

PASS I CHILD CARE ASSISTANCE POLICY MANUAL

State of Alaska
Department of Health and Social Services
Division of Public Assistance
Child Care Program Office

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Part I: Administrative and General	Section: 900
Title: Program Overview	Cross Reference Section(s): 910; 960
Reference: 7 AAC 41.012; AS 47.25; AS 47.05.020; AS 47.05.030; AS 47.05.050; 7 AAC 37.020; U.S.C. 552a (Privacy Act of 1974); 7 AAC 45.257,258, 260 (h) (1)	Revised: April 1, 2011

900-1 PURPOSE OF THE MANUAL

This manual is a broadly written guide to the policy and procedures that apply to the administration of the Parents Achieving Self-Sufficiency (PASS) I Child Care Assistance Program, (CCAP) for families participating in the Alaska Temporary Assistance Program (ATAP).

900-2 PRUDENT PERSON CONCEPT

The policies and procedures used throughout this manual are designed as a guide for Division of Public Assistance (DPA) staff and Work Services Providers (WSP) involved in the administration of the PASS I program. The policies within this manual are intended to be flexible to allow workers to interpret and apply as needed to best fit the needs of the families we are serving. DPA and WSP staff will, from time to time, encounter circumstances where the manual does not provide enough detail to make a decision regarding child care assistance. The Division expects staff to operate independently and to apply their prudent judgment to decisions they make in the course of their work.

If uncertainty exists, DPA or WSP staff should consult with a supervisor, contact Work Services Technical Assistance (WSTA) at wsta@alaska.gov and/or contact the Child Care Program Office (CCPO) at dpaccp@alaska.gov. Questions from workers are important and will be responded to as quickly as possible.

DPA and WSP staff is to exercise prudent judgment and document their reasoning and decisions in the client file and appropriate electronic information management system, Integrated Child Care Information System (ICCIS) or Case Management System (CMS), with enough detail to allow another worker or reviewer to understand what was done and why the decision was made.

900-3 CONFIDENTIALITY AND DISCLOSURE OF INFORMATION

Parents in the PASS I program must disclose many intimate facts about their personal lives to DPA and WSP staff. In addition, parents are often under extreme financial and personal stress which could make them particularly vulnerable to exploitation if their situation were known. This may be true even when certain information is disclosed to other members of the household. Therefore, they are in particular need of the protection of privacy.

900-3

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It is against the law to use or disclose information obtained from T A households to any person other than the applicant or recipient, with the following exceptions:

- Persons directly involved in the administration and enforcement of the provisions of the ATAP.
- Persons directly involved in other state or federally funded assistance programs including but not limited to: PASS II/III CCAP and tribal organizations administering Temporary Assistance for Needy Families (TANF), or Native Family Assistance Programs (NFAP).
- Persons authorized by a client-signed Release of Information form.

900-4

CHILD CARE ASSISTANCE PROGRAM OVERVIEW

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 authorized the Child Care and Development Fund (CCDF) to assist recipients of Temporary Assistance, those transitioning from T A to work, and low income families to obtain child care so they can work or participate in training/education.

The CCDF brought together four federal child care subsidy programs and allowed states to design a comprehensive, integrated child care system.

The State of Alaska developed the PASS Programs to provide child care subsidies for eligible families.

- The PASS I program provides child care subsidies for families applying for or receiving ATAP who need child care to participate in approved activities as referenced in the Temporary Assistance Manual.
- The PASS II program provides child care subsidies for up to twelve-months for families transitioning from ATAP or NFAP whose TA case has closed and who continue to need child care for work, training or educational activities.
- The PASS III program provides child care subsidies for low income families who are not eligible for PASS I or II and are engaged in eligible activities.

The DPA, CCPO manages, administers, and provides oversight to designees and work services providers for the PASS I, II, and III programs. The PASS I program is administered through collaboration between WSP and staff within the CCPO. The PASS II and III programs are administered statewide by local administrators through grants on the behalf of the CCPO.

900-5

CHILD CARE AND FAMILY SELF-SUFFICIENCY

The goal of the ATAP is to “Move Alaskans from welfare into jobs so they can support their families...” Providing access to child care is a key component in efforts to move parents from welfare to work.

Many barriers can exist that make it difficult for families to achieve economic self-sufficiency. WSP staff works with families to assist in removing those barriers and developing a plan for the transition to work. Activities are identified that will lead to self-sufficiency and a Family Self-Sufficiency Plan (FSSP) is developed.

Activities included in the FSSP should be used as a guide in assessing the need for child care. FSSP activities must lead a family toward the goal of economic self-sufficiency while taking into consideration the needs of the children. Activities or schedules may need to be adjusted to meet both long and short-term family requirements. The safety and welfare of clients’ children should always be considered while developing a FSSP.

900-6

CHILD CARE AND EXEMPTION FROM WORK ACTIVITY

A parent or caretaker relative of a child under the age of 6 may be exempt from the requirement to participate in work activities if child care is not available or appropriate. This work exemption does not stop the T A 60-month time limit clock. It is the responsibility of DPA and WSP staff to inform parents of this exemption in the initial interview and subsequent reviews of child care needs.

To determine if a parent is exempt from work activities due to lack of child care, WSP staff consider:

- What the parent has done to find child care;
- How many contacts the parent has made with providers;
- Whether the parent has been referred to and contacted a Child Care Resource and Referral agency, thread,; and
- If the parent has considered family and friends (informal care).

The following definitions should be used when making this exemption determination.

1. Child care is considered **available** when:
 - It is located in the community where the family lives or works; and
 - The family has sufficient income or access to a child care subsidy program to pay the cost.

900-6

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2. Child care is considered **appropriate** when:

- The provider appears to have the ability to care for children of the same age and developmental level as the participant's children; and
- The provider is willing to care for the participant's child(ren); and
- The provider's location is within 30 minutes travel time by public or private transportation from the participant's home or work site.

In many locations there may be a shortage of established child care homes or centers. It then becomes incumbent on parents to be creative in seeking care for their children. Parents often solicit friends and relatives to care for their children. We refer to this child care as informal care. The identified individual must become approved or licensed to receive payment for services after the family's initial child care authorization request period. To qualify for the work exemption due to a lack of child care, parents must demonstrate their inability to find child care, including their inability to find suitable informal care.

While DPA and WSP staff encourages parents to explore the use of informal care, they cannot require parents to use informal care that is not suitable. **Informal care is considered unsuitable** when it is not available or appropriate, as defined above.

900-7

REFUSAL TO ACCEPT CHILD CARE SERVICES

A T A parent may not refuse appropriate and available child care if such refusal prevents the parent from working or participating in activities included in the FSSP.

If a parent fails to comply with their FSSP because they refused appropriate or available child care, T A Program penalties may apply unless the parent demonstrates good cause.

To apply a penalty, DPA and WSP staff should refer to the TA Manual. If further guidance is needed contact Work Services Technical Assistance at: wsta@alaska.gov.

Part I: PASS I Families	Section: 910
Title: Eligible Families, Children, and Activities	Cross Reference Section(s):
Reference: Temporary Assistance Manual	Revised: April 1, 2011

910-1 ELIGIBLE FAMILIES

Families eligible to receive PASS I child care assistance must be:

- TA applicants who are working or participating in activities before the TA eligibility determination is made; or
- Recipients of TA who are working or participating in assigned activities included in the FSSP.
- Households in which the parent or care taker is excluded from the TA benefit and coded out (OU) of the case:
 - SSI/APA recipients,
 - Refused cash status,
 - Ineligible aliens,
 - Intentional program violators (IPV).
- ATAP case is penalized for non-compliance with the FSSP or assigned work activities, the WSP works with the client to resolve this issue when authorizing PASS I child care.
- The client is waiting to start employment or an approved activity, and the child care arrangements would be lost during that wait period. Child care may be approved for up to one month to guarantee the child care space.

Two-parent families are eligible for PASS I child care assistance if they meet the criteria above, and:

- Both parents are in, or traveling to, work or training activities during the time child care is provided and
- Their combined total participation in activities averages a minimum of 55 hours per week.

910-1 Continued

In two-parent families, if one parent is determined by the temporary assistance worker as incapacitated and unable to care for their children, the family is eligible to receive PASS I assistance so that the second parent can work or participate in activities. Documentation from a health care professional must be provided to the WSP staff outlining the parent's inability to provide care for their children and the length of time the restriction is anticipated. See documentation section 950-16.

Families that do not include an adult (ANI or child-only cases) are not eligible to receive PASS I CCAP except as noted above.

A participating one parent family who is temporarily medically exempt may continue to receive PASS I child care through the end of the following month if they are returning to an activity at the end of the temporary exemption. Appropriate documentation from a health professional is required. If an existing child care authorization needs to be changed see Section 950.

Note: In this manual, the term "parent" refers to a natural, adoptive, or step-parent and to caretakers who are acting "in loco parentis".

910-2 ELIGIBLE CHILDREN

Eligible children are:

- Dependent children who are included in the TA case;
- Dependent children who are not included due to their SSI benefits; and
- Other children residing with the T A family for whom an adult member of the filing unit is the parent or is acting "in loco parentis." In "loco parentis" means that a person is acting in place of a parent. The term describes someone who provides care and supervision as a parent but without the formalities of a legal adoption.

In addition to the general conditions of eligibility described above, a child must be:

- Under age 13;
- Age 13 through 18 and physically or mentally unable to care for him/herself as verified by a physician or licensed psychologist. This verification must include the reason the child cannot care for him/herself, date of onset, and how long the need for child care is expected to last; or
- Age 13 to 18 and court ordered supervision requires that the child be in the care of an adult, as verified by a court record. This verification must include the beginning and ending dates of the required supervision.

910-3

ACTIVITIES

Activities are outlined in the T A Manual Workers staff cases with unusual or extenuating circumstances with their supervisor, WSTA and the CCPO.

Note: DPA does NOT provide child care subsidies for families receiving or eligible to receive TA payments from a NFAP. Families who receive or are eligible to receive temporary assistance payments from a NFAP should work with that program to access child care assistance.

Part I: Child Care Providers	Section: 920
Title: Eligibility	Cross Reference Section(s): 940; 950
Reference:	Revised: April 1, 2011

920-1 ELIGIBLE CHILD CARE PROVIDERS

To participate in the PASS I CCAP a provider must be licensed or approved by the CCPO, or its designee.

920-2 ELIGIBLE PROVIDER TYPES

There are several types of child care providers and programs available to families. Providers who are eligible to participate in the PASS I CCAP include the following:

- Licensed Child Care;
- Military Regulated Care;
- Legally Exempt Care (Approved, In-home, or Approved Relative);
- Tribal Approved or Certified Care.

A. LICENSED CHILD CARE

Programs licensed by the Department of Health and Social Services (DHSS), CCPO, Regional Licensing Offices, or the Municipality of Anchorage (MOA), include:

- child care centers;
- preschools;
- group homes; and
- family child care homes.

The DHSS, CCPO, Regional Licensing Offices, are responsible for licensing child care facilities in Alaska. The Municipality of Anchorage (MOA) is responsible for licensing child care facilities within the Anchorage bowl.

Child Care Licensing Specialists conduct initial on-site inspections of child care environments and implement on-going monitoring of licensed facilities to ensure compliance with applicable standards and regulatory requirements.

The types of licensed child care programs include:

- **Licensed Child Care Centers**

A licensed child care center or preschool is a child care facility where care is provided to 13 or more children.

- **Licensed Child Care Group Homes**

A licensed child care group home is a child care facility, typically in a private residence, where care is provided for nine to 12 children, including the provider's own children.

- **Licensed Child Care Homes**

A licensed child care home is a child care program, usually in a private residence where care is provided for no more than eight children, including the provider's own children.

To remain eligible for participation in the CCAP as a licensed provider the facility must maintain current child care licensure issued by DHSS or MOA.

If a licensed child care facility does not have a nighttime specialization authorizations for 24-hour care cannot be issued. The CCPO or the MOA will have record of providers with nighttime specializations. This specialization is also identified on the license document.

B. MILITARY REGULATED CARE

Facilities regulated by the military include child care centers, group homes, and family child care homes on property managed by a military installation. They are regulated by the Department of Defense or the United States Coast Guard and have been inspected for compliance with a variety of health, safety, and program standards, and are monitored on a regular basis by a military agency.

C. LEGALLY EXEMPT CHILD CARE

Child care providers who are exempt from licensing are referred to as "Legally Exempt" providers.

Legally Exempt care consists of Approved (relative and unrelated providers) and In-Home care. The distinction between the types of legally exempt care is based on the relationship between the provider and the children in care, and the location in which the care is provided. The three types of legally exempt care include:

1. Approved Providers

An Approved Provider furnishes child care services to children who may

be related or unrelated to the provider. Child care services are rendered in the provider's private residence, with the Approved Provider being the sole caregiver.

Children in *Approved Provider* homes must:

- Not exceed more than four children who are unrelated to the provider.
- Not exceed a total of five children, including the provider's own children;
- Be under the age of 13, unless the child has a documented disability and meets the criteria for special needs;
- Not include more than two children less than 30 months of age in the total number of five children;

Licensing Requirement for *Approved Provider*

An Approved Provider must become licensed within 12 months after being approved by the CCPO or designee. Information regarding Approved providers who are applying for licensure can be obtained by contacting the CCAP Local Administrator, or the Child Care Licensing office.

Failure to comply with the requirement to become licensed within the 12 month period will make the Approved Provider ineligible to participate in the CCAP in this provider category.

2. Approved Relative Providers

An Approved Relative Provider furnishes child care services only to eligible children who are related to the provider by marriage, blood relationship, or court decree and include: grand children, great- grandchildren, sibling, niece, great-niece, nephew, or great-nephew. The care occurs in the provider's home,

Children in *Approved Relative Provider* homes must:

- Not exceed a total of five children, including the provider's own children;

Continued

- Under the age of 13, unless the child has a documented disability and meets the criteria for special needs;
- Not include more than two children less than 30 months of age in the total number of five children; and
- Be “related” to the Approved Relative provider, as defined above.

License Exemption for *Approved Relative Provider*

An Approved Relative provider is exempt from licensure as long as the provider is only caring for children who meet the definition of “relative.” To remain eligible for PASS subsidies, the Approved Relative Provider must renew every two years.

3. In-Home Providers

A parent may choose to bring a child care provider into their family home to care for their children. This type of care is called “In-Home” care.

An In-Home Provider:

- Must be at least 18 years of age;
- Cannot be a member of the family’s T A unit;
- May be related or unrelated to the children receiving care; and
- May or may not reside in the home in which the provider renders care.

In living arrangements in which the parent and provider reside in the same household and the child care authorization is issued for In-Home care, the provider may not be issued additional authorizations for children who do not live in the home. If the provider wishes to provide care as an independent contractor for other children living outside of the home, the provider must become approved.

License Exemption for *Approved In-Home Provider*

An Approved In-Home provider is exempt from licensure as long as the provider is only caring for children within an In-Home care situation. To remain eligible for PASS subsidies, the Approved In-Home Provider must renew their status if there is a break in service with the established family in excess of 100 days. Approved status must be established each time an In-Home caregiver wishes to provide care for a new family.

920-2 **Continued**

D. TRIBAL APPROVED OR CERTIFIED CARE

Tribal approved or certified child care are those facilities that possess a current certificate or other approval from the tribal entity whose child care provider standards meet or exceed the standards of the DHSS or the MOA.

920-3 **PARENTS AS PROVIDERS**

Under no circumstances can a parent or stepparent be paid to provide care for his/her own children or stepchildren. A person who is included in the TA unit is also not eligible to receive PASS I subsidies for child care provided to other members of the assistance unit.

An adult member (18 years or older) of the household who is not part of the TA unit can be authorized and paid for child care if the caregiver meets the requirements for either Licensed or Legally Exempt care. If a parent is an employee of a licensed child care group home or center where their child is enrolled and receives care, the child care facility can receive authorization for child care, even if the child is under the supervision of the parent.

920-4 **TEMPORARY ASSISTANCE RECIPIENTS AS PROVIDERS**

If a T A recipient chooses to provide child care as their employment, WSP staff assesses the potential for economic self-sufficiency including the recipient's ability to meet Approved or Licensed provider requirements. The recipient-provider's children under the age of 12 must be counted in the total number of children in care. Therefore, a recipient's ability to become self-sufficient as a child care provider should be considered if the recipient-provider has several children less than 12 years of age.

The reasons the recipient is choosing to provide child care is evaluated by WSP staff. Individuals should not be encouraged to provide child care unless they are committed and able to meet the health and safety standards.

For both Licensed and Approved care in which child care occurs in the home of the provider, criminal background information for all household members, age 16 and older, must be evaluated. For approved In-Home care, criminal background information for the provider must be evaluated. A TA recipient who provides child care in their own home, or who performs In-Home care, is not eligible to receive PASS I child care coverage for their own children during the hours they are providing child care services.

920-5

PRIMARY AND SECONDARY PROVIDERS

Parents may need two child care providers to participate in activities. One of the providers must be designated as primary and the other secondary. The provider that cares for the children for the most time should be designated as primary.

This designation affects the amount a secondary provider can be paid (see section 940-2 and 950-8).

920-6

PROVIDER APPLICATION

A. APPROVED OR LICENSED

To become an Approved or Licensed Provider, a person is required to complete and submit a provider application to the CCAP, Local Administrator, or the Child Care Licensing office that services the provider's community. The Local Administrator distributes, accepts, and reviews all applications for Approved care. The Child Care Licensing office distributes, accepts, and reviews all applications for licensed care. The CCPO distributes, accepts, and reviews all applications for PASS I In-Home care statewide, and for Approved care within the Municipality of Anchorage, Nome, and the North Slope. Please refer to Addendum B for a list of Local Administrators and their assigned communities.

