

HARNETT COUNTY NEW CHILD CARE CENTER PLAN REVIEW APPLICATION

* The application will be reviewed using 15A NCAC 18A .2800 "Rules Governing the Sanitation of Child Care Facilities."

Plans must be submitted and approved prior to construction, Submit plans to the Harnett County Central Permitting Office located at 108 East Front St., Lillington, NC 27546 or by mail at PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. If you have questions regarding this application, contact one of the following Environmental Health Specialists below at 910-893-7547.

Gale Violette, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Nikki Eason, REHS
Environmental Health Specialist

- Plans must include drawings showing placement of equipment in the facility, including storage, food service areas, diaper changing areas, can wash facilities, along with general plumbing, electrical, mechanical, and lighting plans. You must also submit equipment and finish schedules.
- Each child care classroom should be identified by age group(s) that will be using the room.
- Plans must have a proposed menu provided listing the foods to be served at the child care center
- Plans must include a site plan locating exterior equipment such as dumpsters or compactors and indicating the proposed connections to approved sewer and water.

NAME OF CHILD CARE CENTER: Miracle Tabernacle Childcare Center

CHILD CARE CENTER'S ADDRESS: 2301 Ray Road Spring Lake NC

PHONE: 910-568-0493 FAX: 28390

APPLICANT'S NAME: Ramona Williams

MAILING ADDRESS: 2301 Ray Road Springlake NC 28390

PHONE: 910-808-8008 EMAIL: Miracletabernacleacademy

DIRECTOR: Ramona Williams @ yahoo.com

NUMBER OF CHILDREN FOR WHICH FACILITY WILL BE LICENSED: 99

Main Food Service

Meals prepared on site or catered meals? (With catered meals you are still required to have the minimum requirements in the kitchen) Prepared on Site

Where will the children eat meals? (Family style, tables in classrooms, dining area, etc...) Classroom family style

Will multi-use utensils, silverware, sippy cups, etc... be used or disposable utensils? Multi-use

Can the kitchen door be locked? Is there a barrier to keep children out of the kitchen? Yes

Please list all equipment to be used in the kitchen and include specification sheets: Stove, Refrigerator, microwave, Serving Cart, Sinks, Food prep table

Do you have a thermometer available to monitor food temperatures? Yes Do you have thermometers in the refrigerators? Yes

Will leftovers be served? NO Will meals be prepared 12 or more hours in advance? NO

Infant Food Service

Will bottles be stored, prepared, warmed, served, etc... in the infant room or in the kitchen? Room

Describe your procedures for handling breast milk: Labeled and dated with Childs Name and date it came in. Breast milk will be kept in Refrigerator.

Does the infant room have countertop space for warming bottles? yes

What method will be used to warm bottles? Bottle Warmers

Is there a refrigerator for bottle storage? yes Is there a thermometer? yes

Is there a separate sink used exclusively for bottle/food preparation? yes

Diaper Changing

Are diaper changing stations in each age appropriate room? yes

Where will diaper changing supplies be kept? In upper Cubbies and Lock Boxes.

Is there a dirty diaper receptacle with a lid? yes

Can the caregiver view the children while changing diapers? yes

Where and how will soapy water, sanitizers and disinfectants be stored?

up high on top of cubbie shelves

Is there a separate hand wash lavatory used exclusively for diaper changing hand washing?

Yes

Are diaper changing signs provided? Yes

Cubbies and Storage

How and where will cubbies be arranged? In Classroom near entrance

Are coat hooks spaced at least 12" apart? Yes

Is all storage in all closets stored off floor (recommend 12") to facilitate cleaning? Yes

Will toothbrushes be used at the center? Yes Will they be labeled? Yes

Beds, Cots, Mats, Cribs, and Linens

Will cribs have the capability of being spaced 18" apart while in use? (if not, crib dividers and partitions are acceptable) Yes

How and where will cots and/or mats be stored? Classroom

Where will crib, cot, and mat sheets be stored? In Cubbies

Where is there a designated sick area with cot/mat? In Office

Is linen being provided by the center or the parents? Parents

How often will infant sheets be changed? Daily

How often will sheets be laundered? Daily

Cleaning, Sanitizing and Disinfecting

Is all furniture in the center of a smooth, washable finish? Yes

How will toys in infant and toddler rooms be washed and sanitized? Where? How often?

