



**Barry-Eaton District Health Department**  
**An Accredited Public Health Agency**  
[www.barryeatonhealth.org](http://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, Jodi Pessell at [jpessell@bedhd.org](mailto:jpessell@bedhd.org) or by calling (517) 541-2617.

Child Care Center Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Location Information: Between \_\_\_\_\_ & \_\_\_\_\_

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

# General Information

**Type of Child Care Center** (check 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 submitted 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: Total shelving length (ft.) \_\_\_\_\_ x shelving width (ft.) \_\_\_\_\_ =  
Total (sq. ft.) \_\_\_\_\_

Note: All food storage shelving must be designed for easy cleaning underneath with a minimum of six (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 (check all that apply)?

3-Compartment sink  Commercial Dish Machine

Residential Dish Machine (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:

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## 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).