The provider application process includes completion of all necessary documents and obtaining criminal background clearance. The application process is dependent on the applicant submitting all documents and completing the background check application. Determinations are made within 30 days of receiving a complete application.

In order to receive PASS I subsidy payments beyond the initial authorization period, an applicant must complete the application process and receive approval.

B. OBTAINING A CHILD CARE APPLICATION

Persons interested in becoming a child care provider will need to determine the type of care they wish to provide, obtain the appropriate application packet and submit the completed paperwork to the proper agency.

To obtain an application for Approved care:

- Contact the CCPO or Local Administrator that services the provider's community;

To obtain an application for Licensed care:

- Contact the nearest Child Care Licensing office and request an application for a Licensed Center, Home, or Group Home; or

- Contact the MOA Child Care Licensing Office, in Anchorage.

C. DENIAL OF PROVIDER APPLICATIONS

If a provider application is denied, the provider is notified of the denial by letter and given an opportunity to appeal within 15 days of receiving the notification.

1. Notification when provider applications are denied

The CCPO maintains a communication system that ensures WSP staff is informed of provider application denials. Once a provider is approved they are listed in real time on the CCPO website at:
<http://www.hss.state.ak.us/dpa/programs/ccare/>

These determinations affect PASS I authorizations.

If PASS I authorizations have been issued to providers whose applications are subsequently denied, WSP staff must contact PASS I parents to inform them of the provider's ineligibility and assist the family in establishing new care. WSP staff submits revised requests to cancel any existing authorizations issued to a provider beyond the date of the provider's ineligibility. The CCPO or designee will notify the provider PASS I authorizations have been cancelled by issuing a copy of the revised authorization with the written notice of denial.

2. "Imminent or Substantial Harm to Children" stops PASS I authorization and eligibility

When denial is based on a provider applicant's or household member's background that indicates "imminent or substantial harm to children," a provider becomes ineligible to participate in the PASS I program immediately. Existing authorizations must be cancelled and further authorizations cannot be issued. DHSS does not want children to remain in care when it has been determined that children are at serious risk for harm. The CCPO or designee will inform WSP staff of provider ineligibility due to issues regarding "imminent or substantial harm to children." The CCPO or designee will document the denial due to imminent or substantial harm in the Integrated Child Care Information System (ICCSIS), as appropriate and notify the provider of their ineligibility.

WSP staff will immediately contact parents, counsel them to remove children from the provider's care, request cancellation of existing authorizations, refer the parent to thread for assistance in finding new care and request authorization to the new provider.

3. Providers are paid until effective date of a Denial

DHSS will pay a provider for all care furnished to a new PASS I family for the family's initial authorization period of up to 60 days while the family's initial authorization period of up to 60 days provider is completing the application process, or the date a provider is determined ineligible.

D. PROVIDER APPEALS

1. The appeal process for denied provider applications is one or both of the following:

- **Administrative Review**

The right to request an administrative review is offered when an application is denied. This review process is conducted by the CCPO and will reverse or uphold the denial. The provider is notified in writing regarding the outcome of the administrative review.

- **Administrative Hearing**

Administrative hearings are the highest level of review provided to the public by state agencies. The department appoints a Hearing Officer when a provider files an appeal to request an administrative hearing on the denial of their provider application. The Hearing Officer makes the decision to reverse or uphold the original decision.

2. **Notice of Decision on Appeals**

If a provider chooses to appeal the denial of their application, their approval status will not be reinstated until a determination on the appeal is reached. If the decision to deny a provider application is overturned, as a result of the appeal process, the CCPO will notify WSP regarding the reinstatement of the provider's application for approval and eligibility for continued payments.

WSP staff will contact parents to inform them of the provider's approval. PASS I authorizations may continue as of the effective the date the approval status. Parents who receive this information from their WSP may prefer to receive services from a new provider. If the parent elects to return their children to care with the original provider, WSP staff will issue new requests for authorizations.

Note: If during the appeal process a family selects an alternate provider, the required two week notice must be given.

REQUIREMENTS FOR IN-HOME CARE**A. PROVIDER QUALIFICATION**

In-Home providers must be 18 years of age, willing to conduct child care in the children's home, and not be a member of the TA unit.

B. PROVIDER DOCUMENTATION

Providers must submit to the CCPO or designee a completed application and complete the criminal background clearance process. The provider must complete and submit these items within 30 days of being identified as a new provider and issued notice of the requirements. In order for a provider to receive payment a completed State of Alaska Substitute W-9 form must be submitted to the CCPO. The state rate will be paid unless the provider submits a Rates and Responsibilities form indicating a lower rate or bills for a lower rate.

D. AUTHORIZATIONS FOR IN-HOME CARE

WSP staff is not required to issue authorizations to an In-Home provider if they have reservations about the character of the provider, the ability of a parent to evaluate the In-Home provider, or the safety and well being of children receiving In-Home care.

E. TRANSITIONING OF PASS I AND PASS II IN-HOME CARE

The PASS I and PASS II/III CCAP have different policies and procedures for In-Home care. For the PASS I program the In-Home Provider submits a billing report form for authorized care and is paid directly by the department.

In the PASS II/III program the In-Home Provider becomes a caregiver and an employee of the family for whom they are providing care. The family completes the billing report form and both the family's responsible party and the caregiver sign the form prior to it being submitted to the CCPO, or designee for payment. The payment is made to the responsible party of the family as they are considered the employer. The family makes payment equal to the cost of care plus the family's co-pay or the minimum wage, whichever is more, to the In-Home Provider/caregiver.

Families wanting to retain the same In-Home provider when they transition from PASS I to PASS II/ III must meet the above criteria. There will be no lapse in provider eligibility if the family applies with the PASS II/III program within 100 days of their TA case closure.

The family and provider will need to complete all the necessary paperwork for the PASS II/III program. The provider will not need to complete the background requirements again.

Part I: PASS I Administration	Section: 930
Title: Responsibilities	Cross Reference Section(s):
Reference:	Revised: April 1, 2011

930-1 **RESPONSIBILITIES FOR ADMINISTERING PASS I**

Administration of the PASS I CCAP is carried out through a collaborative partnership between the CCPO and WSP staff. To ensure that PASS I policies are consistent statewide, the administration of the PASS I program must include:

- Review and understand the PASS I Child Care Assistance Manual;
- Authorize PASS I child care according to the guidelines in this manual;

A. WORK SERVICES PROVIDER RESPONSIBILITIES

- Determine the need for child care;
- Ask parents if their child has special needs and requires care accommodations;
- Obtain a signed, original PASS I Parent Responsibilities form each time ATAP eligibility is established and initial child care services are requested. This form should be retained in the client file;
- Work with parents to develop back-up child care arrangements;
- Contact a parent when advised that the provider billing report indicates a discrepancy between the parent's use of care and the amount authorized;
- Make work exemption determinations due to lack of available or appropriate child care;
- Maintain a system that provides checks and balances between child care authorizations and a parent's activities or self sufficiency plan;
- Clearly document all actions taken regarding PASS I child care in a client note in the Case Management System (CMS);
- Notify the CCPO when a parent stops using their provider for any reason that will affect authorization;
- Immediately request discontinuation of authorizations and notify a parent when their provider has been denied or otherwise becomes ineligible;

Continued

- Request new authorizations for care when a parent selects a new provider or has a change in their child care needs; and,
- Provide parents with information about:
 - The types of PASS I eligible child care providers they can use;
 - The rules governing PASS I assistance;
 - Community resources that can help parents find care, including the Child Care Resource & Referral Network (CCR&R)thread, if appropriate;
 - The parent's responsibility to pay the balance of child care costs if the parent chooses a provider that charges rates higher than the state rates;
 - The exemption from work activities due to lack of available or appropriate child care;
 - Services available through thread for children with special needs, including assistance in finding and paying for child care; and,
 - Potential 12-month eligibility for PASS II child care assistance for parents when an adult family member is employed at the time the T A case closes.

B. CCPO (OR DESIGNEE) RESPONSIBILITIES

- Coordinate an effective child care request and authorization delivery system between CCPO, or designee, and WSP;
- Serve as a primary point of contact for questions and issues with PASS I child care providers;
- Provide child care providers with information and billing forms;
- Process provider applications and determine eligibility for participation in the PASS programs;
- Notify the WSP staff to clarify or complete required information on the PASS I request form to allow processing of authorization request for care;

Continued

- Notify the WSP staff when supplemental subsidies and authorizations begin and end for a child with special needs;
- Receive and verify PASS I child care payments within 30 days after receipt of the provider billing report to ensure timely payments to providers;
- Notify the WSP staff when there is a marked discrepancy between a provider's billing and the amount of authorized care (see 960-1);
- Enter and maintain current provider information in the ICCIS;
- Coordinate an effective communication system between CCPO, DPA field offices, and WSP staff and ensure updated information and forms are accessible;
- Maintain separate child care provider files for billing documents and eligibility to include all application documents, forms, clearances, billing reports, authorization requests, and completed authorizations;
- Monitor the initial authorization period allowed for a new PASS I provider;
- Contact a provider to verify the total number of children in care when a discrepancy is identified; and,
- Ensure there is an effective and consistent communication process in place for notifying WSP staff about a provider's eligibility status;

C. FAMILY RESPONSIBILITIES

- Review, complete, and sign the PASS I Parent Responsibility Agreement form each time Alaska Temporary Assistance Program (ATAP) eligibility is established and initial child care services are authorized;
- Select an eligible provider and submit information to their WSP staff;
- Report changes in child care needs, providers, activity participation, or any other circumstances that would affect PASS I eligibility and/or authorizations to WSP staff;
- Pay child care costs incurred that do not support work activities or exceed the maximum rates subsidized by the PASS I program; and,
- Furnish provider with two week written notice before removing children from care.

Note: An expense deduction may be applied in other assistance programs for child care costs incurred by the family. Families should report these expenses to DPA field staff to claim the deduction.

D. DPA FIELD STAFF RESPONSIBILITIES

- Actively participate in effective communication between the CCPO, its designees and WSP;
- Issue a Notification of Potential Eligibility for PASS II assistance to the family when a TA case closes.
- Serve as a local point of contact to assist child care providers with program information, applicable forms, forward submitted documents, and make referrals as appropriate.

930-2 CHILD CARE COUNSELING AND GUIDANCE

Choosing child care is an important decision. Safe, nurturing, and reliable child care can improve a parent's chances of success in the world of work. Child care that is unreliable or with which the child or parent is not comfortable can cause parents to be absent from work or unproductive when they are at work.

Parents are free to choose the type of child care provider they feel best meets the needs of their family and their schedule. They should be given sufficient information about the various types of child care providers to help them make an informed choice.

WSP and DPA staff can improve their knowledge of child care programs, types of care, and common child care issues through contacts with thread, . A better understanding of the types of child care will help DPA staff and WSP staff to provide better guidance and counseling to parents.

At all times, parents should be encouraged to choose a child care provider based on the *quality* and *appropriateness* of the program rather than the convenience of the location or the cost.

930-3 CHILD CARE PLANNING

A parent should be encouraged to develop a primary and secondary (back-up) plan for child care so that the parent's activity schedule is not disrupted or interrupted when their primary provider is unable to provide care (i.e., provider closure due to holidays, vacation, illness or an emergency situation). Parents should be encouraged to obtain information about child care programs in their community that accept children on a "drop in" basis, and should be assured that child care costs will be covered when and if the parent needs to use a secondary provider.

CHILD CARE RESOURCE AND REFERRAL NETWORK

The Child Care Resource and Referral Network (CCR&Rs) thread consists of 3 regional agencies located in Anchorage, Juneau, and Fairbanks that serve both urban and rural communities in Alaska (see addendum B). Thread offices provide a multitude of resources and services to parents, providers, and community agencies.

Parents should be encouraged to use the various services offered to them by thread. A PASS I parent can obtain a customized list of child care providers, at no cost, which gives information about child care vacancies, days and hours of care, child care costs, meals and transportation services, children's activities, non-traditional hours, and more.

In addition to referrals, thread staff will counsel parents about the types of child care programs and providers available in a community. They will assist a parent in selecting quality child care programs or help parents to locate a provider or program that will serve a child with special needs. thread also offers a variety of handouts, books, videos, and parent checklists to use as parent's talk with providers and visit various child care environments.

Child care providers are also encouraged to utilize the programs and services offered by thread. When a provider acquires the Approved or Licensed status, they can register with the CCR&R Network. Upon registration, their program information is entered into the child care referral services data base. The referral system helps connect parents who need care with providers who have vacancies.

Approved and Licensed providers may participate in regular child care and career development-training sessions offered through thread. The training sessions are offered to providers in both rural and urban communities to assist them in meeting their annual training requirements and to improve the quality of care.

thread also offers providers access to grants and other resources that may provide programs with additional funding to improve the quality of care for young children. Additionally, they provide on-site technical assistance to providers, connect providers with community resources, and assist providers in resolving parent, child, or business operations problems.

COMPLAINTS AGAINST PROVIDERS

Verbal or written complaints or concerns about providers should be handled as follows:

- Approved providers: forward information to the CCPO.
- Licensed providers: forward information to the Regional Child Care Licensing office.

930-5

Continued

- Licensed providers in Anchorage: forward information to the Municipality of Anchorage, Child and Adult Care office.
- Military regulated providers: refer information to the local Department of Defense or the U.S. Coast Guard office responsible for oversight of military regulated child care programs.
- Concerns involving child abuse or neglect should immediately be reported to the Office of Children's Services in the provider's community and the CCPO.

Part I: Child Care Rates	Section: 940
Title: Rates	Cross Reference Section(s):
Reference:	Revised: April 1, 2011

940-1 RATE SCHEDULE

The subsidy rate paid to child care providers through the PASS I CCAP is determined by:

- Current local market rates;
- Geographic area in which the care is provided;
- Age of the child; and,
- Type of child care provider and child care schedule.

A. CURRENT LOCAL MARKET RATES

The statewide Market Rate Survey, conducted approximately every two years by the CCPO, is used in evaluating the local child care rates charged by providers participating in the PASS programs.

B. GEOGRAPHIC AREA

The subsidy rates are established geographically and differ from region to region. When determining the subsidy rate the provider should be paid, the region where the child is in care is the reimbursement rate used for payment.

C. AGE OF THE CHILD

Subsidy rates differ depending on the age of the child. There are four age categories:

- **Infant:** from age 0 (newborn) through 18 months;
- **Toddler:** from age 19 months through 36 months;
- **Child:** from 37 months through 6 years; and
- **School age child:** from 7 years through 12 years, or until the child is 19 years of age if it can be verified that the child is developmentally disabled, or until the child is 18 years of age if court ordered supervision requires the child be in the care of an adult (see section 910-2).

940-1

Continued

Children moving from one age category to another will remain in the younger age category for the full calendar month in which they reach the next age category.

D. TYPE OF CHILD CARE PROVIDER AND CHILD CARE SCHEDULE

Subsidy rates differ depending on the type of child care provider used and whether the child is in care full-time or part-time.

Although providers determine their rates, the PASS program will only reimburse the provider up to the maximum rates listed on the current *Child Care Assistance Program Rate Schedule*. See section 970.

If a parent chooses to use a provider whose rates are higher than the monthly rates on the *Child Care Assistance Program Rate Schedule*, the parent is responsible for paying the remainder of the child care costs incurred once the state subsidy is applied, *unless* child care is so limited or inaccessible in the community where care occurs that the additional costs would place a financial burden on a parent complying with TA requirements. If child care is limited or inaccessible for a parent, WSP staff may request or authorize care that exceeds the monthly State subsidy rate and document the appropriate justification.

E. SPECIAL NEEDS OF THE CHILD

Care for children with a diagnosed special need that requires special accommodations can be reimbursed at a higher rate. The amount of increase is based on a percentage of the cost of care. The percentage to be used for the additional funding for special care is determined by thread. (See section 940-4)

940-2

MAXIMUM STATE PAYMENT

The maximum amount the state will pay for a child's care in a month is provided in the state's *Child Care Assistance Program Rate Schedule* (see addendum G). The maximum state payment rates listed on the rate schedule establish the upper limits for PASS I subsidy payments issued to providers, *unless* there are exceptional situations in which overtime or 24 hour care may be needed to allow a parent to participate in an approved activity.

Monthly Maximum: The maximum payment during a month is equal to the full-time monthly enrollment rate plus the part-time monthly enrollment rate for the category of care and type of facility the child is in.

940-2 **Continued**

A. EXCEPTIONS TO MAXIMUM STATE PAYMENT

In situations where PASS I payment would exceed the monthly maximum state payment due to exceptional situations or opportunities afforded a parent, WSP staff should discuss the need to exceed the maximum state payment rate with a supervisor. Final approval from the CCPO must be obtained prior to requesting and authorizing care.

To determine if the maximum state payment rate should be exceeded, consideration should be given to the status of the current activity of the parent the potential for immediate enhancement of work opportunities by paying the additional subsidy amount, and whether the situation is temporary.

The maximum state payment may also exceed the monthly payment limit when multiple authorizations are issued to more than one provider for a single family (see section 950-9).

B. PROCESSING REQUESTS THAT EXCEED MAXIMUM STATE PAYMENT

The comments section on the Request for Authorization form CC1 is used to provide explanation justifying requests that exceed the monthly maximum subsidy (see section 950-13).

