



ENVIRONMENTAL HEALTH SERVICES
108 LEE ST., CHARLESTON, WEST VIRGINIA 25301

304-348-8050
kchdenv@wv.gov

CHILD CARE CENTER PLAN REVIEW APPLICATION

Please complete and submit plans and specifications to KCHD at least **30 days prior** to the start of construction, conversion, or remodeling.

Submit by mail:

KANAWHA-CHARLESTON HEALTH DEPARTMENT
P.O. BOX 927
CHARLESTON, WEST VIRGINIA 25323

Submit in person:

108 LEE ST., CHARLESTON, WEST VIRGINIA 25301 (Free Parking)

Take elevator to Second Floor, turn right, Environmental Services is down the hall on the right. Open M-F, 8 a.m.-4 p.m.

PLAN REVIEW FEES

0-10 Children	\$125
10-20 Children	\$225
21+ Children	\$325

ALSO REQUIRED

This application **MUST** be accompanied by these three documents:

1. A **floor plan** drawn to scale indicating the location of all activity-area equipment including toilet rooms, diaper changing areas, and fixtures provided therein.
2. **Lead Risk Assessment** conducted by a West Virginia Lead Risk Assessor. (Only for buildings built before 1978.)
3. Your proposed **menu**.

FAILURE TO PROVIDE ALL OF THE ABOVE DOCUMENTS
WILL RESULT IN THE DELAY OF REVIEW AND/OR APPROVAL OF PLANS.



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

Name of Child Care Center: _____

Location: _____

Mailing Address: _____

Owner(s): _____

Phone: _____ Email: _____

Person in Charge: _____

Phone: _____ Email: _____

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

Proposed Completion Date: _____ Proposed Opening Date: _____

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: _____

a. Minimum age: _____

b. Maximum age: _____

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 covered in toilet rooms and food service areas: Yes () No ()



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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: _____

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/rodent 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: _____

HEATING

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

2. Thermometers provided in all rooms used by children: Yes () No ()

3. Thermometers located approximately 30 inches above floor level: Yes () No ()



LIGHTING

- 1. Play and activity surfaces have adequately bright light at floor level: Yes () No ()
- 2. All other areas have adequately bright light at floor level: Yes () No ()
- 3. All light bulbs and fluorescent tubes are protected by effective shields: Yes () No ()

SANITARY FACILITIES

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

- 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 () 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: _____
4. Is there a Certified Food Manger? Yes () No ()

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 ()



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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: _____

Phone: _____

Email: _____