BUREAU OF CHILD CARE / REIMBURSEMENT REQUEST FOR CHILD CARE SANITATION INSPECTIONS

LOCAL HEALTH AGENCY	BILLING FOR THE MONTH OF

FACILITY NAME/HOME PROVIDER	DVN. NO.			
ADDRESS CITY, STATE, ZIP	FACILITY TYPE ☐ CENTER ☐ GROUP HOME ☐ FAMILY HOME ☐ RELIGIOUS ☐ NURSERY SCHOOL ☐ SUMMER CAMP			
TYPE OF VISIT ☐ INITIAL ☐ REINSPECTION ☐ SPECIAL #1 ☐ ANNUAL ☐ LEAD ☐ SPECIAL #2	DATE OF INSPECTION	HOURS AT FACILITY	ADMINISTRATIVE TIME	CHARGE PER VISIT $
TYPE OF VISIT ☐ INITIAL ☐ REINSPECTION ☐ SPECIAL #1 ☐ ANNUAL ☐ LEAD ☐ SPECIAL #2	DATE OF INSPECTION	HOURS AT FACILITY	ADMINISTRATIVE TIME	CHARGE PER VISIT $
INSPECTOR'S NAME				TOTAL FACILITY CHARGE $

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