

Canada-wide Early Learning and Child Care (CWELCC)
Licence Revision - Service System Manager Confirmation Form
Only for Programs Currently Enrolled in the CWELCC System

Prior to submitting a licence revision in the Child Care Licensing System (CCLS) for a change to licensed capacity, age group served (including alternate capacity), program hours (e.g. less than 6 hours to more than 6 hours), or increase to number of approved contracted homes (HCCA only), please ensure that this document is completed and that you have consulted with your local service system manager (SSM) regarding your eligibility for Canada-wide Early Learning and Child Care (CWELCC) system funding for your revision.

Please note that this document must be signed by the local service system manager (SSM) representative prior to uploading into CCLS. If your SSM is unable to confirm CWELCC funding at this time the Ministry will not process your revision request.

Section 1: Child Care Program Information

Licensee Name:	Name of the Child Care Centre / Home Child Care Agency:
Contact Name:	Child Care Centre Address / Home Child Care Agency Address:
Telephone Number:	Email:

Section 2: Information Regarding Proposed Changes

For Child Care Centres:

Current Total Licensed Capacity:		Proposed New Total Licensed Capacity:	
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Name of Classroom (as listed on the conditions on the licence)	Current Age Group	Current Licensed Capacity	Type of Revision Requested: Age Group Change, Capacity Change, Alternate Capacity Requested, Change to Hours of operation	After Proposed Revision Age Group:	After Proposed Revision Capacity:	Proposed Alternate Capacity Include Age Group and Number of Children (N/A if not applicable)	Proposed Hours of Operation (N/A if no change from current hours)
Infant 1	Infant	6	Capacity Change	Infant	10	N/A	N/A
Toddler 1	Toddler	15	Alternate Capacity	Toddler	15	15 preschool	N/A
Preschool 1	Preschool	16	Increase to capacity	Preschool	24	15 toddler	N/A
Preschool 2	Preschool	16	Age Group Change and Alternate Capacity	Toddler	15	15 school age	N/A
Preschool 3	Preschool	16	Change to hours of operation	Preschool	16	N/A	7:00 am-6:00 pm
Above are examples, please include below your program specific information.							

For Home Child Care Agencies: Proposed Change to Number of Contracted Homes:

Number of existing homes	Proposed number of homes	SSM where Provider(s) is Located (Where available, please attach an appendix to this document which includes the civic addresses of all proposed new homes)

Section 3: Signature

Licensee

I, _____ (insert licensee name), confirm that all the details provided above are accurate.

Printed Name:	Signature:
Date:	

Service System Manager Advice:

I, _____ (insert name of individual), confirm that:

The proposed revision has been approved to receive CWELCC funding for all eligible children receiving care.

The proposed revision does not align with the service system manager's directed growth plan and/or is not eligible for CWELCC funding.

Printed Name:
Title:
Address:
Service System Manager (Service Area):
Signature:
Date: