

LICENSE MODIFICATION REQUEST FOR FACILITY CHANGE OF LOCATION

Instructions: To allow sufficient time to process the request, the licensee is encouraged to submit a modification request to the Office of Child Care Health and Safety 60 days prior to the facility’s planned change of location. Failure to obtain approval for a modification from the superintendent prior to making operational changes is prohibited pursuant to 8VAC20-281-270.4 of *General Procedures for the Licensure of Child Day Programs and Family Day Systems and Background Checks*.

Facility Name: _____ License Number: _____

Licensee: _____ Licensee Phone: _____

Licensee Email: _____ Planned Date of Relocation: _____

CURRENT Physical Address: _____
Street City State Zip

CURRENT Mailing Address: _____
Street City State Zip

NEW Physical Address: _____
Street City State Zip

NEW Mailing Address: _____
Street City State Zip

CURRENT Facility Telephone Number: _____ NEW Telephone Number: _____

NEW Requested Capacity: _____ NEW Requested Age Range: _____

All licensees except family day systems must submit the following to the Office of Child Care Health and Safety regarding the new location:

- A copy of the fire inspection, if required by program standards;
- A copy of the Report of Environmental Sanitation Inspection, if required by program standards;
- A copy of the certificate of occupancy or building evaluation, if required by program standards;
- A floor plan, if required by program standards;
- A site plan, if required by program standards;
- An asbestos statement, for any child day center built prior to 1978;
- Verification of liability insurance, if required by program standards; and
- For family day homes, a completed Contact with Local Zoning Administrator form.

I certify that the information included in this form and in the attachments are correct to the best of my knowledge and that I am legally authorized to submit this request on behalf of the program/facility listed in this form. This request must be signed by an applicant or agent named on the Type of Business Entity – “Identifying Information” on the most recent application for licensure.

 Printed Name

 Title

 Signature

 Date