

# Environmental Health Services



## Child Care Center Plan Review

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Extra Info: \_\_\_\_\_

### **Paid fees are required.**

For additional fee information, visit our website: [www.mchealthinspect.org](http://www.mchealthinspect.org)  
or call: 503 988-3400.

Send to: Environmental Health Services  
847 NE 19th Ave, Suite 350  
Portland, OR 97232