



Barry-Eaton District Health Department

An Accredited Public Health Agency

www.barryeatonhealth.org

ADULT FOSTER CARE PLAN REVIEW WORK SHEET

(For Small Group Homes 12 or less and Large Group Homes 13-20)

To help assist the Barry-Eaton District Health Dept. (BEDHD) in the review of the proposed Adult Foster Care (AFC) Group Home, please complete and return this worksheet at your earliest convenience to the appropriate County mailing address listed below.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____ Street

<p>Business Owner</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>	<p>Building Owner (If Separate from Business Owner)</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>
<p>DHS Licensing Consultant</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>	<p>General Contractor (if new construction)</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>

Proposed date for opening: _____

For Health Department use only:

Fee \$: _____ Check #: _____
 Date: _____ Receipt #: _____
 Facility #: _____ Assigned to: _____

Remarks: _____

General Information

Adult Foster Care Facility (mark which license type applies):

____ Small Group Home (12 or less residents)

____ Large Group Home (13-20 residents)

Are there resident bedrooms on any upper or lower level of the home? **Yes No**

If Yes, then specify the number of bedrooms _____ and number of residents _____

Number of employee and volunteer staff on the premises each day _____

Building and Site Plan Review Information

Provide either architecturally designed plans or scaled (1/8" or 1/4" = 1 ft.) drawings using a straight line ruler that show:

- The interior rooms of the building (labeled), including the location of all food service equipment and water fixtures (hand sinks, dish sinks, dishmachine, mop sink, laundry washing machine, etc.).
- The footprint of the building, including the location of the street entrance and parking lot, garbage dumpster, and if applicable, the on-site well and septic system.

Water Supply and Sewage Disposal

Will the water supply be: ____ Municipal ____ Existing On-Site Well ____ New On-Site Well

Will the Sewage disposal system be: ____ Municipal ____ On-Site System

Plumbing Fixtures

(specify the number of fixtures in each bathroom)

Fixture Count	Bathroom #1	Bathroom #2	Bathroom #3
Handsinks			
Toilets			
Shower/Tub			
Mop sink			
Laundry machine			
Dishwasher			
Dishwashing sinks			

Specify the location(s) of all bathroom(s):

Bathroom #1: _____

Bathroom #2: _____

Bathroom #3: _____

Hot Water Heater Specifications:

1) Fuel Type (circle): Gas Electric 2) Btuh or kW output rating per hour: _____

3) Storage capacity (gallons): _____ 4) Recovery Rate per hour: _____

Is the hot water heater equipped with a thermostat and pressure relief valve? **Yes No**

Building Premises

Stairways, Ramps, and Porches

Do all stairways/ramps (interior and exterior) have sturdy handrails at the required height (30-34 inches) above the stair tread/ramp surface? **Yes No**

Do all staircases have uniform risers and stair treads? **Yes No**

Do all porches and decks (greater than 8 inches above grade) have effective barriers to prevent against falls as well as handrails on the open sides? **Yes No**

Interior Living Space

Room Finish Schedule

Use the number key below to specify the materials being used. This section doesn't need to be completed if already specified on the plans to be submitted.

Room	Floor	Walls	Ceiling
Kitchen/Food Preparation			
Food Storage			
Bathroom(s)			
Bedroom(s)			
Multipurpose/Rec. Room			

Note: All flooring in the food preparation, food storage, and utensil-washing areas must be a non-absorbent and washable material (**No Carpeting is allowed**).

Interior Finishes:

1	Ceramic Tile	9	Fiberglass reinforced panel (FRP)
2	Quarry Tile	10	Stainless steel
3	Commercial grade vinyl composition tile	11	Filled block with epoxy painted or glazed surface
4	Commercial grade vinyl composition sheets	12	Enamel coated Steel (or other corrosion resistant surface)
5	Carpet	13	Aluminum (Heavy Gauge)
6	Sealed concrete	14	Acoustic ceiling tile
7	Painted drywall	15	Vinyl clad drop-in ceiling tile
8	Epoxy painted drywall	16	Plastic laminate

Total square footage of "communal" living space within the home (excludes: kitchen, bedrooms, bathrooms, hallways, and storage areas):

Temperature, Ventilation, and Lighting

The Home's hot water temperature must be maintained between 105 and 120 degrees Fahrenheit. How will this be monitored for resident safety?

For facilities having hot water radiant heat, Are all resident occupied areas protected against direct skin contact with steam radiators and associated hot water piping? **Yes No**

Is the home's central heating system capable of maintaining all resident occupied rooms at a temperature range between 68 and 72 degrees Fahrenheit? **Yes No**

Will all habitable rooms of the home have openable windows with screening? **Yes No**

If No, will the home be equipped with central air-conditioning? **Yes No**

Are all living, sleeping, hallway, storage, bathroom, and kitchen areas well lighted? **Yes No**

Bathrooms

Do all resident showers/tubs have non-skid surfacing and sturdy hand rails? **Yes No**

Are the bathrooms equipped with (circle): **mechanical exhaust ventilation screened windows**

Are all toilets, bathtubs, and showers provided with the means for resident privacy? **Yes No**

Bedrooms

Number of single occupancy bedrooms: _____ ; ≥ 80 square feet of floor space/bedroom? **Yes No**

Number of multiple occupancy bedrooms: _____ ; ≥ 65 square feet of floor space/bed? **Yes No**

Are all bedroom doors equipped with non-locking door knobs/hardware on the interior side? **Yes No**

Household Hazardous Chemicals/Materials

Where will all household chemicals and any hazardous materials be "securely" kept on the premises?

