



Health, Human & Veterans Services

Division of Public Health

Child Care Center Plan Review Application

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Location Information: Between _____ & _____ streets

Prior Establishment Name: _____

Owner

Name: _____

Address: _____

City, State: _____

Zip: _____ Phone #: _____

E-Mail: _____

Architect or General Contractor

Name: _____

Address: _____

City, State: _____

Zip: _____ Phone #: _____

E-Mail: _____

Which of the above will serve as the primary contact? _____

Proposed construction start date: _____ Proposed opening date: _____

Name of Licensing Consultant _____

Licensing Consultant telephone number _____

Maximum number of children that will be in the facility at one time: _____

Maximum number of hours a child may stay at the facility: _____

Planned age ranges of the children who will utilize this facility: _____

For Wayne County use only:

Fee \$: _____

Check #: _____

Date: _____

Receipt #: _____

Remarks: _____

Food Preparation

Will this child care center be providing food to the children? ☐ Yes ☐ No

If yes, will food be prepared in the facility or catered in? ☐ Prepared ☐ Catered

If foods are catered in, provide the name, address, and a copy of the food service license for the facility that will prepare the food: _____

Provide a menu or list of foods that will be prepared in the facility or catered in.

How many meals will be provided in a day? _____ How many snacks will be provided in a day? _____

If applicable, will raw fruits and vegetables be washed before being cooked or served? ☐ Yes ☐ No

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

☐ Disposable gloves ☐ Deli tissue ☐ Suitable Utensils ☐ Other: _____

Date Marking: When potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation / opening (milk, deli meats, etc.), a last date of use must be placed on the item.

Will the establishment have food items that require date marking? ☐ Yes ☐ No

Will raw animal foods (chicken, ground beef, etc.) be cooked in the facility? ☐ Yes ☐ No

If yes, provide the name of the raw animal food and the minimum safe cooking temperature(s): _____

Cooking & Reheating Potentially Hazardous Food:

List all cooking & reheating equipment and check all applicable boxes.

Equipment Name	Cook	Reheat	New	Used	NSF Approved or Equivalent

Hot and Cold Holding of Potentially Hazardous Food

List all hot & cold holding equipment and check all applicable boxes.

Equipment Name	Hot Hold	Cold Hold	New	Used	Thermometer available

How will potentially hazardous foods be thawed (if applicable)?

☐ Under Refrigeration ☐ Under cold running water ☐ In a microwave ☐ During cooking

How will bottles be warmed (microwave is prohibited)? _____

Is this facility only feeding infants and toddlers? ☐ Yes ☐ No

If yes, then there shall be a separate sink used exclusively for food preparation and clean up.

Is mechanical ventilation to the outside required for cooking equipment? ☐ Yes ☐ No

Does this facility have a separate hand washing sink in the food service area/kitchen? ☐ Yes ☐ No

If not, then a separate sink must be provided in this area for hand washing.

Where will meals be served? _____

Where will food, food equipment, and utensils be stored? _____

What area is provided for the storage of toxic chemicals? _____

What type of sanitizer will be used? _____

How will the sanitizer concentration be tested? _____

What type of dishwashing facilities will be provided?

___ Commercial dishwasher - Manufacturer: _____ Model #: _____

___ Residential dishwasher with sanitizing capability - Manufacturer: _____ Model #: _____

___ 3-compartment sink

___ 2-compartment sink with 3rd container suitable for sanitizing

Water Supply

Will the water supply be:	___ City water	Existing well	___ New well
If an on-site water supply is being used, is the local health department in the process of approving?	Yes		No*

Sewage Disposal

Will the sewage disposal be:	___ City sewer	Existing septic	___ New septic
If an on-site sewage system is being used, is the local health department or Michigan Department of Environmental Quality in the process of approving?	Yes		No*

* It is recommended that you contact your local health department to begin the approval process.

Hot Water Heater: Manufacturer: _____ Model number: _____

Gallons storage: _____ Thermal Efficiency: _____ %

BTU's (gas): _ KW (electric): _____

Thermostatic temperature control? ___ Yes ___ No Pressure relief valve? ___ Yes ___ No

Confirm that the hot water temperature at all sinks shall not exceed 120° F? ___ Yes ___ No

Plumbing, toilets, hand washing

Number of toilets available for children: _____ Number of hand wash sinks available for children: _____

Soap and paper towels or other approved hand drying devices available? ___ Yes ___ No

Are hand wash sinks installed at children's level or is a stool/platform provided for children? ___ Yes ___ No

Is a separate hand wash sink provided and easily accessible in diapering areas? ___ Yes ___ No

If not, then a separate sink must be provided in this area for hand washing.

Does the facility have a utility/mop sink? ___ Yes ___ No Where is it located? _____

Premises

Do all stairways, ramps, landings, and porches have handrails constructed for use by children? ___ Yes ___ No

Is the center located on land that provides good natural drainage or is properly drained? ___ Yes ___ No

Is the heating and ventilation able to maintain an indoor air temperature in child use areas of at least 65⁰ F in the winter and below 82⁰ F in the summer? ____Yes ____No

Do all areas have at least 20 foot candles of artificial or natural light at least 3 feet above the floor? ____Yes ____No

Are swimming facilities provided? ____ Yes ____No

Does the swimming pool have a license from the Michigan Department of Environmental Quality? ____Yes ____No

Lead Risk Assessment

Was this facility built before 1978? ____Yes ____No

If yes, facility must contact a certified lead assessor to perform a lead risk assessment. A copy of the report along with any documentation of corrections must be submitted to the Health Department before approval can be given and a copy shall be kept on file at the child care center.

Insect and Rodent Control

Will outside doors be self-closing? ____Yes ____No

Will windows or doors be used for ventilation? ____Yes ____No

If so, they must be supplied with screening of not less than 16 mesh to prevent the entry of insects.

Are provisions made for the proper collection, storage, and removal of garbage? ____Yes ____No

A child care center shall develop and implement an integrated pest management plan that includes when pesticide application may occur. Does your facility have a pest management plan? ____Yes ____No

Room Finish Schedules

Fill in materials to be used. See chart below.

Area	Floor	Coving	Wall	Ceiling
Classroom(s)				
Food Service / Kitchen				
Restrooms				
Storage area				
Coat Room				
Janitor Closet				
Other areas				

The following chart provides guidance for acceptable floors, walls and ceilings finishes.

1. Commercial grade vinyl composition tile	7. Ceramic tile
2. Fiberglass reinforced polyester (FRP) panel	8. Painted drywall
3. Vinyl clad acoustic tile	9. Epoxy painted drywall
4. Poured seamless <i>sealed</i> concrete or poured synthetic	10. Acoustic tile
5. <i>Sealed</i> concrete	11. Quarry tile
6. Stainless steel	12. Vinyl cove base

Along with this completed worksheet, provide a scaled drawing of the facility showing all rooms, restrooms, sinks, diapering area, kitchen, storage areas, etc. The kitchen shall show all food equipment (ware-washing sinks, dish washer, counters, cabinets, shelves, stove, microwave, refrigerator, etc.)