

# ARIZONA DEPARTMENT OF HEALTH SERVICES

## OFFICE OF CHILD CARE LICENSING

PUBLIC SCHOOL BUILDING ADDITION/MODIFICATION REQUEST TO AMEND LICENSE  
(For Ages Three Through Fourteen Only)

**PLEASE COMPLETE BOTH SIDES**

Name of Applicant \_\_\_\_\_

Name of School District \_\_\_\_\_

Name of Facility \_\_\_\_\_ CDC# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

If additional information is required, the person to contact is:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

**This submittal represents a request to change space utilization or capacity to a Public School currently licensed # \_\_\_\_\_**

Description of Change or Modification: \_\_\_\_\_

Submit drawings to your regional office - See addresses below - or call 1-800-615-8555

- A. Pursuant to R9-5-607.D, a school map may be submitted for site and floor plans with the following indicated:
1. The location of each school building and outdoor activity area;
  2. The location and perimeter dimensions of each indoor activity area used by enrolled children;
  3. The location of each hand washing sink, toilet, urinal, and drinking fountain to be used by enrolled children; and
  4. The location and dimensions of each outdoor activity area to be used by enrolled children.
- B. Pursuant to R9-5-607.E, facilities with modular buildings must submit a copy of the "Installation Permit" from the Arizona Office of Manufactured Housing, in addition to site and floor plans, as applicable. Also, pursuant to R9-5-607.E.2, "one set of final construction drawings that includes the stamp of the Arizona Office of Manufactured Housing" must be included.

OFFICE OF CHILD CARE LICENSING  
150 NORTH 18<sup>TH</sup> AVENUE, SUITE 400  
PHOENIX, ARIZONA 85007  
PHONE: (602) 364-2539  
FAX: (602) 364-4768

OFFICE OF CHILD CARE LICENSING  
400 WEST CONGRESS, SUITE 100  
TUCSON, ARIZONA 85701  
PHONE: (520) 628-6540  
FAX: (520) 628-6537

OFFICE OF CHILD CARE LICENSING  
1500 EAST CEDAR AVENUE, SUITE 22  
FLAGSTAFF, ARIZONA 86004  
PHONE: (928) 774-2707  
FAX: (928) 774-2830

PUBLIC SCHOOL BUILDING ADDITION/MODIFICATION SUBMITTAL FORM

Indicate playground square footage \_\_\_\_\_ ÷ 75 = \_\_\_\_\_ x 2 = \_\_\_\_\_ the maximum licensed capacity of the facility by playground size.

Will meals/snacks be prepared for children enrolled in the licensed facilities?      [ ] Yes      [ ] No

\_\_\_\_\_ Total number of Sanitary Units (toilet/urinal and handwashing sink) = lower of two numbers: \_\_\_\_\_ # of Toilets + # of Urinals  
 \_\_\_\_\_ # of Toilet handwashing sinks  
 (if Bradley sinks, the number of spigots)

Days and Hours of operation:      Mon.      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_  
 Tues.      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_  
 Wed.      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_  
 Thurs.      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_  
 Fri.      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_;      From: \_\_\_\_\_ To: \_\_\_\_\_

Please indicate below, each room by name or number with the usable square footage.

Room # or Name	Usable Sq. Ft.	FOR OCCL USE ONLY			Comments/Program Name
		25 Sq Ft	50 Sq Ft	Licensed Capacity	

For OCCL Use Only: Total Capacity \_\_\_\_\_ Facility # \_\_\_\_\_ L.S. \_\_\_\_\_

Data Input \_\_\_\_\_  
 Initials \_\_\_\_\_

L.S. APPROVED \_\_\_\_\_ (INITIAL & DATE)