940-3 **ANNUAL CHILD REGISTRATION FEES**

Annual child registration fees of up to \$50.00 per child may be paid upon enrollment to a *Licensed* facility that holds a current Child Care License issued by DHSS or the Municipality of Anchorage. Fees above the \$50.00 limit are the responsibility of the parent.

The annual registration payment to the provider or program is payable again on the anniversary date of the child's enrollment with the same provider.

If the parent changes child care providers and the new provider charges a registration fee, the fee can also be paid to the new provider. If the parent has a secondary licensed provider who charges a registration fee, the fee can also be paid to that provider, and is payable again on the anniversary date of the child's enrollment.

940-4 **SPECIAL NEEDS CHILD CARE**

Providers caring for children with special needs may receive additional subsidy payment through the Alaska IN! Program. Parents of children with special needs can apply to thread for a supplemental subsidy payment if they feel their child needs special accommodations during care. There must be an additional cost of

of providing care specific to the child's disability. Parents are not required to seek out specialized care in order to be eligible for PASS I assistance.

WSP staff refers parents who have children with special needs to thread. Parents must complete the application process through thread and the child must qualify for the special needs subsidy in order for provider payments to increase. If the parent has not found a caregiver, a specialist at thread assists the parent in finding a provider. Thread staff review the child's special needs with the parent and the child care provider, request documentation of the special needs by a professional, and complete an accommodations scale to determine the increased care needs. Thread staff notifies the parent of the determination.

The thread specialist then determines the special needs subsidy amount and sends a "Special Needs Authorization" form to the CCPO that indicates the subsidy percentage over and above the regular child care rate. Once eligibility has been determined, the WSP staff must indicate the percent increase authorized on the CC1.

When the CCPO receives the supplemental authorization notice from thread, the CCPO will apply the subsidy to any existing authorizations and notify the WSP staff of the child's eligibility for the special needs supplemental subsidy to be included in future requests. Child care authorizations will reflect the higher subsidy rate once the special needs supplement has been authorized by thread to assure proper payment to the provider.

Once the Supplement Authorization is received, child care payments are issued at the rate noted, and according to the effective date on the authorization. The special needs supplement may be authorized retroactively to the beginning of the month prior to the date eligibility is determined; except when the retroactive effective date would fall into the prior state fiscal year. The retroactive effective date can be up to and including 60 days.

Providers who agree to provide specialized care for a child with special needs will be required to participate in training or support activities in order to continue receiving the higher monthly subsidy rate. thread staff assists the provider in developing a training plan, and monitors the provider's progress and completion of the established plan. If either the provider or the parent does not participate or follow through with the requirements, thread staff will notify the CCPO. The WSP staff will be notified if the special needs subsidy is discontinued to ensure regular rates are used when requesting authorizations if the child continues to need care.

Approval for the special needs supplement is provider specific and cannot be transferred to a new provider. If a parent changes child care providers, approval must be re-established with the new provider.

Part I: Child Care Requests and Authorizations	Section: 950
Title: Authorizations	Cross Reference Section(s):
Reference:	Revised: April 1, 2011

950-1 REQUESTS AND AUTHORIZATIONS FOR PASS I CHILD CARE

WSP staff use the Request for PASS I Child Care form CC1 to initiate completion of the child care authorization. The WSP completes and signs the request form according to the instructions that accompany the form and forwards it to the CCPO for processing.

The amount of care authorized is based on the parent’s schedule of approved activities, combined with their child care needs.

Child care authorizations are issued to child care providers before care begins, whenever possible, and will indicate the maximum amount of care for each child subsidized by DPA.

Issuing authorizations before care begins helps reduce provider payment problems, retain providers needed by PASS I families, and enables providers to coordinate their care schedules for families in advance.

WSP staff must complete initial child care requests for authorizations concurrent with notifying parents that child care has been requested. Child care authorization requests for continuing child care are submitted by the WSP by the 20th of each month to allow for timely processing and issuance prior to the first of the next month.

The authorization is an assurance to both the parent and provider that child care will be paid for the days and hours listed on the authorization document. Payment is made according to the current *Child Care Assistance Program Rate Schedule* for the named children, during the period specified on the authorization.

Child care should only be requested for the period during which the parent is engaged in approved activities included in the FSSP, and may include travel and/or sleep time (refer to section 950-11).

Once an authorization document is created, a copy is mailed to the provider. A copy of the completed authorization is faxed to the WSP to furnish to the family and maintain in the client file.

Requests are issued for enrollment, attendance, or hourly based care. Hourly care should be used in limited circumstances. WSP are contacted whenever there are questions or problems associated with CC1 requests. A WSP may need to resubmit a CC1 after being alerted to problems or concerns.

950-1 **Continued**

Presentation of the request form, by the parent to a provider, may help secure a child care slot until the PASS I authorization is generated by the CCPO and sent to the provider. However, **the request form is not an official authorization or assurance for payment.**

950-2 **REVISING REQUESTS FOR PASS I CHILD CARE**

Whenever a parent changes providers, or when the activity schedule of the parent changes from the original request, a request to cancel the original authorization is submitted to CCPO with a request for re-authorization, if continued care is needed. Changes to authorizations cannot be done by phone.

950-3 **SUPPLEMENTAL PAYMENT REQUESTS**

Supplemental payments for child care are issued when the authorization request cannot be processed in the Integrated Child Care Information System (ICCIS) due to payment already made to the provider.

When additional payment is needed requests are submitted on the Manual Payment Request Form (CC6-06-3931). Requests for additional payments must clearly indicate the reason for the payment or payment adjustment, and must include the signature of the person submitting the request.

Approval of requests for supplemental payments must be reviewed and approved before authorization or payment may occur. Send CC6 payment requests with any required supporting documentation to the CCPO.

950-4 **EFFECTIVE DATES ON AUTHORIZATIONS**

Authorizations for PASS I child care are:

- In effect only for the dates specified on the authorization that may begin and end on any day of the month;
- Issued for up to 3months at a time depending on the stability of the parent's activity and history of consistent participation;
- Requested within 90 days of the TA application. Authorization may be retroactive to the date of application if the parent(s) is participating in an activity during the time care is authorized and does not cross fiscal years. Circumstances outside these timeframes are staffed with WSP supervisor, WSTA and CCPO; and
- Allowed overlapping dates for situations that require payment to a primary and secondary provider, in order to safeguard a parent's work or training opportunities.

950-5

ENROLLMENT AUTHORIZATION

An enrollment authorization is an assurance to both the parent and the provider that child care will be paid by the state at the specified rate and for the period of time on the authorization, whether the child is in attendance or not. In order for an enrollment authorization to be paid, a child must be in attendance at least one day within the month of authorized care, except in documented circumstances when an enrollment authorization is necessary to hold a space. Many child care providers have fixed expenses which do not fluctuate based on a child's attendance. They often charge parents on a monthly basis only. In these cases, enrollment authorizations are critical to a parent's ability to secure needed child care.

Monthly enrollment authorizations should be issued when the parent participates or is expected to participate in an approved activity 4 to 5 days per week, on a consistent basis for 17 or more days in the month.

A part-time month or daily enrollment authorization can be issued for families participating in activities less than 4 days per week or a partial month.

950-6

ATTENDANCE AUTHORIZATION

An attendance authorization is an assurance to both the parent and the provider that child care will be paid by the state, according to the rate schedule, for the days and hours indicated on the authorization when the child is in attendance.

An attendance authorization does not include payment for absences.

An attendance authorization should be used for:

- When the child care schedule requires only hourly care;
- When the parent has an erratic schedule of approved activities;
- When the child care schedule requires less than four days of care per week;
- When the daily schedule of care is 2 hours or less; or
- When the parent has been unreliable in participating in activities.

Attendance authorizations should specify the care being authorized by type, such as, full-time or part-time. If the parent's schedule is variable or unpredictable, an estimated number of units can be used, and variables can be noted on the authorization to clarify the extent of coverage being authorized.

If a family needs full-time child care for the month, the authorization should be an enrollment authorization. However, there may be times when an attendance

950-6 Continued

authorization is issued for full-time care, e.g., when the parent has been unreliable in participating in assigned activities. In this case the state will pay the monthly enrollment rate for a full month of care, or the daily attendance rate, whichever is lower.

950-7 HOURLY AUTHORIZATION

Hourly authorizations are used when the family only needs 1 or 2 hours of care per day, or when 11 or 12 hours of care per day are needed. If care in excess of 10 hours per day is needed, the family would have an enrollment or attendance authorization for the first 10 hours plus 1 or 2 hours per day.

950-8 SCHOOL AGE CARE

For a child enrolled in a private or public school, care is not authorized for the hours during which the child is in school. Children who are not enrolled in school may be covered through age 6 without regard to school hours. If a child is age 5 or 6 and eligible to attend school or kindergarten in his/her local school district, child care shall not be authorized to an approved provider during the time that child could be attending school or kindergarten. However, child care could be authorized for children through age 6 if the child attends a licensed facility or private kindergarten run by a fully licensed facility. If a child is not enrolled in school after reaching age 7, coverage is not authorized for the hours that public school is in session.

When a school-age child has a part-time authorization and is authorized for full-time care for school in-service and holidays, the amount of subsidy for a full-time day(s) is paid at the difference between a full-time and part-time daily rate. This must be identified as a variable on authorization document.

Care may be authorized to a family's primary provider or a secondary provider for up to five full time days per month for school aged children that are too ill to attend school. Full time care requested for a school aged child that is too ill to attend school in excess of five days per month requires CCPO approval and is reviewed on a case-by-case basis with appropriate documentation.

950-9 MULTIPLE AUTHORIZATIONS

Multiple child care authorizations are requested and issued when parents need to use more than one child care provider. Parents may need more than one provider if:

- Their activity hours extend beyond normal child care hours;
- The child care provider cannot provide care due to illness or facility closure; or

950-12

ADDITIONAL CARE

The standard full time day is 10 hours. Child care subsidy is not paid at an overtime rate of one and one half times the regular rate. If a parent needs more than 10 hours of care in a calendar day, child care can be authorized and paid as attendance or enrollment plus the hourly rate for 1 – 2 hours over 10 hours of care.

If a parent needs more than five days of full time care per week, care is authorized as either full time enrollment or attendance month, plus daily attendance for the days over five per week. The maximum state payment amount may be exceeded, in some situations, with appropriate documented justification. (see section 940-2).

950-13

EXCEPTIONS TO MONTHLY STATE MAXIMUM

When a parent provides documentation that an activity requires travel away from home for continued participation, 24-hour care for the required period of time may be authorized.

In unusual cases where 24-hour care is warranted and the child care payment guidelines prohibit the client from being able to pursue an activity on the FSSP, the WSP staff discusses the situation with a supervisor to determine if 24-hour care is appropriate. If it is determined that 24 hour care should be requested, the amount exceeding the maximum state payment is entered in the comment portion of the child care request form CC1.

Both single and two-parent families can use 24-hour care. However, if a two-parent family uses 24-hour care both parents must be unavailable to care for the children during the time 24-hour care is authorized. Parents must be unavailable because of involvement in activities on their FSSP.

Authorizations are requested according to the detailed activity schedule of the parent(s). Use the following guidelines for authorizing 24-hour care:

A. ENROLLMENT AUTHORIZATIONS

If family is using only one provider authorize a full time enrollment plus a part time enrollment for the number of days 24 hour care is needed. If 24 hour care is needed for more than 17 days in the month, full and part time months are requested. The comment section on the CC1 form is used to request authorization and payment for the additional time. Language is added to the authorization document allowing the 24 hour care to be billed and paid.

950-9

Continued

- The child is ill and cannot be cared for at their regular child care facility or cannot attend school.

Typically, the authorized care should not overlap. However, if care cannot be provided due to a facility closure or provider illness and an enrollment authorization has been issued to a primary provider, payment for care may overlap. In all cases, the maximum monthly payment amount cannot be exceeded. The primary provider should be authorized their maximum rate; the secondary provider's amount cannot exceed the difference between the primary provider's payment and the state maximum.

950-10

TEMPORARY FACILITY CLOSURES

Providers must give a two-week notice to the CCPO, or its designee and parents of any planned closures of their child care facility if the closure is for five or more days. Parents are responsible for locating alternate care and an authorization can be issued for payment of that care. In limited cases, authorizations for the same period of time may result.

If a provider does not give two-week's notice of a planned closure, an enrollment authorization should be amended by the WSP reverting to an attendance based request for that provider, only for the days the provider was available to care for children.

Alternate care can be requested and paid when a facility closes unexpectedly due to illness of the provider or unanticipated situations. The parent must be advised they need to request an authorization for alternative care as soon as possible.

950-11

SLEEP/TRAVEL TIME

Child care can be authorized for either sleep or travel time as follows:

- Up to 8 hours before or after the parent works a night shift, if the sleep time is necessary for the client to participate in an approved work activity. Night shift is defined as employment requiring a minimum of 6 work/travel hours between the hours of 8:00pm and 6:00am.
- Travel time required for participation in an approved activity up to a maximum travel time of one-half hour before and one-half hour after the activity. If the travel time exceeds this time limit, additional time may be approved with documented justification.

950-13

Continued

If two providers are used, the primary provider is authorized full time days for the number of days 24 hour care is needed. If 24 hour care is needed for more than 17 days in the month a full time month is requested. The secondary provider is authorized for part time days for the number of days 24 hour care is needed. If 24 hour care is needed for more than 17 days in the month a part time month is requested.

The comment section on the CC1 form for the appropriate provider is used to request authorization for the additional time.

B. ATTENDANCE AUTHORIZATIONS

If one provider is authorized to provide 24-hour care, request full time attendance day plus a part time attendance day for each day of 24-hour care.

If two providers are authorized to provide 24-hour care, request full time attendance days for the primary provider and request part time attendance days for the secondary provider.

The comment section on the CC1 form for the appropriate provider is used to request authorization for the additional time.

950-14

JURY DUTY

Child care can be authorized for jury duty if the client is currently involved in an approved activity. The client must show verification of jury duty attendance, and must continue participation in the approved activity when not on jury duty.

950-15

SITUATIONS PROHIBITING PASS I AUTHORIZATION

Authorizations for PASS I care are prohibited when:

- A caregiver has not completed their provider application and required documentation to participate in the CCA program within 30 days of the initial authorization request and being notified that additional information is required;
- A provider has been determined to be ineligible;
- A Temporary Assistance case is closed, unless a working parent has applied and is waiting for PASS II assistance through the Local Administrator. Authorization of PASS I child care during the PASS I to PASS II transitional period is limited to 30 days.

950-15

Continued

- Another parent in the family home is not participating in approved activities;
- A parent is using an ineligible provider;
- A PASS I In-Home provider is caring for children that are not part of the family authorized for In-home care;
- The CCPO or designee receives notification that a provider is permanently or temporarily closed;
- A provider application is denied due to a determination of program ineligibility;

950-16

DOCUMENTATION STANDARDS

WSP must provide clear documentation each time a child care request is submitted. Copies of all request forms and completed authorizations must be maintained in the case file for each month care is authorized or modifications are made. In addition, an electronic client note is recorded in CMS. The following templates should be utilized to ensure anyone reviewing the information has a clear understanding of why care was requested and authorized at the level it was:

- Template for 1P Cases

STATUS OF ATAP CASE:

SCHEDULE OF ACTIVITIES FOR PARENT:

CHILDREN(S) NAMES, AGES:

SCHEDULE OF ACTIVITIES FOR ALL CHILDREN:

SCHEDULE OF CHILD CARE REQUIRED:

(Evaluate parent's schedule and child's schedule to determine child care needed. If child is school age, enter the name of the school and the Start/End times)

REASON FOR REQUESTING ENROLLMENT VS ATTENDANCE:

PROVIDER AUTHORIZED:

- Template for 2P Cases

STATUS OF ATAP CASE:

CHILDREN(S) NAMES, AGES:

SCHEDULE OF ACTIVITIES FOR PARENT 1:

SCHEDULE OF ACTIVITIES FOR PARENT 2:

SCHEDULE OF ACTIVITIES FOR ALL CHILDREN:

SCHEDULE OF CHILD CARE REQUIRED:

(Evaluate both parent's schedule and child's schedule to determine child care needed. If child is school age, enter the name of the school and the Start/End times)

REASON FOR REQUESTING ENROLLMENT VS ATTENDANCE:

PROVIDER AUTHORIZED:

Note: Combined total participation average of a minimum of 55 hours per week for 2P households

Part I: Child Care Transitions	Section: 960
Title:	Cross Reference Section(s):
Reference:	Revised: April 1, 2011

960-1 TERMINATION OF CHILD CARE AGREEMENT

An authorization’s end date is notice to both the parent and the provider that unless a new authorization is issued, child care will not be paid beyond the end date.

However, if either a parent or a provider wishes to end their relationship at any time prior to the end date of the authorization, 14-day written notice is required. The exceptions to this policy are:

- The parent and the provider mutually agree in writing to waive the notice;
- The parent has made a report of abuse or neglect against the provider and the parent removes the child from care. The report must have been filed with the agency responsible for receiving the report.

If a parent has an enrollment authorization, and leaves the provider after giving the required notice, the enrollment rate will be paid, if billed. Care can be authorized to a new provider.

A. REQUIRED NOTICE NOT GIVEN

1. Parent Does Not Give Notice

If a parent has an enrollment authorization and leaves the provider without giving the required notice, the care is billed and paid on an enrollment basis.

If a parent has an attendance authorization and leaves the provider without giving the required notice, the care is billed and paid on an attendance basis. The parent may not receive a new authorization until the required 14 days are satisfied or the end date of the current month, whichever is shorter. The parent is responsible for any care utilized through an unauthorized provider prior to the prescribed timelines.

