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

DAYCARE INSPECTION APPLICATION

Date: _____

Inspection Fee: $100
Please make checks payable to:
Trumbull Health Department

Name of Daycare: _____

Address: _____

Phone: _____ Email: _____

Owner/Manager: _____

Hours of Operation: _____

PURPOSE OF INSPECTION:

Relicensing ☐ Change in Use ☐

New/Change in Classroom ☐ Other ☐

PLEASE SUBMIT COPY OF WATER/LEAD TESTING WITH APPLICATION

FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

Credit Card/Cash/Check #: _____ RECEIPT NUMBER: _____