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

<table>
<thead>
<tr>
<th>Child Care Center Administrator</th>
<th>Building Owner</th>
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<td>Name _________________________________</td>
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<td>E-Mail________________________________</td>
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<tr>
<th>DHS Licensing Consultant</th>
<th>Contact Person (If different from Administrator)</th>
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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 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.

<table>
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<tr>
<th>Room</th>
<th>Floor</th>
<th>Walls</th>
<th>Ceiling</th>
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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)