

Child Care - Inspection Request

Facility Name: _____

Facility Address: _____

Provider's Name: _____ Telephone #: _____

Capacity: _____ Age Range: _____ Children in Diapers? Yes No

Days/Hours of Operation: _____

Licensing Specialist's Name: _____

New New Operator Existing/Renewal Date: _____

Type of Facility:

- Child Care
- Certified Family Home
- Before and After School Program Only

**Fee Required before plan review can be done.
For fee information, please call 503-988-3400.**

If your type of facility is not noted on this form, please go to the Miscellaneous Care Facilities form.