

Application for Residential Day Care Inspection

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

Provider Name: _____

Street Address: _____

City and ZIP: _____

Telephone #: _____

Provider E-mail: _____

Sponsor Agency: _____

Sponsor Address: _____

City and ZIP: _____

Sponsor E-mail: _____

Is this inspection for: Renewal or New Provider ?

Is your water supply: City or Private (well) ? If you have a private water supply, has it been tested within the last year? Yes or No If not, sampling will be necessary to ensure that it is safe to drink.

The fee for this inspection is sixty dollars (\$60.00) and is NON-REFUNDABLE. This application and fee must be returned to the Cuyahoga County Board of Health prior to the inspection. Please make checks payable to the Cuyahoga County Board of Health.

Please return the completed application and check to:

Cuyahoga County Board of Health
5550 Venture Drive
Parma, Ohio 44130

Provider Signature

Date



Public Health
Prevent. Promote. Protect.

Northeast Ohio Public Health Partnership