

# Child Care Facilities Regulations

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## **Appendix G:**

### *Online Application Forms*

*Includes: Family and Group Care Homes Application  
Plan Review Application and Instructions*

*\* Food Establishment Plan Review Forms, if required*

*Serving Boulder City, Clark County, Henderson,  
Las Vegas, Mesquite and North Las Vegas*



Southern Nevada District Board of Health  
P.O. Box 3902, Las Vegas, NV 89127 | 702.759.1000



## FAMILY AND GROUP CARE HOMES APPLICATION

Permit Fee: \$118.00 for Family Care Home (1-6 children)

Permit Fee: \$239.00 for Group Care Home (7-12 children)

**BUSINESS CHECKS ACCEPTED** Make payable to "SNHD" or "Southern Nevada Health District"

**PERSONAL CHECKS ARE NOT ACCEPTED \*VISA/MASTERCARD ACCEPTED if name on card MATCHES EXACTLY to I.D. CARD**

\*The following information is REQUIRED to process the application. Incomplete applications NOT ACCEPTED\*

FACILITY INFORMATION			
Facility Name:		Days and Hours of Operation:	
Responsible Person (if other than Operator):		# of Employees:	
FACILITY LOCATION INFORMATION			
Facility Location Address:			
City, State, Zip Code:			
Phone #:	2 <sup>nd</sup> Phone #:	E-mail Address:	
OPERATOR INFORMATION			
Operator Name:			
Is <u>Operator Contact Address</u> different from <u>Facility Location</u> Address?    Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, complete section below</i>			
Address:			
City, State, Zip Code:			
Phone #:	E-mail:	Bill to Address: <u>Facility Location</u> <input type="checkbox"/> <u>Operator Contact</u> <input type="checkbox"/>	
Operator Type:    Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>		Approval thru Child Care Licensing?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Complete the Following if Owner Type is a Partnership, Corporation, or LLC			
1. Name & Title of Partner or Corp. Officer:			
Address:			
City, State, Zip Code:			
2. Name & Title of Partner or Corp. Officer:			
Address:			
City, State, Zip Code:			
3. Name & Title of Partner or Corp. Officer:			
Address:			
City, State, Zip Code:			
<input type="checkbox"/> Applicant acknowledges receipt of a copy of the applicable regulations		INITIALS:	
<input type="checkbox"/> Applicant declined copy of applicable regulations in lieu of electronic copy at: <a href="http://www.southernnevadahealthdistrict.org">http://www.southernnevadahealthdistrict.org</a>			
NAME OF PERSON COMPLETING THIS APPLICATION			
Name (Print):		Signature:	DATE:



**PLAN REVIEW APPLICATION**  
(PLEASE PRINT LEGIBLY)

PROJECTED DATE OF OPENING: \_\_\_\_\_ PLEASE CHECK ONE:  NEW  REMODEL

SEPTIC TANK:  YES  NO WATER SUPPLY:  WELL  MUNI SYSTEM

HOURS OF OPERATION: OPEN: \_\_\_\_\_ CLOSE: \_\_\_\_\_

APPROXIMATE NUMBER OF TOTAL EMPLOYEES: \_\_\_\_\_ DRIVE-THRU:  YES  NO

PLEASE CHECK THE APPROPRIATE BOX:

BAR: # OF SEATING \_\_\_\_\_  SNACK BAR: # OF SEATING \_\_\_\_\_  
LICENSE:  
 RESTRICTED  UNRESTRICTED

RESTAURANT: # OF SEATING \_\_\_\_\_  SERVICE BAR

KITCHEN: SQ. FOOTAGE \_\_\_\_\_  MARKET: SQ. FOOTAGE \_\_\_\_\_

FOOD PROCESSOR: SQ. FOOTAGE \_\_\_\_\_  BAKERY: SQ. FOOTAGE \_\_\_\_\_

WAREHOUSE: SQ. FOOTAGE \_\_\_\_\_  OTHER: SQ. FOOTAGE \_\_\_\_\_

CHILD CARE: SQ. FOOTAGE \_\_\_\_\_  TYPE OF SCHOOL (ELEM/MS/HS) \_\_\_\_\_  
CAPACITY \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

(Need actual address – if not available, please use major cross streets with corners). AS SOON AS ACTUAL ADDRESS IS AVAILABLE, IT MUST BE CALLED IN TO SNHD, PLAN REVIEW.  
PLEASE CONTINUE ON REVERSE

OFFICE USE ONLY	
AFTER THE FACT FEES _____	REVISED PLANS _____
PRELIMINARY PLANS _____	BUILDING MEMO _____
NOTES: _____	
_____	
_____	

OWNER OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Corporation, partnership, LLC, or sole proprietor. (If Corporation, please list 3 officers. If LLC, please list 3 members. If partnership, please list 3 partners names.)

