Date Rec. _____
Amount $ _____
Receipt # _____
Clerk_____

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

CCD License _____
CD notified of New CTR _____

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

Day of the Week _____ At _____ AM or PM

FEE SCHEDULE

Any facility (16 or Less)..…….....	Inspection Fee	$ 197.00
Any facility (17 or more)…….....	Inspection Fee	$ 269.00
Child Care Centers.……	Inspection Fee	$ 269.00

(If facility is licensed as a Child Care Center, then inspection fee is $269)

Kitchen Plan Review for a Child Care Center ……...Plan Review Fee $ 89.00

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***

**********ALL FEES ARE SUBJECT TO CHANGE**********