Department of Health and Human Services Environmental Health Program 155 N. First Ave, MS 5, Suite 170 Hillsboro, OR 97124 Telephone: 503-846-8722 Fax: 503-846-3705



## https://www.washingtoncountyor.gov/hhs/child-care-sanitation

## CHILD CARE CENTER PLAN REVIEW APPLICATION

This Box for Office Use Only <b>Facility #:</b>	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 location?   Yes  No							
If no, previous business name:			Date of last operation for previous owner:				
Child care center	Capacity*:	[	Diapered childr	en: 🗆 yes 🗆 no	Afterschool:	∷ □ yes □	] no
Hours of operation:							
Owner name:							
Owner address: (include city, state, zip)							
Telephone:			Cell:				
E-mail:	Business start date:						
CONSTRUCTION INFORMATION							
Construction:  New  Remodel  Completion date:							
Water:  Public  Private  Sewage:  Public  Private							
Plan review should be sent to	🗆 Owner	Owner Construction contact					
Construction Contact:							
Contact address: (include city, state, zip)							
Telephone: Cell:							
E-mail:							
Mail application and check or money order payable to: Washington County Environmental Health							
Applicant signature:							
Print name:					Date:		
DO NOT WRITE IN THE SPACE BELOW							
Fee received: cc	:	0	Ck/MO#:	]	Receipt #:		
Received by:		Ι	Date:		Approved?	□ Yes	□ No
Remarks:							

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