



**REQUEST
TO
AMEND
CERTIFICATE OF LICENSE OR APPROVAL
TO OPERATE A CHILD CARE CENTER**

**PLEASE RETURN TO YOUR ASSIGNED LICENSING SPECIALIST
USING THE ADDRESS LISTED BELOW**

Ginger Franklin

Lewis County DHHR
PO Box 1268
Weston, WV 26452
(304) 269-6820 ext.2079

Jan Griffith

Kanawha County DHHR
4190 Washington Street West
Charleston, WV 25313
(304) 746-2390 ext. 2160

Lesa Groves

Nicholas County DHHR
1073 Arbuckle Road
Summersville, WV 26651
(304) 872-0805

Gail Hicks

McDowell County DHHR
840 Virginia Avenue
Welch, WV 24801
(304) 436-8302

Teresa Lawlor

Div. of Early Care & Education
350 Capitol Street Rm B-18
Charleston, WV 25301
(304) 356-4610

Loyette Mathias

Hardy County DHHR
112 Beans Lane
Moorefield, WV 26836
(304) 538-2391

Todd McDaniel

Wood County DHHR
PO Box 1547
Parkersburg, WV 26102
(304) 420-2560 ext. 2175

(Keep a complete copy of the application for your records)

1. NAME AND ADDRESS OF CENTER

a. PHYSICAL ADDRESS	b. MAILING ADDRESS
Phone:	Phone:
Fax:	Fax:
Email:	Email:

2. Amendment Being Requested:

Change of Capacity Explain:

Change of Age Ranges Explain:

Change of Director Explain (attach credentials):

Change of Program Components or Statement of Purpose Explain:

Other Explain:

3. In addition to the items in #2 above, a licensee shall submit to the Secretary in writing any of the following that apply to the change (please check those items that apply and attach):

- A copy of the center's revised statement of purpose
- The qualifications of the director and staff members
- A copy of the center's revised plan for meeting program requirements and staff:child ratios
- A floor plan reflecting changes to the structure being used by a child care center
- A positive inspection report from the State Fire Marshal following any changes to the center's operation and premises
- A positive inspection from the county Department of Health, including the Department of Health Child Care Center Inspection Report and the Department of Health Inspection Report for Food Service Establishments
- A menu review and certificate of approval as evidenced by qualified dietician/nutritionist review or a written statement from Child and Adult Care Food Program administered by the Office of Child Nutrition in the Department of Education
- A Pest Management Report as required by the West Virginia Department of Agriculture

4. Has the type of business (legal basis) been changed with the Secretary of State Office or the State Tax Department?

_____ Yes _____ No

If yes, please indicate the date and the FEIN.

5. DECLARATION AND SIGNATURE

(Official name of center/facility)

We hereby represent to the West Virginia Department of Health and Human Resources that we are familiar with the standards of child care and services for children formulated by the West Virginia Department of Health and Human Resources and the State Fire Marshal's Office in pursuance of the provisions of West Virginia Code §49-2B, and that if an amendment to our current license is issued as requested, we will conform to standards as the same now exist or may hereafter be amended.

We hereby represent to the West Virginia Department of Health and Human Resources that the statements in this application and its attachments are, to the best of our knowledge, complete and accurate, and are submitted as a basis of judgment in the granting or withholding of such license.

Signature:

Signature:

Owner or Board President

Director or Executive

Date: _____

Date: _____