

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	
<input type="checkbox"/> Care Facility for (< 24hr Care)	<input type="checkbox"/> Care Facility for (≥ 24hr Care)	<input type="checkbox"/> Pre-K and/or Kindergarten	<input type="checkbox"/> Middle or High School <input type="checkbox"/> Shelter/Congregate Living Facility

PART 2 – WORKSHEET CHECKLIST (PROVIDE ALL INFORMATION REQUESTED)

<input type="checkbox"/> Facility Information	<input type="checkbox"/> Plan of Care	<input type="checkbox"/> Age Groups of Attendees	<input type="checkbox"/> Hours of Operation
<input type="checkbox"/> Bldg. and/or Space Usage (Including Enclosed Outdoor Areas)	<input type="checkbox"/> Owner Signature & Date.	<input type="checkbox"/> 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.							

