Houston Public Works
Building Code Enforcement Branch

CARE FACILITIES WORKSHEET

PURPOSE

To assist in correctly identifying the intended occupancy Group of care facilities, the facility owner shall provide a completed, sign and notarized worksheet with all applications submitted for building permit, plan review, or occupancy inspection. The completed worksheet must be included each time construction documents are submitted for plan review. This document is intended to reduce plan review time and the possibility of unnecessary correction comments due to an incorrect occupancy Group classification by providing plan analysts with essential data needed to correctly classify a facility. This worksheet is required for all care facilities including, but not limited to; Day Care Centers, Pre-Schools, Kindergartens, Middle and High Schools, Congregate Living Facilities, all Shelters, Nursing Homes, and Assisted Living Facilities.

PART 1 – PROPOSED FACILITY INFORMATION

City Project No.		**Date:**	
Business Name		**Contact Phone (Include Area Code)** ( )	
Address (Street, Suite, City, State, ZIP)		**County**	

☐ **Care Facility for (< 24hr Care)** ☐ **Care Facility for (≥ 24hr Care)** ☐ **Pre-K and/or Kindergarten** ☐ **Middle or High School** ☐ **Shelter/Congregate Living Facility**

PART 2 – WORKSHEET CHECKLIST (PROVIDE ALL INFORMATION REQUESTED)

☐ **Facility Information** ☐ **Plan of Care** ☐ **Age Groups of Attendees** ☐ **Hours of Operation**

☐ **Bldg. and/or Space Usage** (Including Enclosed Outdoor Areas) ☐ **Owner Signature & Date.** ☐ **Prerequisite Checklist Submittal Package,** With Labeled Site Plan; Architectural and M.E.P. Floor Plans and Room Uses Clearly Labeled.

PART 3 – PROPOSED FACILITY PLAN OF CARE

(1) Plan of Care Information: Provide specific information to clearly identify the proposed care intended.

(a) Identify the intended number of persons present in each age group listed (Not counting staff members), and identify the total time care is provided:

	Occupants Present	< 24 hrs. (Yes/No)	≥ 24 hrs. (Yes/No)
Number of infants and youths in supervised care ≤ 2 ½ years of age.			
Number of youths in supervised care > 2 ½ years of age but < 16 years of age.			
Number of emancipated youths or adults in supervised care ≥ 16 years of age.			
Number of youths and/or adults with mental or physical disabilities.			
Number of youths or adults incapable of self-preservation.			
Total Occupant Load (Excluding Staff)			

(b) Identify the intended hours, days, and months of operation for the proposed facility:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation AM							
Hours of Operation PM							
Days of Operation.							
Months of Operation.							

(c) Answer yes or no to the following questions and provide the total number of occupants:

		Yes/No	Total Occ.
(1)	Does the facility provide any assistance with day-to-day living tasks to occupants? Such as, but not limited to; cooking, the dispensing of medications (prescription or over the counter), bathing, using toilet facilities, laundry, transportation needs, assistance with purchasing of food, clothing, other personal hygiene supplies, etc.		
(2)	Are any occupants receiving medical care within the facility?		
(3)	Are any occupant's *incapable of self-preservation*[1] as defined in the Houston Building Code?		
(4)	Do any occupants need limited verbal or physical assistance evacuating during an emergency?		
(5)	Is *custodial care*[2] provided to accompanied youths ≤ 2 ½ years of age?		
(6)	Is *custodial care*[2] provided to *unaccompanied*[3] youths ≤ 2 ½ years of age?		
(7)	Is *custodial care*[2] provided to accompanied youths > 2 ½ years but < 16 years of age?		
	Is *custodial care*[2] provided to *unaccompanied*[3] youths > 2 ½ years but < 16 years of age?		

Footnotes:

1 ***INCAPABLE OF SELF-PRESERVATION.*** *Persons because of age, physical limitations, mental limitations, chemical dependency, or medical treatment who cannot respond as an individual to an emergency situation.*

2 ***CUSTODIAL CARE.*** *Assistance with day-to-day living tasks; such as assistance with cooking, taking medication, bathing, using toilet facilities and other tasks of daily living. Custodial care includes persons receiving care who evacuate at a slower rate and/or who have mental and psychiatric complications.*

3 ***UNACCOMPANIED YOUTH.*** *A youth < 16 years of age who is unaccompanied by a parent, court appointed guardian, or an adult relative by blood, marriage or adoption.*

PART 4 – PROPOSED BUILDING AND/OR SPACE USAGE PLAN

(1) Building Usage: Using the indoor and outdoor space plans provided in the submitted plans, identify the age groups of children to be assigned to each room. Identify the use of each room and identify multi-usages of each room or area when applicable. For multi-use areas (such as playgrounds and assembly areas), indicate all uses of each area.

Room Number	Age Group of Occupants Present	No. of Occupants Present	Staff Present	Proposed Primary Room Use or Activity	Hours of Use

(2) Other Uses: If specific areas in the building will be used for multi-use functions, identify the room number, age group of occupants, occupant load based on the additional use, number of staff present, the additional intended use, and the hours and days of operation.

Room Number	Age Group of Occupants Present	No. of Occupants Present	Staff Present	Requesting Code Review for the Following Additional Room Use or Activity	Hours of Use	Days of Operation

Declaration: *Under penalty of perjury the above and subsequent information, provided as part of the "Care Facilities Worksheet" statement, is true and correct.*

Owner's Name (Print) _____

Owner's Signature _____ **Date** _____