

Application for a CHANGE in Family Child Care License or Residential Certificate

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 have been received by Child Care Licensing.

SECTION A. IDENTIFYING INFORMATION:

Provider Type: Licensed Family Residential Certificate

Applicant Name: _____ Phone #: (____) _____

Program Name: _____ Cell #: (____) _____

(Complete only if your child care program has a name, in addition to your own name.)

Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Interpreter's Name (if applicable): _____ Phone: (____) _____

Food Program Sponsor (if applicable): _____ Phone: (____) _____

of **unrelated** children you currently care for: _____

(Child care Licensing does not regulate providers who only care for related children.)

SECTION B. CHANGE REQUESTED & DOCUMENTS REQUIRED:

_____ Affidavit of Lawful Presence in the United States, and copies of verification documents. (Bureau staff must also see originals of verification documents.)

_____ Completed CBS/LIS Consent & Release of Liability form for any new caregivers, if you are adding one or more additional caregivers with this change.

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

1. Change of Category

Current Category: _____ Residential Certificate _____ Licensed Family

Desired Category: _____ Licensed Family _____ Residential Certificate

_____ Copy of current fire clearance.

_____ Copy of current city business license or receipt verifying application. (Contact your city/county to obtain this license.)

_____ Copy of Written Policies & Procedures and Emergency & Disaster Plan (if changing from RC to Licensed).

_____ Documentation of attendance at provider orientation within the past 6 months (if changing from RC to Licensed).

_____ \$25 fee, only if the licensee or certificate holder has not paid fees within the past six months, based on the date of the "Paid" stamp on their application. Or,

_____ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year, or has not paid a licensing fee within the last six months.

2. Increase or Decrease in Your Licensed Capacity

_____ Copy of new city business license or receipt verifying application. (Contact your city/county to obtain this license.)

_____ Copy of new fire clearance. (Contact your local fire authority to obtain this clearance.)

_____ Requested increase in total capacity: _____ (This request may not conflict with local ordinances.)

Approved increase: _____ (Leave blank – determined by Licensing)

_____ Requested decrease in capacity: _____

_____ \$25.00 fee, only if the provider has had more than two certificate/license changes during their current licensing year, or has not paid a licensing fee within the last six months.

3. **Change of Licensee or Certificate Holder Name**

Previous Name: _____

New Name: _____

Reason for Change: Divorce Marriage Business Name Change

Other: _____

\$25.00 fee, only if the provider has had more than two license changes during their current licensing year.

4. **Deemed Status (for nationally accredited providers)**

Request for Initiation of Deemed Status.

Request for Continuation of Deemed Status. (Include copy of your current accreditation certificate).

Date of scheduled exit interview with accrediting agency: ____/____/____ (Your Licensor will attend this.)

Copies of inspection reports and recommendations, and progress reports for all corrective actions underway or completed in response to the accrediting agency's or Child Care Licensing's recommendations.

Date of last accreditation: ____/____/____

Relinquishment of Deemed Status. Date relinquished: ____/____/____

SECTION C. 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 home, property, and premises without a warrant at any reasonable time.
2. Review child care documents.
3. Interview caregivers, children, employees, household members 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, that neither myself, any employee or volunteer in my child care program, or any individual residing in my home 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 Owner/Licensee

_____/_____/_____
Date

Mail completed application, fees, and all required application documents to:

Child Care Licensing, Central Region
P.O. Box 142007
Salt Lake City, UT 84114-2007
(801) 273-6617, Toll Free: 1-800-287-3704, Fax: (801) 273-4145

Location Address:
(Do **NOT** mail items to this address.)
3760 South Highland Drive, Room 403
Salt Lake City, Utah