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

<table>
<thead>
<tr>
<th>Business Owner</th>
<th>Building Owner (If Separate from Business Owner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>City, State, Zip:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Phone #:</td>
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<tr>
<td>Fax #:</td>
<td>Fax #:</td>
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<tr>
<td>E-Mail:</td>
<td>E-Mail:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DHS Licensing Consultant</th>
<th>General Contractor (if new construction)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
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<tr>
<td>City, State, Zip:</td>
<td>City, State, Zip:</td>
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<td>Phone #:</td>
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<td>E-Mail:</td>
<td>E-Mail:</td>
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</tbody>
</table>

Proposed date for opening: ________________________________

For Health Department use only:

Fee $: ___________________________________________ Check #: ________________________
Date: ___________________________________________ Receipt #: ________________________
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

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)

<table>
<thead>
<tr>
<th>Fixture Count</th>
<th>Bathroom #1</th>
<th>Bathroom #2</th>
<th>Bathroom #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handsinks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower/Tub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop sink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry machine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishwasher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishwashing sinks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Room</th>
<th>Floor</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen/Food Preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedroom(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multipurpose/Rec. Room</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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