NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

This box for DOHMH use only:

DC ID#: _____

SCHOOL BASED CHILD CARE SITE INSPECTION REQUEST FORM
NEW FILING

(Pursuant to Article 43 of the Health Code of the City of New York)

PLEASE PRINT ALL RESPONSES WHERE REQUIRED

1) NAME OF APPLICANT:

_____

2) NAME OF ELEMENTARY SCHOOL RESPONSIBLE FOR THIS FILING:

_____

3) NAME OF SCHOOL BASED PRESCHOOL IF DIFFERENT FROM ABOVE:

_____

4) SITE ADDRESS AND APPLICANT CONTACT INFORMATION:

Building No.: _____ Street: _____

Borough/Town: _____ Zip: _____

Tel No.: (_____) _____ Fax No. (_____) _____
(where you may be reached at all times)

E-Mail Address: _____ Website: _____

5) ORGANIZATION TYPE – If known, check whether applicant is an:

❑ Individual
❑ Partnership
❑ Incorporated Organization
❑ Unincorporated Organization

(over)

6) ORGANIZATION NAME AND BOARD OF DIRECTORS – If known:

NAME OF INDIVIDUAL, PARTNERSHIP OR INCORPORATED OR UNINCORPORATED ORGANIZATION:			
WHERE INCORPORATED:	**DATE INCORPORATED:**	**FILED IN COUNTY OF:**	**DATE FILED**

Please attach a copy of charter or certificate of incorporation, or document showing organization as a partnership.

OWNER/ OPERATOR/ BOARD MEMBERS – If applicable:

OWNER/OPERATOR/BOARD MEMBERS		
PRINT NAME:	**TITLE:**	**HOME ADDRESS:**

Please use another piece of paper for additional board members.

7) Educational Subsidies – Please check off any Educational Subsidy Programs your child care service will be participating in

- ❑ Early Learn (ACS Contract Program)
- ❑ ACS Managed Head Start
- ❑ Direct Federal Head Start
- ❑ Half Day Universal Pre-K
- ❑ Full Day Universal Pre- K
- ❑ ACS Child care Vouchers

8) STAFFING – If known:

	NAME:	**HOME ADDRESS:**	**TELEPHONE:**
PRINCIPAL			( )
PRESCHOOL DIRECTOR			( )

9) AGES OF CHILDREN ANTICIPATED TO BE SERVED:

FROM: _____ years·_____ months **TO:** _____ years·_____ months

10) SCHOOL AGE PROGRAM ON PREMISES:

❑ Yes ❑ No

If yes, what are the types of programs for school age children? (Check all that apply):

❑ Elementary School ❑ Middle School ❑ High School

How many school age children (6 years of age or older) are on the premises? _____

If no, what is the address of the school identified on line 2?

_____

_____

_____

How many school age children (6 Years of age or older are at this address?_____

11) FLOORS AND ROOMS TO BE USED FOR CARE OF PRESCHOOL CHILDREN – (Please identify the floor, room number or name and the room's anticipated use):

FLOOR(S):	**ROOM NUMBERS PER FLOOR:**

Please attach an additional sheet of paper to add more rooms

12) SIGNATURE OF SUBMITTER:

_____ _____
SIGNATURE DATE (MONTH/ DAY/ YEAR)

_____ _____
PRINT NAME TITLE

_____
RELATION TO APPLICANT