In-Home Child Care Guide

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

An in-home child care application is to assure that the drinking water supply is safe and the septic system is functioning properly.

Initial Review for your Septic System and Drinking Water

1. Call the Environmental Health Division at (253) 649-1421 Operation & Maintenance Line. Leave a message stating that you want to apply for an in-home child care review. Leave your name, property address, and phone number. We will search for your septic system records and may call you for additional information to determine the capacity of your septic system.

2. An application packet with a checklist will be mailed to you if it is determined that your septic system can support additional use as an in-home child care. You will need to contact our Drinking Water Program at (253) 649-1420 to ensure water supply approval.

3. After your application and fee have been submitted, a member of our field staff will visit your property to review the septic system. You do not need to uncover any parts of your septic system for our review.

4. Upon successful review of your application the Health Department will issue a report indicating required Operation & Maintenance (O&M) inspection frequency and any further requirements. To keep your license active with Health Department your system must be inspected either annually or every three years depending on system type.

Renewal Process

We will send you a notification letter reminding you that an inspection of your system by a certified O&M firm is due. The O&M firm will include the Health Department fee as part of their bill.

The notification letter will also ask for the number of residents and the number of child care children in your home. When we receive this information we will reevaluate your system capacity. As part of our process we will locate the inspection report at www.onlineRME.com. We will issue a report renewing your in-home child care approval. You can provide this report to your licensor. If we have questions or need more information we will call you.

In-Home Child Care Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Validation

O&M Number (office use only) _____ SR Number (office use only) _____

Applicant Name _____

Business Name _____

Site Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Licensor Name _____ Phone _____

Parcel Number _____ Lot _____ Subdivision _____

Locked Gates ❑ Yes ❑ No **Dogs** ❑ Yes ❑ No Lot Size _____

Building Type: ❑ Single Family Residence ❑ Multi Family Residence ❑ Mobile Home Park

Water Supply: ❑ Public Water Company _____ ID _____
❑ Individual

System Information: Current number of occupants _____ Maximum number of child care children _____

Garbage Disposal? ❑ Yes ❑ No Number of bedrooms _____

_____ _____
Signature Date

HEALTH DEPARTMENT USE ONLY

Water Approved _____ Date _____

Comments _____

Septic Approved _____ Date _____

Comments _____

Approved for _____ residents and _____ child care children

Record Drawing Search

O&M PE _____ Renewal period _____

O&M Status ❑ R ❑ S

Justification _____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

In-Home Child Care Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Component codes _____ Soil Log _____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

In-Home Child Care Checklist

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Applicant _____ Owner _____

Name of Business _____

Site Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Name of Licensor _____ Phone _____

Requirements

❑ Yes	❑ No	Complete Application for Review with fee $ _____
❑ Yes	❑ No	Operational & Maintenance Inspection (see Septic System Service Companies list)
❑ Yes	❑ No	Basic Site Plan
❑ Yes	❑ No	Soil Test hole to establish septic system reserve area?
❑ Yes	❑ No	Return the Facility Worksheet with your application.
❑ Yes	❑ No	Four months of water usage records for the residence.

Health Department Representative _____ Phone Number _____

In-Home Child Care Pre-Screening

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Applicant Name _____ Business Name _____

Site Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Parcel Number _____ Lot _____ Subdivision _____

HEALTH DEPARTMENT USE ONLY

On-Site Sewage System (OSS) Documentation

Capacity of the OSS established from:

____ Design flow stated on record drawing

____ Presumed flow based on number of bedrooms shown on Pierce County Assessor Treasure website

Capacity of the OSS is 120 gallons per bedroom unless otherwise documented.

Total capacity of the OSS _____ gallons (use this number in the calculation below)

Reserve area indicated _____ O&M Inspection Satisfactory ❑ Yes ❑ No

On-Site Sewage (OSS) Capacity Worksheet

Residential Usage — Number of residents _____ x 60 = _____ gallons per day

or

Water use documentation submitted: current usage _____ gallons per day

Child care Usage — Number of children (not including residents) _____ x 10 = _____ gallons per day

Proposed Flow — (add residential usage to child care usage) _____ gallons per day

Capacity of OSS _____ - proposed flow _____ = _____ available capacity (gallons per day)

Determined Risk Assessment: ❑ Moderate ❑ High ❑ System Modification Required

Renewal Interval: ❑ 1 year ❑ 3 Year

Comments _____

_____

Reviewed by _____ **Date** _____