Kitchen sink daily, weekly

Please explain what type of sanitizer will be used to sanitize toys, food areas, furniture, etc.:

Bleach and soapy water

Please explain what type of disinfectant will be used to sanitize toilets, lavatories and diaper changing tables:

Bleach and soapy water

Do you have appropriate test strips for the types of sanitizer and disinfectant you are using?

Yes

Where is the can wash facility for cleaning trash cans, dumping mop water, etc...?

Outside in back

Will water play centers be used? Yes

Hand wash lavatories

Does each toilet area have a hand wash lavatory? Yes

Does the diaper changing station have a hand wash lavatory exclusively for diaper changing?

Yes

Does the food service area in the infant and toddler room have a lavatory exclusively for food service?

Yes

Does the kitchen have a hand sink that is separate from the 2 or 3 compartment sink for hand washing only?

Yes

What types of faucets are at all hand wash lavatories (please note that metering type is not allowed unless they can retain warm water for at least 20 seconds at the first pressing):

Standard faucets

Are handwashing signs provided? Yes

Locked Items

Please indicate **where** the following type of locked items will be stored and **what type** of lock:

Medicines (both refrigerated and non refrigerated) In Lock Box

Cleaning supplies and all types of chemicals Lock Closet (pad lock)

Personal belongings (purses, keys, employee items) Locked Storage

Aerosols and all other toxic products Locked Closet (pad lock)

Mildly Ill Children

Will you be licensed to care for mildly ill children pursuant to 10A NCAC 09 .2400? NO
Please include your protocols for this type of care.

Animals

What type of animals will be on the premises? None

Outside premises

Please describe the playground area (size, type of play equipment, type of fence, water activities, etc...) Fenced in playground Area. There is NO Stable equipment on playground.

Is there chromated copper arsenate (CCA) pressure-treated wood in the play ground area?
NO

What methods will you use to make this inaccessible to the children? _____

Is the can wash facility located outside? yes
If yes, is there a fence and lock around it so it is not accessible to children? yes

Is the HVAC, mechanical equipment, etc... locked with a fence around it so it is not accessible to children? yes

HARNETT COUNTY WATER SUPPLY AND WASTEWATER SYSTEM
APPLICATION

No application will be processed if this form is not completely filled out.

Water Supply:

Type of water supply: (check one)

- Non-public
- Community/Municipal
- Non-transient, non-community
- Transient, non-community

Is an annual water sample required of your establishment? (check one)

- Yes
- No

Wastewater System:

Type of wastewater system: (check one)

- Public sewer
- On-site septic system

Number of children: 52

Number of employees: 10

Hot Water Supply

The kitchen hot water temperature will need to be a minimum of 120 degrees Fahrenheit. All other sinks that are accessible to children and the can wash facility must be maintained between 80-110°Fahrenheit. Using two separate water heaters may be the best option since it is often difficult to obtain two separate temperatures with one water heater. Mixing valves installed on sinks have a high failure rate and are not very dependable.

Explain what the specifications of your water heater(s) are. (For example, if you are using two water heaters, indicate which one is for the kitchen and which one if for the classrooms). It is recommended that the minimum water heater size be 50 gallons.

