



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 ____
PRIVATE ____
OTHER ____

SEWER: PUBLIC ____
PRIVATE ____
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 ____/____/____