

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

SANITARY FACILITIES continued

- 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

SAFETY

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

List contents: _____

Plans and information submitted by: _____

Title: _____

Date: _____

Telephone: _____