



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 \$125.00 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 \$125.00

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 1st 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.