



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

DAYCARE INSPECTION APPLICATION

Date: _____

Inspection Fee: Daycare Inspection \$100

Amount Paid: _____

Name of Daycare: _____

Location of Daycare: _____

Address: _____

Phone: _____ Email: _____

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

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE: _____

CHECK NUMBER: _____

RECEIPT NUMBER: _____