

TOWN OF BROOKFIELD
HEALTH DEPARTMENT
P.O. Box 5106 Brookfield, CT 06804
P: (203) 775-7315 F: (203) 740-7677
www.brookfieldct.gov

Application for Day Care Facility
Plan Review and/or Inspection

Facility Name _____ Address _____
Facility Phone# _____ Fax # _____
Owner(s) Name _____ Operator _____
Owner's Address _____ Email _____

Request made for: Biannual Inspection Initial Facility Approval
 Expansion/Renovation

Type of Program(s): Under three years _____ *Capacity*
 Preschool (3-5yrs) _____
 School Age _____
 Night Care _____
 On-Site Kindergarten _____
 Other _____
Total Licensed Capacity: _____

Day Care License # _____ License Expiration _____

Building: Pre 1979 Construction Sewage Disposal: Public Sewer
 Post 1978 Construction Septic System

Water Supply: Customer of Public Water Co. (*must submit copy of lead analysis with application*)
 Water Company Name: _____
 Private Well: Serves 25 or more persons over 60 days per year
 Serves less than 25 persons
 (*must submit copy of chemical & physical water analysis and lead analysis with application*)

Cooking On Premises (*circle one*): Yes / No Snacks Served: Yes / No

Fee is \$150.00 Please call to schedule an inspection or site visit.

Signature Owner/Operator _____ Date _____

OFFICE USE ONLY

Health Department Approval: _____ Approval Date: _____