

Date Rec. \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Clerk \_\_\_\_\_

**COOS HEALTH & WELLNESS**  
**ENVIRONMENTAL HEALTH DIVISION**  
281 LaClair St. ♦ Coos Bay, OR 97420 ♦ 541-266-6720

CCD License \_\_\_\_\_  
(501(c) 3) \_\_\_\_\_  
CD Notified (New Ctrs) \_\_\_\_\_

**Please fill out the following form so we may  
better serve you!**  
For Office Use Only

**Child Care Inspection Request**

Name of Child Care Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address of Facility: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Supervising Operator(s) with Food Handler Card (Required): \_\_\_\_\_

License Type: \_\_\_\_\_ Licensed Enrollment: \_\_\_\_\_ Licensed Age Group Served \_\_\_\_\_ to \_\_\_\_\_

Hours of Operation: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ M T W TH F Sa Su  
Circle all that apply

Animals at Facility ☐ No ☐ Yes If Yes what kind? \_\_\_\_\_

What is your preference of when the inspection is conducted? We try to be accommodating to your needs, but schedules can change. Please provide us with at least two possible options for your inspection below.

Day of the Week \_\_\_\_\_ At \_\_\_\_\_ AM or PM

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**FEE SCHEDULE**

Any facility (16 or Less).....	Inspection Fee	\$ 179.00
Any facility (17 or more).....	Inspection Fee	\$ 233.00
Child Care <u>Centers</u> .....	Inspection Fee	\$ 233.00

(If facility is licensed as a Child Care Center, then inspection fee is \$233)

Kitchen Plan Review for a Child Care Center .....Plan Review Fee \$ 61.00

Applicable when an operator wants to license a new site with the Child Care Division as per OAR 414-300-0000 or when a facility already licensed as per OAR 414-300-0000 is planning significant kitchen remodeling.

*Fees are **non refundable***

Fees are to be paid in advance before you can request an inspection

Pay on-line at: <https://cooshealthandwellness.org/online-payments/>

Or

*Please make checks payable to **Coos Health & Wellness***