



# CHILDCARE QUESTIONNAIRE

[WWW.SNHD.INFO/PLAN-REVIEW](http://WWW.SNHD.INFO/PLAN-REVIEW)  
[FOODREV@SNHD.ORG](mailto:FOODREV@SNHD.ORG)

Name of Business (DBA):			
Address of Business:			
Owner Name:	Phone:	Email:	
Who may the inspector contact for Plan Review?	Name:		
	Title:		
	Phone:	Email:	

## CHILDCARE FACILITY OPERATION

Have you ever operated a Childcare before?       YES       NO

The facility has:  
 A person in charge that is present during all hours of operation, to include evenings, weekends, and breaks.

What are your days & hours of operation?		Are you open year-round?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain
Total square footage of facility:			

**Note: Ensure plans are marked with the square footage of each child occupied room along with child's age.**

Do you have a fenced outdoor play area?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, is there appropriate shade provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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How many children will be at this location? (Total #)

# of Infant (0-12 months)		# of Toddler (13-35 months)	
# of School Age (5-12 years old)		# of Older (12-<18 years old)	

Toilets	#	Sinks	Wall Hung	#	Counter Drop In	#
Toddler/Preschool - 11"		Toddler	22"		21"	
School Age - 15"		Preschool	24"		22"	
Urinals		School Age	26"		24"	

Do any of the following activities pertain to your operation? (Check all that apply)	<input type="checkbox"/> Diapering	<input type="checkbox"/> Laundry	<input type="checkbox"/> Infant Play Area
	<input type="checkbox"/> Water Play	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Sandbox
	<input type="checkbox"/> Playground	<input type="checkbox"/> Pets/Animals	

What kind of napping equipment are you using?			
How do you intend on providing water to children?			
What type of sanitizer will you use in your facility?			
Do you have test strips for your sanitizer?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	What is the required contact time for your sanitizer?	
What type of Disinfectant will you use in your facility?		What is the required contact time for your disinfectant?	

FINISHES AND LIGHTING				
<b>Floor materials</b> in rooms, and restrooms:				
<b>Wall materials</b> in rooms, and restrooms:				
<b>Ceiling materials</b> in rooms, and restrooms:				
<b>Lighting</b> adequate for: Footcandles (fc)	Reading? (50 fc)	Play? (30 fc)	Restroom? (20 fc)	Napping? (5 fc)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

MISCELLANEOUS			
What kind of food service will you provide? <b>Must provide menu.</b>	<input type="checkbox"/> Ready to eat snacks <input type="checkbox"/> Reheated fully cooked commercial foods <input type="checkbox"/> Full service / cooked TCS foods		
What kind of food preparation equipment do you have?			
Do you have a three-compartment sink? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Do you have a Pest Control Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	Company?	
Does your facility have backflow protection for the following?	Mop Sink <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Hose Bibs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Hot Water Heater Capacity:	Gallons	Type of Hot Water Heater: <input type="checkbox"/> Tank <input type="checkbox"/> Tankless <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Hot Water Heater Recovery Rate: GPH
Is there a grease interceptor present?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If yes, where is it located?	<input type="checkbox"/> Outside In-ground <input type="checkbox"/> Indoors <input type="checkbox"/> Other: