



**Housatonic Valley Health District**  
**Application for Daycare Facility: Review and/or Inspection**

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

Location of Facility: \_\_\_\_\_ Town: \_\_\_\_\_

Operator of Facility: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  Owner  Director

Applicant Address: \_\_\_\_\_  
Address Town State Zip Code

Phone Number of Applicant: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

**Day Care License #:** \_\_\_\_\_ **License Expiration:** \_\_\_\_\_

**Approval Requested For:**  Initial Facility Approval  License renewal  
 Expansion/Renovation  Reinspection

<b>Type of Program(s):</b>	<b>Capacity</b>	<b>Hours of Operation:</b>
<input type="checkbox"/> Under three years	_____	Sunday _____
<input type="checkbox"/> Pre-school (3-5 yrs.)	_____	Monday _____
<input type="checkbox"/> School Age	_____	Tuesday _____
<input type="checkbox"/> Night Care	_____	Wednesday _____
<input type="checkbox"/> On site Kindergarten	_____	Thursday _____
<input type="checkbox"/> Adult Care Facility	_____	Friday _____
Total Licensed Capacity:	_____	Saturday _____

**Building:**  Pre 1978 Construction  Post 1978 Construction  
**Sewage Disposal:**  Public Sewer  Septic System

*A comprehensive lead inspection is required for facilities constructed prior to 1978. Documentation of inspection must be maintained on site and available for review.*

**Water Supply:**  Public Water (Must submit copy of lead analysis with application)  
 Private Well (Must submit copy of potable water analysis & lead analysis with application)  
 Serves 25 or more persons over 60 days per year  
 Serves less than 25 person

Cooking on Premises:  Yes  No

Snacks Served:  Yes  No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Fee must be paid prior to site visit or inspection.

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