

Date Received:			Staff Initials:	License Number:
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**DO NOT WRITE ABOVE THIS LINE – OFFICIAL USE ONLY**

**COMMONWEALTH OF KENTUCKY**  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Office of Inspector General**  
**Division of Regulated Child Care**



## Change Application Form for Existing Child Care License

**Instructions:** All information on this application must be true and correct. Complete this application in its entirety, as appropriate. Not all sections apply. Incomplete change applications will not be processed. Please contact the Division of Regulated Child Care if you have any questions relating to this change application.

SECTION 1: Changes Requested							
<b>Type of change requested:</b> <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Space/Capacity <input type="checkbox"/> Change of Service <input type="checkbox"/> Change of Days and/or Hours of Operation <input type="checkbox"/> Name of Center							
Current Name of Center and License Number:		New Telephone Number: (       )					
New Name of Center if applicable:		New Alternate Telephone Number: (       )					
		New Fax Number: (       )					
New Street Address (physical address) if applicable:	City:	County:	Zip Code:				
New Mailing Address of Center, if applicable:	City:	County:	Zip Code:				
New e-mail address of Center, if applicable:	<b>If you answered YES to the space or capacity question, please include a copy of a new fire marshal report or Certificate of Occupation with this application.</b>						
<b>Check change of services requested:</b> ___ Infant Care                     ___ Toddler Care                     ___ Food Service ___ Preschool Age Care             ___ School Age Care             ___ Transportation							
<b>Change of Days and/or Hours of Operation? Please note the new hours/days below:</b> <input type="checkbox"/> <b>24/7 care</b> <input type="checkbox"/> <b>Non-Traditional Hours:</b> 7 pm through 5 am M-F or 7 pm on Friday until 5 am on Monday							
Opening Time: <input type="checkbox"/> AM	<b>SUN</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>
<input type="checkbox"/> PM	_____	_____	_____	_____	_____	_____	_____
Closing Time: <input type="checkbox"/> AM	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PM							
Months of Operation:	<input type="checkbox"/> School Year Only		<input type="checkbox"/> 12 months/year round				
	<input type="checkbox"/> Other _____						

Pursuant to 922 KAR 2:090, Section 5, each licensed center shall have a written evacuation plan that must be updated annually.

Pursuant to 922 KAR 2:090, Section 12(4)(a), I understand that I am required to immediately notify the Office of Inspector General of any action or change that significantly impacts the operation of this child-care center. I also understand that KRS 620.030 requires that an individual shall promptly make a report to the proper authorities when the individual has reasonable cause to suspect that a child has been abused, neglected, or exploited at home, the child-care center, or any other location.

The Health Insurance Portability and Accountability Act (HIPAA) requires that personally identifiable health information must be protected from disclosure and maintained in a manner to prevent inadvertent disclosure to the public and to otherwise assure the privacy of such information. Your signature on this application indicates that you agree to comply with the requirements of HIPAA by protecting the confidentiality of employee and children's health records in your possession.

I understand the Office of Inspector General has the authority to inspect the premises, child-care center and the records required by 922 KAR 2:090 and 2:120. All inspections of licensed child-care centers shall be unannounced.

Falsification of application information is grounds for denial or revocation of the license to operate a child-care center.

Your signature on this application indicates your understanding and compliance with this law.

I hereby attest that the information contained in this application is true and correct under penalty of perjury. This change application may be withdrawn at any time the applicant so desires.

\_\_\_\_\_  
**Signature of Licensee or Lead Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Full Name**

**Person completing application if *other than* Licensee or Lead Representative**

Name: (Print)
Telephone number: (     )

Make a copy of the completed Change Application Form for Existing Child Care License and mail the original along with copies of any required documentation to:

**Office of Inspector General  
Division of Regulated Child Care  
275 E. Main Street, 5 E-F  
Frankfort, KY 40621**