**Public Health Plan Review: Child Care Center**

This packet is designed to provide you with the information you need to complete a Public Health Plan Review for a Child Care Center as defined in the *Rules for* *Certification of Child Care Centers* (Oregon Administrative Rules chapter 414).

**OAR 414-300-0010(8) requires that plans are submitted prior to initial construction or remodel.**

This public health plan review is designed to catch problems at the planning stage ***before*** construction begins. It is much easier to address problems and make changes to the plans prior to construction. Please notify us promptly of any changes or revisions to your plans so that these changes can be incorporated into the final plan approval.

This plan review is for ***public health*** purposes only. Please be aware that there may be other plan reviews required by other agencies such as the child care division, planning, building, fire department or city of jurisdiction. A listing of these contacts is provided on page two. It is *your* responsibility to secure land use action approval, licenses, reviews or permits from any and all other governing bodies as applicable.

If you have any questions, contact Maria Benitez or Lisa Michael at 541-317-3114.

For Child Care **licensing** and general questions, please contact Carol Petersen at 541-633-2251.

**AGENCIES YOU MAY NEED TO CONTACT**

DESCHUTES COUNTY

 Environmental Health 541-317-3117 Fax: 541-322-7604

 Planning Division 541-388-6560 Fax: 541-385-1764

 Building Safety Division 541-388-6575 Fax: 541-385-1764

 Environmental Soils (septic) 541-388-6519 Fax: 541-385-1764

CITY OF BEND

 Planning Department 541-388-5580

 Building Department 541-388-5528

 Sewer, Grease Traps, & Water 541-385-6191

CITY OF REDMOND

 Planning & Building Division 541-923-7721

 Sewer, Grease Traps, and Water 541-504-5079

CITY OF SISTERS

 Business Office 541-549-6022

OREGON CHILD CARE DIVISION

 Redmond office 541-548-8196 ext. 322

 State office (Salem) 503-947-1400

PLEASE PROVIDE THE FOLLOWING INFORMATION

1. **Floor plans** to scale including equipment schedule
2. **Schedule of surfaces** and finishes

 -walls, floors, ceilings, outdoor activity areas (including fence height and material)

 -food prep surfaces (must be smooth, non-absorbent and easily cleaned)

-doors and windows used for ventilation or other purposes shall be protected from entry of insects and rodents by the use of tight fitting screens

3) **Manufacturers specification** sheets for:

 -sinks (3-compartment, culinary)

 -refrigeration equipment

 -cooking equipment i.e. stoves/ovens

 -ice machines

 -mechanical ware washing machines

4) **Ware Washing**

 -must be accomplished by using a 3-compartment sink and/or an approved commercial ware washing machine

 -mechanical ware washing machines must sanitize by means of a hot water (160°F @ dish surface) or injection of a chemical sanitizer such as chlorine. An approved test kit to accurately measure the concentration of the chemical sanitizer must be provided

5) **Rough plumbing detail**

 -denote indirect waste drain(s) where applicable.

 The figure shown below represents an air-gap and air-break *indirect* waste drain “bell & hub”. **The plumbing code dictates which plumbing fixtures and equipment require an air-gap or air-break type of indirect connection to the sewer.**

 **(typically culinary sinks and dish machines require an indirect waste drain)**

6) **Toxic material storage**

7**) Laundry areas**

8) **Water Supply**

 If the facility is served by a private well, the source may require approval by the Oregon State Health Department Drinking Water Program. Contact Jeff Freund with Deschutes County at 388-6563 regarding drinking water program requirements.

9) **Sewage**

 If the facility is served by an on-site septic system, approval by the Oregon Department of Environmental Quality (DEQ) or the Deschutes County Environmental Health Division may be required.

10) **Outdoor Space**

Refer to 414-300-0150 and the Consumer Products Safety Commission (CPSC) playground guidelines.

 **\***As of September 30, 2018, all child care facilities (regardless of source of water) must test for lead in drinking water. Samples should be taken from any faucet or fixture drinking water may be obtained. Samples must analyzed by an accredited laboratory and results submitted to the Office of Child Care.

**APPLICATION FOR CHILD CARE CENTER PUBLIC HEALTH PLAN REVIEW**

NAME OF CHILD CARE FACILITY

 (CORPORATE NAME/DBA NAME)

SPECIFIC LOCATION ADDRESS OF FACILITY

 (HOUSE NUMBER AND STREET) (CITY) (ZIP)

NAME OF OWNER

OWNER ADDRESS

 (PLEASE INCLUDE, CITY, STATE, ZIP)

OWNER TELEPHONE 2ND PHONE

OWNER / OPERATOR E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS PLAN REVIEW IS FOR: [ ]  NEW construction

 [ ]  REMODEL

IN CITY LIMITS? NAME OF CITY

WATER SOURCE SEWER SERVICE

SIGNATURE OF OWNER OR LEGAL AGENT

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees are subject to change. Please call this office for current fees (541) 317-3114**

Please return this application along with a check made payable to: *DESCHUTES COUNTY*

Mail to: Deschutes County Health Services, Environmental Health Division, 1550 NE Williamson Blvd #110, BEND, OR 97701

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For Office Use Only:

SANITARIAN APPROVAL DATE

COMMENTS

APPLICATION RECEIVED ON RECEIPT # STAFF INITIALS