



REQUEST FOR LICENSING AMENDMENT

Instructions: Please complete the form and return it to your local child care surveyor. 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 review by the local child care surveyor will be returned to the facility.

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

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).

Required: List the units to be added, removed, or modified on the license below (attach additional page if necessary).

Provide all required information listed on page 2 of this form. ALLOW A MINIMUM OF 90 DAYS FOR PROCESSING.

Circle One	Room/Unit Name (match to floor plan)	# of Children	Ages
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod	EX: Blue Room	10	12 months to 2 ½ years
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod	_____	_____	_____
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod	_____	_____	_____
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod	_____	_____	_____
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod	_____	_____	_____
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod	_____	_____	_____
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Mod	_____	_____	_____

Requested effective date (may not be prior to receipt by KDHE). _____ (MM/DD/YYYY)

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.			

REQUEST TO AMEND LICENSE CAPACITY OR CHANGES IN UNITS FOR CHILD CARE CENTERS, PRESCHOOLS, HEAD START CENTERS, OR SCHOOL AGE PROGRAMS

A MINIMUM OF 90 DAYS IS REQUIRED TO PROCESS AN AMENDED LICENSE. Facilities must continue operation under the current license until an amended license is received.

Qualified Program Director. Submit a KDHE Program Director Approval letter if available. If not available, complete and return a Program Director's Application. The Program Director must be qualified for the change in license capacity requested.

PHYSICAL PLANT: If increasing license capacity or adding/changing units, the following must be submitted:

1. **Floor plan.**
 - a) Specify the linear dimensions for each unit or room to be used by children or youth, and mark the exits from each unit or room to be used for children's or youth's activities.
 - b) Include a drawing showing how the units or rooms fit into the overall floor plan of the building (all levels).
 - c) Child Care Centers, Preschools and Head Start Programs must identify the age groups to be served in each of the units. School Age Programs must identify the interest areas or use of rooms.
 - d) Indicate the location and total number of toilets, changing tables (if applicable), and hand sinks available to the children or youth, the source of drinking water, and indicate how restrooms and drinking water are accessed by the children or youth.
 - e) Mark all of the exits to the outside.
 - f) Indicate on the floor plan which direction is north.

2. **Outdoor play area. (Outdoor play area is not required for preschools or school age programs unless the programs include outdoor play as part of its program of activities.) OUTDOOR PLAY AREAS MAY NOT BE SHARED WITH ANOTHER FACILITY. Outdoor play space must be on the premises.**
 - a) Specify the location and linear dimensions of the fenced outdoor play area, and include the height of the fence. (Fencing may not be required for School Age Programs unless hazards exist.)
 - b) Show the route children or youth will take from their units to enter the playground.
 - c) Indicate the location of drinking water and restrooms, and how they will be accessed by the children or youth.
 - d) Mark the location of any stationary play equipment (swings, climbers, slides, etc.), and indicate the distance between each piece of equipment.
 - e) Specify the type of impact-absorbing material under and around the equipment, and the outdoor surface material on the remaining playground.

3. **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.

MUST BE COMPLETED BY THE LOCAL CHILD CARE FACILITY SURVEYOR:

Child Care Facility Surveyor Recommendation:

_____ Approve: Meets compliance or does not cause facility to be noncompliant if a change to the license is made.
_____ Disapprove: Does not meet compliance for the following reason: _____

If the amendment request is to change license capacity or change units in center-based facilities, please complete the following:

On-site compliance check was conducted on _____
(MM/DD/YYYY)

Answer each of the following questions Yes, No or NA:

_____ Attached floor plan was verified during an on-site visit. Measurements are correct for the indoor and outdoor areas. The floor plan accurately reflects the layout of the child care facility including location of bathrooms, number of toilets, hand sinks, changing tables (if applicable), location of exits, and outdoor play area.

_____ If an increase in capacity, the indoor and outdoor play spaces contain adequate square footage and are in compliance with regulations for the ages of children requested.

_____ 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.

Signature of Surveyor	Date (MM/DD/YYYY)	County
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