



ENVIRONMENTAL HEALTH
700 Fuller Avenue N.E.
Grand Rapids, Michigan 49503-1918
Phone: 616-632-6900
Fax: 616-632-6892
Email: KCEHmail@kentcountymi.gov
Website: www.accesskent.com

Child Care Plan Review Application

To help assist our Department in the review of the proposed new or remodeled Child Care Center, please complete and return this plan review application/worksheet to Kent County Health Department with the applicable fee.

Child Care Center Name: _____

Address, City, Zip: _____

Facility's Phone: _____

Proposed opening date: _____

Child Care Center Administrator Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	Building Owner Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____
DHS Licensing Consultant Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	Contact Person (If different from Administrator) Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____
(Owner or Responsible Representative)

Date: _____

For KCHD use only:

Fee \$: _____ Receipt #: _____ Date: _____ Clerk Initials: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN EACH CATEGORY:

Hours of operation (hours/day): _____

How many children are you trying to be licensed for? _____

What age groups? _____

What year was the building built? _____

Water supply: City/Municipal Private Well

Wastewater Disposal: City/Municipal Septic System

MAIN FOODSERVICE

How will meals be provided?

- A food establishment licensed by a Local Health Department
- Prepared/cooked on-site, licensed by Kent County Health Department
- Prepared/cooked on-site, not licensed by Kent County Health Department
- Catered
- Other (parents, etc.) Explain: _____

Where will children eat meals? (family style in classroom, dining area, etc.) : _____

Which meals/snacks will be provided?

- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Dinner
- After dinner snack

What type of dishes will be used for servng? Disposable Reusable

What type of dishes will be used for eating? Disposable Reusable

Will any foods be thawed? Yes No

Will any foods be kept and cooled down and re-heated? Yes No

Will open or prepared food be kept for more than 24 hours? Yes No

SANITIZING

What will be used as sanitizer? _____
(Make sure appropriate test strips area available onsite)

INFANT/TODDLER CARE

Will infant or toddler care be provided? Yes No

Who will provide bottles? Parents Facility

Who will provide formula? Parents Facility