

Operating Capacity Change Form

Please submit one document per site when your organization has **any** revisions to operating capacity or use of alternate capacity for periods longer than 3 months, to the City of Hamilton.

To provide funding stability and support staffing costs associated with meeting CCEYA ratio requirements, changes to operating capacity usage may result in a funding adjustment.

Note: CWELCC fee-reduction funding is provided based on operating capacity.

- "Licensed Capacity" means the maximum number of children permitted to be receiving child care as set out in the ministry license.
- "Operating Capacity" means the number of children the centre is planning to serve as per the licensee's staffing complement and budget, to a maximum ceiling of the licensed capacity.

Step 1: Child Care Program Information for Proposed Capacity Changes

Head Office Name:	Name of Child Care Centre/Home Child Care Agency:
Contact Name:	Address of Location (above):
Telephone Number:	Email:

Step 2: Complete the table below with complete CCLS license information

Age Group / Room	License Capacity		Alt License Capacity	
	Count Age Group		Count	Age Group
Eg. Toddler Room #1	15	Toddler	16	Preschool

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 th Floor, Hamilton ON, L8R 2K1
Telephone:	
	905-546-2424 Ext.
Date of Receipt:	
Date of Response	
Signature:	