



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**Division of Early Learning
Request for Licensing Inspection Review Form**

Facility name:	License number:
Center director name:	Contact number:
Facility address:	
City, State, ZIP code:	
Reason for request: <input type="checkbox"/> Inspection deficiencies <input type="checkbox"/> Licensing noncompliance <input type="checkbox"/> License denial/application cancellation <input type="checkbox"/> Restricted license	
Detailed description of the request. Please include the inspection date, the noncompliance for which the review is being requested and the reason why the noncompliance should be reviewed. (Attach documents, if applicable.)	
Name of the requestor:	
Title:	Date: