



DANIEL P. McCOY
County Executive

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

SHANNA F. WITHERSPOON, MPA
Assistant Commissioner Finance and
Administration

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

CHILD / DAYCARE INSPECTION APPLICATION
(PLEASE PRINT)

NAME: _____

LOCATION: _____

MAILING
ADDRESS: _____

TELEPHONE #: () _____ EMERGENCY #: () _____

OWNER: _____

OPERATOR/DIRECTOR: _____

OF CHILDREN: _____ # OF STAFF _____

HOURS OF OPERATION: _____ TO _____

WATER SUPPLY: _____ PRIVATE _____ PUBLIC

SEWAGE FACILITIES: _____ PRIVATE _____ PUBLIC

WEEK OF INSPECTION: _____

SIGNATURE: _____
TITLE _____

PRINT NAME: _____ DATE: _____

MUST ACCOMPANY THE COMPLETED APPLICATION FORM:

- CHECK OR MONEY ORDER IN THE AMOUNT OF \$ 75.00
PAYABLE TO: ALBANY COUNTY DEPARTMENT OF HEALTH

DIVISION OF ENVIRONMENTAL HEALTH SERVICES: 518-447-4625 FAX: 518-447-4698