CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

CHILD CARE PROVIDER REPORT OF CHANGE

Printed Provider First and Last Name: _____ ICCIS Number:_____
Facility Name, if any: _____

ALL CHILD CARE PROVIDER TYPES

RATE CHANGES: Complete and submit a *Child Care Provider Rates and Responsibilities* CC12. Notice must be given to all participating families and the local child care assistance / Child Care Program Office at least 30 days prior to the new rate becoming effective. All rates are effective the first day of the month following the 30 day notice.

APPROVED RELATIVE AND IN-HOME PROVIDERS

The following sections pertain to Approved Relative and In-home child care providers only.

CHANGE OF ADDRESS / CONTACT INFORMATION: A 30 calendar day notice must be given prior to a change of mailing or physical address to the Child Care Assistance Program. Additional paperwork is required as noted below.

☐ **MAILING ADDRESS CHANGE:** Attach a completed *State of Alaska Substitute Form W9.*
Effective date of change:_____

New mailing address:_____

☐ **PHYSICAL ADDRESS CHANGE:** Your current approval does not transfer to a new physical location. You must submit a completed *Child Care Provider Application* applicable to your provider type, *Get Out Alive! Disaster Preparedness and Emergency Evacuation Plan* CC10 form reflecting the new physical address, and if renting at the new location, *Permission to Operate A Child Care Business* CC72.

☐ **CONTACT PHONE NUMBER CHANGE**

Home phone number: _____ Cell phone number:_____

Email address:_____ Fax number:_____

NAME CHANGE: Attach a completed *State of Alaska Substitute Form W9* and a copy of the government issued photo identification supporting the name change.

Print Provider's New First, Middle, Last Name: _____

CHANGE IN HOURS OF OPERATION / SCHEDULED CLOSURES

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____am/pm to _____am/ pm	_____am/pm to _____am/ pm	_____am/pm to _____am/ pm	_____am/pm to _____am/ pm	_____am/pm to _____am/ pm	_____am/pm to _____am/ pm	_____am/pm to _____am/ pm

SCHEDULED CLOSURES (SUCH AS HOLIDAYS): List changes in the days and/or dates you will be closed and not providing child care services on an annual basis.

_____

_____

Provider Signature:_____ Date:_____

Additional reportable changes on page 2

APPROVED RELATIVE PROVIDERS ONLY
The following sections pertain to Approved Relative Providers only.

CHANGE IN INDIVIDUALS LIVING IN THE CHILD CARE HOME: A valid criminal history check is required for all individuals 16 years of age and older.

☐ New individual living in the child care location **or** ☐ Individual no longer living in the child care location

First, Middle, Last Name	Birth Date	Age	Relationship to Provider	Date moved in/out of child care home
				☐ Moved In ☐ Moved Out Date:
				☐ Moved In ☐ Moved Out Date:
				☐ Moved In ☐ Moved Out Date:

CHANGE OF CHILDREN IN CARE: If the children in your care are different than what you reported on your Child Care Assistance Approved Relative Provider Application, list the names of the children who are no longer in your care and the date care ended. Also list new children in your care and when care will begin.

Child's First, Middle, Last Name	Child's Date of Birth	Age	Relationship to You	Date care to begin / end
				☐ Begin ☐ End Date:
				☐ Begin ☐ End Date:
				☐ Begin ☐ End Date:
				☐ Begin ☐ End Date:
				☐ Begin ☐ End Date:
				☐ Begin ☐ End Date:
				☐ Begin ☐ End Date:
				☐ Begin ☐ End Date:

IN-HOME CHILD CARE PROVIDERS ONLY
The following sections pertain to In-home child care only.

CHANGE OF IN-HOME CAREGIVER

☐ Current Caregiver Name_____ Last date providing care:_____

You must terminate this individual from your New Alaska Background Check System provider case.

☐ New Caregiver First, Middle, Last Name_____

Caregiver Date of Birth:_____ Date care to begin:_____

Attach a completed *In-home Child Care Application* CC40 along with all required documentation. You must ensure this individual has a valid criminal history check through the Alaska Background Check Program prior to care beginning.