**OUT-OF-STATE PROVIDER REGULATORY UPDATE**

|  |  |
| --- | --- |
| Child Care Program Name | Provider Number/Location Number |
| Address – (Street, City, State, Zip Code) | |

I am submitting the following information to the Department of Children and Families:

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| **Check as appropriate** | **Type of Documentation** |
|  | New License or certification attached to this document |
|  | A letter from my licensor or regulatory agency stating that my regulation has been renewed/extended and an updated license will be issued, attached to this document |
|  | A copy of my regulation status from my home state website attached to this document |
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| **Please provide your licensor’s name and contact information so we may contact them should we have any questions regarding your regulatory status.** | | |
| Name of Licensing Agency: | Name of Licensor: | |
| Email: | | Phone Number: |

|  |  |  |
| --- | --- | --- |
| **Complete if your contact information has changed:** | | |
| Name: | Program Name: | |
| Email: | | Phone Number: |