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Gallatin City-County Health Department

Environmental Health Services
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Day Care Plan Review Application

NEW

REMODEL

(existing food service? Y N)

Name of Establishment _____

Location _____

City _____ Telephone Number of Establishment _____

Name of Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Applicant's Name _____

Contact Number _____ E-Mail Address _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Plumbing _____ Electric

_____ Planning / Zoning (county or city) _____ Building*

_____ Fire _____ Other

Construction Start Date _____ Construction Completion Date _____

I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Gallatin City-County Health Department may nullify final approval.

Signature(s) _____ Date _____
owner(s) or responsible representative(s) **(WHO CAN SIGN)**

Approval of these plans and specifications by the Gallatin City-County Health Department does not indicate compliance with any other code, law or regulation that may be required -- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws.

Department Use Only	
Amount received	_____
Check #	_____
Receipt #	_____

Plans must include drawings showing the placement of equipment in the facility, including any storage, food service areas, diaper changing areas, trash can wash facilities, along with general plumbing, electrical, mechanical and lighting drawings and equipment and finishes schedules.

Each child care classroom should be identified by the age group(s) using the room.

Plans must include a site plan locating exterior equipment such as dumpsters or compactors and indicating the proposed connections to approved sewer and water connections.

In addition, please complete the following information:

Staff and Staffing Ratio

All primary caregivers are certified in:

- infant, child and adult CPR
- infant choking response
- standard first aide

Supply copies of certification

List the number of staff that will be on site at any given time _____

List the number of children that fall into each of the age groups listed below

0 - 23 months _____	2 - 3 yrs _____
4 - 5 yrs _____	6 yrs and up _____

Main Food Service

Kitchen or catered meals? _____

Where will the children eat meals (family style in classrooms, dining area, etc.)?

Will dishes, trays, silverware, etc. be disposable? _____

Can the kitchen door be locked? _____

Infant Food Service *(if applicable)*

Will bottles be stored, prepared, warmed, and served, etc. in the infant room or out of the kitchen? _____

Does the infant room have countertop space for warming bottles? _____

What method will be used to warm bottles? _____

Is there a refrigerator for bottle storage? _____

Is there a separate hand wash lavatory used exclusively for bottle/food preparation hand washing? _____

Diapering

Do the infants, toddlers, and two's all have diapering stations? _____

If not in each room, please explain: _____

Can the caregiver view the children while changing diapers? _____

Where and how will soapy water and sanitizers be stored? _____

Where will diaper creams, gloves, powders, etc. be stored? _____

Is there a separate hand wash lavatory used exclusively for diaper changing hand washing?

Cubbies and Storage

How and where will cubbies be arranged? _____

Beds, Cribs, Cots, Mats, & Linens

Will cribs have the capability of being spaced 18 inches apart while in use? *(If not, crib dividers and partitions are acceptable.)* _____

How and where will cots and/or mats be stored? _____

Is there a designated sick area with cot/mat? _____

Cleaning/Sanitizing

Is all furniture in the infant and toddler room a smooth, washable finish? _____

How will toys in infant and toddler rooms be washed and sanitized? _____

Please explain what types of sanitizer will be used to sanitize toys, diaper and food areas, furniture, etc. _____

Do you have appropriate test strips for the type of sanitizer you are using? _____

Where is the can wash facility (mop sink) for cleaning trash cans, dumping mop water, etc.?

Hand Wash Lavatories

Does each toilet area have a hand wash lavatory? _____

Does the diaper changing station have a hand wash lavatory exclusively for diaper hand washing? _____

Does the food service area in the infant and toddler room have a hand wash lavatory exclusively for food service hand washing? _____

What types of faucets are at all hand wash lavatories? (Please note that metering types are not allowed unless they can retain warm water for at least 20 seconds at first pressing.) _____

Locked Items

Please indicate **where** the following types of locked items will be stored:

Medicines (both refrigerated and non-refrigerated) _____

Cleaning supplies and all types of chemicals _____

Personal belongings (purses, keys, employee items) _____

Aerosols and all other toxic products _____

Janitorial Supplies _____

Water Supply

Type of Water Supply

Municipal (City) _____

A utility bill or letter from the city office must be submitted as evidence of service

Private Has water source been approved by **GCCHD**? Yes No Pending
Submit most recent water test results.

Public * Provide PWSID Number _____
Please attach copy of written approval for the public water system from DEQ.

Sewage Disposal

Type of Wastewater Treatment System

Municipal (City) _____

A utility bill or letter from the city office must be submitted as evidence of service

Private Local wastewater treatment permit # _____

Public * Describe _____
Please attach copy of written approval (state and/or local permits).

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (MDEQ), serving 25 or more people 60 days out of the year. MDEQ may be reached at (406) 444-2406.

Hot Water Supply

*****Please relay this information to your plumber and/or engineer.***

All sinks accessible to children must be maintained between 100 -120 degrees Fahrenheit. All laundry facilities must have a washing temperature of 140 degrees Fahrenheit. We have found that using two water heaters is the best option for maintaining two separate water temperature requirements.

Explain what the specifications of your water heater(s) are. ***(Please note: if you are using two separate specify which one is for laundry and which one is for classrooms.)***

Storage tank size _____

Gallon per hour recovery _____

Lighting

Do all light fixtures have shatterproof or shielded bulbs? _____

Will lighting illuminate 50 foot-candles at all work areas? _____

Will lighting illuminate 10 foot-candles at all other areas, including storage? _____

Finishes

Please describe the finishes/construction material in the following areas *(all must be washable)*:

Diaper changing counters _____

Food service counter in infant rooms _____

Floors around diapering and food service counters in infant and toddler rooms _____

Backsplash of diapering and food service counters in infant and toddler rooms _____

Outside Premises

Please describe the playground area *(size, type of play equipment, type of fence, water activities, type of play surface, etc.)* _____

Is the can wash facility outside? _____

If yes, is there a fence and lock around it so it is not accessible to children? _____

Is the HVAC, mechanical equipment, wells, etc. locked with a fence around it so it is not accessible to children? _____ Explain: _____