



Wheeling-Ohio County Health Department
West Virginia Department of Health

CHILD CARE CENTER PLAN REVIEW INFORMATION REPORT

(Report must be completed and submitted with copy of plans)

Name of Child Care Center: _____

Location & Mailing Address: _____

Owner: _____ Telephone: _____

Person in Charge: _____ Telephone: _____

Proposed Operating Hours: _____ Proposed Construction/Remodeling Start Date: _____

Proposed Completion & Opening Date: _____

Date Building/Structure Built: _____

If Constructed prior 50 1976, Lead paint assessment attached: ☐ Yes ☐ No

Floor plans showing location of all furnishings and equipment and size of rooms submitted? ☐ Yes ☐ No

GENERAL

1. Maximum number of children to be accommodated: _____ Minimum age: _____ Maximum ages: _____

2. Location is relatively noise and pollution free: ☐ Yes ☐ No

3. Facility located in a basement or below ground level: ☐ Yes ☐ No

4. List types of construction material or covering:

Floors

Walls

Ceilings

Activity areas _____

Toilet rooms _____

5. Floor and wall junctures coved in toilet rooms and food service areas: ☐ Yes ☐ No

6. Carpeting used: ☐ Yes ☐ No Where: _____

Carpeting meets State Fire Marshal's requirements: ☐ Yes ☐ No

7. All painted surfaces, including cribs and toys, free of lead or other toxic materials: ☐ Yes ☐ No

8. Square feet of activity area provided: _____

VENTILATION

1. Description of ventilation system in Activity areas: _____

Toilet rooms: _____

SEWAGE AND LIQUID WASTE DISPOSAL

1. Facility served by public sewage system: ☐ Yes ☐ No

If no, served by a health department approved/permitted individual sewage system: ☐ Yes ☐ No

Date approved: _____ Permit number: _____

WATER SUPPLY

1. Facility served by public water system: ☐ Yes ☐ No Name: _____

If no, served by a health department approved/permitted individual water system: ☐ Yes ☐ No

Date approved: _____ Permit number: _____

Bacteriological samples collected: ☐ Yes ☐ No Date: _____ By: _____

2. Hot and cold water provided at all applicable areas: ☐ Yes ☐ No

3. Water pressure at least 20 psi in all areas: ☐ Yes ☐ No

4. Angle-jet type drinking fountains with non-oxidizing mouth guards provided: ☐ Yes ☐ No Number: _____

INSECT AND RODENT CONTROL

1. All buildings and structures of rat proof construction: ☐ Yes ☐ No

2. All doors opening to outside are close fitting: ☐ Yes ☐ No

3. All screen doors, or doors used in lieu thereof, are self closing: ☐ Yes ☐ No

4. All openings to the outside effectively protected against entrance of insects: ☐ Yes ☐ No

SOLID WASTE

1. Concrete platform or metal rack provided for outside storage of garbage containers: ☐ Yes ☐ No

2. Area provided for cleaning garbage containers: ☐ Yes ☐ No Where: _____

If outside, frost-proof hose bibb provided: ☐ Yes ☐ No Equipped with vacuum breaker: ☐ Yes ☐ No

Hot and cold water provided: ☐ Yes ☐ No

HEATING

1. Type of heating system provided: ☐ Natural gas/Propane ☐ Electric ☐ Coal ☐ Oil ☐ Wood

Gas and oil heating devices properly vented to outside air: ☐ Yes ☐ No

2. Shielding or other effective means used to protect children from direct contact with radiators, registers, hot water pipes and similar hazards: ☐ Yes ☐ No

3. Thermometers provided in all rooms used by children: ☐ Yes ☐ No

Located approximately 30 inches above floor level: ☐ Yes ☐ No

LIGHTING

1. Play and activity surfaces have at least 50 foot candles of illumination at floor level: ☐ Yes ☐ No
2. All other areas have at least 30 foot candles of illumination at floor level: ☐ Yes ☐ No
3. All light bulbs and fluorescent tubes protected by effective shields: ☐ Yes ☐ No

SANITARY FACILITIES

1. Number provided, toilet rooms: _____ flush toilets: _____ lavatories: _____
2. Toilet fixtures sized so they may be used by children without assistance: ☐ Yes ☐ No

If no, step stools provided that are properly constructed for safety and easily cleanable: ☐ Yes ☐ No

