

WORKSHEET FOR DAYCARE FACILITIES

SORTING THE PARAMETERS

My business is: a corporation or LLC a sole proprietorship a church or place of worship

The legal name of my business or organization _____

The street address is _____

The building is: currently occupied currently vacant

The name of the present or prior tenant (if known) _____

The estimated age range for my clients will be _____

The estimated number of my clients (by age) will be:

Age 0 through 4; Number of clients _____

Age 5 through 18; Number of clients _____

Age 18 and Older; Number of clients _____

The estimated number of employees (per day) will be _____

The normal hours of operation each day is _____

The business will be open (circle all that apply) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you ever have any overnight clients? Yes No

Explain the procedure if a client is not picked up at the end of the day. _____

Do any of your clients or employees have an impairment? Yes No

wheelchair-bound uses a walker hearing-impaired

sight-impaired mentally-impaired other, please list _____

Are all of your clients capable of self-preservation? Yes No

My building is: New construction Existing building with a new addition

Existing building with no modifications Existing building with modifications to the interior walls

My building is: Single story Two-story Three or more stories

My building has: A Fire Sprinkler System An alarm system Neither system

My lot has how many parking spaces? Do not count on-street parking. _____

My lot has an outdoor play area or assembly area? Yes No

Is the play/assembly area fenced? Yes No

If fenced, how high is the fence? Provide your answer in inches above grade. _____

Have you already talked to a DeKalb County Zoning Official? Yes No

If yes, whom did you talk to? _____

Did the Zoning Officer give you a written opinion? Yes No If yes, please attach a copy.

Based on the Zoning Officer's advice, what is your next step? _____

Define how lunches are handled for your clients. (Check all that apply)

Clients bring a packed lunch from home.

Clients are provided with a catered lunch. (prepared off-site, no on-site cooking, warming only)

Clients are provided with a cooked lunch. (prepared on-site)

Define how security is handled at the entrance/exit doors. (Check all that apply)

Doors are not monitored. Clients can come and go at their leisure.

Electronic door hardware is utilized.

A staff member needs to release the door hardware to permit a client to enter the building.

A staff member needs to release the door hardware to permit a client to exit the building.

An audible alarm will sound if a client exits the facility without staff permission.

Please answer all questions to the best of your ability and attach this form to your permit application..

This information was provided by:

Print name _____

Print Job title _____

Signature _____

Today's Date _____