



Office of Child Care Request for a Findings Review

NOTE: This request must be submitted within 30 calendar days from the date of the complaint finding letter. Please use a separate request form for each finding that you would like reviewed.

1) Child Care Facility Name (and provider's first and last name if RF or CF):

2) Child Care Facility Physical Address:

3) License Number (RF/CF/CC): _____

What finding are you requesting to be reviewed (include Office of Child Care rule number)?

What was the original finding? Valid Unable to Substantiate

Please explain what you are requesting the finding be changed to and why. If you need additional page(s), attach them to this form, and include any supporting documents.

Provider/Director Signature: _____

Date: _____

Please contact the Office of Child Care regional manager if you have a condition that prevents you from completing this form.

Please complete form and attach any additional information or documentation you would like to include in the request. Please mail your information to the Office of Child Care at: 875 Union St NE Salem OR 97311 Attn: Findings Review, or fax your request to 503-947-1428 Attn: Findings Review. You may contact your licensing specialist, or call the Office of Child Care's Central Office in Salem at 1-800-556-6616 for the regional manager's contact information, or if you have any questions regarding the request.