



# GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052  
704-853-5000 • [www.gastonhhs.org](http://www.gastonhhs.org)

## Child Care Facility Plan Review Application

Name of Facility: \_\_\_\_\_

Physical Address of Facility: \_\_\_\_\_  
\_\_\_\_\_

Owner of Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant/Contact Person: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Relationship to Owner (check one):

Architect  Owner  Employee  Contractor  Other \_\_\_\_\_

Contact Person Address: \_\_\_\_\_  
\_\_\_\_\_

**Submit this application with plans to Gaston County Environmental Health Department, 991 West Hudson Blvd., Gastonia, NC 28052. For additional information you may call Chris Rodite at (704) 853-5204.**

In order to complete an Environmental Health Review, the following must be submitted.

1. **Menu**

- Must be detailed and provide all types of foods, whether it is prepackaged or prepared on site, and beverages

2. **A complete set of plans drawn to scale (scale = 1/4" = 1'), detailing:**

- All structures, parking areas/driveways, trash can/dumpster locations, fencing, existing wells or septic tanks and drainfields.
- All rooms and areas including, but not limited to: care rooms, sick area, kitchen, sinks, dining areas, bathrooms, storage (food and non-food), laundry, diaper changing, infant-toddler food service, etc.
- All water supply and wastewater plumbing including hot water capacities, fixture types, etc.
- All lighting placement, type, and shielding.
- All food service equipment placement and type. This includes manufacturers, model numbers, NSF, sinks, dishwashers, fridges, and freezers, cooking equipment.
- Storage facilities including shelving type, cubbies/coat racks, hazardous material, general storage or shelving, cot/mat storage, etc.
- All air circulation systems including kitchen hood, HVAC systems, restroom ventilation and windows (screens).
- All finish details on floors, walls, ceilings, cabinets, etc., including substrate type, and coating material.
- Solid waste disposal and cleaning facilities (e.g. can wash).

**Facility Information to be Completed by Applicant**

**Day Care Licensing**

- New
- Currently Licensed/License # \_\_\_\_\_
- Change of Ownership (provide scope of work) \_\_\_\_\_

**Construction Type**

- New
- Remodel

If an Existing Structure, Year Built \_\_\_\_\_

**Sewage Disposal**

- Municipal
- Septic Tank
- Other: \_\_\_\_\_

**Water Supply**

- Municipal
- Well
- Other: \_\_\_\_\_

**Meals Provided**

- Breakfast
- Lunch
- Dinner

**Meal Preparation**

- On-Site
- Offsite (Specific Location): \_\_\_\_\_
- Method of Transportation: \_\_\_\_\_

**Utensil Use**

- Single Service
- Multi-use

**Menu Included with Plans**

- Yes
- No (explain): \_\_\_\_\_

**Proposed Operating Days**

- Mon     Tue     Wed     Thu     Fri     Sat     Sun

**Operating Hours**

- 1st Shift Care     2nd Shift Care     3rd Shift Care     Before/After School

**Age of children to be served (check all that apply)**

- 0-1 yrs     2-3 yrs     4-5 yrs     6 + yrs

**Number of Employees** \_\_\_\_\_

**Number of Children requested for licensing** \_\_\_\_\_

**Dates of Construction (estimated time frame):** \_\_\_\_\_

**Food Preparation Procedures:**

Will the center store frozen breast milk onsite?  Yes (location):\_\_\_\_\_  No

Will the center mix formula?  Yes (location):\_\_\_\_\_  No

\*\* Must have written permission from doctor or parent for formula to be mixed on site)

How will the bottles for babies be warmed? \_\_\_\_\_

Will fruits and vegetables be grown at the center?  Yes  No

Where?\_\_\_\_\_

Will food prep be conducted in the classroom?  Yes  No

If so, where (indicate this on the plans)?\_\_\_\_\_

**Cleaning and Sanitizing Procedures:**

What type of sanitizer will be used in center?\_\_\_\_\_

What type of disinfectant will be used in center?\_\_\_\_\_

**Wood Accessible to Children:**

Is pressure-treated, non-painted wood present (decking, entrance, fences, playground, etc)?  Yes  No

If yes, was the wood installed before January 1, 2005?  Yes  No

\*All pressure-treated, non-painted wood currently installed must be stained/sealed every 2 years (provide proof)

Will any new wood be installed at the center in areas where children will have access?  Yes  No

If so, please keep all paperwork regarding the type of wood. You must provide documentation that all new wood will be free of chromated copper arsenate (CCA) or will be untreated wood. This includes any wooden mulch.

\*\*\*Both Applicant and Child Care Owner/Director Must Sign Application\*\*\*

**Applicant Name & Title:**

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Child Care Owner/Director Name:**

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)