorado is required to be completed by a [licensed radon professional](#). 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="checkbox"/>	Public Community	<input type="checkbox"/>	Public Non-Community
<input type="checkbox"/>	Private Well and/or Spring Well Permit #(PWSID): _____	<input type="checkbox"/>	Other or Unknown

C. Sewage Disposal (Select One)

<input type="checkbox"/>	Sewer District	<input type="checkbox"/>	Septic/Onsite Waste Water System*
<input type="checkbox"/>	Unknown	<input type="checkbox"/>	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: www.douglas.co.us/health-department/environmental-health

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="checkbox"/>	<input type="checkbox"/>	
Have plans for this facility been submitted to the Colorado Department of Human Services?	<input type="checkbox"/>	<input type="checkbox"/>	

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. Check all of the following that apply:

<input type="checkbox"/>	Animal Enclosures*	<input type="checkbox"/>	Outdoor refrigerators or freezers	<input type="checkbox"/>	Swimming pools
<input type="checkbox"/>	Gardens	<input type="checkbox"/>	Outdoor storage areas	<input type="checkbox"/>	Trash/recycling/compost storage
<input type="checkbox"/>	Grease Interceptor	<input type="checkbox"/>	Play areas	<input type="checkbox"/>	Well or spring
<input type="checkbox"/>	Hot Tubs	<input type="checkbox"/>	Septic tank and leach field	<input type="checkbox"/>	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	
<input type="checkbox"/>	Bottle preparation sinks	<input type="checkbox"/>	Car seat storage
<input type="checkbox"/>	Chemical dispensing units	<input type="checkbox"/>	Chemical storage areas
<input type="checkbox"/>	Drinking fountains ³	<input type="checkbox"/>	Children's personal belonging storage
<input type="checkbox"/>	Garbage disposals	<input type="checkbox"/>	Diaper changing areas ¹
<input type="checkbox"/>	Hand washing sinks – label child and adult	<input type="checkbox"/>	Employee personal belonging storage
<input type="checkbox"/>	Laundry facilities	<input type="checkbox"/>	First aid supply storage
<input type="checkbox"/>	Showers/bathtubs	<input type="checkbox"/>	Meals/snacks/bottle preparation areas
<input type="checkbox"/>	Toilet facilities	<input type="checkbox"/>	Ill/injured child areas
<input type="checkbox"/>	Utility/mop sinks	<input type="checkbox"/>	Mat/cot storage ²
<input type="checkbox"/>	Ventilation fans	<input type="checkbox"/>	Medication storage
<input type="checkbox"/>	Water heater locations	<input type="checkbox"/>	Staff break areas
<input type="checkbox"/>	Art/Science Sink (for washing paints brushes, cleaning science materials)	<input type="checkbox"/>	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. Where/how will toys be washed, rinsed, and sanitized?

4. 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

5. 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:**

<input type="checkbox"/>	Cooking equipment*	<input type="checkbox"/>	Food preparation sinks	<input type="checkbox"/>	Lighting
<input type="checkbox"/>	Dishwasher*	<input type="checkbox"/>	Grease interceptor/grease trap	<input type="checkbox"/>	Recycle/damaged/returned goods
<input type="checkbox"/>	Dishwashing sinks	<input type="checkbox"/>	Hand washing sinks	<input type="checkbox"/>	Refrigerators/freezers*
<input type="checkbox"/>	Dry food storage areas	<input type="checkbox"/>	Hot holding equipment*	<input type="checkbox"/>	Ventilation hoods*
<input type="checkbox"/>	Floor sinks/floor drains	<input type="checkbox"/>	Ice bins/ice machines	<input type="checkbox"/>	Staff personal item, food delivery cart 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

<input type="checkbox"/>	Fresh fruits and/or vegetables will be served	<input type="checkbox"/>	Leftovers are cooled down and saved for another meal or snack ¹
<input type="checkbox"/>	Food is made in one location and delivered to another location for service ²	<input type="checkbox"/>	Meals are served family style or through a buffet line
<input type="checkbox"/>	Food will be prepared 4 hours or more in advance ¹	<input type="checkbox"/>	Raw meats will be cooked
<input type="checkbox"/>	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	<input type="checkbox"/>	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