Food Service

What best describes the type of food service operations at the AFC Home (mark all that apply)?

___ Prepackaged or frozen food products with limited preparation.

___ Fresh, prepackaged, or frozen products with limited to moderate preparation.

___ Meals involving multiple steps of preparation and/or initial cooking.

___ Other (explain): _____

Note: Submit a proposed meal plan (menu) and anticipated food sources (e.g. Sam's club, GFS) with the completed worksheet.

Food Service Equipment

Please list all food service appliances (refrigerators, freezers, stoves, dishwashers, etc.) and include the make and model numbers:

Will any food service "cooking" equipment have mechanical exhaust ventilation to the outside? **Yes No**

Will all refrigeration equipment have numerically scaled thermometers? **Yes No**

Will a metal-probe thermometer be provided for checking hot/cold food temperatures? **Yes No**

Food Storage

In order to calculate the anticipated food storage needs of the Center for both refrigerated, frozen, and/or shelf stable foods, the following information is needed:

Estimated number of resident meals served per day _____

Estimated number of days between food restocking: _____ Refrig./Frozen food _____ Shelf stable food

Total cubic volume of refrigeration space provided _____ (cu. ft.)

Total cubic volume of freezer space provided _____ (cu. ft.)

Total square footage of dry storage space:

a) Total shelving length (ft.) _____ x shelving width (ft.) _____ = Total (sq. ft.) _____

b) Interior room length (ft.) _____ x Interior room width (ft.) _____ = Total (sq. ft.) _____

Note: All shelf stable food must be stored at least six (6) inches off the floor.

Food Preparation

Please mark the food processes and list the foods associated with those processes that will be conducted at the AFC Home.

Yes	No	Food Process	Meat Products (poultry, fish, beef, pork)	Dairy Products (also include soymilk)	Fresh Produce (fruits, vegetables, legumes)
		Served Raw*	Not Applicable (NA)		
		Cooking (doesn't involve rethermalizing of prepackaged food)			
		Hot Holding (≥140° F.)			
		Colding Holding (≤41° F.)			
		Cooling (140° F. to 70 within 2 hours; 70° F. to 41 within 4 hours)			
		Reheating for immediate service			

List any foods that will be prepared a day or more in advance: _____

Will vegetable produce be cleaned on-site? **Yes** **No**

If Yes, then specify which sink will be designated for produce cleaning: _____

How will staff avoid bare-hand contact with ready-to-eat foods (mark all that apply)?

Disposable Gloves Suitable Utensils Other: _____

What potentially hazardous foods (if any) will be date marked as to when to discard if not used up within 24 hours of opening or preparing? _____

What methods (if applicable) will be used for thawing frozen food (mark all that apply)?

Refrigerator Microwave Cooked from frozen Running Water

What methods (if applicable) will be used for cooling potentially hazardous food (mark all that apply)?

Shallow pans in refrigerator Ice bath Ice paddles Volume reduction

What methods (if applicable) will be used for reheating potentially hazardous food (mark all that apply)?

Microwave Stovetop Oven Other (explain): _____

Cleaning and Sanitization

This section applies to hand hygiene, dishwashing, and cleaning of in-place equipment.

Do all designated hand sink(s) have posted guidelines for how to properly wash hands? **Yes** **No**

What type of dishwashing method(s) will be provided (mark all that applies)?

3-Compartment sink Commercial Dishmachine Residential Dishmachine (w/hot water sanitizing cycle)

Size of 3-comp. sink basins: Length (inches) _____ x Width (inches) _____ x Height (inches) _____

What type of sanitizing methods will be provided:

3-Compartment sink (mark chemical sanitizer used): Chlorine Bleach Quat.

Does the home have a test kit for measuring chemical sanitizer concentrations? **Yes** **No**

Does the "residential" dishmachine meet NSF standard 184 for sanitizing foodware? **Yes** **No** **NA**
(Look for a NSF sticker on the inside door of the machine.)

How will "food-contact" surfaces of either in-place equipment or equipment too large for the 3-compartment sink basins/dishmachine be cleaned and sanitized (explain)?

Pest Control

Does the home have an integrated pest management (IPM) plan that involves a certified Pest Control Operator: **Yes** **No**

If Yes, then name the Pest Control Company: _____

Garbage/Solid Waste Disposal

Does the home have an outside garbage dumpster? **Yes** **No**

If Yes, Will the outside dumpster be stored on an impervious surface? **Yes** **No**

If Yes, What is the estimated frequency for garbage pick-up by the waste hauler? _____

Miscellaneous

Does the home have a health policy that addresses:

- | | | |
|---|------------|-----------|
| a) Norovirus prevention? | Yes | No |
| b) Reporting requirements for ill employees? | Yes | No |
| c) Employee/volunteer exclusions from working? | Yes | No |
| d) Reporting to the health dept. outbreak situations? | Yes | No |
| e) Procedures for cleaning up a vomiting incident? | Yes | No |

Notes: 1) Submit a copy of the facility's health policy for employees/volunteers
2) please view the following MDCH webpage on Norovirus:

<http://www.michigan.gov/mdch/0,1607,7-132-27417-160936--,00.html>

Signature of person completing this worksheet: _____

Reminder: Please submit the following information with the completed worksheet:

- a) floor plan and site plan drawing,**
- b) food menu/food sources,**
- c) health policy,**
- d) plan review fee**