



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: \$ 110.00 payable before inspection

Plan Review Fee: \$ 110.00 (new childcare center only)

Signature of Applicant: _____

OFFICE USE ONLY

Fee Paid:

Date:

Revised January 2022

Quinnipiack Valley Health District

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

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