

FORM  
5000

## JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division  
1801 19<sup>th</sup> Street, Golden CO 80401  
(303) 271-5700 FAX (303) 271-5760  
<http://health.jeffco.us>

FORM  
5000

### SOCIAL SERVICE FACILITY PLAN REVIEW Instructions and Application Forms

**USE THIS PACKET TO HAVE PLANS REVIEWED FOR CONSTRUCTING A CHILD CARE CENTER / GROUP HOME / CAMP OR REMODELING AN EXISTING FACILITY. THIS PLAN REVIEW IS REQUIRED FOR THE DEPARTMENT TO PROVIDE ITS APPROVAL TO THE COLORADO DEPARTMENT OF SOCIAL SERVICES FOR LICENSURE OF THE FACILITY.**

#### INSTRUCTIONS

The following must be submitted to process your plan review request:

1. *Completed plan review application (pgs 1-4)*
2. *Equipment specification sheets for water heaters and appliances*
3. *Statement regarding food service (i.e. parents will bring food for children, staff will prepare meals, etc.), meals to be provided, and how foods, including potentially hazardous foods, will be stored, prepared and served.*
4. *Check, with appropriate fee (below), payable to Jefferson County Department of Health and Environment.*

**FEE:**  (payable to Jefferson County Treasurer)

#### NOTES

If this proposal is to remodel an existing facility, a site visit by Department staff may be required as part of the plan review process. There is no additional charge for this visit.

Once the plans have been reviewed the Department will provide an approval letter detailing the specific terms of approval. A pre-opening inspection is typically required and will be made at no extra charge when the facility is about to open to the public.

#### PROCESSING TIME

Please allow 7-10 working days for review. Incomplete applications or missing plans or documents will delay this process.

**DEPARTMENT CONTACT:** Jessa Woodward  
303 271-5761  
[jwoodwar@jeffco.us](mailto:jwoodwar@jeffco.us)

REVISED 1/19/2011



**PART II – WATER AND WASTEWATER SERVICE**

**POTABLE WATER SUPPLY**

as Water service must be provided either by a public water district or a well which has been approved and assigned a public water system identification number (PWSID).

Please indicate the source of water for the facility:

- ( ) INDIVIDUAL WATER WELL  
Provide PWSID number \_\_\_\_\_
- ( ) PUBLIC WATER SYSTEM  
Show name of water district \_\_\_\_\_

**WASTEWATER DISPOSAL SERVICE**

Wastewater disposal must be provided either by a public sewer system or an individual sewage disposal system that has been designed and approved for that purpose.

Please indicate the method of wastewater disposal for the facility.

- ( ) INDIVIDUAL SEWAGE DISPOSAL SYSTEM\*  
Provide permit number \_\_\_\_\_  
*\*if the existing system is not currently approved for commercial use, approval of the Board of Health is required. Call the program coordinator at 303 271-5759 for information.*
- ( ) PUBLIC SEWER SYSTEM  
Name of Sanitation District \_\_\_\_\_

**PART III – CONSTRUCTION SPECIFICATIONS and SCHEDULES**

**INTERIOR SURFACE FINISH SCHEDULE**

Complete the following, showing the various finish materials for each room:

SURFACE	In Class Rooms	In Toilet Rooms	In Kitchen Area
Floors			
Walls			
Ceilings			
Cove moldings			

**(See minimum requirements on Page 3)**

**BASIC INTERIOR FINISH REQUIREMENTS**

All interior surfaces shall be durable, smooth, non-absorbent and easily cleanable except as noted below. Typical materials include:

- FLOORS:** Industrial grade linoleum, quarry tile, coated and sealed cement in kitchen, toilet bathing and laundry rooms. Commercial-type carpet is permitted only non-craft / non-eating areas of classrooms. Storage areas shall be linoleum, tile or similar material. Floor-wall (cove) junctures shall be tightly covered to facilitate cleaning and maintenance.
- WALLS:** Stainless steel panels, fiber-reinforced plastic (FRP) board, tile (sealed), painted and sealed gypsum board.
- CEILINGS:** Painted and sealed gypsum board, painted and sealed acoustical tile.

**PLUMBING SCHEDULE**

Complete the following table showing the **number** of fixtures per room. Write 'N/A' if that fixture will not be present in that room. Unless separate restrooms are provided, show all restroom fixtures in the 'shared restroom' row. See minimum requirements below.

ROOM	3 compartment sink	Hand sinks	Urinals	Toilets
<i>Kitchen</i>				
<i>Boys restroom</i>				
<i>Girls restroom</i>				
<i>Shared restroom</i>				
<i>Staff restroom</i>				
<i>Infant room</i>				

**BASIC PLUMBING FIXTURE REQUIREMENTS**

The following plumbing fixtures are required for each facility:

- KITCHEN:** At a minimum, a three-compartment sink (indirectly plumbed and appropriately sized to accommodate the largest equipment or utensil) and a hand sink. Mixing faucets are required,
- RESTROOM:** At a minimum a water closet (toilet) and hand sink, appropriately mounted for access by children and located immediately adjacent to toilet rooms. Mixing faucets are required. Automatic or timed faucets are recommended to prevent possible overflow.
- INFANT RM:** At a minimum, a hand sink for adult staff with a mixing faucet, located adjacent to diaper changing table.
- OTHER:** All sinks shall be provided with cold water and hot water (not exceeding 120 degrees F for sinks accessible by children) as well as soap and paper towel dispensers or hand-drying device. Mop sink required for janitorial room.

**WATER HEATER(S)**

Please provide the following information regarding the facility water heater(s):

Make	Model	BTU	Recovery Rate

**KITCHEN EQUIPMENT and APPLIANCES**

Please provide the following information regarding the appliances to be installed. Write 'N/A' if that equipment will not be used. Depending upon the type of food service to be provided, commercial, NSF-approved equipment may be required.

UNIT	N/A	Make	Model
Refrigerator			
Freezer			
Stove			
Dish machine			

**PART IV – TERMS AND CONDITIONS OF APPLICATION**

In applying for this child care center plan review, I hereby authorize the health officer and / or their representative to determine compliance with the **RULES AND REGULATIONS GOVERNING THE SANITATION OF CHILD CARE CENTERS IN THE STATE OF COLORADO** for the purpose of constructing a child care facility. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this proposed child care facility.

\_\_\_\_\_  
 OWNER / APPLICANT / AGENT

\_\_\_\_\_  
 DATE