



# ALASKA INCLUSIVE CHILD CARE PROGRAM

Division of Public Assistance  
 Child Care Program Office  
 3601 C Street, Suite 140  
 PO Box 241809, Anchorage, AK 99524-1809

Office Use Only
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## CHILD CARE PROVIDER INCLUSION PLAN

Please print legibly or type when completing this form. Only include services and/or accommodations for the child listed on this form that have an additional cost to the provider. This form must be completed by the child care provider in collaboration with the child's parent and the Alaska statewide Child Care Resource and Referral Network. The Alaska statewide Child Care Resource and Referral Staff will only initial and date the services and/or accommodations they are recommending. Do not list services and/or accommodations provided or paid for by any other program.

<b>Child Care Facility</b>	<b>Phone</b>	<b>Fax</b>
<b>Administrator/Provider Full Name</b>		
<b>Mailing Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Physical Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Child's First and Last Name</b>		<b>Date of Birth</b>

### Child Care Environment

Mark the applicable boxes needed and fill out the following categories that apply: purchase date, installation date, cost, and CCR&R initial and date. <b>Purchases and installations must be completed within 60 days of approval.</b>	Purchase Date	Installation Date, if applicable	Cost	CCR&R Initial and Date
<input type="checkbox"/> <b>Facility Modification:</b>				
<input type="checkbox"/> <b>Adaptive Equipment:</b>				
<input type="checkbox"/> <b>Learning Materials:</b> <b>Language</b>				
<input type="checkbox"/> <b>Other:</b>				
<input type="checkbox"/> <b>None</b>				

### Training

Mark the applicable boxes needed and fill out the following categories that apply: cost and CCR&R initial and date.	Cost	CCR&R Initial and Date
<input type="checkbox"/> <b>Specialized Training:</b>		
<input type="checkbox"/> <b>Classes:</b>		
<input type="checkbox"/> <b>No additional services and/or accommodations.</b>		

### Staff/ Ratio

Days of the Week child is in care: _____ Hours of the Day child is in care: _____		
<input type="checkbox"/> <b>One-to-One (1:1) Caregiver needed for this child. Caregiver(s) must be present the same times child is in care.</b> Assigned Caregiver(s) Name(s): _____	Additional Staff Member's Monthly Wages	CCR&R Initial and Date
<input type="checkbox"/> <b>Additional Staff Needed in the specific room where care is provided for this child:</b> Number of <u>additional</u> staff needed: _____ Beginning Date: _____ Total number of staff to be assigned to this room when this child is in care: _____	Additional Staff Member's Monthly Wages	CCR&R Initial and Date
<input type="checkbox"/> <b>Overall reduction in the number of children in care needed for this child</b> Home/Group Home Current facility operating capacity: _____ Home/Group Home Operating capacity with this child: _____ Center Operating capacity in child's assigned room: _____ Approved Relatives must have other children meeting the eligibility criteria who would be in care of the provider if not for this specific child.	Provider's Monthly Price for the Age Category of This Child	CCR&R Initial and Date
<input type="checkbox"/> <b>No staff adjustment needed.</b>		

### Additional Services and/or Accommodations in the Child Care Setting

List additional services and/or accommodations to be provided and/or paid for by the child care provider.	Method of providing service	Frequency of service to be provided	Cost	CCR&R Initial and Date
<input type="checkbox"/> <b>No additional services and/or accommodations.</b>				

All signatures are required before this form is submitted to the Child Care Program Office. The child care provider must maintain a copy of this plan for their records and provide a copy to the child's parent.

By signing below I am agreeing to comply with this plan including the: purchase of needed equipment, supplies and/or materials; hire and or assign additional staffing as needed specific to this child; reduce the number of children in care as identified; and/or provide the additional services and/or accommodations listed within the specified timeframe. I understand if I do not maintain compliance with this plan as outlined, Alaska Inclusive Child Care Program supplemental funding will cease and may result in the pursuit of an Intentional Program Violation under the Child Care Assistance Program.

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Signature of Child Care Provider

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Date

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Signature of Child's Parent/ Legal Guardian or Family's  
Responsible Party

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Date

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Signature of Alaska statewide Child Care Resource and  
Referral Staff

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Date