

Casper-Natrona County Health Department 475 South Spruce Street Casper, WY 82601 (307) 235-9340

CHILD CARE PLAN REVIEW APPLICATION

	_New	Remodel		Own	ership Change
Name o	of Child Care Facility				
Name o	of Operator				
Address	S				
City		Zip Code	Phone		
Floo fire exti Fini Equ	inguishers, storage areas, ro	verings for floors, walls and ceilings		ment, roc	om ages, exits,
Genera	l Requirements Checklist:				
	Hot water maintained at 12	0 F or below?		Yes	No
		test water and internal food tempe			
		p		Yes	No
3.	Sanitizer type	Test strips availa		Yes	 No
		danger labels stored under lock and		_	
		5	•	Yes	No
5.	All chemicals with caution la	bels and medicines stored inaccess	ible to childre	- n?	
				Yes	No
6.	Separate storage area provi	ded for children's personal items?		Yes	No
7. 3	Separate cot or napping are	a provided for each child?		Yes	No
8.	First aid kit complete?			Yes	No
9.	Emergency numbers posted	?		Yes	No
10.	Current TB tests for all empl	oyees? (Within 60 days prior to em	ployment)	Yes	No
11.	Thermometers in each refrig	gerator/freezer?		Yes	No
12.	Diaper changing area within	12 feet of a hand sink?		Yes	No
	(Hand sinks must be plumbe	ed, portable hand sinks are not app	oved for use)		
13.	Electrical outlets protected?	,		_Yes	No
14.	Outside areas appropriately	fenced?		Yes	No

15. Staircases protected? (If any)	Yes	No
16. Pets approved/current vaccination records? (If any)	Yes	No

17. ł	How	often	will	toys	be sanitized?	
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	What sanitizer will be used?	Concentration?	
	How many children will attend your facility?		
	Food prepared at facility?	Yes	
	Snacks Breakfast Lunch	Dinner	
20.	Will you be cooking raw meats?	Yes	No
	If so, how?	em?	
	Will you be reheating pre-cooked foods? If so, at what temperature will you reheat the food?	Yes	No
22.	Will you be storing cold foods?	Yes	
	Will you be holding hot foods?	Yes	No
	At what temperature?		
24.	Will you be preparing fruits and vegetables? If so, how?	Yes	No
	Will you be cooling hot foods? If so, how?	Yes	No
	What time frames are you required to cool down the fo	ood item?	
26.	Will you be thawing frozen foods? If so, how?	Yes	No
	Will you be using gloves or utensils to handle ready to If so, when and how?		No
	How will you be washing and sanitizing dishes and kitch		

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the Casper-Natrona County Health Department may nullify this document.

Signature(s): ______ Owner(s) or responsible representative(s)

Date: _____