OWNER'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Corporation address and phone number).

COMMENT LETTER SHOULD BE ADDRESSED TO: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT OWNER'S NAME: \_\_\_\_\_

**YOU MUST CALL TO MAKE AN APPOINTMENT TO SUBMIT PLANS FOR REVIEW.  
(702) 759-1258.**

***ALL FEES (PLAN REVIEW AND ANNUAL HEALTH PERMIT) MUST BE PAID AT THE  
TIME OF APPOINTMENT.***

**FORMS OF PAYMENT: CASH, VISA/MASTERCARD (CREDIT CARD AND VALID ID  
MUST MATCH EXACTLY), BUSINESS CHECK MADE OUT TO S.N.H.D. (PRE-PRINTED  
ADDRESS, NO STARTER CHECKS, NO ALTERATIONS).**



Direct Line: (702) 759-1258

### **INSTRUCTIONS FOR SUBMISSION OF PLANS FOR REVIEW**

Nevada State Law, NRS 446-930, requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and **prior to the start of such work.**

1. Appointments:

An appointment must be made prior to plan submission. *Persons making appointments with a Plan Reviewer must come prepared to discuss all aspects of the design, including food flow, and must be empowered to make additions, deletions, or corrections to the design.* **All appointments are held at the Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, NV 89107.**

2. ***A fee for missed plan review appointment will be charged before another appointment will be scheduled.***

A plan review application must be made and all applicable fees paid at the time of **appointment and plan submission**. An estimate of fees will be provided if requested, but the determination of final fees due cannot be made until the plans are reviewed, and the type and number of permits is determined by the assigned Plan Reviewer. ALL necessary paperwork must be presented for review at the time of appointment.

***Appointments cannot be honored unless the minimum required paperwork is submitted. Failure to provide the minimum documentation upon arrival for an appointment constitutes a “missed appointment”, and a fee will be charged. As an option, an applicant may pay for a “preliminary (office) plan review” and meet with staff, but this does not constitute a formal Plan Submission.***

***The minimum requirements for an appointment:***

- a) A representative qualified to answer staff questions and empowered to make corrections, additions, or deletions at the meeting.***
- b) A signed copy of this Instruction Sheet.***
- c) A Plan Review Application signed by the legal owner of the establishment.***
- d) A signed copy for our files of proof of ownership in the form of a lease agreement, Bill-of-Sale, or other legal document.***
- e) A copy of the plans (see below for detailed description).***
- f) Ability to pay all applicable fees (Cash, Visa/MasterCard [credit card and valid I.D. must match exactly] or Business Check [pre-printed address, no starter checks, no alterations]).***

3. Plans & Specifications:

Submit one set of complete plans (8.5”x11” or larger) which will include (but is not limited to):

- a) A proposed menu, projected number of meals per day, seating capacity and/or square footage of food prep areas. ***It is highly recommended that a compact disk be provided with plans saved in “PDF” format.***
- b) A floor plan layout showing layout of areas, and location, size and type of equipment, employee restrooms, customer restrooms, etc. Each piece of equipment is to be clearly labeled on the plan with its common name.
- c) A plumbing layout showing floor sinks and type and location of food prep/utility sinks, lavatories, scullery sinks, ice machines, walk-in boxes, drink dispensers, woks, and similar equipment with drains. Hot-water generating capacity must be provided. Plans must show all waste and drain piping, including sewage and roof drain lines over all permitted areas.

