

**CHILD CARE LICENSING – KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
SITE REVIEW/PROGRAM CONSULTATION**

Allow for up to 21 business days for review

Note: Clarifying questions may be required of the applicant prior to final site approval

<b>Surveyor:</b>	
<b>Date of Final Site Approval:</b>	<b>County:</b>
<b>Name of Center (if applicable):</b>	<b>Total Capacity (desired):</b>
<b>Address (if known):</b>	<b>City:</b>
<b>Applicant/Owner Name:</b>	
<b>Building Summary:</b> Building for CC program only <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Building is shared <input type="checkbox"/> Yes <input type="checkbox"/> No With Whom? _____ Hours _____ Days _____ Total # of toilets: ____ Total # of sinks: ____ Would children, parents, or staff have to walk through any other unit to use the bathroom, go outdoors or place a child: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, which units (3 feet of passageway will be deducted):  Does the facility contain a multi-use room? <input type="checkbox"/> Yes <input type="checkbox"/> No How does the program envision the use of this room?:	
<b>Meal Service:</b> Exclusive use of kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No Meals catered <input type="checkbox"/> Yes <input type="checkbox"/> No If known, by whom: Prepared on site <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, three compartment sink or mechanical dish washer (circle one)	
<b>Outdoor Play Area:</b> Outdoor play area dimensions based on site plan provided (List all measurements = total dimensions) 1. ____ x ____ = ____ (total dimensions) 2. Total dimensions / 75 = ____ (# of children) Area fenced (4 ft) <input type="checkbox"/> Yes <input type="checkbox"/> No I/T play area separated <input type="checkbox"/> Yes <input type="checkbox"/> No How/Type of barrier or schedule _____  Review route children take to go outdoors <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment Review 1. Age Appropriate 2. Distance from fence other equipment 3. Outdoor surfaces: cement/asphalt/impact absorbing Shade onsite to be utilized: Access to (plan for) drinking water: <input type="checkbox"/> Yes <input type="checkbox"/> No Restroom facilities accessible to play area: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments:	

**UNIT REVIEW (copy as needed)**

PS/SA UNIT NAME	AGES TO BE SERVED & TOTAL # CHILDREN
<p><b>Unit Summary:</b>                      Room dimensions based on site plan provided: ____ x ____ = ____ (total dimensions) OR sq. footage provided                      Total dimensions / 35 = ____ (# of children)*</p> <p>Total # of toilets ____                      Total # of sinks ____</p> <p><i>Discussion Points: If toilets are not within the unit, how will restrooms be accessed? How will children be supervised using the restroom? How will staff-child ratio be maintained within the unit if staff need to escort a child to the restroom?</i>                      If toilet is outside of unit, plan for restroom access:</p> <p>Additional Comments:</p> <p><u>Discussed or in plan:</u>                      Locked storage in each unit __ Yes __ No                      Storage for cots/mats __ Yes __ No                      Cubbies __ Yes __ No                      Access to drinking water __ Yes __ No</p> <p>Will the unit also serve as a multi-age unit? __ Yes __ No If yes, will the unit support all ages to be served and needs such as restroom access/changing table?</p>	
PS/SA UNIT NAME	AGES TO BE SERVED & TOTAL # CHILDREN
<p><b>Unit Summary:</b>                      Room dimensions based on site plan provided: ____ x ____ = ____ (total dimensions) OR sq. footage provided                      Total dimensions / 35 = ____ (# of children)*</p> <p>Total # of toilets ____                      Total # of sinks ____</p> <p><i>Discussion Points: If toilets are not within the unit, how will restrooms be accessed? How will children be supervised using the restroom? How will staff-child ratio be maintained within the unit if staff need to escort a child to the restroom?</i>                      If toilet is outside of unit, plan for restroom access:</p> <p>Additional Comments:</p> <p><u>Discussed or in plan:</u>                      Locked storage in each unit __ Yes __ No                      Storage for cots/mats __ Yes __ No                      Cubbies __ Yes __ No                      Access to drinking water __ Yes __ No</p> <p>Will the unit also serve as a multi-age unit? __ Yes __ No If yes, will the unit support all ages to be served and needs such as restroom access/changing table?</p>	

TODDLER UNIT NAME	AGES TO BE SERVED & TOTAL # CHILDREN
<p>Room dimensions based on site plan provided: ___ x ___ = ___ (total dimensions) OR sq. footage provided            Total dimensions / 35 = ___ (# of children)*            Cribs/playpens 2 ft apart ___ Yes ___ No            Diaper changing table ___ Yes ___ No (allows views of room during changing)            Dirty sink/handwashing ___ Yes ___ No (by changing table?)            Clean Sink/access to drinking water ___ Yes ___ No            (if NO what is plan for bottles, pacifiers)</p> <p><u>Discussed or in plan:</u>            Rocking Chair ___ Yes ___ No (or plan)            Discussed drink/bottle storage if needed ___ Yes ___ No            Access to drinking water ___ Yes ___ No            Locked storage in each unit ___ Yes ___ No            Cubbies ___ Yes ___ No</p> <p>Will the unit also serve as a multi-age unit? ___ Yes ___ No If yes, will the unit support all ages to be served and needs such as restroom access?</p> <p>Additional Comments:</p>	
INFANT UNIT NAME	AGES TO BE SERVED & TOTAL # OF CHILDREN
<p>Room dimensions based on site plan provided: ___ x ___ = ___ (total dimensions) OR sq. footage provided            Total dimensions of <u>play space</u> / 35 = ___ (# of children)* <b>(Note: sleep space cannot be counted towards play space)</b>            Sleep area separate ___ Yes ___ No (units with infants only)            Type of barrier _____ (no more than 3 ft in height and should not impede supervision of napping infant)            Cribs/playpens 2 ft apart ___ Yes ___ No            Diaper changing table ___ Yes ___ No (allows views of room during changing)            Dirty sink/handwashing ___ Yes ___ No (by changing table?)            Clean Sink/access to drinking water ___ Yes ___ No            (if NO what is plan for bottles, pacifiers)</p> <p><u>Discussed or in plan:</u>            Rocking Chair ___ Yes ___ No (or plan)            Discussed drink/bottle storage if needed ___ Yes ___ No            Locked storage in each unit ___ Yes ___ No            Cubbies ___ Yes ___ No            Access to drinking water ___ Yes ___ No</p> <p>Will the unit also serve as a multi-age unit? ___ Yes ___ No If yes, will the unit support all ages to be served and needs such as restroom access?</p> <p>Additional Comments:</p>	
<b>Surveyor Signature:</b>	<b>Date:</b>

**\*Disclaimer: Measurements and capacities listed on site approval document are not considered final. Measurements will be verified on-site at the initial survey by the surveyor and those measurements will guide final capacity for the facility.**

