



HEALTH SERVICES

2577 NE Courtney Drive, Bend, Oregon 97701
Public Health (541) 322-7400, Fax (541) 322-7465
Behavioral Health (541) 322-7500, Fax (541) 322-7565
www.deschutes.org

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(7) 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 on 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, please feel free to contact Jeff Freund at 541-388-6563.

For Child Care **licensing** and general questions, please contact Amy Adams at 541-548-8196 ext. 322.

Our Mission: To Promote and Protect the Health and Safety of Our Community.

AGENCIES YOU MAY NEED TO CONTACT

DESCHUTES COUNTY

Planning Division	541-388-6560	Fax: 541-385-1764
Building Safety Division	541-388-6575	Fax: 541-385-1764
Environmental Health (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
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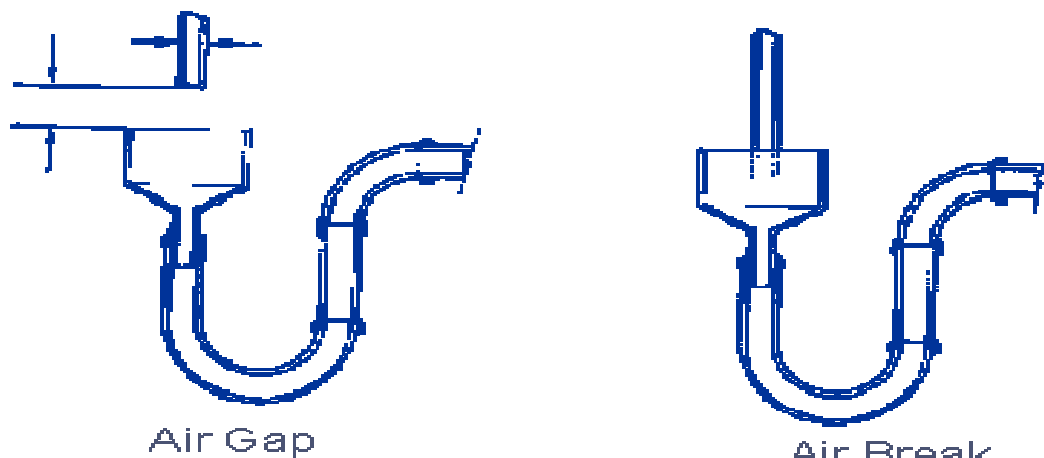
OREGON CHILD CARE DIVISION

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)
- 3) **Manufacturers specification** sheets for:
 - sinks (hand, 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)



Indirect Waste

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.

Doors and Windows used for ventilation or other purposes shall be protected from entry of insects and rodents by using tight fitting screens.

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 _____

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) 322-7400

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

Mail to: Deschutes County Health Services, Environmental Health Division, 2577 NE Courtney Drive, BEND, OR 97701

For Office Use Only:

SANITARIAN APPROVAL _____ DATE _____

COMMENTS _____

APPLICATION RECEIVED ON _____ RECEIPT # _____ STAFF INITIALS _____