

Florida Department of Health in Okaloosa Group Care Establishment Plan Review Guide

New Remodel Conversion

Name of Establishment: _____

Type of Facility: _____

Number of Clients Proposed For Facility: _____

Hours of Operation of Facility: _____ AM to _____ PM
_____ 24 hours/ day

Water Supply for Facility:

Public Water- Name _____
 Well (DOH or DEP) Permit Number _____

Note: Existing Wells may require DOH or DEP permitting.

Sewage Disposal for Facility:

Public Sewer- Name _____
 Septic Tank DOH Permit Number _____

Note: Existing septic systems will require an existing system check for any change of use or modification to building. Possible modifications to the septic system may be required.

Facility Provides Food Service for Clients: Will this facility provide or serve any of the following food types? Please mark all that apply.

Note: DOH Food permits may be required.

- Prepackaged Ready to Eat Snacks
- Bulk Snacks portioned on site
- Heating of lunches provided by clients
- Formula for infants
- Food Catered from another facility to this location (including restaurants, caterers, or other DBPR/ DACS/ DOH regulated facilities)
- Meals prepared and served on site
- Breakfast
- Lunch
- Dinner

Does facility plan to have a pool or spa?

Pool

Spa

Plan Approval or Permit Number _____

What type of Garbage Disposal will be utilized:

Dumpster

Trash Cans

Frequency of Pickup _____

Any Pets in Facility:

Dogs

Cats

Other – specify _____

Note: All dogs, cats, and ferrets must have a valid/ current rabies vaccination to enter the facility.

Frequency of Vermin Control: _____

Name of Company _____

_____ Provide this office with floor plans of the entire facility. Plans must include building dimensions on the plans. Label all rooms with proposed usage (Ex bedroom, client restroom, employee restroom, offices). Label all hot water heaters, laundry rooms, chemical storage areas, and secure medication storage areas.

Note: Please provide at least one copy of the floor plans that is no larger than legal size paper (11X17 inch).

_____ Provide this office with site plans of property. The site plan should show the property lines and building structure location. Please include the location of all wells, septic tanks, pools, driveways, dumpster or trash can areas, playground, recreation areas, retention ponds, surface water, and fenced areas.

Note: Please provide at least one copy of the plans that is no larger than legal size paper (11X17 inch).

NOTES:

1. This office will require AHCA or DCF approval for many facilities. Please visit the following website for information regarding other agency requirements:

<http://www.doh.state.fl.us/environment/community/group/index.html>

2. This office will require Planning and Zoning, Building Department, and Fire Department approvals for all permitted facilities. Please notify these offices for their requirements prior to building or remodeling of any facility. A sign off sheet is attached and must be completed before facility will receive DOH permit.