



**Trumbull Health Department**  
335 White Plains Road, Trumbull, CT 06611  
Phone (203) 452-1030 - Fax (203) 452-1050

## **DAYCARE INSPECTION APPLICATION**

Date Received: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Renovation/Change in Use Fee: \_\_\_\_\_  
Inspected By: \_\_\_\_\_  
Requested Date of Inspection: \_\_\_\_\_  
Inspected On: \_\_\_\_\_  
Name of Daycare: \_\_\_\_\_  
Location of Daycare: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Licensed Food Establishment:            YES            NO

### **PURPOSE OF INSPECTION:**

Relicensing  
Change in Use  
New/Change in Classroom  
Other

**PLEASE SUBMIT COPY OF WATER/LEAD TESTING WITH APPLICATION**