



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. Incomplete requests and requests sent to KDHE without prior consultation with surveyor (when required) will be returned to the facility.

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 _____
No change in ownership 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).
- Yes ___ No ___ If adding new space or modifying ages to be served, facility discussed viability of the amendment request with local surveyor.**
If yes, Name of Surveyor and date. Name: _____ Date: _____

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

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

<u>Circle One</u>	<u>Room/Unit Name</u> (match to floor plan)	<u># of Children</u>	<u>Ages</u>
<u>Add</u> Remove Mod EX:	Blue Room	10	12 months to 2 1/2 years
Add Remove Mod	_____	_____	_____
Add Remove Mod	_____	_____	_____
Add Remove Mod	_____	_____	_____
Add Remove Mod	_____	_____	_____
Add Remove Mod	_____	_____	_____
Add Remove Mod	_____	_____	_____

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

- Qualified Program Director:** The Program Director must be qualified for the change in license capacity requested. Submit a KDHE Program Director Approval letter if available. If not available, complete and return CCL 307 Application for Program Director Approval.
- If increasing license capacity or adding/changing units, the following must be submitted.**
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
 - Room name/number identified per unit
 - Age group identified per unit
 - Infant sleep/play space identified
barrier type _____ barrier height _____

REQUEST FOR LICENSING AMENDMENT

- 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. 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:

- Local Jurisdiction Approval Notice;
State Fire Marshal Plan Review Approval Letter;
Kansas State Fire Marshal Referral Letter.

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).
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.
The Program Director is qualified for the requested license capacity and age ranges of children served in the facility. Approval 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
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 mail this form and any required documents 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

OR email this form and any required documents to: KDHE.CCLR@ks.gov; in the subject line - include the following: Amendment Request, facility name, and facility license number.