



CENTRAL DISTRICT HEALTH CHILDCARE INSPECTION REQUEST FORM

Central District Health must inspect all facilities applying for a child care license or will receive funding from the Idaho Child Care Program (ICCP). Mail or bring this form along with the appropriate fee to:

ADA COUNTY-Phone: (208) 327-7499 FAX: (208) 327-8553
707 N. Armstrong Place Boise, ID 83704
E-MAIL: mmcdonald@cdh.idaho.gov, sgrossklaus@cdh.idaho.gov,
or aevans@cdh.idaho.gov

ELMORE COUNTY-Phone: (208) 587-9225 FAX: (208) 587-3521
520 E. 8th Street North, Mountain Home, ID 83647
E-MAIL: kcheney@cdh.idaho.gov

VALLEY COUNTY-Phone: (208)634:7194 FAX: (208)634-2174
703 N. 1st Street, McCall, ID 83638 E-MAIL: twhite@cdh.idaho.gov

NEW RENEW CHANGE OF OWNERSHIP CHANGE OF ESTABLISHMENT NAME

LICENSED BY: CITY OF _____ MAXIMUM NUMBER OF CHILDREN _____

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____ EMERGENCY PH: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL ADDRESS: _____

OWNERSHIP: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____ PHONE: _____

WATER:	PUBLIC	_____	SEWER:	PUBLIC	_____
	PRIVATE	_____		PRIVATE	_____
	OTHER	_____		OTHER	_____

I hereby certify that all information contained in this application is accurate and complete and authorize the health authority access to this property for purpose of childcare health and safety inspection.

SIGNATURE _____

DATE _____

OFFICE USE					
ESTAB. # _____	DATE	____/____/____	RECEIVED BY _____	INTERVAL _____	
COUNTY CODE _____	JURIS. _____	PROGRAM CODE _____	EST. TYPE _____	SERVICE CODE _____	
EHS# _____	ICCP? YES _____ NO _____	MAIL CODE _____			
ACTIVATION DATE	____/____/____	NEXT INSPECTION DATE	____/____/____		