

New or Expanding Child Care CHECKLIST



WINTERGREEN

A comprehensive planning strategy to address all your organizational needs!

PLANNING CHECKLIST

Organization name _____

Time frame of project _____

Contact _____ Email _____ Phone _____

Address _____ Fax _____

City _____ Province _____ Postal Code _____

CUSTOMER REQUIREMENTS ASSESSMENT

Number of rooms _____

Room Dimension(s) and shape(s): *(Please include sketch on back of guide)*

Room A _____ Room B _____ Room C _____

Will you require installation or assembly services? ☐ Yes ☐ No

Number of children in room(s) Room A _____ Room B _____ Room C _____

What is the age distribution of the children in your room(s) ☐ 0-2 ☐ 2-5 ☐ 5-8 ☐ 8-12

Are there any special requirements for any children in your centre? ☐ Yes ☐ No

If yes, please give details on special requirements _____

If expanding, what existing furniture or materials must be retained _____

DESIGN PREFERENCES

Theme _____

Colours _____

Specific types of materials to be used _____

Brand Preference ☐ Jonti-Craft® ☐ Whitney Brothers ☐ ECR kids® ☐ Lakeshore® (Exclusive to Wintergreen)

DELIVERY & INSTALLATION

Will you require inside delivery? ☐ Yes ☐ No

What are the specific delivery needs? ☐ Upper Floor ☐ Basement ☐ Tail Gate ☐ Stairs ☐ Elevator

Other _____

Will you require installation or assembly services? ☐ Yes ☐ No

Will you require the removal of shipment packaging? ☐ Yes ☐ No

Is the location a Beyond Destination? ☐ Yes ☐ No

If yes, what is the contact information of the transfer location _____

BUDGET DETAILS

Room A _____ Room B _____ Room C _____

Installation _____ Delivery _____

GRAND TOTAL _____

Do you need to spend your funding by a specific date? ☐ Yes ☐ No (If yes, specify date) _____

Let us help you! Would you like us to look in to any available funding on your behalf? ☐ Yes ☐ No

ITEM	SPECIFICATIONS				QTY
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INFANT & TODDLER

Cribs	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Safe-Reach	<input type="checkbox"/> Safety	<input type="checkbox"/> Folding	
Change Tables	<input type="checkbox"/> Stationary	<input type="checkbox"/> Wall-Mount	<input type="checkbox"/> Mobile		
Diaper storage	<input type="checkbox"/> Stationary	<input type="checkbox"/> Wall-Mount			
Strollers	<input type="checkbox"/> Double	<input type="checkbox"/> Triple	<input type="checkbox"/> Quad	<input type="checkbox"/> 6-Seater	
Other	<input type="checkbox"/> Blankets/Sheets	<input type="checkbox"/> Crib Mattress	<input type="checkbox"/> Change Pads	<input type="checkbox"/> Feeding Chairs	
	<input type="checkbox"/> Rocking Chairs	<input type="checkbox"/> Rest Mats	<input type="checkbox"/> Cots	<input type="checkbox"/> _____	

FURNITURE

Chairs	<input type="checkbox"/> 10"	<input type="checkbox"/> 12"	<input type="checkbox"/> 14"	<input type="checkbox"/> 16"	
	<input type="checkbox"/> 18"	<input type="checkbox"/> Other _____			
Activity Tables	<input type="checkbox"/> Rectangle	<input type="checkbox"/> Square	<input type="checkbox"/> Round	<input type="checkbox"/> Horseshoe	
	<input type="checkbox"/> Trapezoid	<input type="checkbox"/> Other _____			
Storage	<input type="checkbox"/> Stationary	<input type="checkbox"/> Rolling	<input type="checkbox"/> Lockers	<input type="checkbox"/> Supply Cabinets	
	<input type="checkbox"/> Shelving Units	<input type="checkbox"/> Baskets/Bins	<input type="checkbox"/> Other _____		
Carpets	<input type="checkbox"/> Rectangle	<input type="checkbox"/> Square	<input type="checkbox"/> Round	<input type="checkbox"/> Size _____	
	<input type="checkbox"/> Other _____				
Reading Centre	<input type="checkbox"/> Book Storage	<input type="checkbox"/> Reading Nooks	<input type="checkbox"/> Seating	<input type="checkbox"/> Other _____	
Soft-Play	<input type="checkbox"/> Mats	<input type="checkbox"/> Climbers	<input type="checkbox"/> Seating	<input type="checkbox"/> Other _____	

RESOURCES

Miscellaneous	<input type="checkbox"/> Pocket Charts	<input type="checkbox"/> Bulletin Boards	<input type="checkbox"/> White Boards	<input type="checkbox"/> Supplies	
	<input type="checkbox"/> Decor	<input type="checkbox"/> Other _____			

PLAY-BASED LEARNING

Block Play	<input type="checkbox"/> Wood	<input type="checkbox"/> Foam	<input type="checkbox"/> People Sets	<input type="checkbox"/> Storage	
Dramatic Play	<input type="checkbox"/> House Play	<input type="checkbox"/> Dress Up	<input type="checkbox"/> Dolls / Puppets	<input type="checkbox"/> Let's Pretend	
Active/Outdoor Play	<input type="checkbox"/> Trikes	<input type="checkbox"/> Climbers	<input type="checkbox"/> Slides	<input type="checkbox"/> Scooters	
	<input type="checkbox"/> Wagons	<input type="checkbox"/> Play Tunnels	<input type="checkbox"/> Playground Balls	<input type="checkbox"/> Other _____	
Manipulatives	<input type="checkbox"/> Wood	<input type="checkbox"/> Plastic	<input type="checkbox"/> Building Sets	<input type="checkbox"/> Sorting	
	<input type="checkbox"/> Lacing	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Other _____		
Arts & Crafts Centre	<input type="checkbox"/> Easels	<input type="checkbox"/> Utility Carts	<input type="checkbox"/> Smocks	<input type="checkbox"/> Craft Supplies	
	<input type="checkbox"/> Paint	<input type="checkbox"/> Paper	<input type="checkbox"/> Other _____		
Music	<input type="checkbox"/> CDs	<input type="checkbox"/> Instruments	<input type="checkbox"/> Listening Equipment	<input type="checkbox"/> Other _____	
Sand & Water	<input type="checkbox"/> Tables	<input type="checkbox"/> Sand	<input type="checkbox"/> Sensory Material	<input type="checkbox"/> Accessories	
Outdoor	<input type="checkbox"/> Nature Bowls	<input type="checkbox"/> Kodo®	<input type="checkbox"/> Science	<input type="checkbox"/> Ramps	
	<input type="checkbox"/> Funnels	<input type="checkbox"/> Tunnels	<input type="checkbox"/> Slides	<input type="checkbox"/> Easels	
	<input type="checkbox"/> Benches	<input type="checkbox"/> Stepping Stones	<input type="checkbox"/> Other _____		
Special Education	<input type="checkbox"/> Sensory	<input type="checkbox"/> Soothing	<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Proprioceptive	
Other Items (specify)					

A SKETCH OF YOUR ROOM

Please show the exact dimensions and shape of your room or area.

1 Square = 1 foot



Additional Information

Is there anything else we need to know that will be helpful in planning and designing your new room?

