



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

APPLICATION FOR BIENNIAL CHILD CARE LICENSE

FACILITY TYPE: [ ] Home (1-8) [ ] Group Home (9-12 State of Alaska (SOA) only)
[ ] Center (Municipality of Anchorage 9+ / SOA 13+)

Name of Facility: \_\_\_\_\_
Physical Address: \_\_\_\_\_ (PO Box/Street) (City/AK/Zip)
Mailing Address: \_\_\_\_\_ (If different) (PO Box/Street) (City/AK/Zip)
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_
Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_
Are you requesting changes to your program or child care license?
[ ] No changes are being reported/requested
[ ] Yes, I have submitted the Report of Change CC95 and attached the required supplemental documents with this application.

I have read the applicable State of Alaska child care licensing statutes and regulations: AS 47.05, AS 47.32, 7 AAC 10 and 7 AAC 57, and understand and agree to comply with them;
I will cooperate with the Department of Health and Social Services (DHSS) or its authorized representatives through the licensing process and after license issuance, including inspection and investigation and permit DHSS staff or its authorized representatives full access to inspect and investigate the child care facility and premises, review records, interview staff and interview individuals and their families receiving services;
I understand that I am required to maintain and retain records necessary to demonstrate compliance with State of Alaska child care licensing statutes and regulations governing the facility. In addition, I will make these records available to the DHSS or its authorized representatives, upon request; and
I certify that the contents of this application and information provided with it are true, accurate, and complete. I understand that willful misrepresentation of the information provided is cause for immediate denial of an application or later revocation of the license.
Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_
\*Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_
\*Signature required in this section only if Administrator is different than owner/operator.