



CENTRAL DISTRICT HEALTH CHILDCARE INSPECTION REQUEST FORM

Central District Health must inspect all facilities applying for a childcare licensing who live within the Boise City limits and are not participating in the Idaho child Care Program (ICCP). You can e-mail, mail, or drop off application along with the appropriate fee to:

Central District Health
707 N. Armstrong Place Boise, ID 83704
Phone: (208) 327-7499 FAX: (208) 327-8553
E-MAIL: ehapps@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 ____/____/____	