

Environmental Health Program



Child Care - Inspection Request

Facility Name: _____

Facility Address: _____

Provider's Name: _____ Telephone: _____

Email Address: _____

Capacity: _____ Age Range: _____ Children in Diapers Yes No

Days/Hours of Operation: _____

Licensing Specialist: _____ Email: _____ Phone: _____

New Facility New Operator Remodel Existing/Renewal Date: _____

Extra Information: _____

Type of Facility

- Child Care Center
- Certified Family Home
- Certified School Age Center (K-12 only)
- Residential Treatment Facility
- Private School
- Other

For fee information, please visit www.clackamas.us/publichealth/ehfees or call 503-655-8384