- d) A schedule of interior finishes or interior drawings showing floor, wall, and ceiling finishes. Samples are recommended.
  - e) A schedule for lighting, or reflected ceiling plans showing locations and types of lighting fixtures.
  - f) An equipment list showing type, manufacturer, and model numbers.
  - g) Shop drawings of all custom-built equipment.
  - h) A completed copy of the **Plan Review Questionnaire**, if applicable.
4. Payment of fees does **not** constitute **approval of plans**. A signed voucher will be provided following your meeting to inform you of the approval status of your plans, to provide specific corrections and/or stipulations, to list any permit conditions or limitations, and to request any additional information needed to complete your application. **Applicants may be required to submit corrected plans. Failure to comply with required corrections may result in a failed inspection of the construction project, resulting in additional fees and delayed approval to open.**
  5. After your plans have been reviewed and approved, if you wish to submit **revised plans** contact your assigned Plan Reviewer. Each submittal of revised plans will be charged an additional fee.
  6. At a minimum, status checks, a “rough plumbing” inspection, and a “pre-final” walkthrough will be conducted prior to the final inspection.
  7. Arrangements for final inspection must be made at least **72 hours (three working days)** in advance of the final inspection. ***Applications being submitted for establishments after construction on the food facilities has begun will be charged “after-the-fact” fees regardless of the time left before requesting a final inspection.***
  8. Appointments will be scheduled as soon as possible given the assigned staff workload, and will on a “first-come, first served basis”. After hours inspections may be offered, at the discretion and availability of the assigned staff member and a fee will be charged.
  9. ***Plan review fees are only valid for one year from the date of the original submission.*** Plan Review applications will be deleted from the system one year and one day from the date of application, unless the responsible party requests in writing, prior to the application anniversary date, that the application be extended for one year, and provides reasonable justification in writing for granting the extension. New applications must be made, and additional fees paid, if the project has been deleted following either the original or extended one year periods. No extensions will be granted beyond two years without approval of management.
  10. Assure all contractors, sub-contractors, etc., are made aware of the corrections and/or stipulations from the Health District.
  11. **Mistakes or omissions on the plans do not constitute approval of the mistakes or omissions. Proper development of this project is your responsibility and the various parties concerned.**
  12. There will a re-inspection fee per permit if the establishment is not ready for a final inspection after you have requested one. Cancellations must be made prior to staff arrival at the facility. The re-inspection fee **must be paid prior to scheduling another final inspection.**
  13. **Establishments may not stock food products or open for business** until after the inspections have been completed and passed and a health permit to operate has been issued.
  14. You or your representatives must contact all programs relevant to your project within this agency separately, e.g., Individual Sewage Disposal System, Public Water, Underground Storage Tank, Childcare, Schools.

**I have been provided copies of the regulations and construction requirements and I understand that proper development and construction of this project is my responsibility: \_\_\_\_\_ (int.)**

Signed: \_\_\_\_\_ (Print name : \_\_\_\_\_)

Date: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

**FOOD ESTABLISHMENT PLAN REVIEW QUESTIONNAIRE WORKSHEET:**

(For use by ALL FOOD categories except warehouse, dry grocery/market, vitamin/health food store, mobile vendor, bars/liquor, ice house, bottling plants, carts)

TO BE COMPLETED BY THE OWNER/APPLICANT AND SUBMITTED TO THE SNHD ENVIRONMENTAL HEALTH DIVISION FOOD PLAN REVIEW DESK UPON APPLICATION and APPOINTMENT

Date: \_\_\_\_\_ NEW  REMODEL  COO

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Category (Type of establishment): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Authorized Applicant's

Name: \_\_\_\_\_

Title of Authorized Applicant: (owner, manager, architect, etc.): \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

(Max. per shift: 5 with 1 restroom) Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which

Operations are conducted \_\_\_\_\_

Projected Date for Completion of Project (PDO): \_\_\_\_\_

**MATERIALS CHECKLIST:**

Please enclose the following documents (checklist):

\_\_\_\_\_ Proposed Menu (including seasonal, off-site catering, and banquet menus)

\_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan (NOTE: Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program such as NSF, UL-EPH, ETL-Sanitation, BISSC/ETL-Verified )

\_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

\_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

\_\_\_\_\_ Equipment Schedule (w/ NSF/ANSI)

\_\_\_\_\_ Finish Schedule

\_\_\_\_\_ Reflected Ceiling Plan

\_\_\_\_\_ Plumbing Schedules

**DRY STORAGE:**

1. (a) Provide information on the amount of space (in square feet) allocated for Dry storage:

