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 8VAC20-821-270.4 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 home-based child care 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 home-based child care, 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**