

Out of State Facility Information

* - required field

Provider Name (Facility Name)*	
Provider License # (Facility ID)*	
Provider Type* (Facility Type)	<input type="checkbox"/> Out of State Family Child Care Home <input type="checkbox"/> Out of State Summer Day Camp <input type="checkbox"/> Out of State Center
Status Type*	<input type="checkbox"/> Active <input type="checkbox"/> Terminated
Location Information	
Address*	
City*	
State*	
Zip Code + 4 Digits*	
Telephone #*	
Mailing Information	
Address	
City	
State	
Zip Code + 4 Digits	
Payment County*	

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Transportation	[] Yes [] No
Director Name (Admin Name)	
1st Shift Capacity (Permit cap 1)	
2nd Shift Capacity (Permit cap 2)	
3rd Shift Capacity (Permit cap 3)	
License Effective Date (Permit Date)	
From Age*	
Through Age*	
SCC Approved	[] Yes [] No
Provider Email (Facility Email)	
Primary Owner Information 1 Name	
Telephone #	
Address	
City	
State	

Out of State Facility Information

Zip Code + 4 Digits	
Primary Owner Information 2	
Name	
Telephone #	
Address	
City	
State	
Zip Code + 4 Digits	