NOTICE OF INTENT TO OPERATE A NEW CHILD CARE FACILITY

Complete all information and submit to the Office of Child Care (OCC) regional office before making application to the local jurisdiction for any required construction or occupancy permits. **IF NO PERMITS ARE REQUIRED, SUBMIT THIS FORM WITH THE APPLICATION AT LEAST 60 DAYS BEFORE THE FACILITY’S PROPOSED OPENING DATE.**

This form **must be accompanied by a site plan and a floor plan of the facility that are drawn to scale.** The site plan must indicate the location of the playground, parking areas, roads and adjacent buildings in relation to the facility. The following items must be indicated on the floor plans: architectural details such as columns, built-ins, etc.; the relation of the space to ground level; room numbers, if available; ages of children who will occupy rooms, if known; corridors or walkways; walls or partitions; doors and doorswings; windows; stairways; restrooms with fixtures; food preparation area with equipment; storage areas; office areas. The plan must indicate if any changes are being made to the facility – i.e., addition of toilets, sinks, drinking fountains, walls, etc. If the room is a large open space, then the plan must indicate how the space will be used if more than one group of children will be accommodated.

The purpose of submitting plans to the OCC prior to construction or changes being made is to allow the OCC time to review the plans and to provide consultation and recommendations. It would be cost effective to make changes to the plans prior to construction/changes taking place.

NAME OF FACILITY: ________________________________________________________________

ADDRESS: ____________________________________________________________________________
Street
City       County   Zip Code

NAME OF OPERATOR: __________________________________________________________________

CONTACT PERSON: ____________________________________________________________________
Name        Telephone Number

ADDRESS: ____________________________________________________________________________
City       County  State            Zip Code
___________________________________________________________________________________________________________

RELATIONSHIP TO FACILITY: ________________________________  PROPOSED OPENING DATE: _____________

PROPOSED BUILDING

1. Will the facility be housed in an existing building?  ☐ YES  ☐ NO
   If YES, describe the building’s previous and/or current use: ________________________________________________________
   Date of construction (if existing building): ________________________________________________________________

2. Is the building now or will it become a multi-use building?  ☐ YES  ☐ NO
   If YES, describe all other uses: ______________________________________________________________________

3. Type of construction:  ☐ Brick/Masonry  ☐ Reinforced Concrete
   ☐ Structural Steel  ☐ Wood Frame

4. Type of Heating System:  ☐ Electric  ☐ Boiler (inspection report required)
   ☐ Natural Gas  ☐ Heat pump
   ☐ Oil  ☐ Other (specify) ___________________________

5. Type of Heating Source:  ☐ Forced Air  ☐ Radiators
   ☐ Other (specify) __________________________________________

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PROPOSED BUILDING: (Continued)

6. Type of water supply: □ Public □ Private

7. Type of sewage disposal: □ Public □ Private

8. If existing building, will any alterations or additions be made to the building’s structure? □ YES □ NO
   If YES, describe: __________________________________________________________________________________________
   _______________________________________________________________________________________________________

9. List all permits that will be obtained from local jurisdiction (building, alteration, plumbing, etc.):
   ______________________________________________________________
   _______________________________________________________________________________________________________
   _______________________________________________________________________________________________________

10. Is there a swimming pool on the premises? □ YES □ NO
    If YES, describe:
    Has this pool been inspected by the local jurisdiction? □ YES □ NO
    Is the pool to be used by children in care at the facility? □ YES □ NO

PROPOSED SCOPE OF SERVICE

1. Describe type of facility: ___________________________________________________________________________________
   _______________________________________________________________________________________________________

2. Months of Operation: ______________________________________________________________________________________
   _______________________________________________________________________________________________________

3. Days of Operation: ______________________________________________________________________________________
   _______________________________________________________________________________________________________

4. Hours of Operation: ______________________________________________________________________________________

5. Ages to be served (be specific): __________________________________________________________

6. Capacity: (Note: Capacity is established by the OCC regional office based on available space, staff, equipment, and sanitary facilities. The capacity at opening may be set lower than what the building can accommodate, but the capacity may be increased as staff and equipment are added. It is important at this time to have the building approved by the local jurisdiction for the maximum number of children.)
   Total planned capacity: under 2: ______ over 2: ______ Proposed capacity at opening: under 2: ______ over 2: ______

PROPOSED FOOD SERVICE

1. Type of Food Service: □ Carried Lunch □ Catered
   □ Lunch prepared at Facility □ Snacks prepared at Facility
   □ Other, explain: __________________________________________________________________________________________

2. If a kitchen currently exists, describe existing equipment and fixtures: __________________________________________________________
   _______________________________________________________________________________________________________
   _______________________________________________________________________________________________________
   _______________________________________________________________________________________________________

Note: a food prep sink and a separate handwashing sink that prevents cross contamination is needed if the program is full day and will be serving meals and/or snacks.

Applicant’s Signature ___________________________ Date ____________

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