



# Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

◆ *Your facility is due for an inspection. We will need this form completed along with a check for \$150.00 payable to FVHD before we can perform an inspection.*

*There is no fee for volunteer or municipal non-profit organizations such as church or charitable groups.*

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## Child Day Care/Special Education Program Inspection Request Form

**Fee \$150.00**

Date \_\_\_\_\_

Facility Name \_\_\_\_\_

Operator Name \_\_\_\_\_

Program Phone # \_\_\_\_\_

Program FAX & e-mail \_\_\_\_\_

Facility Address \_\_\_\_\_

Hours of Operation \_\_\_\_\_

License # & Expiration Date \_\_\_\_\_

Last FVHD Inspection Date \_\_\_\_\_

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Please include the following when submitting this form to the FVHD. Please note an inspection will **not** be conducted until we have all of the items.

- ◆ A copy of a recent water analysis for lead. (documented 1<sup>st</sup> draw required-after 6 hours of non-use)
- ◆ If facility has well water, then a recent water analysis for bacteria and chemical quality is also required.
- ◆ If facility has a septic system, then the most recent septic tank pumping receipt must be submitted.