FAMILY DAY CARE HOME CHANGE IN OPERATION & LICENSE MODIFICATION REQUEST

The Department must be notified in writing of changes in operation no less than 10 days before implementation of changes.

Provider's Name_____ _____
Printed Name **Signature**

☐ **Change in Name:**
Old Name: _____ New Name: _____

☐ **Change in Location:**
Old Address: _____
Street **City** **State** **Zip**

New Address: _____
Street **City** **State** **Zip**

☐ **Change in Telephone Number:**
Old Telephone Number: _____ New Telephone Number: _____

☐ **Extended Absence:**
I will be on extended absence from my family day care home for a period that exceeds two (2) weeks, from _____ to _____.
Date **Date**

Modifications to License:

☐ Change in hours of operation: Old: _____ to _____ New: _____ to _____
Time **Time** **Time** **Time**

☐ Change in license capacity: Old: _____ New: _____
Current number of children **Number of children desired**

☐ Change in age range: Old: _____ to _____ New: _____ to _____
Age **Age** **Age** **Age**

☐ Other: _____

☐ Renovations:
I will make the following renovations or alterations to the family day care home:_____
_____
_____