



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

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

**Marie Eggleton**

Jefferson County DHHR  
239 Willow Spring Dr.  
Charles Town, WV 25414  
(304) 724-2600 X 2036

**Lesa Groves**

Nicholas County DHHR  
707 Professional Drive  
Summersville, WV 26551  
(304) 872-0805 ext. 1669

**Pam Myers**

Taylor County DHHR  
PO Box 29  
Grafton, WV 26354  
(304) 356-4619

**Ginger Franklin**

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

**Kara Kerns**

Jackson County DHHR  
Cedar Lakes Road 25271  
Ripley, WV  
(304) 373-2560 X 2004

**Michelle Platt**

Early Care & Education  
350 Capitol Street B43  
Charleston, WV 25301  
(304) 356-4619

**Vivian Fury**

Wood County DHHR  
PO Box 1547  
Parkersburg, WV 26102  
(304) 420-2560 X 2064

**Teresa Lawlor**

Early Care and Education  
350 Capitol Street B43  
Charleston, WV 25301  
(304) 356-4610

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

**1. NAME AND ADDRESS OF CENTER**

| <b>a. PHYSICAL ADDRESS</b> | <b>b. MAILING ADDRESS</b> |
|----------------------------|---------------------------|
|                            |                           |
|                            |                           |
|                            |                           |
|                            |                           |
| <b>Phone:</b>              | <b>Phone:</b>             |
| <b>Fax:</b>                | <b>Fax:</b>               |
| <b>Email:</b>              | <b>Email:</b>             |

**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:** \_\_\_\_\_