

Group Care Plan Review Application

Application for: New Remodel Change of Operation

Instructions: (1) Complete and sign applications (2) Submit plans for proposed construction or renovation. Plans **MUST BE DRAWN TO SCALE**. The layout, construction, finish schedule and general operation of the facility must be described. (3) Return the signed applications, to-scale plans and fees to 1845 Holsonback, Dr., Daytona Beach, FL 32117.

Please note that an Annual Operating Fee will be required prior to opening. Fee is dependent on the capacity of the facility.

Name of Establishment _____

Address _____

Telephone _____ Fax _____ E-Mail _____

Contact Person _____ Phone _____

Owner Information

Name _____

Address _____

Telephone _____ Fax _____ E-Mail _____

The undersigned applicant/representative hereby attests that the information contained in this application is truthful and correct. Any misrepresentation of the facts, failure to provide the requested information or failure to comply with sanitary standards is grounds for denial or revocation of any approval based upon this application

Name of owner or agent (print)

Signature of owner or agent Date

For FL DOH - VC use of only

Check # _____ Amount _____ Date Received _____

Receipt # _____ Application/permit # 64-51-_____

Approved Denied Reviewed By _____ Date _____

Residential Care and Group Care Facilities Plan Review Requirements

The Florida Department of Health - Volusia County is required to perform a plan review of all proposed or existing facilities. This requires one (1) set of plans to be submitted which includes:

1. The application completely filled out. (see page 2)
2. A floor plan of the proposed facility showing bathrooms, bedrooms, kitchen and all other features.
3. A plot plan showing property lines, wells (if applicable) septic tanks (if applicable) and physical location of all structures.

There is a \$50 plan review fee for the main facility. If food service is involved for facilities with a capacity of 6 or more, a kitchen plan review is required (\$40) and a detailed floor plan of the kitchen/food prep area must be provided.

Additional fees and requirements are mandatory for facilities that are serviced by either a septic system and/or a potable well. Approval of the septic system and/or potable well must be completed prior to plan review of the facility and/or food service.

If the facility is serviced by a septic system: An application for a new or an existing system must be completed and submitted to the appropriate field office. If it's a new facility to be constructed, the septic permit fee is \$415. Depending on the expansion or size of the facility, an existing system permit fee can range from \$35 - \$110. The web site for the septic application can be found at: <http://www.doh.state.fl.us/environment/ostds/pdfs/forms/dh4015p1.pdf> . This form must be filled out COMPLETELY and submitted with required items to the local EH field office. A site plan must be submitted, drawn to-scale that shows the property dimensions, locations of structures and other pertinent features.

If the facility is serviced by a potable well: An annual operating permit for a Limited Use-Community water system is required. An application for a public water system must be completed and submitted to the EH Engineering office located at 121 W. Rich Ave., Deland. The form located at: <http://www.doh.state.fl.us/environment/water/manual/pdfs/operapp.doc>. Routine water sampling will be required; information on fees and required sampling will be provided after application approval.

Make all checks payable to FL Department of Health – Volusia County and submitted to the Environmental Health office, Bin #118, 1845 Holsonback Dr., Daytona Beach, FL 32117. Office hours are 8:00 am to 5:00 pm for drop off.

Payment should include ALL necessary paperwork. Incomplete applications WILL NOT be accepted.

Plans for the facility will be reviewed within 10 working days of receipt of the plans and you will be notified in writing of any further requirements.

Group Care Water and Sewer Review Page

FACILITY TYPE (check one):

Adult Family Care Home _____ Assisted Living Facility _____

Residential Group Home _____ Other _____

Facility Capacity _____

Name of Establishment _____

Address _____

City _____ Zip Code _____

Telephone _____ Fax _____ E-mail _____

Contact Person _____ Phone _____

Review Type: New Construction _____ Conversion _____ Remodel _____

Approved Sewage System

Municipal/Utility Name _____ OR

Septic Permit # _____ Tank Size _____ gals. Drainfield _____ Sq. Ft.

Approved Water Supply

Municipal/Utility Name _____ OR

Limited Use Water System Permit # _____

Submitted By

(Print) Owner or Agent

(Signature) Owner or Agent

For FL DOH – VC Use Only

Approved _____ Denied _____ By _____ Date _____

Group Care Facility Check List Food Services Requirements, Tiers I - III

There are three tiers of food service, each with different minimal requirements based on the facility and number of residents in care. Only one tier of service will be applied to any facility

Tier I - For Adult Family Care Homes (AFCH) and community residential facilities with 5 or less residents the following requirements must be fulfilled.

- 1) One sink with hot and cold running water in the kitchen is required
- 2) One refrigerator capable of holding food at 41 degrees Fahrenheit or less is required
- 3) If hot food storage units are used they must hold hot food at 140 degrees Fahrenheit or more.
- 4) All hot food storage units, refrigerators and freezers must have accurate **thermometers**. (+/- 3 degrees Fahrenheit)
- 5) Food must be protected from contamination at all times.

Tier II - Facilities with 6 to 10 residents must submit kitchen plans drawn to scale, that describe the layout, construction, finish schedule, general operation of the facility, equipment design and installation, and similar aspects of the facility's food service operation. A copy of the intended menu shall be provided to the department as part of the plan review. These plans must show the following minimum requirements are met:

- 1) Either a two-compartment sink OR a one-compartment sink and a residential dishwasher must be installed.
- 2) Adequate food prep counters will be installed.
- 3) A Hand wash sink with soap, paper towels and a sign designating the sink for hand washing only will be installed at the hand wash sink.
- 4) Adequate refrigerators capable of holding foods at 41 degrees Fahrenheit or less and freezers capable of holding food at 0 degrees Fahrenheit or less. Hot holding equipment must be capable of holding hot food at 140 degrees Fahrenheit or more. All units must have numerically scaled indicated thermometers accurate to plus or minus 3 degrees Fahrenheit.
- 5) Walls, floors, and shelves in food prep, food storage, ware washing and storage areas must be constructed of smooth, non-absorbent and easily cleanable. Walls shall be washable up to the highest level reached by splash or spray.
- 6) Hot and cold running water under pressure will be provided to all sinks.
- 7) Food must be protected from contamination at all times.
- 8) Restraints or barriers must be installed that will keep all animals out of the kitchen and food storage areas.

Tier III - Facilities that have 11 or more residents must apply for a food permit (see below)

(<http://www.doh.state.fl.us/environment/community/food/DH4086.pdf>). Submittal of the application must include a complete set of kitchen plan meeting all of Florida Administrative Code 64E-11 (<http://www.doh.state.fl.us/environment/community/food/64e-11.pdf>), requirements to the Department of Health. Plans must be drawn TO-SCALE, describe the layout, construction, and finish schedule, general operation of facility, equipment design and installation and similar aspects of the facility's food service operation. A copy of the intended menu shall be provided as part of the plan.

Plan Review Results

____ Plans approved as is Date ____ / ____ / ____.

____ Plans approved with noted provisos Date ____ / ____ / ____.

____ Plans denied; see comments Date ____ / ____ / ____.

Provisos/Comments:

All Items Will Be Verified During Opening Inspection

Applicant Signature _____ Date ____ / ____ / ____.

Plans Reviewed By _____ Date ____ / ____ / ____.