



**EAST SHORE DISTRICT HEALTH DEPARTMENT**  
Bringing good health to the towns of Branford, East Haven and North Branford

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid by: \_\_\_\_\_

**DAYCARE INSPECTION APPLICATION**

**Application Fee \$125.00**

**OWNERS**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DAYCARE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Day & Hours of Operation** \_\_\_\_\_

1. Will food be prepared by daycare staff? \_\_\_\_\_ If no, go to question #6.

2. Attach food menu to application

3. Source of food: \_\_\_\_\_

4. Names of individuals preparing food: \_\_\_\_\_

5. Number of certified food handlers: \_\_\_\_\_

6. Water Supply: \_\_\_\_\_ Private Well \_\_\_\_\_ Public Water

7. Sewage Disposal: \_\_\_\_\_ Septic System \_\_\_\_\_ Public Sewers

***\*Building, Zoning, and Fire Officials must be contacted for approvals prior to licensing.***

**I CERTIFY THAT I AM THE INDIVIDUAL OR ORGANIZATION REPRESENTATIVE  
CHARGED WITH THE RESPONSIBILITY FOR THIS DAYCARE.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

688 EAST MAIN STREET, ORCHARD RESEARCH PARK • BRANFORD, CONNECTICUT 06405  
TELEPHONE: (203) 481-4233 FAX: (203) 483-6894 WEBSITE: [www.esdhd.org](http://www.esdhd.org) EMAIL: [info@esdhd.org](mailto:info@esdhd.org)