



REQUEST FOR LICENSING AMENDMENT

Instructions: Please complete the form and mail or email it and any required documents to KDHE Child Care Licensing. If this change is requested at a time other than renewal, a \$35 state fee is required for school age programs (make check payable to KDHE or complete credit card information below). A local fee may also be required. If construction is required, site approval must be obtained from KDHE staff.

Name of Facility (exactly as stated on the license)			License #
Street Address of Facility	City	Zip Code	County

Section I. I am requesting that the current license be amended to:

- _____ Change the name of the facility to _____
Note: No change in ownership of the facility has occurred.
- _____ Change the name of the owner. The name of the owner was changed to: _____
because (i.e. marriage, divorce): _____
If the ownership has changed to another entity, do not use this form. Contact the local child care facility surveyor.
- _____ Change the license capacity as follows: A total capacity from _____ (current) to _____ (requested).

If construction is required, site approval was obtained by KDHE Regional Administrator (RA) pursuant to KAR 28-422(c)(1) **prior** to construction: Yes No Name of RA: _____ Date: _____ (MM/DD/YY)

Section II. Required if adding, removing or modifying a unit.

1. Requested effective date: _____ (MM/DD/YYYY)
 - a. Requested changes are not authorized until an amended license is issued by KDHE.
2. Provide all required information listed on Page 2 of this form. **ALLOW A MINIMUM OF 90 DAYS FOR PROCESSING**
3. List the units to be added, removed, or modified on the license below (attach additional page if necessary).

Check One	Unit/Classroom Name (Must Match KSFM Approval)	# of Children	Ages
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod			
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod			
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<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod			

Section III: Supporting Documents (if needed for request):

1. **Fire safety acceptance from the State Fire Marshal.** Fire approval is required for requests to increase license capacity or change the age of children or youth to be served on the license or in a unit or room to be used. Contact the State Fire Marshal's Office at 785-296-3401 for requirements to amend the license. A license cannot be amended until acceptance by the State Fire Marshal is received.
***Approval Documents should include the following: Kansas State Fire Marshal Referral Letter.*
2. **If increasing license capacity or adding/changing units, the following must be submitted.**
 - **Note: If adding new space or modifying ages to be served, the facility should discuss viability of the amendment request with the local surveyor.****PHYSICAL PLANT:** Indoor Premises Floor Plan
 - Linear dimensions of each unit (label length & width, NOT total square footage)
 - Drawing of how unit(s) fit into overall building
 - All levels of building represented on floor plans (continued on Page 2)

- Room name/number identified per unit
- Age group identified per unit
- Infant sleep/play space identified
barrier type _____ barrier height _____
- Infant/Toddler units changing tables and sinks marked
- # of toilets _____ and hand sinks _____ in bathrooms and throughout facility (1:15 CCC or 1:30 SAP)
- Source of drinking water _____
- Access to water _____
- All exits to outside marked
- North indicated on plans

3. OUTDOOR PLAY AREA: Outdoor Plan. This space may not be shared with another facility. Outdoor play space must be on the premises (Not required for preschools unless in program)

- Location and linear dimensions of fenced area (label length & width, NOT total square footage)
- Fence type _____
- Fence height _____
- Route children take to playground shown
- Location of water & restrooms accessible to outdoor play area
- Location of stationary equipment/distance between each
- Type of impact-absorbing material
- Other outdoor surface identified
- Shade Identified

4. Qualified Program Director: The Program Director must be qualified for the change in license capacity requested. This will be verified by the local surveyor during the amendment survey.

Please include the following:

_____ Floor plan is attached (Measurements will be verified during the Amendment Survey by the local surveyor to ensure it accurately reflects the layout of the child care facility including location of bathrooms, number of toilets, hand sinks, sleep/play area (if applicable) changing tables (if applicable), location of exits, and outdoor play area).

_____ Site Approval 301c, if applicable.

_____ If an increase in capacity, change(s) in the ages of children served (younger) or change(s) in location of the units (new space), State Fire Marshal Acceptance is attached.

**** PLEASE ALLOW A MINIMUM OF 90 DAYS FOR PROCESSING**

Signature of Authorized Person	Date Signed (MM/DD/YYYY)	Phone # ()	Email Address
Debit or Credit Card Information – VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS			
Card Account # _____		Expiration Date _____	
(Please print clearly)			
Amount of the license or registration fee \$ _____			
Print your name as it appears on the front of the card: _____			
Signature as it is written on the card: _____			
By signing your name, you authorize KDHE to charge your card for the amount listed above.			

Please email this form and any required documents to:

KDHE.CCLR@ks.gov; in the subject line – include the following in the subject line: Amendment Request, facility name, and facility license number.

Or mail to:

Kansas Department of Health and Environment Bureau of Family
Health
Child Care Licensing Program 1000 SW Jackson
Street, Suite 200
Topeka, KS 66612-1274