\_\_\_\_\_ (SEE: [DRY STORAGE SPACE CALCULATOR](#))

(c) Will service-ware be:      Disposable       Reusable       BOTH

2. Is there a separate area to store returnable damaged goods?      YES       NO       NA

State location \_\_\_\_\_

**COLD STORAGE:**

1. Provide information on the amount of space (in square feet) allocated for Refrigerated storage:

\_\_\_\_\_ (SEE: [REFRIGERATED SPACE CALCULATOR](#))

2. Provide information on the amount of space (in square feet) allocated for Frozen storage:

\_\_\_\_\_ (SEE: [REFRIGERATED SPACE CALCULATOR](#))

3. Number of refrigeration units: \_\_\_\_\_      Number of freezer units: \_\_\_\_\_

4. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?      YES       NO

If yes, how will cross-contamination be prevented?

\_\_\_\_\_  
\_\_\_\_\_

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

1. Please indicate how frozen potentially hazardous foods (PHF's) will be thawed. More than one method may apply.

(a) Refrigeration       (b) Running Water       (c) Microwave (as part of cooking process)

(d) Other (describe) \_\_\_\_\_



COOKING / REHEATING:

1. List types of cooking equipment planned (indicate equipment schedule if on the plans):

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

2. Type of ventilation hoods for the devices noted above:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

Drainage methods employed for above-noted equipment:

Floor sink:

Floor drain with funnel:

Other:

Describe: \_\_\_\_\_

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140°F or above during holding for service? Indicate type and number of hot holding units (indicate equipment schedule in on the plans):

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

2. How will cold PHF's be maintained at 40°F or below during holding for service? Indicate type and number of cold holding units (indicate equipment schedule if on the plans):

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

3. Condensate drainage methods employed:

Floor sink:       Floor drain with funnel:       Evaporation Pan:

Describe: \_\_\_\_\_

COOLING:

1. Please indicate by how hot PHF's will be cooled to 40°F within 6 hours (140°F to 70°F in 2 hours and 70°F to 40°F in 4 hours). Also, indicate where the cooling will take place.

(a) Shallow Pans       (b) Ice Baths (sink)

(c) Rapid Chill (special equip.)       (d) Reduced Volume

PREPARATION:

1. Will all produce be washed on-site prior to use?      YES       NO

If NO, will pre-washed and packaged produce be used?      YES       NO

2. If the menu dictates, will a food preparation sink(s) be present?      YES       NO

3. Indicate locations for the preparation of raw meats, poultry, and fish:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

4. Indicate locations for the preparation of cooked/ready-to-eat foods:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

5. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority (NOTE: VARIANCE MAY BE REQUIRED)

6. Will the facility be serving food to a highly susceptible population?      YES       NO

**SINKS: (Complete ONLY if not otherwise provided in plans)**

LOCATION	3-COMP. SINKS	SINGLE PREP. SINKS	DOUBLE PREP. SINKS	WALL-HUNG HAND SINKS	BUILT-IN HAND SINKS	MOP-SINKS	DUMP-SINKS
FOOD PREPARATION AREAS							
WAREWASHING							
RESTROOMS							
MOP ROOM / GARBAGE AREA							
BARS							
WAIT-STATIONS							
DRAINAGE METHOD (FS, FD, DIRECT)							

DISHWASHING FACILITIES:

1. Will sinks or a dishwasher be used for ware-washing (**NOTE: 3-COMP. SINK with DUAL DRAINBOARDS IS REQUIRED**)?

Equipment:

Drainage method:

Two compartment POT-WASH sink  FLOOR SINK:  FLOOR DRAIN:

Three compartment sink  FLOOR SINK:  FLOOR DRAIN:

Dishwasher  FLOOR SINK:  FLOOR DRAIN:

2. Type of sanitization used: Hot-water  (VENTHOOD REQUIRED): Chemical:

**WATER SUPPLY / PLUMBING CONNECTIONS:**

1. Is water supply public  or private ?
2. If private, has source been approved by SNHD? YES  NO  PENDING
3. Please attach copy of written approval and/or permit.
4. Will ice be made on premises  or purchased commercially ?
5. If made on premise, note make and model for the ice machine(s):  
\_\_\_\_\_
6. What is the planned RECOVERY CAPACITY for the hot water system: \_\_\_\_\_ KW/BTU?  
SPECIAL NOTE: Assistance is available from your reviewer or our website on recommended sizing of [hot-water SYSTEM SIZING](#).
7. ALL threaded connections have AVB? YES  NO
8. ALL carbonator connections protected with RPZ? YES  NO

**FINISH SCHEDULE *(Complete ONLY if not otherwise provided in plans)***

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, FRP, stainless steel, etc.) will be used in the following areas.

