



Child Care Center Modification Request Child Care Physical Plant Evaluation

Name of facility:		CDC Number:
Address (street, city, state, zip) of facility:		
Name of Licensee:		
Mailing address:		
Name of CONTACT PERSON:	Telephone #:	Fax #:

Please indicate the type of intended change:

<input type="checkbox"/> Service classification Complete & attach section A	<input type="checkbox"/> Space Utilization Complete & attach section A	<input type="checkbox"/> Licensed capacity Complete & attach section B
Narrative description of intended change: 		

NOTE: All calculated capacity number values must be rounded DOWN to the nearest whole number.

If this change involves the use of a previously unlicensed space, OR a physical change to a currently licensed area, you will need to complete and attach section B.

If the intended change involves a capacity change, please complete the *Modification Fee Form*. Send the fee and application to the Bureau of Child Care Licensing at 150 N. 18th Ave, Suite 400, Phoenix AZ 85007.

For BCCL use only	Verify EP:	Date Fee Rec'd:	Amount:	Check Number:
	Facility CDC #:	L.S. #:	Office: PHX TUC FLA	Initials
	Total Capacity:	Infants:	One year olds:	Data Input Date:

The expectation of the general public and a preliminary requirement for the Bureau of Child Care Licensing (BCCL) is that the applicant must hire their own contracted architect to certify that new and existing facilities used for the care of infants and children have been evaluated for compliance with the local building codes and the child care rules for the physical plant. A list of architects who are interested in evaluating child care facilities statewide is available by calling the local Child Care Licensing office.

Please send the completed form, with any required attachments to:

BUREAU OF CHILD CARE LICENSING
150 NORTH 18TH AVENUE, SUITE 400
PHOENIX, ARIZONA 85007

SECTION A

Please complete the following for those rooms affected by the requested change:

Activity Area	Sq Ft		Operating hours		Classification		Capacity		Diaper change Area
	current	intended	current	intended	current	intended	current	intended	

Requested effective date of change: _____

Change in Service Classification

If the change requested will result in a change of your service classifications, you need to complete the following information as it applies to your facility's license.

Please indicate the service classification you intend to **remove**:

<input type="checkbox"/> Full Day Care <input type="checkbox"/> Part Day Care	<input type="checkbox"/> Infant Care <input type="checkbox"/> One-year old Care	<input type="checkbox"/> Two-Year-old care <input type="checkbox"/> 3/4/5-year-old care	<input type="checkbox"/> School Age Child Care <input type="checkbox"/> Weekend care	<input type="checkbox"/> Evening/Nighttime Care
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Effective date of change: _____

Please indicate the service classification you intend to **add**:

<input type="checkbox"/> Full Day Care <input type="checkbox"/> Part Day Care	<input type="checkbox"/> Infant Care <input type="checkbox"/> One-year old Care	<input type="checkbox"/> Two-Year-old care <input type="checkbox"/> 3/4/5-year-old care	<input type="checkbox"/> School Age Child Care <input type="checkbox"/> Weekend care	<input type="checkbox"/> Evening/Nighttime Care
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Effective date of change: _____

SECTION B

Pursuant to R9-5-208, one copy each of the architect’s final drawings as described below, approved by the city/county, with necessary information to show compliance with these rules must be provided.

❖ **A SITE PLAN, drawn to scale showing:**

- The drawing scale
- Boundary dimensions of the property upon which the facility’s physical plant is located
- If more than one building is used for the facility, the location and perimeter dimensions of each building
- The location of each driveway on the property
- The location and boundary dimensions of each parking lot on the property
- The location and perimeter dimensions of each outdoor activity area
- The location, type and height of each fence and gate
- The location of swimming pool, if applicable

❖ **A FLOOR PLAN of each building to be used for child care drawn to scale showing:**

- The drawing scale
- Length and width dimensions for each indoor activity area
- The requested licensed capacity and applicable service classification for each indoor activity area
- The location of each diaper change area
- Location of each hand washing, utility and three-compartment sink, and each toilet, urinal and drinking fountain
- Location and type of fire alarm system

❖ **Also REQUIRED (if applicable):**

- A copy of the Certificate of Occupancy issued for the facility by the local jurisdiction
- Documentation from the local jurisdiction that the facility was approved for occupancy, OR
- If the documents in subsections above are not available, the seal of an architect registered as prescribed in A.R.S. § 32-121 **on the site plan and the floor plan** verifying compliance with local building and fire codes, local zoning requirements and this Chapter.

Please provide the following information regarding the OUTDOOR (INDOOR substitution) ACTIVITY area(s) (R9-5-602), if applicable to your modification request:

Available fenced area 1a	Name:	square feet = _____
Available fenced area 1b	Name:	square feet = _____
Available fenced area 1c	Name:	square feet = _____
Area-2: Indoor substitution, if applicable =		_____ square feet (R9-5-602)
Total capacity = Area-1 + Area-2:		_____ square feet
divided by 75, then multiplied by 2 , equals		_____ Total Outdoor Capacity

Please provide a summary of the following:

1. At least 1 flush toilet and 1 hand washing sink for 10 or fewer children.		
2. At least 2 flush toilets and 2 hand washing sinks for 11 to 25 children, up to 25.		
3. At least 1 flush toilet and 1 hand washing sink for each additional 20 children, over the first 25.		
Number of Sanitary Units Provided: (One Sanitary Unit is a combination of one toilet or urinal plus one hand washing sink.)		
Number of toilets plus number of urinals	<input type="text"/>	Capacity based on sanitary units (Children 2 years old and older.) → Total Capacity
Number of toilet hand washing sinks (Drinking attachments not allowed.)	<input type="text"/>	
Total Sanitary Units (lower of two numbers)	<input type="text"/>	

Total Child Capacity is limited to the LOWEST number of the following:	
A. Capacity based on Outdoor Activity Area	<input type="text"/>
B. Capacity based on Indoor Activity Area Total	<input type="text"/>
C. Capacity based on total number of Sanitary Units see sanitary units and add total of infants and one year olds	<input type="text"/>

Pursuant to R9-5-101(49), compliance to building codes and standards, fire codes, zoning, accessibility, and total child and staff capacity shall be subject to approval by the local government agency.

The Total Capacity is subject to final review and approval at the final inspection by the Licensing Surveyor.

If the plans have the required architect seal, this section is not required (see page 3):

Name of Architect:			<u>Architect Seal Here</u>
Name of firm:			
Address:	City	Zip	
Telephone number:	Email:		
ARCHITECT STATEMENT: I certify to the best of my knowledge and belief that this building design is in substantial compliance with the minimum Licensure requirements of the Arizona Department of Health Services for construction or modification of this child care facility and that the information contained in the attached <i>Child Care Physical Plant Evaluation</i> is accurate. I certify that I have complied with all provisions of the Rules of Professional Conduct in reviewing this facility and preparing the Evaluation. (AAC R4-30-301)			
Signature			Date