



## 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: \$ 150.00 payable before inspection  
Plan Review Fee: \$ 150.00 (new childcare center only)

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

OFFICE USE ONLY  
Fee Paid:  
Date:

Revised January 2023

Quinnipiac Valley Health District

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

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