2. Provider Does Not Give Notice

If a provider discontinues service and fails to give notice, the provider can only bill and be paid for the days/hours for which care was actually provided. Care may be authorized to a new provider on behalf of the family.

960-2

PASS II CHILD CARE ASSISTANCE

PASS II child care assistance is available to families whose TA case closes, an adult in the family is employed, and the family continues to need child care because of work or training. PASS II is available for 12 months from the date the Temporary Assistance case closes. Parents may access this assistance at any time during the 12-month period. PASS II eligibility ends when the 12-month period expires.

The DPA Eligibility Technician sends the PASS II Child Care Referral notice (W150) when a family's T A case closes and there is an adult in the family who is employed. This notice is sent to the family at the same time the case closure notice is sent, regardless of whether the family received PASS I child care. A copy of the W150 must also be sent to the CCAP designee servicing the families' community. The period of PASS II eligibility indicated on the W150 begins the month following the case closure, regardless of when the notice is sent.

The W150 notice informs the parent that since their TA case closed, they are no longer eligible for PASS I child care assistance. The notice also tells them that additional child care assistance may be available to them through the PASS II CCAP and they must contact the appropriate designee to apply. It is important that parents understand their responsibility to contact the Child Care Assistance designee as soon as possible so there will not be an interruption in their child care assistance coverage.

A WSP may request child care assistance through PASS I for the month after a family's case closes due to employment, if this is necessary for the employed individual to retain their job and make the transition to PASS II.

Note: Families must meet specific eligibility criteria for the PASS II/III programs, that differ from the requirements for PASS I. Some families may not actually receive a PASS II subsidy because they have too much income. This could be due to relatively high wages or because Child Care Assistance policy differs from Temporary Assistance policy in counting income.

960-3

PASS III CHILD CARE ASSISTANCE

Parents who were receiving PASS II child care assistance and whose 12-month period has expired move to PASS III child care assistance. The transition from PASS II to PASS III is a programmatic change that is not be apparent to families. However, in the event PASS III has a waiting list, parents transitioning from PASS II could potentially be placed on the wait list.

Low-income parents who never received PASS I or PASS II child care assistance may still be eligible for PASS III if they meet income guidelines and are participating in work, training, or attending school.

Part I: Payment Procedures	Section: 970
Title:	Cross Reference Section(s):
Reference:	Revised: April 1, 2011

970-1 PASS I CHILD CARE BILLING REPORT

To receive PASS I child care subsidy payments, a provider must complete, sign, and submit a PASS I Child Care Billing Report form to the CCPO for authorized child care that was performed by the provider during the billing month.

Providers will bill according to the child care rates established in their Child Care Provider Rates and Responsibilities form and the child’s actual attendance. To receive payments through the CCAP on behalf of eligible families, participating providers must submit complete monthly billing report forms and any corrections to the CCPO according to the timeframe shown below:

- For the first ten months of the state fiscal year, July through April, no later than the last day of the third month following the month in which charges occurred
- For the last two months of the state fiscal year, May and June, no later than 31 days after the end of the state fiscal year

Any billing statement or correction submitted later than the applicable timeframe will not be paid, unless the initial authorization document is approved and created outside the prescribed timeframes.

When the CCPO receives a provider billing report it is date stamped to acknowledge receipt. The billing report is reviewed for accuracy and consistency against the child care authorization. Payments to providers are issued according to the child care authorization. Only charges that occur within the scope of the authorization and that are included on the billing report are paid.

The provider is paid the monthly state reimbursement rate or the provider’s rate, whichever is lower. If a provider bills for more care than is authorized, the CCPO pays up to the authorized amount and returns a copy of billing to the provider with notification regarding why the full amount billed for was not paid.

CCPO staff contact the WSP when 5 or fewer days of care are used, based on provider billings, during a month with a full-time authorization. WSP staff will contact the parent to discuss discrepancies between the provider billing and the child care authorization and determine if the level of care should be adjusted for future months.

970-1

Continued

If a provider is concerned about a billing report or payment, they are directed to contact the CCPO.

Providers should wait 15 business days from the date a billing was submitted to the CCPO before inquiring about the payment status of their billing report.

970-2

PARENT NON-COMPLIANCE

CCPO staff will contact WSP staff when discrepancies between the child care authorizations and provider billing reports. Once the WSP receives this information, it is their responsibility to work with the family and request adjustments to future authorization requests, if necessary. The WSP refers to the TA Manual to evaluate if a penalty or fraud situation is present.

WSP staff may monitor a parent's use of care by requesting future child care on attendance.

Part I: Forms	Section: 980
Title:	Cross Reference Section(s):
Reference:	Revised: April 1, 2011

980-1 PARENT RESPONSIBILITIES FORM

The *Parent Responsibilities Agreement* form (CC3) is a mandatory form to be signed by all parents receiving PASS I child care assistance. By signing the form, parents acknowledge their responsibilities while participating in the child care assistance program. WSP staff are responsible for reviewing these forms with parents, obtaining the appropriate signatures, keeping the original form in the client file, and documenting their discussion with the client in CMS client notes.

980-2 CHILD CARE REQUEST FORM

The *Child Care Request* form CC1 (Form 06-3889) is used to request child care authorizations by the WSP. The WSP staff must be clearly identified on this form.

980-3 PROVIDER APPLICATION

All child care providers must complete and submit a completed application based on the type of provider they are choosing to the CCPO or designee and be approved for participation prior to receiving a PASS child care payment. This documentation is kept in the provider file. The information contained in these forms is used to establish the provider as a vendor in the ICCIS and AKSAS systems and to inform the CCPO or designee of the provider's rate information. In addition, if the provider's rates are lower than those paid by the state, the CCPO will pay the lower of the two.

980-4 CHILD CARE BILLING REPORT FORM

Child care providers must complete and submit a *PASS I Child Care Billing Report* form CC5 (06-3817) as an invoice for payment. The state financial system requires all invoices be retained by the CCPO for three years, plus the current fiscal year. These reports/invoices must be accessible and retrievable for payment research and audit purposes during that time.

980-5 FORMS RETENTION

WSP and CCPO are to follow their own case file retention and disposal guidelines.

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ADDENDUM A**

DEFINITIONS

Attendance	The time a child is actually present at a child care facility
Attendance Authorization	An authorization to pay for actual time a child is in care while the parent(s) is engaged in an approved or eligible activity, and where the rate for subsidy is an attendance rate
Attendance rate	A full time daily, part time daily, or hourly rate for actual time in care
Authorization Document	A document issued by the Child Care Program office or a Child Care Assistance Program designee, which specifies the units and period of time for which a child care subsidy will be paid to a provider, on behalf of the parent(s), for care rendered while the parent(s) is engaged in an eligible activity
Authorization Worksheet	An automated worksheet used to identify the category and units of care needed with a specific provider for each child
Child	A child age 37 months (3 years, 1 month) through 83 months (6 years, 11 months) or until the child is age 19 if the child is verified as being developmentally disabled/special needs, or until the child is age 18 if court supervision requires the child be in the care of an adult
Child Care	The paid care, supervision, and guidance of a child or children unaccompanied by a parent or guardian, on a regular basis
Child Care	State and federally funded subsidy programs administered Assistance Programs by the Division of Public Assistance and the Child Care Program Office, which include PASS I, PASS II, and PASS III
Developmental Disability	A disability under which a person is incapable of self-care, and which is attributable to one or more mental or physical impairments that is severe, chronic, and lifelong, as determined by a physician or licensed or certified psychologist
Designee	A municipality or other entity that has been designated by the department to assume one or more of the department's duties.
Enrollment Authorization	An authorization to pay for care for a child who is in regular and consistent care for a particular period of time, whether or not the child is in attendance
Enrollment Rate	A monthly child care payment rate based on a regularly scheduled number of units a child is expected to be in care for a month
Full Time	More than five hours but not more than ten hours of care in a day

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
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Guardian	A legal guardian or an individual in an acknowledged surrogate parental relationship that includes the physical custody of and financial responsibility for the child
Hourly Care	Child care scheduled for 1 or 2 hours per day
Infant	A child who is newborn through 18 months (1 year, 6 months) of age
Legally Exempt Care	PASS eligible child care that is exempt from Licensed care regulations, but required to follow some child and provider health and safety standards. Exempt care includes Approved Providers, Approved Relative Providers, and In-Home care.
Licensed Care	A provider who has obtained a state Child Care License issued by the Department of Health and Social Services, or a license from a municipality to whom DHSS has delegated licensing authority, or the military.
(In) Loco Parentis	A person acting in place of a parent, such as a foster parent, guardian, relative, or friend, who provides care and supervision like a parent but without the formalities of legal guardianship or adoption
Monthly	The maximum payment during a month equal to one full-time month. Maximum enrollment plus on part-time month enrollment amounts for the applicable age, category of care, and region for the provider.
Night Shift	Employment requiring a minimum of 6 work/travel hours between the hours of 8:00pm and 6:00am.
Parent	A natural adoptive, or step-parent or a caretaker who is acting "in loco parentis"
Part Time	Up to and including five, but not more than five, hours of care in a day
Provider	An individual or organization that provides child care and charges for its services as a business, or an individual employed by such a facility
Provider Rate	An established fee charged by a provider for child care services for a specified unit of time
Registration Fee	A Licensed provider's one-time or annual charge to parents whose children are enrolled in the licensed child care home, group home, preschool, or center.
Related	Any of the following relationships by blood, marriage, or court decree: great-grandparent, grandparent, step-grandparent, brother, sister, step-sibling, uncle, aunt, great aunt, great uncle, niece, or nephew.

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
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School Age Child	A child age 84 months (7 years) through 155 months (through age 12)
Special Needs	Having been identified as not functioning according to age-appropriate expectations in the areas of affective, cognitive, communicative, perceptual, motor, physical, or social development to the extent that an individual requires help, program adjustments, or related services on a regular basis in order to function in an adaptive manner; or requires health and related services of a type or amount beyond that typically required by an individual in the same age group
State Subsidy Rate	Rates published in the <i>Child Care Assistance Program Rate Schedule</i> that are used to determine child care subsidy payments to providers. Rates are established by the Department of Health and Social Services.
Statewide Maximum Payment Rate	The highest subsidy rate the state will pay per month to an eligible provider as established in the state's <i>Child Care Assistance Rate Schedule</i> ; also called the state maximum
Subsidy	State and federally funded payments for child care on behalf of eligible parents
Toddler	A child 19 months of age (1 year, 7 months) through 36 months (3 years)
Unit	A fixed duration of child care time during a day in relation to a rate, such as an hourly, part time daily, full time daily, part time monthly, or full time monthly.

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
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ACRONYMS

ANI	Adult Not Included
APA	Adult Public Assistance
ATAP	Alaska Temporary Assistance Program
CCAP	Child Care Assistance Program
CCPO	Child Care Program Office
CCR&R (R&R)	Child Care Resource and Referral Network
DHSS	Department of Health and Social Services
DPA	Division of Public Assistance
FSSP	Family Self Sufficiency Plan
ICCIS	Integrated Child Care Information System
MOA	Municipality of Anchorage
PASS	Parents Achieving Self Sufficiency
SSI	Supplemental Security Income
TANF	Temporary Assistance to Needy Families
WSP	Work Services Provider(s)

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
ADDENDUM B**

Resource and Referral Network

thread is Alaska's Child Care Resource and Referral Network committed to helping families make good choices about the early care and education needs of their children. The name signifies "the common thread" that ties together the network of support to families, early educators and communities throughout Alaska.

thread Offices

Southcentral Alaska

Anchorage – Lead Office

3350 Commercial Dr., Suite 203,

Anchorage, AK 99501

9am – 5pm, Monday – Friday

Phone (907) 563-1966 Toll Free 800-278-3723

Fax (907) 563-1959 Toll Free 877-563-1959

info@threadalaska.org

www.threadalaska.org

Wasilla

Westside Center, DPA Building

877 W Commercial Drive,

Wasilla, AK 99564

8:30am – 4:30 pm M, W, F

Phone (907) 373-5024

Fax (907) 373-5067

Southeast Alaska

Juneau

3100 Channel Drive, Suite 215

Juneau, AK 99801

8:30 – 5pm Monday – Friday

Phone (907) 789-1235 Toll Free 888-785-1235

Fax (907) 789-1238

info@aeyc-sea.org

www.threadalaska.org

Interior/Northern Alaska

Fairbanks

1908 Old Pioneer Way

Fairbanks, AK 99709

8am – 5pm, Monday – Friday

Phone (907) 479-2214 Toll Free 866-878-2273

Fax (907) 479-2486

thread@thrivalaska.com

www.threadalaska.org

Child Care Referral

520 Fifth Ave, Suite D

Fairbanks, AK 99701

7:30am – 5pm, Monday – Friday

Phone (907) 459-1439

Fax (907) 459-1280

thread@thrivalaska.com

www.threadalaska.org

ADDENDUM C
LOCAL ADMINISTRATORS BY COMMUNITY:

Municipality of Anchorage

Anchorage, Bird Creek Chugiak, Eagle River, Girdwood,
Elmendorf AFB, Ft. Richardson
PO Box 196650
Anchorage, AK 99519
(907) 343-6700
Fax (907) 249-7600

Alaska Family Services Inc

Cordova, Healy, Delta Jct., Ft. Yukon, Palmer, Tok, Wasilla,
Willow
899 W Commercial Drive
Wasilla, AK 99654
(907) 373-4450 Toll Free 1-866-746-4080
Fax (907) 373-4468 Toll Free 1-888-415-6868

Catholic Community Services

Juneau, Craig, Ketchikan, Petersburg
419 Sixth St. CCS Wing
Juneau, AK 99801
(907) 463-6184 Toll Free 1-800-505-6124
Fax (907) 586-2011 Toll Free 1-888-216-2011

Fairbanks North Star Borough

Fairbanks, Eielson AFB, Moose Creek, North Pole, Salcha
P O Box 71267
Fairbanks, AK 99707
(907) 459-1474
Fax (907) 459-1280

The Haines Borough

Haines, Skagway, Yakutat
PO Box 1209
Haines, AK 99827
(907) 766-2231 x28 Toll Free 1-888-766-5679
Fax (907) 766-2716 Toll Free 1-888-329-2716

Kodiak Island Borough

Kodiak
710 Mill Bay Rd, Room 108
Kodiak, AK 99615
(907) 486-9375 Toll Free 1-877-996-9375
Fax (907) 486-9397 Toll Free 1-877-966-9397

Child Care Program Office

Nome Census Area, North Slope Borough, NW Arctic Borough
619 E Ship Creek Ave, Ste 230
Anchorage, AK 99501
(907) 269-4500 Toll Free 1-888-268-4632
Fax (907) 269-4536 Toll Free 1-888-224-4536

The LeeShore Center

Kenai, Aluetian Chain, Bristol Bay Area, Y-K Delta Area,
Whittier
601 Frontgate Rd., Ste. 204
Kenai, AK 99611
(907) 283-4707 Toll Free 1-877-855-2227
Fax (907) 283-4681 Toll Free 1-877-855-2230

Metlakatla Indian Community

Metlakatla
PO Box 8
Metlakatla, AK 99926
(907) 886-6669
Fax (907) 886-5876

Seaview Community Services

Seward
PO Box 1045
Seward, AK 99664
(907) 422-1006 Toll Free 1-888-224-5257
Fax (907) 224-7081

South Peninsula Haven House

Anchor Point, Homer
3776 Lake St., Ste. 100
Homer, AK 99603
(907) 235-7712 X228
Fax (907) 235-2733

City of Valdez

Glenallen, Valdez
PO Box 307
Valdez, AK 99686
(907) 835-4313 Toll Free 1-888-678-3459
Fax (907) 834-3403

Alaska Island Community Services

Angoon, Sitka, Wrangell
PO Box 1231
Wrangell, AK 99929
(907) 874-2373 Toll Free 1-888-774-5009
(907) 874-5017
Fax (907) 874-2576

ADDENDUM D

Providers Eligible to Participate in the Child Care Assistance Program

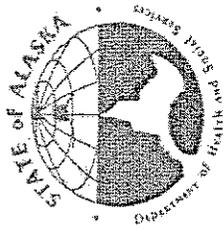
<p align="center">Licensed Child Care Providers/Facilities</p> <p>Licensed child care providers/facilities are those facilities that possess a current license, issued by the Department of Health and Social Services or the Municipality of Anchorage, to operate a child care facility in the State of Alaska. They include:</p>			<p align="center">Approved Child Care Providers</p> <p>Approved child care providers are those providers who are otherwise exempt from licensure and who are approved to provide child care services to children whose families receive child care assistance. They include:</p>		
<p>Licensed Child Care Home</p>	<p>Licensed Child Care Group Home</p>	<p>Licensed Child Care Center</p>	<p>Approved Child Care Provider*</p>	<p>Approved Relative Child Care Provider*</p>	<p>Care in the Childs Own Home (In-home Care)</p>
<p>A licensed child care home is a facility, usually in an occupied residence, where care is provided for no more than eight children at any one time.</p>	<p>A licensed child care group home is a facility, usually in an occupied residence, where care is provided for 9 to 12 children at any one time.</p>	<p>A licensed child care center is a facility where care is provided to 13 or more children at any one time.</p>	<p>An Approved Provider provides child care services to eligible children in private residence as the sole caregiver. Must become licensed within one year.</p>	<p>An Approved Relative Provider provides child care services only to eligible children who are their relatives. ** Must renew status every two years.</p>	<p>In-home providers provide child care services only to eligible children in the children's own home.</p>
<p align="center">Department of Defense and Coast Guard Certified</p>			<p align="center">Tribal Approved or Certified</p>		
<p>Department of Defense and Coast Guard certified facilities are those facilities that possess a current certificate or other approval granted by the United States Department of Defense or United States Coast Guard.</p>			<p>Tribal approved or certified facilities are those facilities that possess a current certificate or other approval from a tribal entity whose provider standards meet or exceed the standards of the department.</p>		

* Approved Providers may care for no more than a total of five children under 13 years of age, including their own children 12 and under. Of those five children, no more than four may be unrelated to the provider, and no more than two may be under the age of 30 months. Approved Relative Providers may care for no more than a total of five children under 13 years of age, including their own children 12 years of age and under. Of those five children, no more than two may be under the age of 30 months.

