



Operating Capacity Change Form

Please submit **one document per site** when your organization has requests for any changes 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 are license revision requests that are to be 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 as 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.

Step 1: Child Care Site Information for Proposed Capacity Changes

Head Office Name:	Name of Child Care Site/Home Child Care Agency:
Contact Name:	Address of Location (above):
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 for all rooms at this site as indicated on your Licence.

Room Name (as identified on Licence)	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

* Additional Comments:

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Step 4: Licensee Information

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

Printed Name:	Date:
Email:	

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 requested above has been:

If approved, City of Hamilton Staff will review your CWELCC and/or Local Priorities funding allocation to calculate adjustments based on the approved change. Your organization's Funding Appendix will be revised for your review and signature.

If you have any questions please contact ccss@hamilton.ca.

Printed Name:
Title:
Address: 28 James St. N., 6 th Floor, Hamilton ON, L8R 2K1
Email: ccss@hamilton.ca
Date of Receipt:
Date of Response: