



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

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

Facility name:	License number:
Director/home provider 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:

Licenses have the right to dispute all deficiencies and/or specific citations in the inspection report. Licensed child development facilities may request a review of the findings of inspections conducted at their facility by completing a Request for Inspection Review form and submitting to the program manager for licensing. The request must be made within five business days of the inspection completion date. Licensees may attach documentation to support their objection and/or disagreement to the report.