



2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

Phone: (860) 785-8380 Fax: (860) 785-8533
www.ccthd.org

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

DAYCARE INSPECTION APPLICATION FORM

(All information must be filled in)

NAME OF DAYCARE _____ PHONE NUMBER _____

ADDRESS _____ EMAIL _____
STREET CITY

MAIL TO ADDRESS _____
STREET CITY STATE ZIP CODE

PROGRAM OPERATOR NAME _____

STATE LICENSE # _____ EXPIRATION DATE _____

LICENSED CAPACITY _____ UNDER 3 ENDORSEMENT _____ NUMBER OF EMPLOYEES _____

LICENSED FOR Under 3 Pre-School (3-5 years) School Age Night Care On Site Kindergarten

****PLEASE ATTACH MOST RECENT WATER TEST RESULTS AND LEAD RESULTS (if applicable)****

SIGNATURE OF APPLICANT **X** _____

**Fee is payable before an inspection can be completed. Fee for inspections is \$130.00
Payment can be made by check, cash or by credit card on our website www.ccthd.org**

- FEE WAIVER REQUESTED-applies to: State of CT owned and operated facilities; Health District member towns, their departments and facilities including public schools that are not contracted out to a for-profit vendors.
~or~
- NOT-FOR-PROFIT STATUS REQUESTED-(50% of fee listed above applies). The above organization is operated by a non-profit organization exempt from federal taxes AND exempt from local real estate and personal property tax IRS **and/or State of CT Department of Revenue Services determination letter(s) MUST be submitted with this application.**

Please mail payment (checks only) to: "Central Connecticut Health District", 2080 Silas Deane Highway, Rocky Hill, CT 06067

OFFICE USE ONLY -Received - <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC Authorization # _____ <input type="checkbox"/> Cash
