



# RUTHERFORD POLK MCDOWELL DISTRICT HEALTH DEPARTMENT

## APPLICATION FOR CHILD CARE FACILITY

Name of Facility: \_\_\_\_\_

Location Address: \_\_\_\_\_

\_\_\_\_\_

Owner of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Please answer or complete the following:

Total # of children on roll? \_\_\_\_\_

Total # of employees? \_\_\_\_\_

Total # of shifts? \_\_\_\_\_

Does the facility either have an individual well or is it served by city sewer?  Yes  No

Does the facility either have an individual well or is it served by city/county water?  Yes  No

Is the facility already an existing day care? If so, name the facility.  Yes  No

Will the facility be newly constructed or remodeled? \_\_\_\_\_  Yes  No

If the building was built before 1978 does it contain interior or exterior paint?  Yes  No

Will you be preparing fresh vegetables?  Yes  No  
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Will you be preparing fresh poultry?  Yes  No

Will you be frying foods?  Yes  No

Will you be providing care for children in diapers?  Yes  No

Will you be providing a dumpster?  Yes  No

**PLEASE SUBMIT THE FOLLOWING ALONG WITH THE COMPLETED APPLICATION.**

1. A menu or list of possible foods to be served.
2. A site plan including all structures and property lines, location of solid waste disposal, etc.
3. A detailed drawing of all rooms (including age groups of the children housing each classroom), equipment layout of kitchens, bathrooms, location of sinks and diaper changing facilities.
4. A schedule of floor, wall and ceiling coverings of each room.

Proposed opening date: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

(3/13/01)