QVHD

Request for Childcare/Group Home Inspection

DATE: _____

____ Childcare Center **New** Establishment (include completed OEC application and floor plan)

____ Childcare Center **Routine** Inspection
License #_____ Expiration Date:_____

____ Residential Adult Group Home Inspection

Name of Facility: _____ _____

Address: _____ Town: _____

Program Operator Name: _____

Phone: _____FAX: _____

Email: _____

Inspection Fee: $ 50.00 payable before inspection
Plan Review Fee: $ 50.00 (new childcare center only)

Signature of Applicant: _____

OFFICE USE ONLY
Fee Paid:
Date:

Quinnipiack Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org