DPHHS:CCL 6/2023

Department of Public Health and Human Services

Child Care Licensing Bureau

CHANGES TO CHILD CARE FACILITY

Provider Name: _____ Provider #: PV_____

Facility Name: _____ Facility Phone: _____

Date Change is Effective: _____ Email: _____

Type of Change: (Mark all that apply.)

- ☐ Director Name
- ☐ Ages Cared For
- ☐ Number of Children
- ☐ Name of Facility
- ☐ Phone Number or Email
- ☐ Days/Hours of Operation

Select Change(s) being Requested		OLD:	NEW:
	Change of Director or Facility Name		
	Change of Phone Number or Email Address		
	Change of Ages		
	Change of Number of Children		
	Number of children under age 2 years		
	Change of Days/Hours of Operation		

If your facility is relocating or changing status of Registration, you must submit the Change of Address/Status forms, NOT this form.

To the best of my knowledge and belief, all information I have given to the Department of Public Health and Human Services and/or its authorized agents on this form is true and correct. I will supply true and correct information requested during all subsequent contacts.

_____ _____

Signature Date