

**DOH-COLLIER RESIDENTIAL GROUP CARE PLAN REVIEW WORKSHEET**

New:  Existing:  Change of Owner:

Estimated Opening Date: \_\_\_\_\_

**Establishment Information**

Name:			
Address:			
Telephone:			
Point of Contact:		Telephone:	
Title:		Email:	

**Owner Information**

Name:			
Mailing Address:			
Telephone:			
Email:			

**Licensing Agency**

DCF  AHCA  APD

**Category (check all that apply)**

Adult Day Care Center  Adult Family Care Home  Assisted Living Facility  Crisis Stabilization Center   
 Hospice  Intermediate Care Facility  Prescribed Pediatric Extended Care Center   
 Residential Treatment Facility  Short-Term Residential Treatment Center

Other: \_\_\_\_\_

**Food Tier**

Tier I  All Adult Family Care Homes, Assisted Living Facilities with up to 5 residents  
 Tier II  Facilities with 6 - 10 residents (must submit intended menu)  
 Tier III  All Hospice Facilities, Facilities with 11 or more residents (Food Sanitation Application needed)

**Operating Plan**

Hours of Operation: \_\_\_\_\_ Days of Operation: S M T W T F S (circle)  
 Nursing Station: Y / N (circle)

**Maximum Capacity of Facility:** \_\_\_\_\_

Tier II and Tier II Facilities  
 Number of Employees per shift: 24 HR \_\_\_\_\_ 12 HR \_\_\_\_\_ 8 HR \_\_\_\_\_

**Number of Swimming Pools:** \_\_\_\_\_

**Sanitary Facilities** - Facilities on well or septic are required to complete and return Interagency Coordination of Regulated Establishments - Evaluation Of Onsite Sewage (Septic) And Water Supply Capacity.

Sanitation Service:	sewer    septic	Water Service:	public    private
Facilities on septic systems are required to submit an existing system evaluation on form DH4015 pg 4 of 4 which must be completed by a registered septic tank contractor.		Facilities on a private well are required to be permitted and must submit the DEP or DOH approval of their water system to our office.	

Men's Toilets: \_\_\_\_\_ Men's Urinals: \_\_\_\_\_ Men's Showers: \_\_\_\_\_

Women's Toilets: \_\_\_\_\_ Women's Showers: \_\_\_\_\_ Unisex Toilets: \_\_\_\_\_

**Pest Control Service:**

Company: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Tier I and II Facilities:  
Kitchen Service (check all that apply)**

Catered food brought in     Food prepared on site     No food

Handwashing Sink     Two Compartment Sink     Three Compartment Sink

Residential Dishwasher     Commercial Dishwasher

Sanitizer:                      Chlorine     Quaternary Ammonium                       Hot Water

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Floor Plan- Tier III Facilities, disregard items already submitted with food hygien plan review application.**

**Must Include:**

- Appliances, with specific purpose labeled (i.e. instead of "sink" label "food prep sink")
- Equipment
- Food prep areas
- Rooms labeled, including restrooms for employees and for clients
- Storage areas, such as food and utensil storage, toxic substance storage
- Auxiliary areas, such as dining areas, locker rooms, garbage or laundry rooms

**The following specifications must accompany the floor plan:**

- Finish schedule for each room (to include floors, walls, ceilings, etc.)
- Plumbing schedule that includes direct or indirect connections, backflow prevention, floor drains, water and wastewater

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use

Plan Review date:                      start time                      end time                      x\$50