

DuPage County Health Department

Care Facility Construction Plan Review Guide
111 N County Farm Road Wheaton, Illinois 60187
www.dupagehealth.org

Facility	
Name:	Address:
City:	Zip:
Phone: () /	Fax: ())

Owner		
Name:	Address:	
City:	State:	Zip:
Phone: () /	Fax () /	

Project Contacts	
Name (If other than Owner):	
Phone: () /	Fax: () /
Sanitarian:	Assigned Sanitarian ID:
Licensing Representative:	

For Office Use Only:			
Date Rec'd: / /	<input type="checkbox"/> Plans Approved	Date Approved: / /	San ID:

I. General Facility Information					
• Type of Facility:	<input type="checkbox"/> Childcare	<input type="checkbox"/> Preschool	<input type="checkbox"/> Adultcare		
• Proposed Capacity:	Age Range:	<input type="checkbox"/> 6wks –3yrs	<input type="checkbox"/> 3yrs –5yrs	<input type="checkbox"/> School Age	Other:
• Snacks Only?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you reviewed the DPCHD Snack Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Meals service: Meals prepared on site? <input type="checkbox"/> Yes <input type="checkbox"/> No Meals provided by a caterer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
• If meals are provided, provide a completed food service application form.					
For catered meals, provide caterers name and a copy of the caterers' most recent inspection report.					
Caterers Name:				Phone:	
Address:				City:	

Call us at 630-682-7400 if you have questions. Fax or deliver necessary documents to the reviewing Sanitarian.
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East PHC 1111 East Jackson Street Lombard, IL 60148 Fax: 630-620-8660	Southeast PHC 422 North Cass Avenue Westmont, IL 60559 Fax: 630-969-6477	Central PHC 111 N. County Farm Road Wheaton, IL 60187 Fax: 630-462-7945
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The following documents listed below have been utilized in shaping our expectations of facilities owned and operated in DuPage County. Copies of these documents or standards may be obtained by contacting the sponsoring organization.

Illinois Department of Children and Family Services (DCFS)

Text of Adopted Rules, Subchapter A: Requirements for Licensing,
Part 407: Licensing Standards for Day Care Centers
Building D, Suite 10
800 West Roosevelt Road
Glen Ellyn, IL 60506

**American Public Health Association and
American Academy of Pediatrics**

Caring for Our Children, National Health and Safety Standards:
Guidelines for Out of Home Child Care Programs

American Public Health Association
1015 Fifteenth Street, N.W.
Washington, D.C. 20005

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60009

**Minimum Sanitary Requirements for the
Design and Operation of Swimming Pools and Bathing Beaches**

Illinois Department of Public Health
525 W. Jefferson St.
Springfield, IL 62761

Food Service Rules and Regulations

Ordinance: Chapter 18: Health
DuPage County Health Department
111 N. County Farm Road
Wheaton, IL 60187

Consumer Product Safety Commission (CPSC)

Washington, D. C. 20207

**American Society of Heating,
Refrigerating and Air Conditioning Engineers**

1791 Tullie Circle, N.E.
Atlanta, GA 30329

National Fire Protection Association

Battery March Park
Quincy, MA 02269

American Society for Testing and Materials (ASTM)

100 Barr Harbor Dr.
West Conshohocken, PA 19428

Illinois State Plumbing Code

Illinois Department of Public Health
Plumbing Program

DuPage County Health Department
EHS
3/24/08

II. Personal Areas, Classrooms, Restrooms, & Hand Washing Sinks		
A. Personal Area	Yes	No
Have you shown the location for storage of children's personal belongings on the plans?		
Have you shown the location of Cubbies/Coat hooks? <i>(Provide 8-12" separation of hooks)</i>		
Have you indicated where/how toothbrushes and other grooming items will be stored?		
Location of cot storage:		
Other:		

B. Classrooms	Yes	No
Commercial refrigeration provided for storage of infant and toddlers bottles? Provide equipment specifications		
Separate food prep area provided and location indicated on plans?		
Specification on cribs provided?		
Thermostats/thermometers provided?		

C. Restrooms	Yes	No
Have you provided the number of fixtures as required by the Illinois State Plumbing Code, Illinois Department of Children and Family Services and local Building Department?		
Number of toilets provided: ___	-----	-----
Are restrooms provided for adults in the common area?		
Is a mechanical exhaust fan provided in each restroom?		
Have you specified garbage containers with lids for soiled diapers and in the women's restroom?		
Are toilets appropriately sized?		
If not, are step aids provided?		

