



REQUEST FOR REVISION

INSTRUCTIONS

To request a revision of approved child care space or specifications, complete this form and return it to your assigned Child Care Compliance Inspector or [Regional Compliance Office](#).

FACILITY INFORMATION

LEGAL NAME OF FACILITY	FACILITY TYPE
DVN	<input type="checkbox"/> Licensed <input type="checkbox"/> License-Exempt Religious Organization <input type="checkbox"/> License-Exempt Nursery School
FACILITY ADDRESS (STREET, CITY, AND ZIP CODE)	

REVISION REQUEST INFORMATION

CHECK ALL THAT APPLY	EXPLAIN REQUESTED CHANGE IN DETAIL
<input type="checkbox"/> Address (not location)	
<input type="checkbox"/> Age Range	
<input type="checkbox"/> Capacity	
<input type="checkbox"/> Hours of Care	
<input type="checkbox"/> Days of Care	
<input type="checkbox"/> Months of Care	
<input type="checkbox"/> Facility Name	
<input type="checkbox"/> Number of Children Under Age 2	
<input type="checkbox"/> Child Care Space	
<input type="checkbox"/> Other	

By signing this form, I understand that I am requesting a revision of my child care facility that may cause my facility to lose any grandfathered provisions, approved variances, or approved capacities that may currently apply.

SIGNATURE OF OWNER(S)/BOARD CHAIRPERSON/LLC MEMBER/DESIGNEE	TITLE	DATE
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OFFICE APPROVAL

APPROVAL DATE			
COMPLIANCE INSPECTOR	DATE	COMPLIANCE INSPECTION SUPERVISOR	DATE

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