



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5200 • www.gastonhhs.org

Child Care Facility Plan Review Application

Name of Child Care:

Owner of Facility:

Physical Address of Facility:

Mailing Address of Facility:

Phone Number:

Applicant, if not the owner of the facility:

Contact Person Phone Number:

Applicant:

- Owner
- Architect
- Employee
- Contractor
- Other

**Please submit this application with plans to Gaston County Environmental Health Department at 991 W Hudson Blvd., Gastonia, NC 28052.
For additional information, you can email christina.rodite@gastongov.com.**

In order to complete your environmental health review, the following must be submitted.

1. Menu (must be detailed and provide all types of foods, whether prepackaged or prepared onsite, and beverages).
2. Plans (includes drawing structures, parking areas, drive ways, trash cans, dumpster, fencing, existing wells or septic tanks, and drainfields, rooms including classrooms and sick care rooms, kitchen, sinks, dining areas, bathrooms, diaper changing stations.) Plans must include food service equipment cut sheets, lockable storage, and can wash area.

Child Care Licensure Information

- New
- Currently Licensed and Remodel
- Change of Ownership

Construction, if any

- New
- Remodel

When will construction begin?

Sewage Disposal Method

- Municipal
- Onsite Septic System
- Other

Water Supply

- Municipal
- Private Well
- Community Well
- Other

Meal Provided to Children at this Child Care

- Breakfast
- Lunch
- Dinner
- Snacks

Meal Preparation will occur:

- Onsite
- Offsite
- Other

If meals are prepared offsite, please indicate the facility that will prepare food:

Proposed Operating Days (please select all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday/ Sunday

Ages of Children for Child Care (please select all that apply):

- 0-1 years old
- 2-3 years old
- 4-5 years old
- 6+ years old

Numbers of Employees:

Numbers of Children, or the number of children requested for licensure:

Dates of Construction (estimated time frame):

Will the Center Store Frozen Breast Milk Onsite?

Will the Center Mix Formula?

- Yes
- No

- Yes
- No

Will Food Prep be Conducted in the Classroom?

Type of Sanitizer used in the Facility (refer to NC .2800 rules):

- Yes
- No

Type of Disinfectant used in the Facility (refer to NC .2800 rules)

Is Wood on Playground pressure-treated, non-painted wood present (decking, entrance, fences, playground, etc)?

- Yes
- No

Was the Wood Installed before January 1, 2005?

Yes

No, if no, all pressure treated, non-painted wood must be stained and sealed every 2 years. Please provide proof.

Both Applicant and Child Care Owner/ Director must sign application!

Applicant

Date

Owner/ Director

Date