Tank Manufacturer and Model # RE350TG-INCWW
 Storage tank size 50 gal GPH recovery _____ Additional tank size 50 gal

Lighting

Do all light fixtures have shatterproof or shielded bulbs? yes

Will lighting illuminate 50 ft. candles at all work areas? yes
 and 10 ft. candles at all other areas, including storage closets? yes

Finishes

Please describe the finishes/construction material in the following areas:

	Floors	Walls	Baseboards	Ceilings
Kitchen	Tile	Sheet rock	wood	Tile
Bathrooms	Tile	Sheet rock	wood	Tile
Infant Room	Tile	Sheet rock	wood	Tile
Toddler Room	Tile	Sheet rock	wood	Tile
Other Rooms	Tile	Sheet rock	wood	Tile
Staff Room/Office	Carpet	Sheet rock/Brick	wood	Tile
Storeroom	Tile	Sheet rock	wood	Tile
Other	Tile	Sheet rock	wood	Tile

*Wall to wall carpets must be cleaned at least every six months

SAMPLE FORM

Menu Planning Form

Week of _____

MEAL PATTERNS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast Juice or fruit Bread and/or cereal Milk, fluid (three food groups)	Milk Oatmeal Diced Apples	Milk Waffles Sliced Peaches	Milk Scrambled Eggs Hash brown	Milk Oatmeal Banana	Milk Pancakes Strawberries
A. M. Supplement Milk, juice, fruit or vegetable bread or cereal (two food groups)	Vanilla Yogurt Banana Water	Crackers Cheese Slices Water	Gold Fish Apple Juice	Pretzels Cheese Cube Water	Animal Cookies Apple Juice
Lunch Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)	Milk Chicken Nuggets Baked Fries Fruit cocktail Roll	Milk Turkey Peas Peaches Bread	Milk Spaghetti Green beans Pear halves Roll	Milk Hamburger Fries Mandarin Oranges Bun	Milk Pizza Green Salad Sliced Apples
P. M. Supplement Milk, juice, fruit, vegetable, bread or cereal (two food groups)	Juice Gram Crackers	Water Applesauce Animal Cookies	Juice Cookies	Juice Cheese Crackers	Juice Gram Crackers
Supper Meat and/or alternate Vegetables and/or fruits Bread Butter/margarine Milk, fluid whole Other foods (four food groups)	Milk Hot Dog Baked Beans Peaches Bun	Milk Ham Green Beans Sliced Apples Bread	Milk Chicken Nuggets Peas Banana Roll	Milk Pizza Rolls Broccoli Apple Sauce	Milk Meat Balls Mashed Potatoes Peaches Roll

Adapted from: *Special Food Service Programs for Children*, U. S. Dept. of Agriculture Food and Nutrition

Storage Shed

Back

Preschool Playground

Infant Playground

Codes -
T - Toilet
S - Sink
SC - Storage Closet
CT - Changing table
FP - Food prep table

