

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Change in Licensed Capacity Application/Agreement Form

Change in capacity for: Large Group and School Age

Name of program: _____ EEC Program # _____

Address: _____

City/Town _____ Zip _____ Telephone _____

Mailing address: _____

Licensee/owner: _____

Administrator: _____

Current capacity and ages of children: _____

Requested capacity and ages of children: _____

***Please be advised that you cannot admit or enroll more children than your present licensed capacity until you have received official notification in writing from EEC. Only a current license can be amended.**

I, the undersigned, hereby agree and assure that:

- any additional space to be used for this capacity increase is appropriately equipped with sufficient and safe equipment, play materials and furnishings, and does not adversely affect the amount of equipment, play materials and furnishings presently needed in use for my current capacity;
- the additional space for this proposed increase is free from all health and safety hazards, and all equipment and furnishings are secured in such a manner as to be safe for children;
- there is at least one staff member certified in First Aid and CPR on the premises whenever children are present;
- written personnel policies, job descriptions and salary ranges are on file at the program (applicable to programs with four or more paid staff); and
- I will not admit or enroll more children than my present licensed capacity until I have received an amended license from EEC.

I declare the above information is true to the best of my knowledge and belief.

Signature of Licensee

Date

Signature of Administrator

Date

Please attach the following documents for a capacity change:

- () Current Building Inspection Certificate with a capacity large enough to accommodate the requested increase. (if the program's capacity involves infants and/or toddlers, the building certificate must state that the facility has been approved for children under 2 years 9 months or the I-2/I-4 Use Group);
- () Current Health Inspection Certificate (for kitchen, if applicable)
- () Current Fire Inspection
- () Indoor sketch indicating all new space (include measurements on Indoor Space Sketch Form)
- () Staff schedule for entire program, including increase (see Staff Schedule Form);
- () Staff Information Forms for all staff hired since last licensing study, including staff for increase;
- () Documentation of educator's qualifications for their assigned positions for all educators not previously reviewed by the Licenser (i.e. EEC Certificate of Qualification or transcript and verification of experience, high school diploma, documentation of enrollment in high school or equivalent program, documentation of age, etc.)
- () Enclose a check for the total amount, payable to The Commonwealth of Massachusetts; include facility number(s) on the check.

Fee for change in capacity is **\$75.00**. Please note that no fee is charged during a provisional license or at the time of the licensing renewal study. No fee is charged to decrease the total capacity or change the infant, toddler, preschool or school age groupings if the total capacity does not increase.

In addition: If the new space is being used by children younger than 5 years old

- () Verification that new space is free from lead paint (required only if the new space was not determined to be lead free in the original lead inspection);

ADDITIONAL STAFFING INFORMATION

If a Lead Teacher is needed for the increase in capacity or if the Administrator for your program does not have an EEC Certificate of Qualification, his/her qualifications must be reviewed by the Professional Qualifications Unit before a licenser can recommend a change in your center's capacity.

Qualifications should be sent to:

Department of Early Education and Care; Professional Qualifications Unit; 51 Sleeper Street, Fourth Floor Boston, MA 02210. Telephone (617) 988-6000.

Please refer to the regulations regarding Administrator and Lead Teacher requirements.

Please return this form and supporting documentation to:

Department of Early Education and Care
Regional Office Address
City, MA, Zip Code