**Relatives of providers include only the following: grandchild, great grandchild, sibling (if living in a separate residence), niece, nephew, great-niece or great-nephew.

ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
ADDENDUM E

CHILD CARE PROVIDER FLOWCHART



Question:
Where is Child care Provided?

Provider's Home
Question: Are you related to the Children?

No

Approved Non Relative Application

All household members 16 and older go thru BCU

Yes How?

Approved Relative Application (Not Cousins)

All household members 16 and older need ROI (need CPS check) 18 and older need IPR ("Interested Persons Report" @troopers)

Child's Home
Question: Which Pass Program is the Parent on?

PASS I In-Home Application (PASS I App. with CCPO)

Caregiver must go thru BCU

PASS II/III In-Home Application (PASS II,III)

Caregiver must go thru BCU

Contact information for Child Care Licensing

Statewide

South Central..... 907-269-4600
 Northern..... 907-451-3198
 Southeastern..... 907-465-4756
 Or toll-free statewide..... 1-888-268-4632

Website
<http://health.hss.state.ak.us/dpa/programs/ccare>

Anchorage only
 Municipality of Anchorage..... 907-343-6706
Website
<http://www.muni.org/Departments/health/services/Pages/Child.aspx>

Provider & Child Living Together
Question: Are you related to the Children?

No

PASS II/III In-Home Application (PASS II,III)

PASS I In-home Application (CCPO)

Approved (PASS II/III)
All household members 16 and must older go thru BCU

Yes How?

Approved Relative Application (CCPO-Not Cousins) All household members 16 and older need ROI (need CPS check) 18 and older need IPR ("Interested Persons Report" @troopers)

PASS II/III In-Home Application (PASS II,III)

PASS I In-home Application (CCPO)

Contact information for Child Care Resource and Referral Network thread

Anchorage-Lead office..... 907-265-3100
 Or toll-free statewide..... 1-800-278-3723

Website
<http://www.threadalaska.org/>

ADDENDUM F

WORK SERVICE PROVIDER PASS I CHILD CARE AUTHORIZATION STANDARDS

1) Parent Responsibility Agreement (CC3)

Each time Alaska Temporary Assistance Program (ATAP) eligibility is established and "initial" child care services will be authorized:

- a) Review and explain all information contained in the CC3.
- b) Obtain a signed, original CC3 and maintain it in the file.
- c) Document the discussion and the receipt of the CC3 in the Case Management System (CMS) client notes.

APPLICABLE PASS I POLICY: MANUAL SECTIONS 930-1 A, 980-1

2) Child Care Supports Activities on the Family Self Sufficiency Plan (FSSP)

- a) Include on the FSSP all activities to be supported by child care.

APPLICABLE PASS I POLICY: MANUAL SECTIONS 900-5, 950-1

3) Justification for Child Care Authorizations or Amendments

Document the following items in CMS client notes each time a child care request is submitted or an authorization is completed:

- a) A detailed activity schedule of the parent(s) and child(ren) that demonstrates the need for child care
 - i) Combined total participation average of a minimum of 55 hours per week for 2P households
 - ii) Identify any overlap in schedules that necessitate child care
 - iii) Include specific details regarding any overtime, 24 hour care, sleep, or travel time authorized
- b) Level of care authorized
 - i) Enrollment vs. attendance
- c) Provider information for each child
- d) Copies of all case specific communication with DPA staff completing authorizations must be maintained in the case file.
- e) All follow-up actions with the parents if advised that the level of care being used is inconsistent with the level of care being authorized.

APPLICABLE PASS I POLICY: MANUAL SECTIONS 950-1, 950-2 (REVISING REQUESTS FOR PASS I CHILD CARE), 950-3 (SUPPLEMENTAL PAYMENT REQUESTS), 950-12(ADDITIONAL CARE), 950-13(EXCEPTIONS TO MONTHLY STATE MAXIMUM), 950-11 (SLEEP/TRAVEL TIME)

4) Child Care Authorizations and Requests for Authorizations

- a) Child care authorizations should be issued to child care providers before care begins.
 - (1) The case manager must complete and submit the request for child care to DPA concurrent with notifying the parents that child care will be authorized.
 - (2) To allow for timely processing, it is suggested that requests for continuing child care be submitted by the 20th of each month.
 - (3) All applicable information fields must be completed on the request form.
- b) Hard copies of request forms, authorizations, and any modifications must be in the case file for each month care is authorized.

APPLICABLE PASS I POLICY: MANUAL SECTIONS 950-1, 950-16

5) Refer Parents to Child Care Resource & Referral Agency for Assistance With Finding Child Care

- a) Parents looking for a child care provider must be referred to the Child Care Resource and Referral Network (CCR&R) thread for help in locating quality child care: www.threadalaska.org
- b) If a child has special needs, the case manager must refer the family to thread for evaluation of possible Alaska In! participation.

ADDENDUM F

c) Referrals for Alaska In! and CCR&R services must be entered on the FSSP and documented in client notes.
APPLICABLE PASS I POLICY: 930-1 A

6) Termination of Service Documentation

- a) Fourteen-day advance written notice is required to end child care, unless a written mutual waiver is signed by both the parent and the provider.
- b) Care terminated due to suspicion of imminent or substantial harm requires that:
 - i) A report must be filed with appropriate agencies.
 - (1) Child Care Program Office (CCPO); and
 - (2) Child Care Licensing Office; or
 - (a) Anchorage Office – South Central Region (907) 269-4500
 - (b) Fairbanks Office – Northern Region (907) 451-3198
 - (c) Juneau Office – South East Region (907) 465-4756
 - (d) Municipality of Anchorage Office – (907) 343-4758
 - (3) Dept. of Defense or U.S. Coast Guard office (if involving a military regulated provider); and
 - (4) Office of Children’s Services (OCS)
- c) If service is terminated prior to the end date of a current authorization, verification of 14-day written notice must be obtained and placed in the file before authorizing new child care.

APPLICABLE PASS I POLICY: 930-1 A, 960-1

7) Second Parent Incapacitation Documentation

- a) In a 2P family where one parent has been determined to be incapacitated, documentation from a medical professional verifying that the incapacitated parent is unable to care for their children must be placed in the case file and a corresponding client note recorded in CMS.
- b) In cases where the second parent is in the household, but not in the ATAP household; e.g., SSI/SSDI or APA; the requirement is the same: documentation from a medical professional verifying that the incapacitated parent is unable to care for their children must be placed in the case file and a corresponding client note recorded in CMS.

Note: PASS I Child Care may be approved for 1 parent households in which the adult is exempt from work requirements, but voluntarily choosing to participate in eligible self-sufficiency activities included on their FSSP. This does not include hospitalization or recuperation time due to a medical incapacitation.

APPLICABLE PASS I POLICY: 910-1

8) Information to Parents Regarding PASS II/III When Case Closes

- a) Inform all parents who are exiting Temporary Assistance about their potential eligibility for PASS II/III child care and document the discussion in client notes.
- b) Refer clients to the appropriate PASS II/ III grantee for services.
 - i) http://www.hss.state.ak.us/dpa/programs/ccare/files/LA_list.pdf

APPLICABLE PASS I POLICY: 930-1 A

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
ADDENDUM G**

PASS I CHILD CARE ASSISTANCE FORMS:

CC1 -REQUEST FOR PASS I CHILD CARE
CC2-MANUAL AUTHORIZATION REQUEST FORM
CC3-PARENT RESPONSIBILITY AGREEMENT
CC5-PASS I CHILD CARE BILLING REPORT
CC6-MANUAL PAYMENT REQUEST FORM



State of Alaska
 Department of Health and Social Services - Division of Public Assistance
 Child Care Program Office
REQUEST FOR PASS I CHILD CARE

Care Begins	
Care Ends	

Fax: 907-269-4536 or 1-888-268-4632
 Email: CR_Childcare@alaska.gov

Office Use Only

Date Submitted: _____ Authorization Type (initial/revised/cancel): _____ Case Manager Name: _____ Agency Name: _____ Case Manager Phone: _____

Parent(s) Information and Work Activity (include all eligible activities for each parent)			
Client ID	Parent(s) Name (as shown in CMS)	Phone	Organization Name

Name of Child(ren) <small>(as shown in CMS)</small>	Facility Name <small>*must include full, exact name of facility. Refer to Facilities Database for information.</small>	Facility Address <small>or New Provider Mailing Address*</small> <small>*MUST be provided if facility is new/not listed in database</small>	Facility Phone	If Provider Related to Child in Care? (Y/N)	Part time (PT), Full time (FT), Hourly (H)	No. of Days in Care or wait list (X) if none	(Enrollment or (A)tendance)	Additional Care	
								Hrs/Day	Days/Wk

Alaska INJ Supplement Information	
Child's Name:	Supplement % Amount
Child's Name:	Proof Attached?

Part Time = 2 or more hours up to and including 5 hours of care per day
 Full Time = 5 hours up to and including 10 hours of care per day
 Hourly = 1 or 2 hours of care per day

Comments: Use this space to justify request for payment to exceed state maximum, change in provider/termination of care agreement on file or other information that could affect the authorization issued by DPA.



MANUAL AUTHORIZATION REQUEST FORM - PASS I

1. Type of Manual Authorization Request (Check one) Initial Amended In addition to JAS authorization

2. IDENTIFYING INFORMATION

(Check One) Child Care Provider or Facility Owner (If Provider, check one) Primary or Secondary		Parent Information
Name		Name
Mailing Address	Zip Code	ID Number
Phone Number		Phone Number

3. Effective Dates for Manual Authorization: Beginning Date _____ Ending Date _____

4. Reason For Manual Authorization (Check below)

- Amendment to initial PASS I child care authorization
- Eligible child w/special needs, over 12 yrs but not receiving SSI
- Extended or 24-hour care that exceeds the state maximum rates
- Child part of ATAP unit & Primary Individual files, but is excluded due to SSI/APA
- Child lives with family on ATAP, but child not part of ATAP unit ("loco parentis")
- Child lives with family on ATAP, but Primary Individual of unit not a qualified alien
- Other _____

5. AUTHORIZED UNITS OF CARE

Full Name of Children	Birth Date day/mo/yr	Authorization Type		I=Infant T=Toddler C=Child S=School age	Authorized Days of Care		Hourly Care		Enter Subsidy Amount for Each Child
		A= ATEN	E= ENR		Part Time	Full Time	# of hrs/day	# days per month	
TOTAL SUBSIDY AMT =									\$

6. AMOUNT NOT TO EXCEED

The State of Alaska, Department of Health and Social Services, authorizes PASS I child care subsidies for the children listed above in an amount *not to exceed* \$ _____. (Use the "Total Subsidy Amt" here.)

7. PROVIDER REGISTRATION FEE - An annual or one-time child care registration fee may be paid to *state licensed* child care providers, on a per child basis. (Approved or In-Home care providers do not qualify for this fee.)

Calculate: _____ = _____
 Number of Children X Registration Fee Total Registration Fee Amt

8. Name of DPA Representative Representative's Phone # Date Faxed

MANUAL AUTHORIZATION REQUEST FORM - PASS I

FORM INSTRUCTIONS

Manual authorizations for PASS I child care are issued only when the authorization cannot be processed in the JASP system. (See PASS I manual section 950-3, Nov 02). Manual authorizations must be submitted to the Director's office before authorization or payment occurs.

1. TYPE OF REQUEST

Indicate whether the request is an *initial* manual authorization, an *amended* manual authorization, or a manual authorization that is in *addition* to a JASP authorization.

2. IDENTIFYING INFORMATION

Indicate if the request is for either a child care provider, or a facility owner. Provider must be either primary or secondary: check one. Add all parent information.

3. EFFECTIVE DATES OF MANUAL AUTHORIZATION

Include the beginning and ending dates for the manual authorization.

4. REASONS FOR MANUAL AUTHORIZATION

Indicate the reason for the manual authorization request by selecting one of the options, or select "other" and explain.

5. AUTHORIZED UNITS OF CARE

- a. Enter the full name of each child the authorization affects.
- b. Enter the child's date of birth.
- c. Indicate the type of care for each child. Attendance=ATTN, or Enrollment=ENR.
- d. Children's ages include: I=*infant (birth to 18 months)*, T=*toddler (19 to 36 months)*, C=*child (37 months through 6 years)*, and S=*school age children (7 through 12 years)*. Other eligible youth include 18 year olds if court supervision requires the youth to be in the care of an adult, or 19 years olds with developmental disabilities.
- e. Enter the number of full-time and/or part-time days that care is authorized for each child listed.
- f. If hourly care is being authorized, indicate the number of hours per day, and the number of days per month for each child listed. For hourly care that is 2 hours or less/day, record hours in care under ATTN option.
- g. Refer to most current "Child Care Assistance Rate Schedule" and list the monthly or adjusted rate for each child in the column noted as "*Subsidy Amount for Each Child.*" Adding all of these rates together results in the, "*Total Subsidy Amount*" box.

6. AMOUNT NOT TO EXCEED

This figure is taken from the "Total Subsidy Amt" box and inserted into the statement. It represents the total authorization amount for manual request.

7. PROVIDER REGISTRATION FEE

Use the formula provided to calculate the "total registration fee" for the manual authorization. Registration fees may only be paid to state licensed child care providers (not the same as a Alaska state business license). Registration fees charged by child care licensed providers may not exceed \$50/child/year. (The PASS I program does not pay registration fees charged by Approved or In-Home providers.)

8. DPA REPRESENTATIVE AND CONTACT INFORMATION

The individual submitting the manual authorization request must sign their name, provide a contact number, and date the request before faxing it to the Director's office for review and approval.

SUBMIT MANUAL AUTHORIZATION FOR PROCESSING

After completing the request for manual authorization, please FAX it to the DPA Director's office at (907) 465-5154.

DISTRIBUTION OF MANUAL AUTHORIZATION REQUEST FORM

Form distribution is displayed in the footer of this form.



PARENT RESPONSIBILITY AGREEMENT – PASS I

(Case worker reviews the information in this agreement with a parent who will use PASS I child care assistance. Both sign the form.)

I WILL BE RESPONSIBLE FOR CONTACTING MY CASE MANAGER..

- As soon as I think I need child care for work or approved activities.
- Before I place my children into child care where payment is expected.
- If I do not know the days or hours my children are allowed to be in care.
- Within 5 days after my case manager requests PASS I assistance if I decide not to use the child care.
- By the 3rd week of each month, so my children's care is authorized by Public Assistance for the following month.
- When I pull my children out of a child care home or center, for any reason.
- Before I place my child into care with a *new or different* provider.
- If I use a *backup* child care provider because my regular provider is not available.
- If a new child is added to my family and I need to have that child in care.
- If a child in my family no longer needs care.
- If I have a child with *special needs* that will also need to be in child care.
- When I change my employment, or close my Temporary Assistance case.
- If I am employed by a child care center that gives me a reduced rate on the cost of my monthly child care.
- If I continue to need child care assistance to stay employed after leaving Temporary Assistance.
- If I suspect my provider is billing Public Assistance or me for care that never happened.

I WILL BE RESPONSIBLE ABOUT MY CHILD CARE AND...

- Use a provider who meets PASS I requirements, or I will have to pay.
- Refer my provider to Public Assistance for the PASS I provider forms and information that are necessary for my child care to continue.
- Check with my new provider to make sure she has turned in all paper work to Public Assistance before my first month of care ends.
- Use only PASS I child care for work or approved activities listed on my Family Self-Sufficiency Plan (FSSP).
- Pay my provider for days and hours of care that do not support work or activities on my FSSP.
- Pay the balance of my child care costs if I use a provider whose rates are higher than the amount Public Assistance will pay, or find new care.
- Arrange for a backup child care provider when my regular provider is ill or not available so I can go to work or do FSSP activities.
- Leave emergency contact information with my provider so I can be reached in an emergency situation that involves my child.
- Give my provider a 2-week notice before I remove my children from care, unless the reason is child abuse and/or neglect.
- Report abuse or neglect to local authorities if I believe my children have been abused or neglected during the time they were in child care.
- Give my provider advance notice when my work or activities change, so she/he can adjust schedules & continue to care for my children, if possible.

CHILD CARE FRAUD

As an eligible recipient of PASS I Child Care assistance, I can be prosecuted for fraud if I knowingly give false or incomplete information in order to get PASS I Child Care assistance, or if I help someone else to falsely obtain PASS I Child Care assistance, or payment.

My signature below indicates that I have reviewed this Parent Responsibility Agreement with my case manager. I agree to use PASS I benefits in a responsible manner.

