

## 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:

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