



**Barry-Eaton District Health Department
An Accredited Public Health Agency**

www.barryeatonhealth.org

CHILD CARE CENTER PLAN REVIEW WORK SHEET

To help assist our Department in the review of the proposed new, remodeled, or relocated Child Care Center, please complete and return this plan review worksheet to the appropriate county office. Questions may be forwarded to the program supervisor, Greg Cabose at gcabose@bedhd.org or by calling (517) 541-2616.

Child Care Center Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____ Street

<p>Child Care Center Administrator</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</p> <p>E-Mail _____</p>	<p>Building Owner</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone # _____ Fax # _____</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>Contact Person (if different from Administrator)</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:

Date Received: _____

Facility #: _____ Assigned to: _____

Remarks: _____

Barry County Office: 330 W. Woodlawn Ave, Hastings MI 49058 Ph: (269) 945-9516, ext. 3,5 Fax: (269) 818-0237
Eaton County Office: 1033 Health Care Dr, Charlotte, MI 48813 Ph: (517) 541-2615 Fax: (517) 541-2686

General Information

Type of Child Care Center (mark all that apply):

- Full Service Day Care (infants, toddlers, & school age)
- Preschool
- Before / After School
- School Age
- Other (explain): _____

Proposed Child Capacity: _____

Building and Site Information

The proposed building for the child care center was built in what year? _____

Note: If the building was built prior to 1978, then written documentation will need to be provided to the health department that shows that the proposed building/room(s) are lead safe.

If a lead assessment is needed, a listing of lead assessors may be obtained from the Michigan Department of Community Health website: <http://www.michigan.gov/leadsafe>

Water supply: Municipal On-Site Well

Sewage disposal: Municipal On-Site System

Provide a layout drawing of the room(s) that will be used for the child care center activities. The layout drawing doesn't have to be architecturally designed plans, but must be a straight line drawing which is either scaled (1/8" or 1/4" = 1 ft.) or shows the dimensions.

- Show the location of the door(s), windows, water fixtures, lights, as well as any applicable diaper changing stations.

If applicable, provide a layout drawing of the outdoor playground area in relation to the building; include dimensions.

- If the playground has equipment that requires a playground inspection, then please provide a copy of playground inspection report.

Room Finishes

Specify the construction materials being used.

Room	Floor	Walls	Ceiling

Room Ventilation (check all that apply):

- Windows with screens Size of windows (Length x Height in inches) _____
 Center Air Conditioning
 Mechanical exhaust ventilation in the restrooms

Room Lighting:

Are the lights in the food preparation, storage, service areas, and where utensils are to be washed properly shielded from breakage? **Yes No**

Food Service

Food Service Operations (check all that apply):

- Food comes from a licensed commissary (i.e. school kitchen)
 Home prepared sack lunches.
 Prepackaged snacks.
 Snacks with limited fruit/vegetable preparation.
 Other (explain): _____

Note: Provide a proposed menu (meals and snacks).

Food Service Equipment:

List any food service equipment and the proposed number (i.e. 2 refrigerators, 1 freezer, 1 stove, etc.):

Food Storage:

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

- Estimated number of children served per day _____
 Estimated number of days between food restocking: _____ Refrig./Frozen food _____ Shelf stable food
 Total cubic volume of refrigeration space _____ (cu. ft.)
 Total cubic volume of freezer space _____ (cu. ft.)
 Total square footage of dry storage space:
 a) Total shelving length (ft.) _____ x shelving width (ft.) _____ = Total (sq. ft.) _____

Note: All food storage shelving must be designed for easy cleaning underneath (a minimum of 6 inches clearance between the bottom shelf and floor).

Food Preparation:

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

Will any produce/fruit be cleaned on-site? **Yes No**

If Yes, then specify where the cleaning will be done: _____

Cleaning and Sanitization

Dishwashing:

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)

Type of sanitizer being used: ____ Chlorine Bleach ____ Quaternary

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

High touch surfaces (tables, chairs, door knobs, faucets, etc):

Specify the steps or method for cleaning and sanitizing high touch surfaces:

Garbage/Solid Waste Disposal

Will the Center be sharing a garbage dumpster with another business? **Yes No**

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

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

Miscellaneous

Is there a swimming pool on the premises? **Yes No**

If Yes, will the swimming pool be used by the children? **Yes No**

Pest Control

Provide a copy of the center’s integrated pest management (IPM) plan.

Health Care Plan

Provide a copy of the center’s health care plan (policies and resources)