



OFFICE OF THE STATE
SUPERINTENDENT OF EDUCATION

Provider Acknowledgement of Inspection and Receipt of Inspection Report

Name of Facility: _____

Type of Inspection Conducted:

- Initial Licensing Inspection
- Annual Licensing Inspection
- Renewal Licensing Inspection
- Monitoring Licensing Inspection
- Follow-Up Licensing Inspection

I _____ hereby acknowledge that I have been notified of and understand the information and findings in the inspection report of my child development facility. I understand that if I disagree with the report or portions of the report, I have the right to request a supervisory review and/or appeal the findings contained in the report. The request must be made within five business days of the inspection completion date.

Licensing Specialist Signature

Inspection Date

Director/Caregiver Signature

Inspection Date