

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Residential and Placement Licensing
GC/TS
FORM

CHANGE IN CAPACITY
APPLICATION FORM
Number: _____

Licensee Name: _____ Program Name: _____

Program Director: _____ Applicant Designee: _____

Address: _____

Facility #: _____ License #: _____ Expiration Date: _____

Staff to Child Ratio: day _____ evening _____ overnight (note awake/asleep) _____

Ages Served: _____

Current Capacity: _____ Capacity Requested: _____

Requested date when increased capacity will be effective: _____

Will this capacity change utilize space which has not previously been licensed? _____

If yes, please describe the new space to be used, attaching additional documents if needed.

The Following Documents Must Be Attached For A Capacity Increase Request:

- Current Building Inspection Certificate with a capacity large enough to accommodate the requested increase;
- Current Health Inspection Certificate, and lead paint inspection, if applicable
- Current Fire Inspection Certificate
- A current Staff Schedule. The schedule must show projected staff increase to meet approved ratio for the proposed increased capacity, if applicable.

No program may admit more than its licensed capacity until a capacity increase has been granted.

Signature of Applicant Designee: _____ Date: _____