APPLICATION FOR INSPECTION OF CHILD DAYCARE FACILITY FOR STATE LICENSURE

Date of Application:___________________

Day Care Center Name:______________________________________________________________

Address:__________________________________________________________ □ Westport □ Weston

Telephone: (_____ ) ______________ Fax: ( _____ ) _________________________

E-mail:______________________________________________________________

______________________________________ ________________________________
Name of Applicant (Type or Print) Signature of Applicant

The Westport Weston Health District agrees to conduct Environmental Inspections every two years as part of the State of CT daycare licensing requirements. Providing an e-mail address will allow the WWHD to keep you informed of product and food recalls and important health and safety information.

The WWHD has an ongoing partnership between the CT licensed daycare facilities providing pertinent information and is available as a resource when needed. The WWHD conducts illness outbreak investigations and follow-ups as required.

Health District Use Only

Comments:

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Approved by:

________________________________________ _______________________
Sanitarian Date