Parent Name (Printed)

Parent ID Number

Case Manager Name (Printed)

Parent Signature

Date Reviewed

Case Manager Signature

INSTRUCTIONS PASS I CHILD CARE BILLING REPORT

Please print or type all information

NOTE: Complete the Child Care Billing Report in ink. Cross out errors with a single line and write the correct figure above the error; initial the correction. To insure prompt payment, return completed Billing Reports to the Public Assistance office by the 5th of the month after care is provided

Do not use white out on this form

1. Enter information in: Calendar month being billed; Owner/Provider; Facility Name (as it appears on your business license); Mailing Address; Federal Tax ID or SSN; City/Zip; Vendor Number (if known - located on warrant stub); and Phone Number.

2. Print each child's full name and their parent's full name in the space provided.

3. Indicate the child's actual attendance in the dated boxes by marking F, P, or the number of hours.

F = full time (over 5 hours/day)

P = part time (over 2, to and including, 5 hours/day)

Enter a number of hours if 2 hours or less/day

Enter additional authorized overtime hours (hours over 10/day) below the box.

4. TOTAL UNITS BILLED: Place number of Ps, Fs, and/or hours being billed in the corresponding boxes.

5. CIRCLE ONE: Circle Enroll (enrollment) or Attn (attendance) as indicated on your *Authorization Agreement for Child Care*

6. SCALE column: Circle I, T, C or S indicating the age of the child.

I = Infant (0 thru 18 months)

T = Toddler (19 thru 36 months)

C = Child (37 months through 6 years)

S = School Age (7 years through 12 years)

7. Attendance Billings: RATE Column: Enter daily rates for the type of child care being billed. TOTAL AMOUNT Column: Multiply the number under TOTAL UNITS BILLED by the corresponding RATE. Enter the result in this column.

8. Enrollment Billings: RATE Column: Leave blank TOTAL AMOUNT Column: Enter the monthly authorized rate

9. Add all figures in the TOTAL AMOUNT column and enter the result in the SUBTOTAL box. Add the amounts in the SUBTOTAL box from each page and enter the total of those amounts in the TOTAL box of the first page only.

10. Sign and date each page. In signing, you (the provider) certify that all information is true and correct.

11. Number all pages in order in the space provided.



MANUAL PAYMENT REQUEST FORM – PASS I

The Manual Payment Request form and process is used when a PASS I payment cannot be issued to a PASS I child care provider through the Jobs Automated System Payments (JASP). Please **A)** complete this request form, **B)** attach billings, and **C)** fax the information to:

DPA Director's office

FAX: (907) 465-5154
PHONE: (907) 465-5836

1. REQUEST DATE: _____

2. SENDER: _____ PHONE: _____ FAX: _____

3. Include the [child care] PROVIDER VENDOR NUMBER (PVN): _____

4. Please answer all of the following questions:

* Has sender reviewed authorization & confirmed billing?	Yes _____	No _____
* Has sender verified the Provider Vendor Number?	Yes _____	No _____
* Has the provider's mailing address been confirmed?	Yes _____	No _____
* Has mailing address changed?	Yes _____	No _____

(List new address below)

5. PARENT'S PROVIDER IS DESIGNATED AS (check one):
Primary provider
Secondary provider

6. REASONS FOR MANUAL PAYMENT REQUEST (Check below)
- Amendment to initial PASS I child care billing.
 - Child part of ATAP unit & Primary Individual must file, but is excluded due to SSI/APA.
 - Eligible special needs child, over 12 yrs but not receiving SSI.
 - Child living with family on ATAP, but child not part of ATAP unit ("loco parentis").
 - Extended or 24-hour care that exceeds state maximum child care subsidy rates.
 - Child lives with family on ATAP, but Primary Individual of unit not a qualified alien.
 - Other reasons not listed here _____

7. NOTES TO FINANCE (from DPA Director's office only):

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
ADDENDUM H**

PASS I IN-HOME PROVIDER APPLICATION PACKET



CHILD CARE ASSISTANCE PROGRAM

PASS I IN-HOME PROVIDER APPLICATION CHECKLIST

All child care providers who participate in the Child Care Assistance Program must meet the eligibility and application requirements as outlined in 7 AAC 41.200.

Once completed, the following documents need to be returned to:

CHILD CARE PROGRAM OFFICE
619 E. Ship Creek Avenue, Ste 230
Anchorage, AK 99501
(907) 269-4500
(907) 269-4536 – Fax
1-888-224-4536 Toll Free Fax

- 1. *PASS I In-Home Provider Application*
- 2. *Child Care Provider Rates & Responsibilities form*
- 3. A copy of your government issued photo identification
- 6. Completed *State of Alaska Substitute Form W-9* for Taxpayer ID#

IMPORTANT INFORMATION

Families eligible for PASS I Child Care Assistance may have an initial period of care authorized to an individual that is not approved by the Child Care Program Office. This initial authorization period may not exceed 60 days. Authorizations for payment will not be issued beyond this initial period until the identified provider has become approved.

Child care services provided after the family's initial authorization period and prior to the provider's approval effective date will not be paid by the Child Care Assistance PASS Program.

Approval effective dates are the first of the month following the receipt of: a complete application, all necessary background clearances and participation in an Orientation.

Upon receipt of a Provider Identification Number (PIN) you must also receive clearance from the Alaska Background Check Unit (BCU). The fee for submitting an application to the BCU is \$25 per individual. This fee and any fee charged for fingerprint rolling are to be paid by the applicant.

Your information from this application will be forwarded to the BCU for a PIN and password to be created and sent to you. Within 30 days of receiving these you must apply directly to the BCU or your application may be denied.

Continued on back

Your eligibility to participate as a PASS I In-Home provider cannot be determined or approved until you have submitted the following to the BCU and clearance has been received:

1. An on-line or paper application
2. BCU Release of Information form
3. Fingerprint card with the Certification of Positive identification
4. Application fee

What you will need to apply on-line to the BCU at

<https://www.hss.state.ak.us/dph/CL/bgcheck/default.htm>

- the assigned PIN and password (received from the BCU)
- Social Security Number of applicant
- Legal first and last name of applicant and any other names used
- Date of birth of the applicant
- Physical and mailing address of applicant
- Residential history for the past 10 years (city and state only) of the applicant
- Place of birth (city and state) of the applicant

When applying on-line select Add a New Application and follow the directions to complete the required information. Having the information above readily available will greatly help you through the series of screens.

At the end of this process you will receive an APPLICATION CONFIRMATION including the case number and any documentation needed and/or fees owed.

Applicants need to print an ROI,

- enter the case number from the Application Confirmation page onto the ROI
- complete, sign and submit the ROI to the BCU with the \$25.00 application fee

The applicant needs to have their fingerprints rolled. One card must be submitted to the BCU along with a Certification of Positive Identification form that is completed by the individual capturing the fingerprints. Applicants pay to have their finger prints rolled. The CCPO will pay the processing fees of \$54.25 to the BCU.

Where to apply or request a paper application:

<https://www.hss.state.ak.us/dph/CL/bgcheck/default.htm>

or

Alaska Background Check Unit
DHSS/BCU
619 E. Ship Creek Avenue, Suite 232
Anchorage, AK 99501
907-334-4475 or toll free 1-888-362-4228

Your application can not be approved until all requirements are met, including submitting fingerprint cards and paying all applicable fees.



CHILD CARE ASSISTANCE PROGRAM
PASS I IN-HOME PROVIDER APPLICATION

For Office Use Only
Date Received

Print Name (First/Middle/Last): _____

Previous Name(s) or Aliases if any: _____

Social Security Number or EIN: _____ Date of Birth: _____

Phone: _____ Cell: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address : _____ City: _____ Zip: _____

Name of family care will be provided for (First/Middle/Last): _____

Family's physical address: _____

E-mail Address: _____

PASS I IN-HOME PROVIDER: PASS I In-Home services are provided in a specific family's home. Care may not be provided in the Provider's home. PASS I In-Home Providers may care for all of the children, under 13 years of age in that family. The PASS I In-Home Provider may only bring their own children to the family's home if there will be no more than a total of five children under 13 years of age, including the provider's own children.

There may be circumstances when an authorization for payment is issued to provide care for the children of a family prior to the provider's approval effective date. Authorizations will not be issued after that family's initial 60 days until the provider's application is approved. Therefore, there may be a lapse in allowable authorizations and payment.

NOTE: *When the PASS I eligible family transitions to PASS II/III and wishes to retain you as their In-Home provider, additional paperwork must be completed. Provider's eligibility will not lapse if the family applies to their local child care assistance office within the prescribed timeframes.*

Background Clearances

Background reviews to include child protective service checks are completed and clearance must be received for applicants before approval can be granted. It may take 30 days or more to receive these needed clearances. Care will not be authorized or paid for until all necessary clearances are received and approval of the application granted.

Your Responsibilities

You must report any changes in your circumstance that may affect your eligibility to participate in the child care assistance program, within ten days of that change. Examples of changes you are required to report include:

- If you move or get a new mailing address or telephone number;

Fraud Penalty Warnings

You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

Certification and Statement of Truth

Under penalty of perjury or unsworn falsification, I certify that the statements made on this application regarding myself are true and correct; and that I have read, or had read to me, and understand the information provided on this application.

I understand that I am responsible for compliance with program rules and requirements, penalties and repayment of any overpayments. I further understand I will not receive any payment for child care services provided that are prior to the issuance of my approval.

Signature of Provider

Date

Printed Name of Provider

Signature of Witness, if signed with an "X"



For Office Use Only

CHILD CARE PROVIDER RATES AND RESPONSIBILITIES

Facility Name: _____ Phone Number: _____
 Owner Name: _____ FAX Number: _____
 Physical Address: _____ Email Address: _____
 Mailing Address: _____ SSN or EIN: _____
 City, ST, Zip Code: _____

Authorized Agent Name: _____ (if different than Owner, complete the following for the agent):
 Physical Address: _____ Mailing Address: _____
 City, ST, Zip Code: _____ City, ST, Zip Code: _____
 Phone Number: _____

CHECK ONLY ONE OF THE FOLLOWING PROVIDER TYPES:

Licensed	<input type="checkbox"/> Center	<input type="checkbox"/> Group Home	<input type="checkbox"/> Home
Certified <small>(attach supporting documents)</small>	<input type="checkbox"/> Dept. of Defense	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Tribal
Approved	<input type="checkbox"/> Approved Non-Relative	<input type="checkbox"/> Approved Relative - Relative means an individual that is related by marriage, blood or court decree, to a child who is the grandchild, great-grandchild, niece, great-niece, nephew, great-nephew or sibling. If a sibling the provider and the child in care must live in a separate residence.	
	<input type="checkbox"/> PASS I In-Home Care <small>(care provided in the child's own home)</small>		

CHECK ONE: My rates are the same as the State rate (do not complete the table below) OR My rates are listed below

Infant Birth through 18 months		Toddler 19 months through 36 months		Preschool Age 37 months through 6 years		School Age 7 years through 12 years	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Monthly _____	_____	Monthly _____	_____	Monthly _____	_____	Monthly _____	_____
Daily _____	_____	Daily _____	_____	Daily _____	_____	Daily _____	_____
Hourly _____	_____	Hourly _____	_____	Hourly _____	_____	Hourly _____	_____

Note: Full Time = Over 5 and up to 10 hours of care per day. Part Time = Up to and including 5 hours of care per day.

LICENSED/CERTIFIED ONLY: DO YOU CHARGE A REGISTRATION FEE? Yes No
 Amount \$ _____ Per Family Annual Per Child One-Time

HOURS OF OPERATION:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Open							

SCHEDULED CLOSURES (such as a holiday) and DATES:

Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in the "Information Providers Need to Know" on page two of this form.

Printed Name of Owner _____ Signature of Owner _____ Date _____
 Printed Name of Owner's Authorized Agent _____ Signature of Owner's Authorized Agent _____ Date _____

INFORMATION PROVIDERS NEED TO KNOW

Child Care facility owners may authorize another individual to act for and as a representative of the owner. This is the "Authorized Agent." An authorized agent assumes the responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments. In the absence of an authorized agent, the owner assumes responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments.

Your Responsibilities

As a provider participating in the Child Care Assistance Program (CCAP), I agree to respect and maintain the confidentiality of families participating in the CCAP and understand that I must not discriminate against such families on the basis of race, color, national origin, religion, sex, age, or handicap. I further understand that:

1. I must have a valid authorization before I bill the State of Alaska for services provided to CCAP families. Charges for services that are not on the authorization are between the family and myself and cannot be billed to the State.
2. The rate charged to CCAP families must be the rate I have provided on the Rates and Responsibilities form and may not be higher than the rate I charge non-CCAP families for the same service.
3. I must provide written notice of any rate and policy changes to CCAP families and the appropriate child care assistance office at least 30 days before the effective date. New rates become effective the 1st day of the month following 30 days notice.
4. Billing report forms for July through April, must be submitted within 90 days after the last day of the month child care services were provided. For months May and June, the monthly billing report must be submitted no later than July 31st. Payment will be denied if submitted outside these timeframes.
5. I must give at least 14 days written notice of my intent to terminate services to CCAP families and the appropriate child care assistance office, except upon mutual agreement between the family and myself.
6. I must maintain my status as a licensed, certified, or approved provider in order to receive CCAP payments.
7. I must retain and make available for inspection during normal business hours:
 - a. All required state and local permits and/or licenses for operation of a child care business;
 - b. A copy of my child care policy information, if applicable;
 - c. A copy of all monthly child care billing statements and attendance records that reflect the date and time for all children in care for a period of three years.

Penalty Warnings

Erroneously Obtained Payments

If the state or local child care assistance office determines that there is reasonable evidence you erroneously obtained payments, steps will be taken to reduce or withhold future payments, to establish a repayment schedule, or to take other corrective action including probation, suspension or termination from participation in the program.

An erroneously obtained payment means child care assistance payments received by a provider that he or she was not entitled to or that were received while in noncompliance with a program requirement.

Sanctions for Non-Compliance

Your participation as a child care provider in the Child Care Assistance Program may be placed on probation, suspended, or terminated for any of the following, but not limited to:

1. Failing to maintain status as an approved, licensed, or certified provider under the CCAP and to provide child care services in accordance with that status;
2. Failing to maintain records required by the CCAP and refusing to allow an inspection of those records during scheduled business hours;
3. Refusing to comply with a plan of correction or repayment plan, or cooperate with the development of the plan;
4. Failing to comply with any compliance action or corrective action plan or to cooperate with the establishment of the plan; and
5. Failing to cooperate with a representative of the Department of Health and Social Services for purposes of investigations to determine compliance with CCAP requirements.

Fraud

You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in this document.

Printed Name of Owner

Signature of Owner

Date

Printed Name of Authorized Agent, if applicable

Signature of Authorized Agent, if applicable

Date

State of Alaska

Request for Taxpayer ID# and Information Substitute Form W-9

RETURN COMPLETED FORM TO:

Fax #:	(To be completed by State of Alaska)
Attention:	Phone #
Department:	
Address:	Vendor #:

The Internal Revenue Service requires the State of Alaska to issue 1099 forms when payments to individuals, partnerships or limited liability companies for rents, services, prizes, and awards meet or exceed \$600.00 for the year. An IRS Form 1099 is not required when payments are specifically for merchandise or made to some types of corporations.
 - Please provide the requested information below to determine if a Form 1099 is required.
 - This information must match the information that you provide to the Internal Revenue Service for Tax Reporting.
 - Federal Law requires us to take backup withholding from future payments made if you fail to provide the information requested.

INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
LEGAL NAME: _____		SSN: _____
(NAME TAX ID IS ASSIGNED TO AND USED FOR TAX REPORTING)		
ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)		
REMITTANCE ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE IF DIFFERENT FROM ABOVE)		
PHONE: _____	FAX: _____	EMAIL: _____

BUSINESS	BUSINESS	BUSINESS
ORGANIZATION PROVIDES: <input type="checkbox"/> Product / Merchandise <input type="checkbox"/> Service <input type="checkbox"/> Both or <input type="checkbox"/> Medical / Legal Services		
BUSINESS TYPE -- Check the appropriate box/s:		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation -- General	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Legal Services Corporation	
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Medical Services Corporation	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Nonprofit Corporation	
LEGAL NAME: _____		
(NAME TAX ID IS ASSIGNED TO AND USED FOR TAX REPORTING)		
BUSINESS NAME (if different from Legal Name): _____		
(DOING BUSINESS AS (DBA) NAME)		
TAX ID USED FOR TAX REPORTING: SSN _____ or EIN _____		
ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)		
REMITTANCE ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE IF DIFFERENT FROM ABOVE)		
CONTACT NAME: _____		
PHONE: _____	FAX: _____	EMAIL: _____
IF CHANGE OF BUSINESS TYPE / OWNERSHIP: _____		DATE OF CHANGE: _____
PREVIOUS OWNER / BUSINESS NAME: _____		
PREVIOUS TAX ID: _____		

REQUIRED INTERNAL REVENUE SERVICES STATEMENT

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, the person signing this form certifies that:

- The number shown on this form is the payee's correct taxpayer identification number, and
- The payee is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) the payee has not been notified by the IRS that the payee is subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified the payee they are no longer subject to backup withholding, and
- The payee is a U.S. person (including a U.S. resident alien).

