



Prevent • Promote • Protect

Environmental Health
1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 *phone*
(719) 578-3188 *fax*
www.elpasocountyhealth.org

ENVIRONMENTAL HEALTH SERVICE REQUEST FORM

Owner Name: _____ Date: _____

Owner Address: _____

Establishment/Business Name: _____

Establishment/Business Address: _____

Phone: _____ Fax: _____ Email: _____

Retail Food	
<input type="checkbox"/> Review of Potential Retail Food Establishment Site	\$75.00 (or actual cost at \$62/hour, whichever is greater)
<input type="checkbox"/> Change of Ownership Inspection	\$120.00 (non-refundable)
<input type="checkbox"/> Additional Change of Ownership Inspection	\$65.00 (non-refundable)
<input type="checkbox"/> RFE Plan Review Application	\$100.00 (non-refundable)
<input type="checkbox"/> RFE Plan Review Time (initial minimum time: 90 minutes at \$62/hour)	\$93.00
<input type="checkbox"/> Special Event License- Full Menu	\$100.00 per 1 day event \$174.00 per 1-8 day event \$330 multiple events
<input type="checkbox"/> Special Event License- Limited Menu	\$75.00 per 1 day event \$125.00 per 1-8 day event \$235.00 multiple events
<input type="checkbox"/> HACCP Plan Review (Written)	\$62.00/hour not to exceed \$100.00
<input type="checkbox"/> HACCP Plan Review (Operational)	\$58.00/hour not to exceed \$200.00
Body Art	
<input type="checkbox"/> Body Art Plan Review (Pre-Operational Inspection Included)	\$315.00
<input type="checkbox"/> Body Art Establishment License	\$345.00
<input type="checkbox"/> Change of Ownership	\$176.00
<input type="checkbox"/> Temporary Event Fee	\$120.00 per vendor
<input type="checkbox"/> Follow-Up Inspection	\$75.00
Water Quality	
<input type="checkbox"/> OWTS Variance	\$59.00/hour (non-refundable)
<input type="checkbox"/> Water Rec Plan Review	\$250.00
<input type="checkbox"/> Inspection- First Body of Water (Year Round)	\$103.50 per inspection

<input type="checkbox"/> Inspection- First Body of Water (Seasonal)	\$130.00 per inspection			
<input type="checkbox"/> Additional Body of Water (Year Round)	\$17.50 per inspection			
<input type="checkbox"/> Additional Body of Water (Seasonal)	\$35.00 per inspection			
<input type="checkbox"/> Follow-Up Inspection	\$62.00/hour			
Child Care				
Facility	Routine	Pre-Operational	Follow-Up	Room Change
Child Care	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00
School Age (Before and After)	<input type="checkbox"/> \$117.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00
Preschool	<input type="checkbox"/> \$119.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00
Group Homes	<input type="checkbox"/> \$124.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00
Residential Summer Camps	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00
Large Summer Camps	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00
Residential/Day Treatment Centers	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$80.00
Child Care Plan Review (Pre-Operational Inspection Included)	<input type="checkbox"/> \$185.00			
Administration				
<input type="checkbox"/> Certificate of Non-Compliance Release	\$100.00			
<input type="checkbox"/> Copy of State/Local Regulations	\$5.00 per copy			



Childcare Plan Review

The following are REQUIRED* to complete your review:

- \$185 application fee (includes first pre-operational inspection)
- Floor plans, site plans, etc. (digital/electronic plans accepted and preferred):
 - Site plan: Show location of building and location of any outside equipment (playground, sandbox, well, OWTS, etc.).
 - Floor plan: Show location of kitchen equipment, all plumbing, mechanical fans in restrooms, flooring, cubbies and cabinets, diaper changing stations, and if applicable, kitchen hood systems, etc. For classrooms, include the age of children anticipated for each room
 - Plumbing plan (if not included in floor plan): Show location of floor sinks and floor drains, indirectly drained equipment, restrooms, toilets, urinals, all hand washing sinks and food prep sinks, and laundry facilities, etc.
- Equipment Specifications for hot water heater: Sheets must include make and model numbers. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- A complete menu (with breakfast/lunch/snacks/etc.), if available:
 - If the kitchen is not to be used, provide a letter stating that the kitchen will not be used, nor will any dishes be used that must be washed in an approved kitchen. The letter must state what type of snacks and/or meals will be served to children and how they will be served (including washing and preparing fresh fruits and vegetables).
- Completed Plan Review Packet (attached)

*The plans will not be reviewed until the listed items are submitted.



