



Operating Capacity Change Form

Please submit **one document per site** when your organization has requests for any revisions to operating capacity, or plans to switch to an alternate capacity **for periods longer than 3 months**.

This form **is not** to be used to request increases to licensed capacity or requests to add alternate capacity to existing rooms. These requests are completed through CCLS.

Changes to operating capacity may result in a funding adjustment and need to be reviewed by City Staff to ensure the costs associated with the change can be supported.

- “**Licensed Capacity**” means the maximum number of children permitted to be receiving child care as set out in the ministry licence.
- “**Operating Capacity**” means the number of children the centre is planning to serve per the [CCEYA teacher to child ratio](#), to a maximum ceiling of the licensed capacity. This is NOT your current enrollment; therefore, this information should not fluctuate monthly.

Operating Capacity changes should be in multiples of the age group ratio, up to your licence.

Step 1: Child Care Program Information for Proposed Capacity Changes

Licence #:	
Head Office Name:	
Name of Child Care Centre/ Home Child Care Agency:	
Site Address:	
Contact Name:	
Telephone Number:	
Email:	

Step 2: Information Regarding Proposed Changes

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

Step 3: Complete the table detailing the operating capacity for ALL rooms at the Site.

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

* Use the Age Group/Room description as identified on your Licence.

Additional Comments:

Step 4: Signatures

Licensee

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

Printed Name:	Date:
Signature:	

Step 5: Submit completed form using the [CHILD CARE SUBMISSION PORTAL](#)

SECTION TO BE COMPLETED BY CITY OF HAMILTON

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 and/or Local Priorities 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:	