

APPLICATION FOR CHILD CARE FACILITY INSPECTION

Facility Name: _____ Provider Name: _____
 Address: _____ Phone Number: _____
 _____ Fax Number: _____
 Mailing (if different): _____ E-mail Address: _____

Circle Type:	Family	Group	Center	# Children _____
Are you currently an ICCP provider or planning to become an ICCP provider?				____ Yes ____ No

FEES:

New Licensed Daycare	\$75.00
*Reinspection fee	\$75.00
Annual License fee	\$75.00
*Reinspection Fee	\$75.00

*Reinspection fee must be paid before follow-up inspection is conducted.

PROCESS:

1. Submit application: Obtain and fill out application. Applications cannot be processed without payment of fee.

NO PAYMENTS CAN BE TAKEN IN THE FIELD

2. Mail or bring in application: Mail application and fees directly to the Idaho Falls Office:

EASTERN IDAHO PUBLIC HEALTH
 ENVIRONMENTAL SECTION
 1250 HOLLIPARK DRIVE
 IDAHO FALLS ID 83401

3. Inspection: Environmental Health Specialist in the Idaho Falls office will call and schedule inspection time. (Annual inspections may be unannounced.)

4. *Reinspection: When provider has corrected the necessary violation(s), payment needs to be paid before inspection is scheduled to verify compliance.

<u>EIPH Use Only</u>		
Date Paid: _____	Fee: _____	Receipt #: _____
REINSPECTION:		
Date Paid: _____	Fee: _____	Receipt #: _____