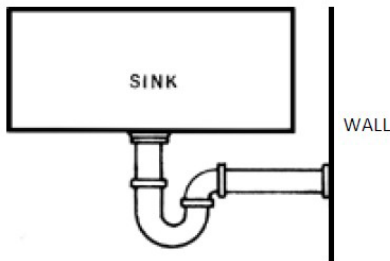
6. **If applicable, describe where infant bottles will be prepared, washed, rinsed, and sanitized.**

7. Indirect or Direct Plumbing

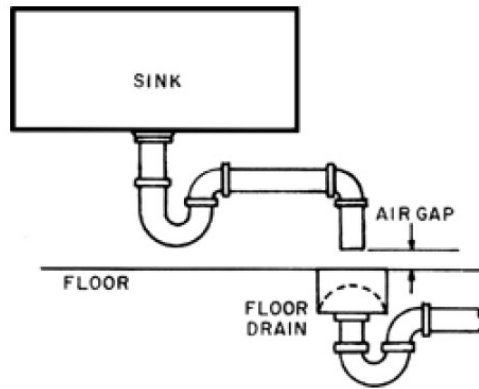
Using the diagrams below for reference, fill out the table below by indicating with an (X) which sinks are directly drained or indirectly drained. Only one (x) should be indicated for each fixture.

Fixture or Equipment	Direct Drain	Indirect Drain
Dishwashing sinks	<input type="checkbox"/>	<input type="checkbox"/>
Dish machines	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation Sinks	<input type="checkbox"/>	<input type="checkbox"/>
Ice Bins/Machines	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Direct vs. Indirect Draining

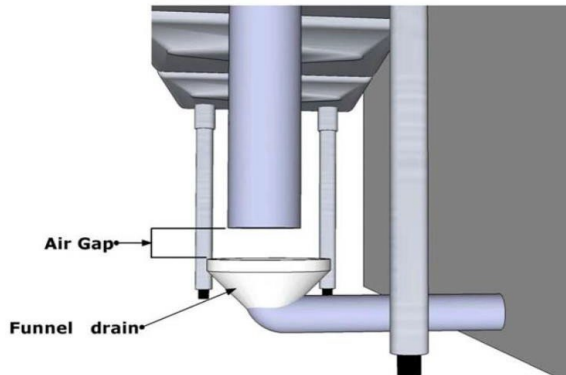


Direct waste lines connect continuously from the sink basin or fixture to the sanitary sewer.



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.

Side view of an indirect connection using a funnel drain



J. Water Demand Calculations

A. Provide the number of plumbing fixtures requiring hot water in table below.

Plumbing Fixture Requiring Hot Water	Number in facility
2-compartment sinks	
3-compartment sinks	
Commercial dish machines	
Handsinks (include kitchens, restrooms and classrooms)Pre-rinse sprayers	
Drinking fountains	
Mop sinks/utility sinks	
Showers	
Washing Machines for laundry	
Other:	

B. Provide the measurements of your dish washing sinks. If the compartments are different sizes, include the size of each basin.

Location	Number of Basins	Dimensions of Basin(s) (Length x Width x Depth)		
		X	X	Select Units
		X	X	Select Units
		X	X	Select Units

C. Provide the following information about your water heaters. *Attach specification sheets.*

Hot Water Heater		
Make	Model #	KW/BTU Rating
		Select Units
		Select Units

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	Fresh Cut Strawberries	Blueberries	WGR English Muffin	Cubed Cantaloupe	Pineapple
Meat/Meat alternate <small>(sub for grains up to 3x/week)</small>	Spinach Egg Bake	WGR Oatmeal	Apple Slices with Cinnamon	Summer Squash *Pancakes	Southwest Tofu Scramble	
Milk	Milk	Milk	Milk	Milk	Milk	Milk
Lunch	Lunch Meat/Meat Alternate Vegetables Fruits Grains Milk	Lunch Grilled Chicken Drumsticks Carrots and Peas Raspberries Veggie *Mac n Cheese Milk	Lunch Stf Fry Fajita 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 Spaghotti Milk	Lunch Tuna Sandwich Spinach and Tomatoes Apple Slices WGR Bread Milk
Snack (2 of 5)	Snack 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.



COLORADO
 Department of Public
 Health & Environment

This institution is an equal opportunity provider.

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