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 phone
(719) 578-3188 fax
www.elpasocountyhealth.org

CHILD CARE FACILITY INFORMATION

FACILITY INFORMATION (PLEASE PRINT)

Name of facility where childcare program is held:
Address:
City: Zip code:

PROGRAM INFORMATION (1 application per DHS license)

Name of childcare program:
Type of license issued by the Department of Human Services (DHS) (Select only one):
Contact person: Title:
Phone #: Extension #: Fax #:
Email: Director of Program:
License number: Number of children for which facility is licensed:
Number of employees: Number of classrooms:

Check the boxes that include any ages you serve:
Infants (0 - 12 months) Toddlers (1 - 2 years) Preschool (3-4 years)
School Age (5-14 years) Do you operate year-round? Yes No

Days of operation when children are present (e.g. M - F):
What months do you operate when children are present?
Hours of operation when children are present (e.g. 6AM - 6PM):
Which School District(s) calendar(s) do you follow for closures and holidays?
Nurse Consultant:
Email: Phone number:

OWNER MAILING INFORMATION

Owner Type: Individual Owner/Operator Partnership Corporation Non-Profit Name
of owner:
Mailing address:
City: Zip code:
Phone #: Extension #:
Email:



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 *phone*
(719) 578-3188 *fax*
www.elpasocountyhealth.org

Childcare Plan Review Packet

Childcare facilities must meet the requirements of the most current revision of *the Rules and Regulations Governing the Sanitation of Child Care Centers in the State of Colorado*, and the *Colorado Retail Food Establishment Rules and Regulations*.

A. Building Information

Construction start date: _____ Date of planned opening: _____

New Construction: Remodel:

Have plans for this facility been submitted to the local building department? Yes No

PPRBD Plan Number: _____

Original year of construction*: _____

*Renovation activities that will disturb painted surfaces in buildings built before 1978 must be conducted pursuant to the U.S. Environmental Protection Agency Lead Renovation, Repair and Painting Program regulations, unless a lead-based determination shows that the surface does not contain lead-based paint. Determinations shall be made by a certified inspector or risk assessor.

Has the facility been tested for radon*? Yes No Unsure

If yes, list the date and highest result (pCi/L):

Date: _____ Highest Result: _____ pCi/L

*Newly built facilities are required to test for radon within 6 months of occupancy. After remodeling, radon tests may need to be conducted again. Radon test results shall be available for review at the facility at all times.

B. Water Supply, Sewage Disposal, Drinking Water

Water supply (Choose one):

Municipal – Name: _____

Well and/or Spring – Public Water System ID Number: _____

Sewage Disposal (Choose one):

Municipal – Name: _____

Onsite Wastewater Treatment System – indicate location on site map and attach permits

Drinking Water

How will drinking cups or bottles be filled? List drinking fountains or sinks used to provide drinking water:

Will there be drinking fountains installed on sinks? If yes, which sinks (show on plumbing floor plan)?

C. Property Site Plan/Outdoor Equipment

*A Site Plan shall be submitted to include playground, sandbox, well, OWTS (septic system), etc.

Check all that apply:

<input type="checkbox"/>	Septic tank &leach field/well or spring	<input type="checkbox"/>	Outdoor refrigerators or freezers	<input type="checkbox"/>	Swimming pool or wading pool
<input type="checkbox"/>	Gardens	<input type="checkbox"/>	Outdoor storage areas	<input type="checkbox"/>	Hot Tubs
<input type="checkbox"/>	Grease interceptor	<input type="checkbox"/>	Play Areas	<input type="checkbox"/>	Animal enclosures
<input type="checkbox"/>	Trash storage	<input type="checkbox"/>	Sandbox	<input type="checkbox"/>	Type of animal(s):

If a sandbox is planned, is there a cover? Yes No

D. Building Floor Plan/Layout

*A Floor Plan shall be submitted to show location of kitchen equipment, plumbing, mechanical fans in restrooms, flooring, cubbies and cabinets, diaper changing stations, and if applicable, kitchen hood systems, etc. For classrooms, include the age of children anticipated for each room. Include the location of all areas listed below that apply to the facility.

