United Counties of Leeds and Grenville
Community and Social Services Division
Children's Services Department

Licensed or Operating Capacity Proposed Change Request

Who Should Complete this Form: Child Care Operators with an existing Service Agreement with the United Counties of Leeds and Grenville (the Counties) who plan to:

- Make a change (increase and/or reduction) to a site's operating capacity;
- Request a license revision to the Ministry of Education to reduce licensed spaces; or
- Shift a room or program to an alternate capacity as noted on the site's existing license.

Note: Operators wishing to request a license revision to the Ministry of Education for an increase in licensed spaces for an age group, including non-CWELCC spaces, are required to submit to the Counties an Expression of Interest Application for expansion.

This form must be submitted to the Counties prior to proposed changes going into effect. Submission of this form does not guarantee approval of proposed changes. Please note that changes cannot occur unless approved by the Counties This form must be **submitted** to the Counties at **minimum of 60 days** prior to proposed change date.

Please complete one (1) form per site/license number where a proposed change will occur.

Child Care Agency Name:

Contact Person:

Contact Phone Number:

Contact Email:

Site Name: **License Number**:

Age Group/Category	Current Licensed Capacity	New Proposed Licensed Capacity	Current Operating Capacity	New Proposed Operating Capacity
Infant				
Toddler				
Preschool				
Kindergarten				

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Age Group/Category	Current Licensed Capacity	New Proposed Licensed Capacity	Current Operating Capacity	New Proposed Operating Capacity
Primary/Junior School Age				
Junior School Age				
Family Age Grouping*				
Home Child Care Providers				
Total				

*Family Age Grouping operating capacity should identify the site's most consistent operating capacity.

Date that the proposed change to operating capacity or license revision will become effective:

_____
Date (mm/dd/yyyy)

If requesting a change to operating or licensed capacity, is the change a temporary or Permanent change? ☐ Temporary ☐ Permanent

If temporary, what is the end date of this change?

_____
Date (mm/dd/yyyy)

Reason for request for operating or license change?

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Thank you for your submission. The Counties will review your proposed change and inform you of your approval, denial and/or next steps.

Name and Title of Authorized Signing Officer **(Please Print)**

Signature of Authorized Signing Officer

Date

Please return this signed form to:

United Counties of Leeds and Grenville
Children's Services Department
200 - 25 Central Ave. W., Brockville, ON K6V 4N6
Email: childrenservices@uclg.on.ca
Fax: 1-833-775-0561

Attention: Danielle Lauzon

Notice of Collection of Personal Information: The information collected on this form is collected under the authority of the Child Care and Early Years Act, 2014, will be used to determine funding eligibility and may be subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions about this collection should be directed to childrenservices@uclg.on.ca.