LOCATION	FLOOR	WALL	CEILING	BASE COVING
FOOD PREPARATION AREAS				
STORAGE				
HAND / DUMP SINKS				
WAREWASHING				
RESTROOMS				
MOP ROOM / GARBAGE AREA				
WALK-IN REFRIGERATORS / FREEZERS				
BARS				

**LIGHTING SCHEDULE: *(Complete ONLY if not otherwise provided in plans)***

LOCATION	FIXTURE TYPE	METHOD OF SHIELDING	WATTAGE TOTAL	FOOT/CANDLES @ 30 INCHES
FOOD PREPARATION AREAS				50 F/C
STORAGE				20 F/C
WAREWASHING				50 F/C
RESTROOMS				20 F/C
MOP ROOM / GARBAGE AREA				20 F/C
WALK-IN REFRIGERATORS / FREEZERS				20 F/C
BARS (BEHIND DIE)				50 F/C

**INSECT AND RODENT CONTROL *(Complete ONLY if not otherwise provided in plans)***

AREA	AIR CURTAIN	SCREENING / WEATHER-STRIPPING	SELF-CLOSURE	DOCK BOOTS
CUSTOMER ENTRY				
EMPLOYEE ENTRY				
RECEIVING DOORS / DOCK				
SERVICE WINDOWS				

**GARBAGE, REFUSE, GREASE COLLECTION: (Complete ONLY if not otherwise provided in plans)**

1. Designated, curbed and plumbed area for garbage can and/or floor mat cleaning YES  NO
2. Describe can washing area and design:  
\_\_\_\_\_  
\_\_\_\_\_

3. Dumpster area provided or on lease? YES  NO

4. GREASE COLLECTION METHOD:

Disposed Of As Solid Waste: YES  NO

Grease Interceptor / Trap: YES  NO

If yes, describe location on the plans:  
\_\_\_\_\_  
\_\_\_\_\_

Grease Machine: YES  NO

If yes, describe location on the plans:  
\_\_\_\_\_  
\_\_\_\_\_

Grease Recovery System: YES  NO

If yes, describe location on the plans:  
\_\_\_\_\_  
\_\_\_\_\_

**SEWAGE DISPOSAL: (Complete ONLY if not otherwise provided in plans)**

1. Will the building be connected to a municipal sewer? YES  NO
2. If NO, is private disposal system approved? YES  NO  PENDING  (Please attach copy of written approval and/or permit.)
3. LIFT STATIONS: Is waste effluent, including condensate, delivered to sewer other than by gravity? YES  NO  Evaporation pans for refrigeration? YES  NO   
If YES, describe lift station: \_\_\_\_\_  
\_\_\_\_\_
4. Approvals: Building Department YES  NO  Water Reclamation YES  NO  PENDING

**Intentionally left Blank**

\*\*\*\*\*

STATEMENT:

**I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.**

Signature(s):

\_\_\_\_\_  
Owner  or responsible representative(s)

Date: \_\_\_\_\_

\*\*\*\*\*

**Approval of these plans and specifications by this Health Authority does not indicate compliance with any other code, law or regulation that may be required federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

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**FOR OFFICE USE ONLY**

Reviewed with Operator on (date): \_\_\_\_\_ Accepted:  Not Accepted:

Reason for not accepting: \_\_\_\_\_

Reviewer: San# \_\_\_\_\_

APPROVAL / DISAPPROVAL (circle): Date: \_\_\_\_\_

Conditional on corrections / stipulations noted on Voucher / Letter.

NOT conditional

NOT approved – additional information / drawings required

NOT approved – incomplete plans / requires revision