Check all that apply:

<input type="checkbox"/>	Bottle preparation sinks	<input type="checkbox"/>	Chemical storage areas
<input type="checkbox"/>	Chemical dispensing units	<input type="checkbox"/>	Children’s personal belonging storage
<input type="checkbox"/>	Drinking fountains	<input type="checkbox"/>	Diaper changing areas**
<input type="checkbox"/>	Garbage disposals	<input type="checkbox"/>	Employee personal belonging storage
<input type="checkbox"/>	Handwashing sinks**	<input type="checkbox"/>	First Aid and medication storage
<input type="checkbox"/>	Laundry facilities (washers/dryers)	<input type="checkbox"/>	Food (meals/snacks/bottle) preparation areas
<input type="checkbox"/>	Showers/bathtubs	<input type="checkbox"/>	Ill/injured child areas
<input type="checkbox"/>	Toilets/urinals	<input type="checkbox"/>	Mat/cot storage
<input type="checkbox"/>	Utility/mop sinks	<input type="checkbox"/>	Art supplies and extra toy storage
<input type="checkbox"/>	Ventilation fans in restrooms	<input type="checkbox"/>	Children’s extra clothing storage
<input type="checkbox"/>	Water heaters	<input type="checkbox"/>	Other:

**Handwashing sinks must be in or immediately adjacent to toilet rooms and diaper changing areas, as well as within food preparation areas, or any other area where activities require frequent hand washing.

E. Handwashing/Restroom Facilities

- In all new or extensively remodeled facilities providing care to infants, toddlers or preschoolers, a handwashing sink shall be accessible without barriers, allowing the caregiver to visually supervise the children during handwashing activities.

Describe methods, procedures or processes to meet the above requirement:

- All restrooms must have adequate mechanical ventilation to the outside.
- Hand washing facilities must be provided with soap and either single service hand towels, clean cloth towels laundered after each use, or a mechanical air-drying device.
- Toilet fixtures must be of the appropriate size and height for the children and if a step stool is used, it must be easily cleanable.
- Any instructional supplies, toys, or other equipment stored in restrooms must be stored in a closed, secondary non-absorbent container or closed cabinet.

Will the above requirements be met? Yes No

If no, please explain: _____

F. Laundry Facilities

- Laundry facilities shall be physically separated from food preparation, food storage, and restroom areas and they shall be inaccessible to children.
- A custodial sink/utility sink/mop sink shall be provided or shall be easily accessible for use. The sink shall be properly plumbed with hot and cold water and directly drained to the sewer.

Will the above requirements be met? Yes No

If no, please explain: _____

If laundry facilities are not provided at the facility, describe where items will be laundered:

Laundry disinfectant options are:

- Clothes, linens, toys, etc. washed on hot (the water temperature for the washer shall be maintained at or above 140°F)
- An approved disinfectant (ex: bleach) applied to the final rinse cycle
- Clothes, linens, toys, etc. dried on hot (the dryer uses heat above 140°F)

Describe which method will be used:

G. Rooms/Areas and Equipment

Children's' rooms

- Separate, identified storage areas shall be provided for each child's personal items, clothing and bed linens. Individual cubicles, lockers, coat hooks, drawers, or closet space shall be provided for storage of coats, hats and other personal articles.
- All toys and furnishings must be easily cleanable (stuffed animals must fit into the washing machine) and non-toxic
- Mats, cots, beds and cribs must be constructed of non-absorbent, easily cleanable material.
- Room temperatures must be at least 68°F at floor level in occupied infant and toddler rooms. The temperature shall be monitored with a mercury-free thermometer placed at the floor level.

Will the above requirements be met? Yes No

If no, please explain: _____

Where will soft toys and hard toys be washed and/or sanitized?

Ill/Injured Child Area

Describe the isolation area designated for any ill or injured child who is being cared for while awaiting the arrival of a parent or guardian:

H. Finishes

Floors

- Carpet may not be installed in the following areas: kitchens, restrooms, laundry rooms, utility rooms, mechanical rooms, under/around sinks or diaper changing areas.
- Carpeting, in approved areas, must be tightly woven and in good repair.
- Floor/wall junctures and floor/cabinet junctures shall be tightly coved with approved concave coving.
- Floors shall be smooth, dry, cleanable and free of cracks, splinters, and utility outlets.

Will the above requirements be met? Yes No

If no, please explain: _____

Finishes should be shown on the floor plans. Describe flooring materials used in each area/room, if not on floor plans: _____

Walls

- Hand contact and splash areas of doors, walls, cabinets, and shelves must be smooth, non-absorbent, and easily cleanable in classrooms, food preparation areas, dishwashing areas, and restrooms.

Will the above requirements be met? Yes No

If no, please explain: _____

Describe wall finishes in each area/room if not on floor plans:

Ceilings

- Ceilings shall be constructed of easily cleanable, non-absorbent materials within the kitchen area.

