



**Step 3: Information Regarding Proposed Changes**

Proposed Start Date:		Proposed End Date: (if known)	
Reason for Change:			

**Step 4: Complete the table detailing the operating capacity for all rooms proposed capacity change**

Age Group / Room	Current Operating Capacity		Proposed Capacity Change		Description of Change (ie switch to alternate license capacity or increase or decrease to operating capacity)
	Count	Age Group	Count	Age Group	
Eg. Toddler Room #1	15	Toddler	16	Preschool	Use alternate license capacity

Additional Comments:

**Step 5: Signatures**

**Licensee**

As the Signing Authority for, \_\_\_\_\_, I confirm that all the details provided above are accurate.

Printed Name:	Date:
Signature:	

**Step 6: Submit completed form using the [CHILD CARE SUBMISSION FORM](#)**

**Step 7: Contract Analysts Response. (No Action for Service Provider) Service**

**System Manager Advice:**

I, \_\_\_\_\_, confirm that the Operating Change Capacity form has been recorded into our system.

In acknowledging this change, it will result in the following outcome to your current CWELCC Funding

Printed Name:	
Title:	
Address:	28 James St. N., 6 <sup>th</sup> Floor, Hamilton ON, L8R 2K1
Telephone:	905-546-2424 Ext.
Date of Receipt:	
Date of Response:	
Signature:	