Printed Name: _____	Title: _____
Signature: _____	Date: _____

State of Alaska
Department of Health and Social Services
Division of Public Assistance - Child Care Program Office
Child Care Assistance Program Rate Schedule
Effective March 1, 2010

Area	Licensed or Military Center Care & Group Homes				Licensed or Military Home Care				Approved or In-Home Care							
Juneau	F/T month		P/T month		F/T day		P/T day		F/T month		P/T month		F/T day		P/T day	
	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly
Juneau	Infant	\$858	\$515	\$51	\$31	\$5.75	\$719	\$431	\$43	\$26	\$4.50	\$520	\$311	\$31	\$19	\$4.00
	Toddler	\$822	\$493	\$49	\$30	\$5.25	\$650	\$390	\$39	\$23	\$4.25	\$492	\$300	\$30	\$18	\$3.50
	Preschool Age	\$675	\$405	\$41	\$24	\$4.75	\$600	\$360	\$36	\$22	\$3.75	\$450	\$275	\$26	\$16	\$3.25
	School Age	\$546	\$328	\$33	\$20	\$4.50	\$483	\$290	\$29	\$17	\$3.50	\$460	\$275	\$26	\$15	\$3.00
Matanuska-Susitna Valley	Infant	\$713	\$428	\$43	\$26	\$5.25	\$647	\$388	\$39	\$23	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$670	\$402	\$40	\$24	\$5.00	\$600	\$360	\$36	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$36	\$22	\$3.75	\$440	\$264	\$26	\$16	\$3.25
	School Age	\$605	\$363	\$36	\$22	\$4.00	\$483	\$290	\$29	\$17	\$3.50	\$430	\$259	\$26	\$15	\$3.00
Northern	Infant	\$730	\$438	\$44	\$28	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$550	\$350	\$40	\$21	\$4.25
	Toddler	\$694	\$416	\$42	\$25	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$500	\$333	\$33	\$20	\$4.00
	Preschool Age	\$621	\$373	\$37	\$22	\$4.50	\$558	\$335	\$33	\$20	\$3.75	\$500	\$300	\$30	\$18	\$3.50
	School Age	\$780	\$468	\$47	\$28	\$4.00	\$545	\$327	\$33	\$20	\$3.50	\$500	\$300	\$30	\$17	\$3.50
Southeast	Infant	\$791	\$475	\$47	\$28	\$5.25	\$694	\$416	\$42	\$25	\$4.50	\$520	\$311	\$31	\$19	\$4.00
	Toddler	\$700	\$420	\$42	\$25	\$5.00	\$675	\$405	\$41	\$24	\$4.25	\$492	\$300	\$30	\$18	\$3.50
	Preschool Age	\$607	\$364	\$36	\$22	\$4.50	\$550	\$330	\$33	\$20	\$3.75	\$450	\$275	\$26	\$16	\$3.25
	School Age	\$550	\$330	\$33	\$20	\$4.00	\$483	\$290	\$29	\$17	\$3.50	\$450	\$275	\$26	\$15	\$3.00
Southwest	Infant	\$730	\$438	\$44	\$26	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$569	\$378	\$34	\$21	\$4.75
	Toddler	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$508	\$361	\$33	\$20	\$4.00
	Preschool Age	\$608	\$365	\$36	\$22	\$4.50	\$575	\$345	\$35	\$21	\$3.75	\$475	\$334	\$29	\$20	\$4.00
	School Age	\$593	\$356	\$36	\$21	\$4.00	\$575	\$345	\$35	\$21	\$3.50	\$575	\$334	\$28	\$20	\$4.00

Infant: Birth thru 18 months Toddler: 19 months thru 36 months Preschool Age: 37 months thru 6 years School Age: 7 years thru 12 years

F/T month (Full-Time month) = 17 or more full days of care during a calendar month, based on a five-day-a-week schedule; P/T month (Part-Time month) = 17 or more partial days of care during a calendar month or care for one-half month of full days; F/T day (Full day) = more than five (5) hours of care and up to and including ten (10) hours of care on a calendar day; P/T day (Partial day) = up to and including five (5) hours of care on a calendar day; hourly = care by the hour when more than ten (10) hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day. Enrollment authorizations are used when the need for care is consistent. Attendance authorizations are used when the need for care is inconsistent or unpredictable.

State of Alaska
 Department of Health and Social Services
 Division of Public Assistance - Child Care Program Office
Child Care Assistance Program Rate Schedule
 Effective March 1, 2010

Area	Licensed or Military Center Care & Group Homes				Licensed or Military Home Care				Approved or In-Home Care																															
Anchorage	F/T month		P/T month		F/T day		P/T day		hourly		F/T month		P/T month		F/T day		P/T day		hourly																					
	Infant	\$850	\$510	\$51	\$31	\$6.75	\$700	\$420	\$42	\$25	\$4.50	\$518	\$311	\$31	\$19	\$3.75	\$800	\$480	\$48	\$29	\$5.25	\$650	\$390	\$39	\$23	\$4.75	\$545	\$327	\$33	\$20	\$3.75	\$625	\$375	\$38	\$23	\$4.50	\$501	\$301	\$30	\$18
Toddler	\$888	\$533	\$53	\$32	\$5.25	\$616	\$370	\$37	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50	\$888	\$533	\$53	\$32	\$5.25	\$675	\$405	\$41	\$24	\$4.75	\$539	\$323	\$32	\$19	\$3.75	\$639	\$383	\$38	\$23	\$4.50	\$525	\$315	\$32	\$19	\$3.50
Preschool Age	\$888	\$533	\$53	\$32	\$5.25	\$616	\$370	\$37	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50	\$888	\$533	\$53	\$32	\$5.25	\$675	\$405	\$41	\$24	\$4.75	\$539	\$323	\$32	\$19	\$3.75	\$639	\$383	\$38	\$23	\$4.50	\$525	\$315	\$32	\$19	\$3.50
School Age	\$888	\$533	\$53	\$32	\$5.25	\$616	\$370	\$37	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50	\$888	\$533	\$53	\$32	\$5.25	\$675	\$405	\$41	\$24	\$4.75	\$539	\$323	\$32	\$19	\$3.75	\$639	\$383	\$38	\$23	\$4.50	\$525	\$315	\$32	\$19	\$3.50
Fairbanks	F/T month		P/T month		F/T day		P/T day		hourly		F/T month		P/T month		F/T day		P/T day		hourly																					
Infant	\$775	\$465	\$47	\$28	\$5.25	\$602	\$481	\$48	\$29	\$4.50	\$500	\$303	\$29	\$17	\$3.50	\$700	\$420	\$42	\$25	\$5.00	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50
Toddler	\$700	\$420	\$42	\$25	\$5.00	\$620	\$372	\$37	\$22	\$4.25	\$500	\$300	\$28	\$17	\$3.25	\$700	\$420	\$42	\$25	\$5.00	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50
Preschool Age	\$700	\$420	\$42	\$25	\$5.00	\$620	\$372	\$37	\$22	\$4.25	\$500	\$300	\$28	\$17	\$3.25	\$700	\$420	\$42	\$25	\$5.00	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50
School Age	\$700	\$420	\$42	\$25	\$5.00	\$620	\$372	\$37	\$22	\$4.25	\$500	\$300	\$28	\$17	\$3.25	\$700	\$420	\$42	\$25	\$5.00	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50	\$605	\$363	\$36	\$22	\$4.50	\$500	\$300	\$30	\$18	\$3.50
Interior	F/T month		P/T month		F/T day		P/T day		hourly		F/T month		P/T month		F/T day		P/T day		hourly																					
Infant	\$730	\$438	\$44	\$26	\$5.25	\$690	\$408	\$41	\$24	\$4.50	\$618	\$371	\$31	\$19	\$3.75	\$830	\$498	\$49	\$29	\$5.50	\$730	\$438	\$44	\$26	\$5.25	\$690	\$408	\$41	\$24	\$4.50	\$730	\$438	\$44	\$26	\$5.25	\$690	\$408	\$41	\$24	\$4.50
Toddler	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$482	\$295	\$30	\$18	\$3.50	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50
Preschool Age	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$482	\$295	\$30	\$18	\$3.50	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50
School Age	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$482	\$295	\$30	\$18	\$3.50	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50	\$680	\$408	\$41	\$24	\$4.50

Infant: Birth thru 18 months Toddler: 19 months thru 36 months Preschool Age: 37 months thru 6 years School Age: 7 years thru 12 years

F/T month (Full-Time month) = 17 or more full days of care during a calendar month, based on a five-day-a-week schedule; P/T month (Part-Time month) = 17 or more partial days of care during a calendar month or care for one-half month of full days; F/T day (Full day) = more than five (5) hours of care and up to and including ten (10) hours of care on a calendar day; P/T day (Partial day) = up to and including five (5) hours of care on a calendar day; hourly = care by the hour when more than ten (10) hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day. Enrollment authorizations are used when the need for care is consistent. Attendance authorizations are used when the need for care is inconsistent or unpredictable.

Anchorage: Municipality of Anchorage including Eagle River/ Girdwood
Fairbanks: Fairbanks North Star Borough including North Pole

Gulf Coast: Kenai, Kodiak, Valdez and Cordova Census Areas
Interior: Denali, Southeast Fairbanks and Yukon-Koyukuk Census Areas

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
ADDENDUM I**

APPROVED PROVIDER APPLICATION PACKET



CHILD CARE ASSISTANCE PROGRAM

APPROVED PROVIDER APPLICATION CHECKLIST

All child care providers who participate in the Child Care Assistance Program must meet the eligibility and application requirements as outlined in 7 AAC 41.200. **Child care services must be provided in the provider's residence.**

Once completed, the following documents need to be returned to:

- 1. *Approved Provider Application*
- 2. *Approved Provider Health & Safety Requirements form*
- 3. *Child Care Provider Rates & Responsibilities form*
- 4. A copy of your *Disaster Preparedness and Emergency Evacuation Planner*
- 5. A copy of your government issued photo identification
- 6. Completed *Request for Taxpayer ID# and Information Substitute Form W-9*

ADDITIONALLY

- Approved (non-relative) Provider must apply to the Alaska Background Check Unit (BCU) to obtain criminal justice clearance for yourself and each individual, 16 years of age or older, residing in your child care home. See page 2 of this checklist for more information.
- You must participate in an Orientation before approval can be issued.

IMPORTANT INFORMATION

Child care services provided prior to your approval effective date will not be paid by the Child Care Assistance PASS II/III Program.

Approval effective dates are the first of the month following the receipt of a complete application, background clearance for all members in the child care residence age 16 years or older and participation in an Orientation.

An Approved (non-relative) Provider may be approved for participation in the Child Care Assistance Program for a maximum of one year (12 consecutive months). Providers who wish to continue participating in the Child Care Assistance Program past the one year period must obtain a child care license issued by the State of Alaska, Child Care Program Licensing Office or the Municipality of Anchorage.

Continued on Back

For Approved (Non-Relative) Applicants

The Child Care Assistance (CCA) office will notify the BCU, via the Child Care Program Office (CCPO), when an approved non-relative provider application is received. The BCU will create a Provider Identification Number (PIN) and password and send these to the applicant via email if one is provided. If there is no email, the CCPO will receive the PIN and contact the applicant with the information. Applicants will need the PIN and password to apply on-line but can also apply to the BCU by requesting a paper application.

What you will need to apply on-line to the BCU:

- the assigned PIN and password (received from the BCU)
- Social Security Number of applicant and each household member 16 years of age or older
- Legal first and last name of applicant, and each household member 16 years of age or older, and any other names used
- Date of birth of the applicant and each household member 16 years of age or older
- Physical and mailing address of applicant and each household member 16 years of age or older
- Residential history for the past 10 years (city and state only) of the applicant and each household member 16 years of age or older
- Place of birth (city and state) of the applicant and each household member 16 years of age or older

When applying on-line select Add a New Application and follow the directions to complete the required information. Having the information above readily available will greatly help you through the series of screens.

At the end of this process you will receive an APPLICATION CONFIRMATION including the case number and any documentation needed and/or fees owed.

- Applicants need **to print an ROI for all individuals 16 and older,**
- enter the case number from the Application Confirmation page onto the ROI and complete;
- sign and submit to the BCU with the \$25.00 application fee per individual

The applicant and all household members age 16 and older need to have their fingerprints rolled. One card must be submitted to the BCU along with a Certification of Positive Identification form that is completed by the individual capturing the fingerprints. Applicants pay to have their finger prints rolled. The CCPO will pay the processing fees of \$54.25 to the BCU.

Where to apply or request a paper application:

<https://abcs.dhss.alaska.gov>

or

Alaska Background Check Unit
DHSS/BCU
619 E. Ship Creek Avenue, Suite 232
Anchorage, AK 99501
907-334-4475 or toll free 1-888-362-4228

Your application can not be approved until all requirements are met, including submitting fingerprint cards and paying all applicable fees.



CHILD CARE ASSISTANCE PROGRAM
APPROVED PROVIDER APPLICATION

For Office Use Only
Date Received

Print Name (First/Middle/Last): _____

Social Security Number or EIN: _____ Phone: _____ Cell: _____

Facility Name: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address of Facility: _____ City: _____ Zip: _____

E-mail Address: _____

APPROVED PROVIDER (NON RELATIVE): Approved Providers operate in their own private residence, as the sole caregiver of child care services for eligible children. Approved Providers may care for no more than a total of five children under 13 years of age, including the provider's own children. **Of those five children total, no more than four may be unrelated to the provider, and no more than two may be under the age of 30 months.**

NOTE: *This category of provider must become a licensed child care provider within 12 months of receiving Approval, to continue to be eligible for payments through the Child Care Assistance Program.*

Household Members

Background reviews to include child protective service checks are completed and clearance must be received for all household members age 16 and older before approval can be granted. It may take 30 days or more to receive these needed clearances. Care will not be authorized or paid for until all necessary clearances are received and approval of the application granted. List all individuals living in the home where child care will be provided, starting with yourself. For additional individuals, use a separate page.

List all household members 16 years of age and older:

First, Middle, Last Name	Previous Name(s) or Aliases, if any	Social Security Number	Birth Date	Relationship to You
				SELF

List all household members under 16 years of age:

First, Middle, Last Name	Date of Birth	Relationship to You

Your Responsibilities

You must report any changes in your circumstance that may affect your eligibility to participate in the child care assistance program, within ten days of that change. Examples of changes you are required to report include:

- If you move or get a new mailing address or telephone number;
- When someone moves into or out of your home where child care services are provided (any person who is residing or visiting for a total of 45 days or more, in any 12-month period is considered to be a household member).

Fraud Penalty Warnings

You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

Certification and Statement of Truth

Under penalty of perjury or unsworn falsification, I certify that the statements made on this application regarding myself and individuals living in my child care facility are true and correct; and that I have read, or had read to me, and understand the information provided on this application.

I understand that I am responsible for compliance with program rules and requirements, penalties and repayment of any overpayments. I further understand I will not receive any payment for child care services provided that are prior to the issuance of my approval.

Signature of Provider

Date

Printed Name of Provider

Signature of Witness, if signed with an "X"



CHILD CARE ASSISTANCE PROGRAM

APPROVED PROVIDER HEALTH AND SAFETY REQUIREMENTS

For Office Use Only

Date Received

Retain a copy for your records

To participate in the Child Care Assistance Program as an Approved Provider, **I understand that I must:**

1. Be at least 18 years of age.
2. Provide care for no more than a total of five children under 13 years of age, including my own children under 12 years of age. No more than two (2) may be under the age of 30 months. Each child receiving full or part-time care must be counted, whether present or not, is counted toward the maximum allowed until that child no longer receives care from the provider.
3. Be related to all children in care if I am an Approved Relative Care Provider; and the child in care is a grandchild, great-grandchild, niece, nephew, great-niece, great-nephew, or sibling. If a sibling, I must live in a separate residence.
4. Certify that each resident in my facility, including myself, is not prohibited from providing care under Alaska Regulation 7 AAC 41.205, *Child Protection and Criminal History*.
5. Ensure that any person in contact with children in my care is responsible and exercises sound judgment; does not abuse a child or engage in an exploitive or sexual act with a child; and is free of any physical, behavioral, or domestic violence problem that would pose a significant risk to the health, safety, or welfare of children in care.
6. Directly provide care and supervision of children except in an emergency when an identified substitute provider of good reputation and character may provide care for part of a day, or when using a substitute provider who is also approved as a participating provider.
7. Provide a parent access to their child whenever the child is in care.
8. Maintain a functional telephone or other identified means of communication.
9. Keep emergency information on each child and update at least every six months. Contact the child's parent in case of illness or injury. In case of emergency situations such as fire, child's death, serious injury or illness which requires outside medical personnel report immediately to the CCPO or designee.
10. Administer medication to a child in my care only with the written permission of the child's parent.
11. Obtain first aid and cardiopulmonary resuscitation (CPR) certification within 6 months of approval.
12. Maintain a first aid kit and follow the procedures in 7AAC 41.230.
13. Be able to prevent exposure of children to risks, including exposure to physical hazards and encounters with persons or animals posing a possible danger.
14. Ensure medications and alcohol are not accessible to children in care; and ensure alcohol and illegal controlled substances are not used during the hours children are in care.
15. Ensure that my child care home is free of fire hazards.
16. Submit a copy of a disaster preparedness and emergency evacuation plan that ensures the complete evacuation of children, including children with limited mobility, within 150 seconds during an emergency.
17. Ensure that my child care facility has at least two (2) means of emergency escape that are remote from each other and that provide unobstructed access to the outside of the building; at least one (1) means of emergency escape must be an exterior door.
18. Conduct and document emergency evacuation drills at least once a month, unless postponed due to severe weather.
19. Have at least one working smoke detection device that is less than 10 years old and that is AC primary power or monitored battery powered smoke detection device and at least one fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level of my facility.
20. When heating or cooking with oil, wood, natural gas or propane, ensure an operating carbon monoxide detector is installed in each hallway outside of, or within, each sleeping area; and regularly inspect, test and service the detector. (If facility is more than one level, at least one operating carbon monoxide device must be installed on each level).
21. Maintain a smoke-free home and vehicle environment. (In accordance with Alaska Regulation 7 AAC 10.1085 *Smoking*; smoke-free means that smoking accessories (ash trays, lighters, etc) are not visible or accessible to children and no smell of smoke from cigars or other smoking products is evident in the home or vehicle.

