



REQUEST FOR AN INSPECTION OF A DAYCARE FACILITY

Name of daycare: _____

Address of daycare: _____

Daycare telephone number: _____

Owner/Operator: _____

Address: _____

Telephone number: _____

Ages of children licensed for: _____

Licensed capacity: _____

Days and hours of operation: _____

Complete description of all meals and/or snacks prepared at facility (Attach a separate page if needed):

Date comprehensive lead inspection completed: _____

Date of last Uncas Health District inspection: _____

Date lead in water test completed: _____

(Copy of report must be submitted)

Well water must be tested for chemical and bacteriological properties, also.

The \$100.00 inspection fee must be included with this inspection request form.

For District Use Only:

Fee Due \$100.00 Fee Paid \$ _____

Cash _____ Credit Card _____ Check# _____

Receipt # _____

Date Received _____

Date Inspected _____