



Child Care Licensing Program
Application for a CHANGE in Center, Hourly Center,
or Out of School Time Program Child Care License

Note: It may take up to 60 days to process your completed application, or 120 days if FBI fingerprint clearances are required. An application is considered complete when all required items and fees have been received by Child Care Licensing.

A. IDENTIFYING INFORMATION:

Facility Name:
E-mail Address: Phone #:
Facility Mailing Address:
City & Zip Code: Fax #:
Facility Street Address:
City & Zip Code:
Director: Phone #:
Cell #: (If this application is for a change of director, see instructions in Section B, # 1 below.)

B. CHANGE REQUESTED & DOCUMENTS REQUIRED:

Mark all that apply, and include all required documents listed under the change you are requesting.

1. Change of Director

Name of proposed director (must be at least 21-years-old)

- Unless Child Care Licensing completed a background screening in the past six months, a completed background screening form and fees for the proposed director, and when applicable, fingerprints and the fingerprint processing fee.
A copy of the educational credentials for the proposed director, as outlined in the Child Care Licensing rules.
\$31.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.

2. Increase or Decrease in Your Licensed Capacity

Requested INCREASE in capacity by: increase for children under age two: new total capacity:

- \$1.75 per child fee payable to "Utah Department of Health" for a requested increase in capacity
A copy or diagram of the facility's floor plan.
A copy of a new business license or a copy of a receipt verifying application or a copy of a letter from the city/county stating that a new business license is not required.
A copy of a new fire clearance or a copy of a letter from the local fire authority stating that a new fire clearance is not required.
\$31.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.

Requested DECREASE in capacity by: decrease for children under age two: new total capacity:

- \$31.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.

Check if a new or different room or area of the facility will be used with this change.

For Office Use Only
Approved Capacity:
Under 2:

3. Change of Type

Requested Type: Center Hourly Center Out of School Time

- New completed Background Screening forms and \$15.00 fee for all and each covered individuals.
- A copy of the director's educational credentials, as outlined in the Child Care Licensing rules, for the new type of license.
- A copy of the Certificate of Attendance (in the last 6 months) from New Center Provider Orientation training for the new type of license.
- A copy of a new business license **or** a copy of a receipt verifying application **or** a copy of a letter from the city/county stating that a new business license is not required.
- A copy of a new fire clearance **or** a copy of a letter from the local fire authority stating that a new fire clearance is not required.
- Copy of Policies and Procedures and Emergency and Disaster plan, if not already submitted.
- \$31.00 fee payable to "Utah Department of Health" if more than two license changes during the current licensing year or a licensing fee has not been paid in the last six months.

4. Change of Facility Name

New facility name: _____

- \$31.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.

5. Addition or Removal of an Owner, Officer, or Board Member

New Owner/Officer/Board Member Name: _____ Phone #: (____) _____

Full Address: _____

New Owner/Officer/Board Member Name: _____ Phone #: (____) _____

Full Address: _____

- Completed Background Screening forms and \$15.00 fee for each new owner/officer/board member.
- Fingerprint card(s) and \$36.50 per person fee payable to "Utah Department of Health" for each new owner/officer/board member who has not continuously resided in Utah for the past 5 years, and for everyone if the facility had a change of ownership or was initially licensed after June 30, 2013. A separate check or money order is required for fingerprint fees.

Name of Owner/Officer/Board Member **to be removed** from your License: _____

Name of Owner/Officer/Board Member **to be removed** from your License: _____

C. TYPE OF ORGANIZATION (check one box only):

Individual Owner

Corporation: On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).

Partnership: On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed.)

Limited Liability Company: On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).

Other: _____

List the requested information for all owners, officers, and members of the governing board. You should include anyone who performs one or more of the functions listed below.

A. They have unsupervised access to the children in care or they are in the facility during hours of operation.

B. They make decisions regarding the day-to-day operations of the facility.

C. They can hire and fire child care or out of school time program staff.

D. The child care or out of school time program staff report to them and/or they conduct personnel evaluations of the staff.

E. They are involved in writing the center's or out of school time program's policies and procedures.

Name: _____ Telephone #: (____) _____

Address including Zip Code: _____

Check one: Owner Officer Board Member Other: _____

Name: _____ Telephone #: (____) _____

Address including Zip Code: _____

Check one: Owner Officer Board Member Other: _____

Name: _____ Telephone #: (____) _____

Address including Zip Code: _____

Check one: Owner Officer Board Member Other: _____

Name: _____ Telephone #: (____) _____

Address including Zip Code: _____

Check one: Owner Officer Board Member Other: _____

Name: _____ Telephone #: (____) _____

Address including Zip Code: _____

Check one: Owner Officer Board Member Other: _____

Name: _____ Telephone #: (____) _____

Address including Zip Code: _____

Check one: Owner Officer Board Member Other: _____

Name: _____ Telephone #: (____) _____

Address including Zip Code: _____

Check one: Owner Officer Board Member Other: _____

Copy and use additional pages if necessary

D. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the facility, property and premises without a warrant any time children are in care.
2. Review facility documents.
3. Interview caregivers, children, employees, and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, member of a governing body of this facility, or anyone who has unsupervised access to the children in care has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Facility Representative

____/____/____
Date

Submit completed application, fees, and all required application documents to the Salt Lake office or the Provo office.

Mailing Address
Child Care Licensing, Salt Lake Office
P.O. Box 142007
Salt Lake City, UT 84114-2007

Salt Lake Office
Location Address
(Do **NOT** mail items to this address)
3760 South Highland Drive, Room 403
Salt Lake City, UT 84106

Phone: (801) 273-6617
Toll Free: 1-888-287-3704
Fax: (801) 372-4145

Provo Office
Child Care Licensing, Provo Office
150 East Center Street, Suite 3200
Provo, UT 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1168