Will the above requirements be met? Yes No

If no, please explain: _____

Describe ceiling materials used in each area/room if not on floor plans:

Doors and Windows

- Doors and windows shall be effectively protected against the entrance of pests (insects and rodents) by means of closed tight-fitting doors and screening of windows that open.

Will the above requirements be met? Yes No

If no, please explain: _____

Describe methods to protect against pests:

I. Water Calculations, Plumbing

Water Calculations

- Provide the number of plumbing fixtures applicable in the table below:

2-compartment sinks		Mop sinks/utility sinks	
3-compartment sinks		Showers	
Commercial dish machines		Washing Machines for laundry	
Hand sinks (include kitchens, restrooms and classrooms)		Pre-rinse sprayers	
Drinking fountains		Other:	

- Provide the measurements of the 2-compartment, 3-compartment or prep sinks, if applicable, in the table below. If the compartments are different sizes, include the size of each basin:

Location of Sinks	# of Basins	Dimensions of Basin(s) (Length x Width x Depth)

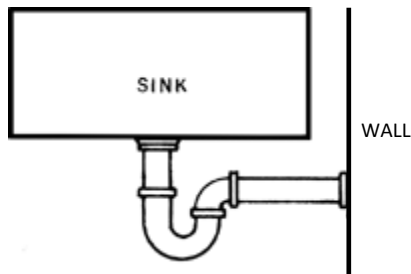
- Provide the following information about the water heaters. *Attach specification sheets.*

Make	Model #	KW or BTU Rating

Plumbing

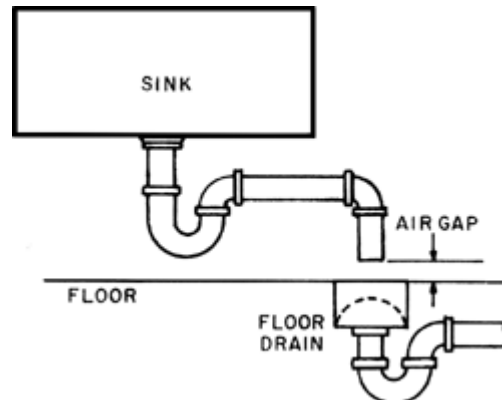
Using the figures below, indicate which fixtures are directly drained or indirectly drained:

**Figure 1:
Direct Drain**



Direct waste lines connect continuously from the sink basin or fixture to the sanitary sewer.

**Figure 2:
Indirect Drain**



Indirect waste lines do not connect continuously to the sanitary sewer. This is achieved through an air-break or an air gap as pictured above.

The following fixtures are required to be indirectly drained:

- (1) Dishwashing sinks, (2) Dish machines, (3) Kitchen food preparation sinks, and (4) Ice machines

J. Kitchen, Food Preparation/Storage

*If kitchen equipment is not visible on building floor plan, submit a separate drawing for the kitchen/food handling areas.

- Check all that apply:

<input type="checkbox"/>	Cooking equipment	<input type="checkbox"/>	Food delivery cart storage areas	<input type="checkbox"/>	Ice bins/Ice machines
<input type="checkbox"/>	Dishwashing sinks (2 or 3-compartment sink)	<input type="checkbox"/>	Food preparation sinks	<input type="checkbox"/>	Recycle/damaged/returned goods storage
<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Grease interceptor/Grease trap	<input type="checkbox"/>	Refrigerators/freezers
<input type="checkbox"/>	Dry storage areas	<input type="checkbox"/>	Hand sinks	<input type="checkbox"/>	Ventilation hoods
<input type="checkbox"/>	Floor sinks/floor drains	<input type="checkbox"/>	Hot holding equipment	<input type="checkbox"/>	Other:

- Check the meals and/or snacks that are served (menus should be attached if completed):

Breakfast AM Snack Lunch PM Snack Dinner

- Check all that apply to the food service operation:

	Fresh fruits and/or vegetables will be served		Leftovers are cooled down and saved for another meal or snack**
	Food is made in one location and delivered to another location for service*		Meals are served family style or through a buffet line
	Food will be prepared 4 hours or more in advanced**		Raw meats will be cooked
	Kitchen is also used to prepare food for people other than the children and staff at the child care facility*		Raw shell eggs will be cooked

*These activities require a retail food establishment license.

**These activities require commercial (restaurant grade) refrigeration

- Food/beverages will be primarily served on:

Multi-use tableware Disposable tableware Both

- If applicable, describe where infant bottles will be prepared, washed and rinsed, and sanitized:

- Will parents supply snacks for children other than their own? Yes No

- Will there be refrigerators in classrooms or outside of the designated kitchen?

Yes No If yes, where: _____