3. Separate and private toilet rooms provided for males and females who are 6 years of age or older: ☐ Yes ☐ No
4. Toilet rooms open directly into kitchen: ☐ Yes ☐ No
5. Door construction: ☐ Solid ☐ Louvered
6. Lavatories provided within or immediately adjacent to toilet rooms: ☐ Yes ☐ No
7. Lavatories provided with mixing faucets or tempered water: ☐ Yes ☐ No
8. Separate adult employee toilet rooms provided: ☐ Yes ☐ No Number of toilets provided: _____
9. Toilet rooms have covered waste containers: ☐ Yes ☐ No
10. Diaper changing will take place on premises: ☐ Yes ☐ No

If yes, Location: _____

Construction materials of diaper changing surface: _____

Approved hand washing facilities readily accessible to diaper changing area: ☐ Yes ☐ No

Soiled diapers stored in non-absorbent, easily cleanable, covered containers with plastic liner: ☐ Yes ☐ No

Feces from soiled diapers will be disposed: _____

Plastic liner containing disposable diapers disposed of along with garbage and refuse: ☐ Yes ☐ No

11. Toilet training chairs provided and of easily cleanable construction: ☐ Yes ☐ No
12. Facilities for emptying, cleaning and disinfecting toilet training chairs provided: ☐ Yes ☐ No

Location: _____

STORAGE AREAS

1. Approved storage facilities provided for, but not limited to, the following items:
☐ foodstuffs ☐ utensils ☐ toys ☐ work materials ☐ clothing ☐ linens ☐ medicines
☐ cleaning supplies ☐ toxic materials and all items which may be potentially hazardous to children
2. Locked cabinets provided for poisons and other potentially hazardous items: ☐ Yes ☐ No

ACTIVITY AREAS

Wading pools, swimming pools and other types of recreational water facilities require construction approval by Office of Environmental Health Services and an operational permit with the local health department.

1. Activity equipment free of safety hazards, of smooth construction, and easily cleanable: ☐ Yes ☐ No
2. Outdoor activity areas well drained: ☐ Yes ☐ No Free of safety hazards: ☐ Yes ☐ No
Enclosed by fence or other suitable barrier: ☐ Yes ☐ No
3. Supports for equipment used for climbing and similar play activities securely fastened to the ground: ☐ Yes ☐ No
4. Wading pool provided: ☐ Yes ☐ No REQUIRED: Health department approved and permitted: ☐ Yes ☐ No
Date approved: _____ Permit number: _____

FOOD SERVICE FACILITIES

1. Meals provided: ☐ Yes ☐ No
2. Meals prepared on the premises: ☐ Yes ☐ No
If yes, floor plans and completed health department form SF-35 submitted with application: ☐ Yes ☐ No
If no, source from which food is obtained: _____
3. Snacks provided: ☐ Yes ☐ No Describe: _____

LAUNDRY

1. Laundering done on premises: ☐ Yes ☐ No
Separate room provided: ☐ Yes ☐ No Location: _____
2. Non-absorbent, cleanable, covered containers provided for storing soiled laundry: ☐ Yes ☐ No
3. Washing machines installed to prevent back-siphonage: ☐ Yes ☐ No
4. Storage facilities provided for clean laundry to prevent soiling or contamination prior to use: ☐ Yes ☐ No
Location: _____
5. Minimum temperature of laundry water supply (°F): _____
6. Method used to dry laundry: ☐ Machine ☐ Line dry

BEDDING AND SLEEPING AREA

1. Type of equipment provided: ☐ Cots ☐ Cribs ☐ Mats ☐ Mattresses & Bedding
If mattresses used, mattress pads and waterproof covers provided: ☐ Yes ☐ No
2. Double-decker beds, if provided, used only for children 9 years of age or older: ☐ Yes ☐ No
3. Each child's bedding identified and used only for that child: ☐ Yes ☐ No
4. Cribs, cots, or mattresses spaced a minimum of 24 inches apart while in use: ☐ Yes ☐ No
5. Crib bars no farther apart than 2 3/8 inches: ☐ Yes ☐ No
6. Crib sides secure and high enough to prevent accidents, top of mattress to top of crib at least 26": ☐ Yes ☐ No

SAFETY

1. First aid kit provided: ☐ Yes ☐ No Type: _____

List contents: _____

ANIMALS

1. Animals kept on premises: ☐ Yes ☐ No

Indoors: ☐ Yes ☐ No Location: _____

Minimum temperature of room(s): _____

Type of animal(s): _____ Age(s): _____ Number: _____

2. Cats and dogs vaccinated against rabies, distemper, hepatitis, and Leptospirosis: ☐ Yes ☐ No

3. Outdoor quartering area(s) for animals complete and separate from children's outdoor activity areas: ☐ Yes ☐ No

Plans and information submitted by: _____

Title: _____

Date: _____

Telephone: _____

For more information contact the Wheeling-Ohio County Health Department at (304) 234-3682, Fax at (304) 234-6405.