



FIRE MARSHAL REQUEST FOR LICENSE-EXEMPT CHILD CARE CENTERS

If information is unknown for a required field, please enter "N/A" or "unknown." Fields marked with an asterisk (*) are required.

Reason for Request*: Initial Visit Follow-Up Visit Renewal Visit

DCFS License Exempt Status*: Begin Date: _____ End Date: _____

Facility Name*: _____

Street Address*: _____ City*: _____

State*: _____ Zip Code*: _____ County*: _____

Facility Contact (First, Last Name)*: _____

Title/Role: _____

Phone*: _____ Alternate Phone: _____

Email: _____

Date occupancy established*: _____

How many clients/occupants is the facility for?*: _____

Age of clients/occupants*: _____

Does the facility have a sprinkler system installed?*: Yes No

If yes, when was it installed?: _____

Area and floor levels to be used*: _____

Hours/days of operation: _____

Additional information (describe below):

Please submit the completed request form to DHS.fmcoordinator@illinois.gov or return the form to your local Child Care Resource and Referral Agency (CCR&R) for processing.