Change Notification Form

Please indicate below the type of change requested and complete the appropriate section(s) below:

☐ Director - Sections 1, 7, and 8
☐ Provider/director name - Section 1 and 2
☐ Facility name - Section 1 and 3
☐ Board Chairperson Name - Section 1 and 2
☐ Capacity – Sections 1 and 4
☐ Facility type - Sections 1 and 5
☐ Certification Period (Licensing Year) – Section 1 and 6
☐ Structural modifications – Section 1

1. COMPLETE THIS SECTION FOR ALL REQUESTED CHANGES:

Current Provider/Director Name: _____
(Last) (First) (Middle)

Current Facility Name: _____

Certificate #:_____

2. CHANGE IN PROVIDER/DIRECTOR/BOARD CHAIR NAME:

New Provider/Director/Board Chair Name: _____

Board Chair Address:_____

_____

3. CHANGE IN FACILITY NAME:

New Facility Name: _____

4. CHANGE OF CAPACITY

Enter the capacity you wish to change to. _____

5. CHANGE OF FACILITY TYPE (Please check the type of facility you wish to change to):

☐ Family Child Care Home (FCCH) - 3 - 10 children, must be in the provider's home
☐ Family Child Care Center (FCCC) - 3 - 15 children
☐ Child Care Center (CCC) - 16 or more children

ATTACHMENTS for section 2 and 6 (If applicable)

□ Zoning approval □ Fire Inspector approval □ Sanitation Inspector approval

6. CHANGE OF CERTIFICATION PERIOD (Licensing Year)

_____
Desired Licensing Year Start Date

7. BACKGROUND INFORMATION

Have you or anyone in your home/staff (including minors) been required to register as a sex offender in any jurisdiction? ☐ Yes ☐ No
Have you or anyone in your home/staff (including minors) been the subject of a substantiated child abuse/neglect investigation? ☐ Yes ☐ No
Have you or anyone in your home/staff (including minors) been charged with a crime? ☐ Yes ☐ No

If yes to either, give the name of the individual, location, charge and date:

_____

Answering "yes" will not necessarily disqualify you. A Central Registry check and national fingerprint based background check will be completed.

8. CHANGE OF PROVIDER/DIRECTOR

NOTE: The new director must meet all qualifications of director within three (3) months of the previous director's departure.

Date of termination/projected termination of previous/current director: ____/____/_____

Previous Provider/Director Name: _____
(Last) (First) (Middle)

New Director Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Email: _____
(Month) (Day) (year)

ATTACHMENTS for section 8:

□TB Risk Assessment □Authorizations for Background Check (State Forms) □Physician's Statement

□Applicant qualifications □ Completion of pre-service orientation □CPR/First Aid

□Other:

I authorize the Department of Family Services Child Care Licensing to release information on this application and any further information once the application is approved on the child care facility named in this application to _____ who is the provider, director, chair of board, or other _____.

_____ _____
Applicant Signature Date

If you are not satisfied with the action taken on your application, you have the right to request an Administrative Hearing from the Department of Family Services. You may be represented by a lawyer, a relative, a friend or other spokesperson, or you may represent yourself. If you hire a lawyer, the Department of Family Services will not be responsible for the fee.

I certify I have read this form or it has been read to me and the information given is true and correct. I understand the information given is voluntary and lack of required information could affect my application. I agree to provide information if it is needed to verify any statements given on this form. I authorize the Department of Family Services to make inquiry of persons, companies or other agencies to obtain additional information or to verify my statements. I will report any change in my circumstances to the local Department of Family Services Child Care Licensing office immediately including but not limited to a change of address or any criminal charges that occur after this license has been submitted.

Please sign and date below.

Provider/Director Signature

Date of Request