

## DEPARTMENT OF HEALTH AND HUMAN SERVICES ENVIRONMENTAL HEALTH PROGRAM

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## CHILD CARE CENTER PLAN REVIEW APPLICATION

This Box for Office Use Only  Facility #:	Facility name:				
Facility address: (include city, state, zip)					
Mailing address: (include city, state,	zip)				
Phone:	Fax:				
E-mail:					
Current Office of Child Care	contact person:				
New child care facility and lo	cation? □ Yes □ No				
If no, previous business name:		Date of last operation for previous owner:			
☐ Child care center	Capacity*:	Diapered children: 🗆 y	yes □ no Afte	erschool: □ yes □ no	
Hours of operation:					
Owner name:					
Owner address: (include city, state, z	ip)				
Telephone:		Cell:			
E-mail:	Business start date:				
CONSTRUCTION INFORMATION					
Construction:					
Water: □ Public □ Private Sewage: □ Public □ Private					
Plan review should be sent to (check all that apply):		□ Owner □ 0	☐ Construction contact		
Construction Contact:					
Contact address: (include city, state,	zip)				
Telephone:	Cell:				
E-mail:					
Mail application and check or	money order payable to: W	ashington County l	Environmenta	l Health	
Applicant signature:					
Print name:			Date:		
DO NOT WRITE IN THE SPACE BELOW					
Fee received:	Ck/MO#:		Receipt #:		
Received by:	Date:		Approved?	☐ Yes ☐ No	
Remarks:					

<sup>\*</sup>Capacity is defined as the maximum number of children approved by the Oregon Department of Education's Office of Child Care.