

**FAMILY CHILD CARE
LICENSE EXTENSION/CLOSURE PENDING INVESTIGATION
REQUEST FORM**

Date of Extension Request: _____ License Number: _____

Provider: _____ Expiration Date (before extension): _____

Address: _____

Reason for Request: Please refer to form A14 for appropriate actions to take at the expiration of a license.

_____ **1. LICENSE UNDER TEMPORARY IMMEDIATE SUSPENSION (TIS)**

_____ **2. LICENSE UNDER INDEFINITE SUSPENSION**

_____ **3. CURRENT INVESTIGATION**

_____ Relicensing **NOT** completed and the program is under investigation.

_____ Relicensing **NOT** completed and there is a pending licensing action.

_____ **4. OPERATING PENDING COMPLETION OF RELICENSING (check one)**

_____ License holder will be moving within a month of expiration date. **Check one month.** If it will be longer than one month, complete relicensing.

_____ License holder did not respond to relicensing materials. **Check one month.** Send notice to license holder that if they do not complete relicensing materials and return them within a week, the license will be closed.

_____ Illness of license holder, family member, funeral, family emergency. **Check one month.** If it will be longer, relicensing should be completed or the program should be closed.

For any other requests that are not indicated above, please contact Beth Donahue at (651) 431-6565 to discuss.

_____ **Explain:** _____

_____ **5. CLOSURE REQUESTED BY LICENSE HOLDER/INVESTIGATION PENDING**

Effective date program closed: _____

Requesting an extension for a period of:

_____ 1 month _____ 3 months _____ 6 months _____ 12 months

Agency Requesting Extension/Closure: _____

Address: _____

Licensing Worker: _____ Telephone #: _____

Please Send All Requests to beth.a.donahue@state.mn.us