Child Care Physical Plant Evaluation

The expectation of the general public and a preliminary requirement for the Bureau of Child Care Licensing (BCCL) is that the **applicant must hire <u>their own contracted architect</u>** to certify that new and existing facilities used for the care of infants and children have been evaluated for compliance with the local building codes and the child care rules for the physical plant and complete this form. A list of architects who are interested in evaluating child care facilities statewide is available by calling the local Child Care Licensing office.

Please complete the following:

Name of facility:		
The facility is a: ☐ Private facility / Charter School ☐ Public School **(for children younger than 3 years of age.)**		
☐ **A building not currently licensed:** ☐ **1. New construction.** ☐ **2. An existing unlicensed building.** ☐ **3. A public school building for children younger than 3 years of age.** **Note:** A different building form is used for children 3 years of age and older in public school buildings. **Do not use this form.** ☐ **A Change of Ownership for a facility currently licensed as CDC#_____**		
Address of facility:	**City:**	**Zip Code:**
Name of Applicant or Licensee:		
Name of CONTACT PERSON:	**Address:**	**Telephone #:**

NOTE: All calculated capacity number values must be rounded DOWN to the nearest whole number.

Phoenix Metro Area & Northern AZ:
Bureau of Child Care Licensing
150 North 18th Ave., Suite 400
Phoenix, AZ. 85007
Phone: 602 364-2539

Tucson/Yuma Area:
Bureau of Child Care Licensing
400 West Congress, Suite 100
Tucson, AZ 85701
Phone: 520 628-6541

For BCCL use only	Total Capacity:	Infants:	One year olds:	Data Input Date:
Facility CDC #:	Previous CDC #:	L.S. #:	Office: PHX TUC FLA	Initials:

Pursuant to R9-5-201.A.5, one copy each of the architect's final drawings as described below, approved by the city/county, with necessary information to show compliance with these rules must be provided as part of the initial application for licensure.

- **A SITE PLAN, drawn to scale showing:**
  - The drawing scale
  - Boundary dimensions of the property upon which the facility's physical plant is located
  - If more than one building is used for the facility, the location and perimeter dimensions of each building
  - The location of each driveway on the property
  - The location and boundary dimensions of each parking lot on the property
  - The location and perimeter dimensions of each outdoor activity area
  - The location, type and height of each fence and gate
  - The location of swimming pool, if applicable

- **A FLOOR PLAN of each building to be used for child care drawn to scale showing:**
  - The drawing scale
  - Length and width dimensions for each indoor activity area
  - The requested licensed capacity and applicable service classification for each indoor activity area
  - The location of each diaper change area
  - Location of each hand washing, utility and three-compartment sink, and each toilet, urinal and drinking fountain
  - Location and type of fire alarm system

- **Also REQUIRED:**
  - A copy of the *Certificate of Occupancy* issued for the facility by the local jurisdiction
  - Documentation from the local jurisdiction that the facility was approved for occupancy, OR
  - If the documents in subsections above are not available, the seal of an architect (registered as prescribed in A.R.S. § 32-121) **on the site plan and the floor plan** verifying compliance with existing local building and fire codes, local zoning requirements and this Chapter.

Please provide the following information regarding the OUTDOOR (INDOOR substitution) ACTIVITY area(s) (R9-5-602):

Available fenced area 1a	**Name:**	**square feet = _____**
Available fenced area 1b	**Name:**	**square feet = _____**
Available fenced area 1c	**Name:**	**square feet = _____**
Area-2: Indoor substitution, if applicable =		**_____ square feet (R9-5-602)**
Total capacity = Area-1 + Area-2:		**_____ square feet**
divided by 75, then multiplied by 2 , equals		**_____ Total Outdoor Capacity**

Please provide the following information regarding the Indoor Activity Areas:
25 sq. ft. for 2 year olds and up
35 sq. ft. for infants and 1 year olds
50 sq. ft. for all ages if no outdoor play area and 4 hours maximum per day.

Room Number/Name	Age of Youngest child in room	Diaper change area	Net SF	Capacity 25 SF	Capacity 35 SF	Capacity 50 SF	Total
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Total Capacity							

Round off all capacities to the lowest whole number (ex: 14.68 would be 14 children.)

Please provide a summary of the following:

1. At least 1 flush toilet and 1 hand washing sink for 10 or fewer children.
2. At least 2 flush toilets and 2 hand washing sinks for 11 to 25 children, up to 25.
3. At least 1 flush toilet and 1 hand washing sink for each additional 20 children, over the first 25.

Number of Sanitary Units Provided:
Note: One Sanitary Unit is a combination of one toilet or urinal plus one hand washing sink, per R9-5-512.F.G.

Number of toilets plus number of urinals		
Number of toilet hand washing sinks (Drinking attachments not allowed.)		
Total Sanitary Units (lower of two numbers)		**Capacity based on sanitary units** (Children 2 years old and older.)

Total Child Capacity is limited to the LOWEST number of the following:		
A.	**Capacity based on Outdoor Activity Area**	
B.	**Capacity based on Indoor Activity Area Total**	
C.	**Capacity based on total number of Sanitary Units see sanitary units and add total of infants and one year olds**	

Pursuant to R9-5-101(48), compliance to building codes and standards, fire codes, zoning, accessibility, and total child and staff capacity shall be subject to approval by the local government agency.

The Total Capacity is subject to final review and approval at the final inspection by the Licensing Surveyor.

If the plans have the required architect seal, this section is not required (see page 2):

Name of Architect:			**Architect Seal Here**
Name of firm:			
Address:	**City**	**Zip**	
Telephone number:	**Email:**		
ARCHITECT STATEMENT: I certify to the best of my knowledge and belief that this building design is in substantial compliance with the minimum Licensure requirements of the Arizona Department of Health Services for construction or modification of this child care facility and that the information contained in the attached *Child Care Physical Plant Evaluation* is accurate. I certify that I have complied with all provisions of the Rules of Professional Conduct in reviewing this facility and preparing the Evaluation. (AAC R4-30-301)			
Signature			**Date**