

Pomperaug District Department of Health

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**APPLICATION FOR DAY CARE FACILITY
REVIEW AND / OR INSPECTION (Rev. 11/2014)**

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
 Expansion / Renovation

License renewal
 Reinspection

Type of Program(s): Capacity

Hours of Operation:

- Under three years _____
- Pre-school (3-5 yrs.) _____
- School Age _____
- Night Care _____
- On site Kindergarten _____
- Adult Care Facility _____

- Sunday _____
- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____

Total Licensed Capacity: _____

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 and lead analysis with application*
 Serves 25 or more persons over 60 days per year
 Serves less than 25 persons

Cooking On Premises: Yes
 No

Snacks Served: Yes
 No

Signature of Applicant _____ Date _____

Fee: \$150.00

Fee must be paid prior to site visit or inspection.