DCFS standard for toilet and lavatory ratios:	
Number of Children	Toilet and Lavatories
1 to 10	1

11 to 25	2
26 to 50	3
51 to 75	4
76 to 100	5
101 to 125	6
126 to 150	7
151 to 175	8

D. DIAPERING STATIONS

Provide specifications on countertops and cabinetry:
(Must be NSF approved solid surface materials, laminated materials not approved)

Specify locations of hand sinks for diapering:

Specify location for storage of diapering supplies:

Specify materials used to cover diapering tables: *(e.g. rolled paper; diaper pad)*

Specify location for storage of cleaning and sanitizing supplies:

Drop-in hand sinks installed in NSF-Approved solid surface materials; laminate countertops are not approved

E. Handwashing Sinks

How many hand washing sinks excluding bathroom lavatories are you providing?

Yes

No

Are hand sinks provided in each classroom?

Do your plans indicate that all hand washing sinks will be supplied with dispensed soap and paper towels?

III Water Supply/ Sewage Disposal

A. Utilities

Water Supply: Public Private

Sewer: Public Private

B. Potable Water

Backflow protection Required on the following pieces of equipment - Check those that apply:

Chemical dispensing systems Dishwashing Machines Washing machines

Threaded Water Faucets Hose reel units

Drinking fountains provided? Yes No

Location of drinking fountains:

C. Hot Water System

Specify the water heater storage capacity in gallons:

Are multiple water heaters proposed? Yes No

If so, how many? Specify location(s):

Specify the water heater recover rate, if mechanical (chemical or hot water) sanitizing machine is being proposed	___ ___ GPH @ ___ ___ °F
Separate hot water supply for foodservice:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, tempering valve installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Hot water requirements are 85^o – 115^o F; tempering valves may be required</i>	

IV. SANITIZING/ DISINFECTION		
Where are toys and “sippy” cups sanitized?		
What method will be used to sanitize / disinfect?	<input type="checkbox"/> Mechanical High Temperature	<input type="checkbox"/> Chemical
<i>*Provide proper chemical test strips for chemicals used</i>		

V. Lighting	Yes	No
Are your classrooms lighted according to specifications?		
Is lighting properly shielded?		
Are room darkening materials provided for rooms that are used for naps?		

VI. Laundry/ Janitorial Facility	Yes	No
Is a washing machine provided? If yes, a dryer is required.		
Is a locked door provided to separate the laundry area from the children?		
Is non-corrosive NSF approved shelving provided for storage of chemicals?		
Is a shower basin type (floor mounted) janitorial sink provided?		
Are heavy-duty mop and broom racks specified?		

VII. Insect & Rodent Control	Yes	No
Are all the vents covered with screening? (<i>Minimum 16 mesh per inch</i>)		
Are all the voids and gaps around utility lines, pipes, etc. sealed?		
Are windows that can be opened properly screened?		
Are all exterior doors provided with self-closing devices, thresholds, threshold sweeps and weather stripping?		

VIII. Physical Safety	Yes	No
Are outlet protectors provided?		

Are childproof cabinet door latches provided?		
Are locked medicine boxes provided?		

IX. Pets	Yes	No
Will pets be present in the facility?		
If yes, what kind?		
Where are pets located?		

X. Isolation Area	Yes	No
Is isolation area located near a restroom?		
Specify the location of the isolation area for ill children:		

XI. Garbage and Refuse Disposal			
Specify type of disposal provided:	<input type="checkbox"/> Dumpster(s)	<input type="checkbox"/> Compactor	<input type="checkbox"/> Recycling container(s)
Specify location and construction materials of garbage enclosure if provided:			
Location:			
Construction Materials:			

XIII. Window Treatment		
Specify areas where tempered glass will be installed	Specify location and type of protective window barriers	Specify type of window covering/treatment

XIII. Outdoor Play Areas
Submit outdoor playground:
Specifications of playground equipment and documentation that equipment meets ASTM Standard #

Specify type of impact-absorbing materials under and around playground equipment:

Specify type of fencing around play area:

Specify drainage plan:

Specify sandbox location and sizing:

Water park / swimming pool plans to be submitted to Illinois Department of Public Health for review and approval prior to construction

Critical Heights of Tested Materials				
Material	6 inch uncompressed depth	9 inch uncompressed depth	9 inch uncompressed depth	9 inch compressed depth
Wood Mulch	7 feet	10 feet	11 feet	10 feet
Double Shredded Bark Mulch	6 feet	10 feet	11 feet	7 feet
Uniform Wood Chips	6 feet	7 feet	12 feet	6 feet
Fine Sand	5 feet	5 feet	9feet	5 feet
Course Sand	5 feet	5 feet	6 feet	4 feet
Fine Gravel	6 feet	7 feet	10 feet	6 feet
Medium Gravel	5 feet	5 feet	6 feet	5 feet

*From the Handbook for Public Playground Safety by the U.S. Consumer Product Safety Commission

<i>Specific brand names and colors for materials should be specified.</i>				
Room or Area	Floor	Floor Base or Cove	Walls	Ceiling
Classroom				
Laundry				
Janitorial				
Large Muscle Area				

Gym				
Cot Storage				
Storage Facilities				