Office Use Only

CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

GOVERNING BODY INFORMATION

Governing Body Information: This form is used by a facility operated by a governing body responsible for the oversight of the facility.

Name of Facility:_____

Name of Governing Body:_____

Mailing Address of Governing Body:_____

Phone Number:_____ Fax Number:_____

Email Address:_____

Governing Body Representative: The individual listed in this section is the designated Governing Body Member (Representative) who the Department can contact regarding the application, or licensure of the facility.

Name of Governing Body Member:_____ Title:_____

Mailing Address:_____

Phone Number:_____ Fax Number:_____

Email Address:_____

Governing Body Requirements: Per 7 AAC 57.200, in a child care facility that is governed by a board or other body, the board or other body shall:

- Determine policy for the operation and management of the facility, specifically including: Process for conducting and reporting Criminal History Checks, compliance with Environmental Health and Safety requirements, and personnel policies required by 7 AAC 57.220;
- Adopt a job description that clearly describes the Administrator's role and responsibilities (required as part of the child care facility's personnel policies);
- Appoint an individual who meets the qualifications of an Administrator under 7 AAC 57.300 (requirement fulfilled through submission of *Administrator Designation and Qualification Form* CC56, and four *Child Care Facility – Administrator Reference* CC57 forms and approval by the department);
- Annually evaluate the Administrator's performance (compliance will be determined during on-site inspection of facility by a Child Care Licensing Specialist)
- Per 7 AAC 57.210, during periods when the Administrator is absent from the facility, designate an onsite adult caregiver to act as on-site manager (Administrator Designee) in the Administrator's absence, who meets the age and qualification requirements of 7 AAC 57.300(a)and (b). This requirement is fulfilled through submission of *Child Care Associate Designation and Qualification Form* CC58, and three *Child Care Facility – Child Care Associate Reference* CC59 forms, or *Administrator Designation and Qualification Form* CC56;
- Approve the annual budget of anticipated income and expenses to provide the services described in the statement of purpose and approve or take corrective action on financial audit reports (compliance will be determined during on-site inspection of facility by a Child Care Licensing Specialist);

- Conduct at least three board meetings each year and maintain minutes of each meeting (compliance will be determined during on-site inspection of facility by a Child Care Licensing Specialist); and
- Provide for orientation to new board members and biennial training for each board member on the role and responsibilities of a board member (compliance will be determined during on-site inspection of facility by a Child Care Licensing Specialist).

Governing Body Member Information: Child care licensing regulations require each individual that has an ownership or management interest in the facility to provide the name, mailing address, telephone number, fax number (if any), email address (if any), and their title. A valid criminal history check is required for any board member who has regular contact with children in care, access to personal or financial records maintained by the facility or provider regarding children in care, or control over or impact on the financial well-being of children in care.

Please document the required information on this form for all members of your governing body.

If additional space is needed to provide information, a separate sheet of paper may be used.

Governing Body Member:
Name of Governing Body Member:_____ Title:_____

Term:_____ Start Date:_____

Mailing Address:_____

Phone Number:_____ Fax Number:_____

Email Address:_____

Governing Body Member:
Name of Governing Body Member:_____ Title:_____

Term:_____ Start Date:_____

Mailing Address:_____

Phone Number:_____ Fax Number:_____

Email Address:_____

Governing Body Member:
Name of Governing Body Member:_____ Title:_____

Term:_____ Start Date:_____

Mailing Address:_____

Phone Number:_____ Fax Number:_____

Email Address:_____