



CHILD CARE LICENSING PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
Anchorage, AK 99503

Office Use Only

REPORT OF CHANGE

Child care licensing regulations requires you to report to the Department any changes to your child care facility.

Name of Facility: _____ Effective Date: _____

Immediately report to Child Care Licensing (within 24 hours):

- Knowledge of a conviction or indictment, presentment, or charging by information or complaint, of an administrator, regular volunteer, staff person, or member of the licensee's household for a violation of the laws or the laws of another jurisdiction with similar elements as described in AS 47.32, 7 AAC 10.1000 - 7 AAC 10.1095
Any unplanned change in the management and /or operations of the facility.

30 Days Notice to Child Care Licensing prior to change in the: Indicate the changes below.

- Person operating facility. Name of person: _____
Name of facility. Name of facility: _____
Administrator. Name of new Administrator: _____
(Submit an Administrator Designation and Qualification Form CC56 and four Child Care Facility - Administrator Reference CC57 forms)
Child Care Associate. (Centers only): Name of CCA: _____
(Submit a Child Care Associate Designation And Qualification Form CC58)
Name change of person operating facility. New Name of person: _____
Addition or deletion of a specialization. Adding / Deleting (circle one)
Specialization(s): _____
(Submit a Request for Specialized Program Activity CC54 or Request for Nighttime Care Specialization CC53)
Age range of children served. New Age range: _____
Number of children in care authorized by the facility's license. Desired Capacity: _____
(Submit a Child Care Facility Staffing Plan CC71)
Location (Submit an Application for Provisional Child Care License).
New physical address: _____
Days/Hours of operation (Submit a Facility Schedule Reporting Form CC92).
New Days/Hours of operation: _____
(If between the hours of 10:00pm and 6:00am, submit a Request for Nighttime Care Specialization CC53)
Governing Body (Submit a Governing Body Information CC55 form)
Indoor floor plan or Outdoor space diagram
Business Type (Submit documentation proof of business change, and new business license).
Change in the plan of operation or other policies. Describe summary of changes below:

NOTE: Changes to the items listed above may require the facility to submit additional forms and/or supplemental or updated information, as applicable, including but not limited to: Plan of Operation; Facility policies; Permission to Operate a Child Care Business CC72; Get Out Alive! Evacuation Plan CC67; Plan for Shared Use of a Child Care Facility CC73; Plant Safety Plan CC93; State, Municipal, or Borough Business License(s); and any other relevant documentation related to the change requested.

20 Days Notice to Child Care Licensing prior to the: *Indicate the changes below.*

Decision to relinquish license.

Effective date of closure: _____

Reason for closure: _____

14 Days Notice to Child Care Licensing after the: *Indicate the changes below.*

Addition of a household member residing in the facility. Effective date: _____

Name of individual household member: _____

Date of Birth: _____

Note: (individual 16 years or older must obtain a background check prior to residing in the facility)

Relationship to Facility:

Child under 18yrs old Foster Child Household Member (over 18yrs old) Spouse / Partner

Owner / Operator Other: _____

Permanent departure of a household member from residing in the facility. Effective date: _____

Name of individual household member: _____

Date of Birth: _____

Relationship to Facility:

Child under 18yrs old Foster Child Household Member (over 18yrs old) Spouse / Partner

Owner / Operator Other: _____

Permanent Departure of a household member residing in the facility. Effective date: _____

Change in mailing address. *New Address:* _____

1 Day Notice to Child Care Licensing after the:

Signing of a contract for the sale of the facility.

Other Change(s): _____

Effective Date: _____

Attach the applicable form(s) and/or any supporting documentation for this reported change.

Name and Position of Person Completing this Form:

Name

Position

Signature

Date