Directors Office
Check IN

Kitchen

Bathroom

Hall

Stage

Desk

Storage Room

Storage Interior Window

Front

81x5

Parking Lot

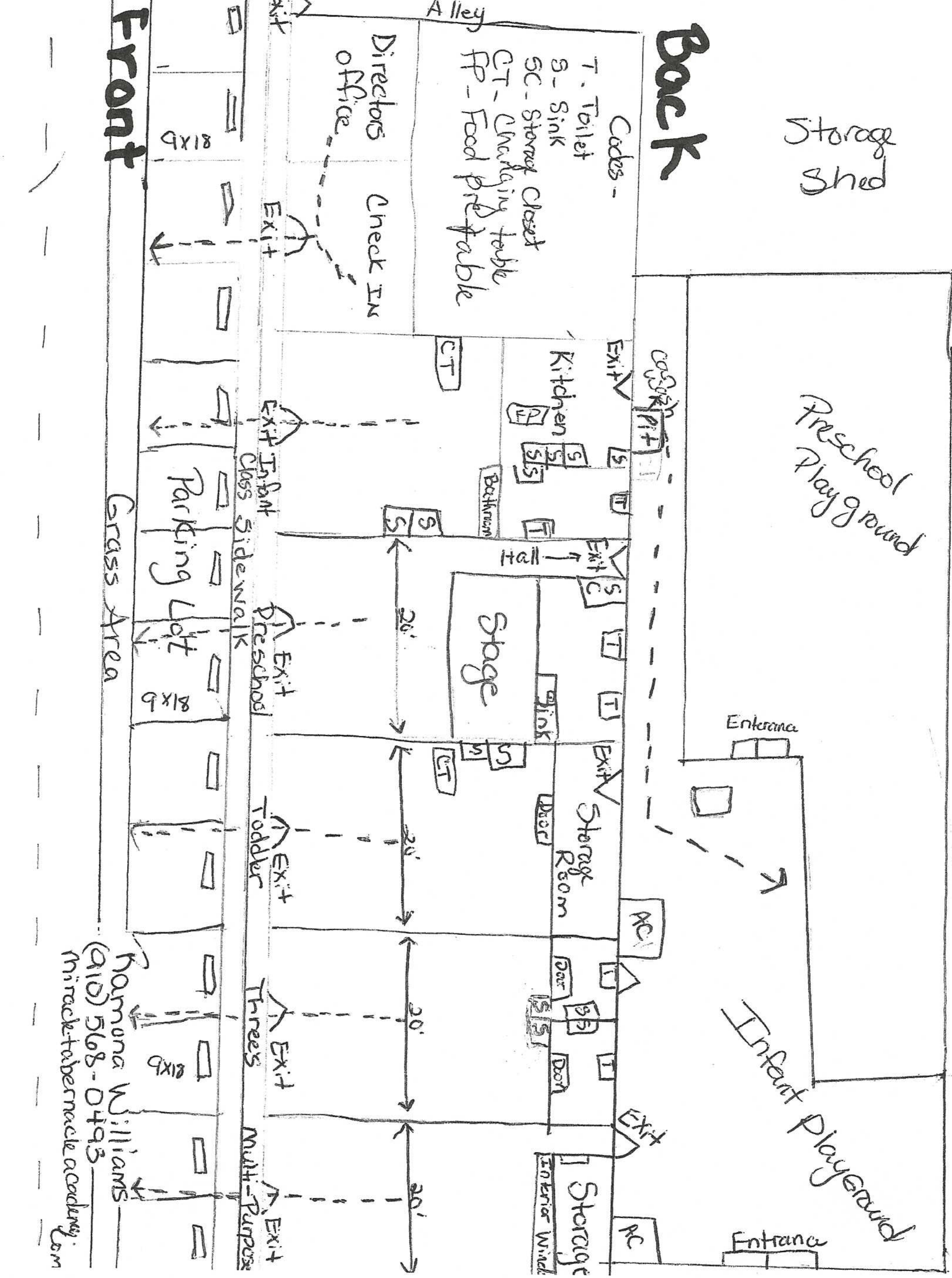
81x5

Grass Area

81x5

Harmona Williams
(910) 568-0493

Miracle Tabernacle Academy
com



Initial Application Date: 8/3/2021

Application # _____

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

CU# _____

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Stafford Land Company INC Mailing Address: 246 Valley Field
City: Southern Pines State: NC Zip: 28387 Contact No: _____ Email: Staffland@earthlink.net

APPLICANT: Ramona Williams Mailing Address: 2301 Ray Road
City: Spring Lake State: NC Zip: 28390 Contact No: 910-808-8008 Email: miracle-tabernacle-academy@yahoo.com

ADDRESS: 2301 Ray Road Spring Lake N.C. PIN: _____
Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____
TOTAL HTD SQ FT _____ GARAGE SQ FT _____ (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____ TOTAL HTD SQ FT _____

Home Occupation: # Rooms: 6 Use: Childcare Hours of Operation: 5:30am - 9:00pm #Employees: 13

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no
TOTAL HTD SQ FT _____ GARAGE _____

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Ramona Williams
Signature of Owner or Owner's Agent

08.02.2021

Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.
*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK

strong roots • new growth

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION:**

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any Easements or Right of Ways on this property?
 YES NO Does the site contain any existing water, cable, phone or underground electric lines?
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.