



PROPOSED CHILD CARE CENTER REVIEW

State Form 52087 (6-05) / BCD 0215
CHILD CARE CENTER LICENSING UNIT
DIVISION OF FAMILY RESOURCES

KEEP WITHIN FILE, DO NOT PURGE!

Name of facility _____		
Address (number and street, city, state, ZIP code) _____		
County _____	Telephone number () _____	ID number _____
NUMBER OF CHILDREN LICENSE TO BE ISSUED FOR _____ through _____ _____ through _____ Total number of children _____ Number of I/T/2 mixed age alternative rooms: _____		<input type="checkbox"/> No health inspection needed <input type="checkbox"/> Health inspection required/requested <input type="checkbox"/> No SFM inspection needed <input type="checkbox"/> SFM inspection required/requested
1. SDH plan approval number: _____		
2. Policies received and approved: Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No Written Program <input type="checkbox"/> Yes <input type="checkbox"/> No Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Qualifications of Director reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Director: _____ Qualifications: _____ BA major _____ 15 hours in ECE <input type="checkbox"/> Yes <input type="checkbox"/> No AA in early childhood education <input type="checkbox"/> Yes <input type="checkbox"/> No 3 years experience in ECE program <input type="checkbox"/> Yes <input type="checkbox"/> No Variance required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Continuity of care plan <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Staff person with CPR: _____
6. Room measurements: (Give specifics to identify rooms, NOTE: Infant rooms require 50 square feet per child)		
a. _____ square feet ÷ by 35 = _____ children	f. _____ square feet ÷ by 35 = _____ children	
b. _____ square feet ÷ by 35 = _____ children	g. _____ square feet ÷ by 35 = _____ children	
c. _____ square feet ÷ by 35 = _____ children	h. _____ square feet ÷ by 35 = _____ children	
d. _____ square feet ÷ by 35 = _____ children	i. _____ square feet ÷ by 35 = _____ children	
e. _____ square feet ÷ by 35 = _____ children	j. _____ square feet ÷ by 35 = _____ children	
Diagram attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Total children based on play space: _____	
7. Number of rooms for use by children under 30 months of age: _____		
8. All I/T/2 rooms have required sink/toilet/changing tables/direct entry <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____		
9. List any limitations to particular room usage: _____ _____ _____		
10. Outdoor play space: _____ total square feet ÷ 75 square feet = _____ Meets CPSC guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No Safely enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Directly accessible <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Office area <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff lounge <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Adequate variety/quantity of equipment <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Child size tables/chairs <input type="checkbox"/> Yes <input type="checkbox"/> No		One (1) table/chair space for each child in area/room <input type="checkbox"/> Yes <input type="checkbox"/> No
15. All required Learning Centers <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Low open shelves in all classrooms <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Space for each child's personal belonging <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. CCDF Provider Eligibility Standards Application <input type="checkbox"/> Yes <input type="checkbox"/> No (completed CCDF approval/decline form required)		
Name of consultant _____	Date (month, day, year) _____	
Type of visit _____	Date of licensing recommendation (month, day, year) _____	
Type of license recommended _____	Date entered into PC (month, day, year) _____	
Signature of licensing consultant _____	Date (month, day, year) _____	
Signature of provider _____	Date (month, day, year) _____	