(Continued on Back)

22. Adhere to the requirements of 7 ACC 41.240 such as animals kept in my facility have all required immunizations, are free of any communicable diseases, and provide proof of compliance upon request.
23. Take precautions against the spread of infectious disease by washing my hands for at least 10 seconds with soap and water and rinse them with water:
 - o Before food handling, preparation, serving, eating, or table setting;
 - o After toileting or assisting a child with toileting and after diapering a child;
 - o After handling an animal, animal waste, or an animal cage;
 - o Before and after giving medication;
 - o After participating in moist play such as painting, cooking or molding clay;
 - o When hands are contaminated with bodily fluids;
 - o After nose wiping; and
 - o Encourage children to wash their hands at similar times.
24. Install and maintain hot water temperature controls so that hot water delivered to plumbing fixtures accessible to children is not more than 120 degrees Fahrenheit.
25. Ensure that children in my care have all immunizations required.
26. Transport children in safe vehicles using appropriate child restraints.
27. Take the necessary precautions to make my child care home free of hazards that can cause injury or disease to children both inside and outside the building keeping my child care facility in a clean, safe and sanitary condition.
28. Maintain clean and sanitary toileting facilities.
29. Comply with the diapering procedures outlined in 7 ACC 41.225.
30. Convey, store and dispose of solid waste to minimize odor; avoid attracting or harboring pests.
31. Store cleaners, medicines, and other harmful substances in a place inaccessible to children.
32. Maintain safe and sanitary equipment and supplies for diapering and toileting infants and toddlers.
33. Install outlet covers on electrical outlets that are accessible to children under age five (5).
34. Install and use safety gates to prevent access to stairs for infants and toddlers.
35. Obtain furniture and play equipment that is durable, safe, and easy to clean, and keep clean and in good repair.
36. Ensure that firearms in my child care home are unloaded and stored in a locked gun safe or other locked place inaccessible and not visible to children. (Ammunition must be stored separately from the firearms in a place that is inaccessible to children and the provider must tell each parent that firearms are present in the facility.)
37. Provide supervision of all children in my care appropriate to each child's age and developmental needs and adequate to prevent injury.
38. Provide daily activities to promote a child's individual physical, social, intellectual, and emotional development that includes time for meals, snacks, sleep, toileting, and indoor and outdoor exercise according to individual needs.
39. Ensure that children in care are not subject to corporal punishment. Corporal punishment means the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, or any other action that seeks to induce pain.
40. Provide sufficient nutrition so that:
 - o A child is fed nutritious meals and snacks according to individual need;
 - o An infant is fed on demand; and
 - o Except for medical reasons, a child is not denied a meal or snack, force fed or otherwise coerced to eat against the child's will.
41. Maintain sanitary areas for proper care, storage, refrigeration, and preparation of food, ensuring that food is not adulterated; and wash fruits and vegetables with potable water before use.
42. Have an ample supply of safe, drinkable water in my child care home.

CERTIFICATION OF HEALTH AND SAFETY REQUIREMENTS

I certify that I meet and will continue to meet each of the health and safety requirements of 7 AAC 41 – Child Care Assistance Regulations, summarized in this document.

I understand that failure to meet these requirements at any time may result in probation, suspension or termination from participation in the Child Care Assistance Program as an Approved Provider.

Printed Name of Provider's Authorized Agent	Signature of Provider's Authorized Agent	Date



CHILD CARE ASSISTANCE PROGRAM

CHILD CARE PROVIDER :
RATES AND RESPONSIBILITIES

For Office Use Only

Facility Name: _____ Phone Number: _____
 Owner Name: _____ FAX Number: _____
 Physical Address: _____ Email Address: _____
 Mailing Address: _____ SSN or EIN: _____
 City, ST, Zip Code: _____

Authorized Agent Name: _____ (if different than Owner, complete the following for the agent):
 Physical Address: _____ Mailing Address: _____
 City, ST, Zip Code: _____ City, ST, Zip Code: _____
 Phone Number: _____

CHECK ONLY ONE OF THE FOLLOWING PROVIDER TYPES:

Licensed	<input type="checkbox"/> Center	<input type="checkbox"/> Group Home	<input type="checkbox"/> Home
Certified (attach supporting documents)	<input type="checkbox"/> Dept. of Defense	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Tribal
Approved	<input type="checkbox"/> Approved Non-Relative <input type="checkbox"/> PASS I In-Home Care (care provided in the child's own home)	<input type="checkbox"/> Approved Relative - Relative means an individual that is related by marriage, blood or court decree, to a child who is the grandchild, great-grandchild, niece, great-niece, nephew, great-nephew or sibling. If a sibling the provider and the child in care must live in a separate residence.	

CHECK ONE: My rates are the same as the State rate (do not complete the table below) OR My rates are listed below

Infant Birth through 18 months		Toddler 19 months through 36 months		Preschool Age 37 months through 6 years		School Age 7 years through 12 years	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Monthly _____	_____	Monthly _____	_____	Monthly _____	_____	Monthly _____	_____
Daily _____	_____	Daily _____	_____	Daily _____	_____	Daily _____	_____
Hourly _____		Hourly _____		Hourly _____		Hourly _____	

Note: Full Time = Over 5 and up to 10 hours of care per day. Part Time = Up to and including 5 hours of care per day.

LICENSED/CERTIFIED ONLY: DO YOU CHARGE A REGISTRATION FEE? Yes No
 Amount \$ _____ Per Family Annual Per Child One-Time

HOURS OF OPERATION:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Open							

SCHEDULED CLOSURES (such as a holiday) and DATES:

Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in the "Information Providers Need to Know" on page two of this form.

Printed Name of Owner _____ Signature of Owner _____ Date _____
 Printed Name of Owner's Authorized Agent _____ Signature of Owner's Authorized Agent _____ Date _____

INFORMATION PROVIDERS NEED TO KNOW

Child Care facility owners may authorize another individual to act for and as a representative of the owner. This is the "Authorized Agent." An authorized agent assumes the responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments. In the absence of an authorized agent, the owner assumes responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments.

Your Responsibilities

As a provider participating in the Child Care Assistance Program (CCAP), I agree to respect and maintain the confidentiality of families participating in the CCAP and understand that I must not discriminate against such families on the basis of race, color, national origin, religion, sex, age, or handicap. I further understand that:

1. I must have a valid authorization before I bill the State of Alaska for services provided to CCAP families. Charges for services that are not on the authorization are between the family and myself and cannot be billed to the State.
2. The rate charged to CCAP families must be the rate I have provided on the Rates and Responsibilities form and may not be higher than the rate I charge non-CCAP families for the same service.
3. I must provide written notice of any rate and policy changes to CCAP families and the appropriate child care assistance office at least 30 days before the effective date. New rates become effective the 1st day of the month following 30 days notice.
4. Billing report forms for July through April, must be submitted within 90 days after the last day of the month child care services were provided. For months May and June, the monthly billing report must be submitted no later than July 31st. Payment will be denied if submitted outside these timeframes.
5. I must give at least 14 days written notice of my intent to terminate services to CCAP families and the appropriate child care assistance office, except upon mutual agreement between the family and myself.
6. I must maintain my status as a licensed, certified, or approved provider in order to receive CCAP payments.
7. I must retain and make available for inspection during normal business hours:
 - a. All required state and local permits and/or licenses for operation of a child care business;
 - b. A copy of my child care policy information, if applicable;
 - c. A copy of all monthly child care billing statements and attendance records that reflect the date and time for all children in care for a period of three years.

Penalty Warnings

Erroneously Obtained Payments

If the state or local child care assistance office determines that there is reasonable evidence you erroneously obtained payments, steps will be taken to reduce or withhold future payments, to establish a repayment schedule, or to take other corrective action including probation, suspension or termination from participation in the program.

An erroneously obtained payment means child care assistance payments received by a provider that he or she was not entitled to or that were received while in noncompliance with a program requirement.

Sanctions for Non-Compliance

Your participation as a child care provider in the Child Care Assistance Program may be placed on probation, suspended, or terminated for any of the following, but not limited to:

1. Failing to maintain status as an approved, licensed, or certified provider under the CCAP and to provide child care services in accordance with that status;
2. Failing to maintain records required by the CCAP and refusing to allow an inspection of those records during scheduled business hours;
3. Refusing to comply with a plan of correction or repayment plan, or cooperate with the development of the plan;
4. Failing to comply with any compliance action or corrective action plan or to cooperate with the establishment of the plan; and
5. Failing to cooperate with a representative of the Department of Health and Social Services for purposes of investigations to determine compliance with CCAP requirements.

Fraud

You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in this document.

Printed Name of Owner	Signature of Owner	Date
Printed Name of Authorized Agent, if applicable	Signature of Authorized Agent, if applicable	Date

State of Alaska

Request for Taxpayer ID# and Information Substitute Form W-9

RETURN COMPLETED FORM TO:

Fax #:	(To be completed by State of Alaska)
Attention:	
Department:	
Address:	Vendor #:

The Internal Revenue Service requires the State of Alaska to issue 1099 forms when payments to individuals for rents, services, prizes, and awards meet or exceed \$600.00 for the year. An IRS Form 1099 is not required when payments are specifically for merchandise or made to some types of corporations.
Please provide the requested information below to determine if a Form 1099 is required.
This information must match the information that you provide to the Internal Revenue Service for Tax Reporting.
Federal Law requires us to take backup withholding from future payments made if you fail to provide the information requested.

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

PAYEE TYPE: Individual (Complete Individual Section and sign) Business (Complete Business Section and sign)

INDIVIDUAL

LEGAL NAME: _____ SSN: _____
(NAME USED ON LEGAL AND TAX DOCUMENTS)

ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)

REMITTANCE ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE)

PHONE: _____ FAX: _____ EMAIL: _____

BUSINESS

ORGANIZATION PROVIDES: Product / Merchandise Service Both or Medical / Legal Services

BUSINESS TYPE - Choose one of the following:

Sole Proprietors: Enter the legal first name, middle initial, and last name below. SSN: _____ or EIN: _____

Partnerships: Enter the legal name as it appears on the partnership agreement below. EIN: _____

Limited Liability Company (LLC): Enter the legal name as it appears on the legal document creating the LLC below. EIN: _____

Subsidiary If a Subsidiary, Parent Co Name: _____ Parent Co EIN: _____

Corporations: Enter the legal name as set forth in the corporate charter or other legal document creating the corporation below. EIN: _____

Date Incorporated: _____ Corporation Type: (Check if one of the following) Non Profit (Tax Exempt) Subsidiary

If a Subsidiary, Parent Co Name: _____ Parent Co EIN: _____

Other: _____ Enter the legal name as it appears on the legal and tax documents below. EIN: _____

LEGAL NAME: _____
(NAME USED ON LEGAL AND TAX DOCUMENTS)

BUSINESS NAME (if different from Legal Name): _____
(NAME USED IN DOING BUSINESS - DBA)

ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)

REMITTANCE ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE)

CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

PREVIOUS OWNER / BUSINESS NAME: _____ PREVIOUS TIN: _____

CHANGE OF BUSINESS TYPE / OWNERSHIP AS OF: _____ (Taxpayer Identification Number)

REQUIRED INTERNAL REVENUE STATEMENT

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The person signing this form certifies:

1. The number shown on this form is the payee's correct taxpayer identification number, and
2. The payee is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) the payee has not been notified by the IRS that the payee is subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified the payee they are no longer subject to backup withholding, and
3. The payee is a U.S. person (including a U.S. resident alien).

Printed Name: _____ Title: _____

Signature: _____ Date: _____



Get Out Alive! Disaster Preparedness and Emergency Evacuation Plan

A Licensed or Approved Child Care Facility must have a disaster preparedness and emergency evacuation plan that includes evacuation procedures that will ensure the complete evacuation of children in care, including children with limited mobility, within 150 seconds (2 1/2 minutes). For further information, refer to 7AAC 10.1010 (Licensed Providers) or 7AAC 41.220 (Approved Providers).

Your Emergency Plan requires

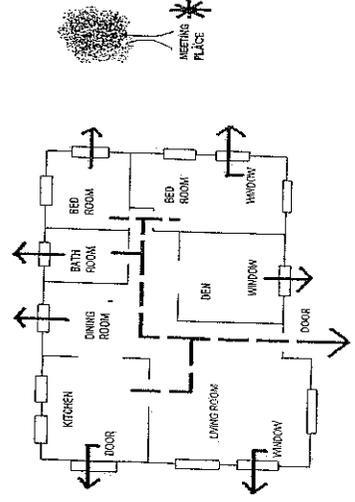
- Smoke detectors, fire extinguishers, and carbon monoxide detectors as required by regulation.
- Escape routes marked on a floor plan. **Doors and windows must be identified.**
- Specified meeting place outside your home.
- Written plan must describe the procedures that will be followed for the complete evacuation of the facility and explain your plan to evacuate everyone within 150 seconds, **including children under 30 months of age, children with limited mobility, and children who otherwise may need assistance in an emergency, including a child who is mentally, visually, or hearing impaired.**
- Written plan must include procedures for other emergency situations or natural disasters that may affect the facility, including, as appropriate, tsunami, flooding, and earthquake emergencies.
- Emergency evacuations drills are to be conducted and recorded monthly.
- Practice emergency evacuation drills at different times of the day and using alternate exits.
- One disaster kit in addition to the required first aid kit(s).

Additional Resources

- www.72hours.org
- www.fema.gov
- www.ready.gov
- www.childtrauma.org
- www.redcross.org
- www.naccrra.org/emergency
- www.ak-prepared.com
- www.naeyc.org/families/disaster.asp
- www.muni.org/oem/index.cfm

Contact your local emergency preparedness office for further resources.

Sample Escape Plan



Facility Name: _____

Physical Address: _____

Drawn Floor Plan:

A large grid for drawing a floor plan, consisting of 30 columns and 20 rows of squares.

Floor Plan:

1. Use the grid to draw a floor plan of your facility (drawing does not need to be to scale).
2. Show exits from every room
3. Indicate location of outside meeting place.
4. Show smoke detector(s), carbon monoxide detector(s), and fire extinguisher(s) locations.

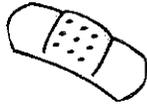
Safety Tips:

1. Sleep with bedroom doors closed. They will hold back deadly smoke.
2. Teach everyone to recognize the sound of your smoke alarms.
3. Test doors before opening them. If hot, use your alternate escape route. If cool, brace your shoulder against the door and open it cautiously. Be ready to slam it if smoke or heat rush in.
4. Crawl low under smoke.
5. If your clothes catch on fire, stop, drop and roll.
6. Get out fast.
7. Don't go back inside once you're out.
8. Choose a specific meeting place so you can see that everyone is out of the house.
9. Call 911.



CHILD CARE ASSISTANCE PROGRAM

Approved Provider Child Care Facility



First Aid Kit Checklist



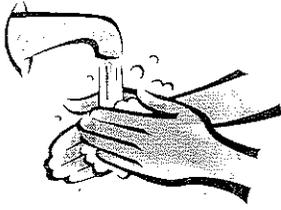
Your first aid kit must be in a container that holds all the items below.

- 1. Disposable nonporous, non-latex gloves
- 2. Sealed packages of alcohol wipes or antiseptic
- 3. Scissors
- 4. Tweezers
- 5. Thermometer
- 6. Adhesive bandages
- 7. Bandage tape
- 8. Sterile gauze pads
- 9. Flexible roller gauze
- 10. Triangular bandages
- 11. Safety pins
- 12. Eye dressing
- 13. Pen or pencil and notepad
- 14. Activated charcoal, use only under the direction of a poison control center or another medical professional (**not currently enforced**)
- 15. Cold pack
- 16. Current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide
- 17. CPR barrier device or mask
- 18. Poison control center telephone number
- 19. Potable Water
- 20. Child-size splints
- 21. Soap
- 22. Working flashlight
- For field trips and outings away from the facility, for each child participating in the trip or outing, an emergency child record information and parent permission for use of medication

Remember to check your kit regularly to ensure that expiration dates are not exceeded and to restock the kit after each use.

CHILD CARE ASSISTANCE PROGRAM

Approved Provider Child Care Facility Diapering Checklist



1. Diaper Changing Area:

- Is not located in a food preparation area.
- Is not used for temporary placement or serving of food.
- Has one hand-sink in or immediately adjacent to the area.
- Surface for changing diapers is smooth, durable, nonabsorbent and easily cleanable.
- Non latex gloves and hand-washing supplies are available.
- Clean diapers are available and neatly stored.
- Diaper changing supplies, including containers of cream and lotion, are kept clean and sanitary.
- Soiled clothing or cloth diapers, solid waste is disposed of by dumping the contents into a toilet and placing the diapers, without rinsing, in a leak proof bag or easily cleanable, covered container that is lined with plastic (the covered container is to be emptied, cleaned and sanitized daily).
- After a soiled disposable diaper is removed, it is folded inward and resealed before disposal into a cleanable covered container described above
- Single-use disposable wipes are to be discarded after use; if a non-disposable cloth is used, that cloth is to be place immediately, without rinsing, in a leak proof bag or cleanable covered container described above.

2. Take precautions against the spread of infectious disease:

- Wash hands for at least 10 seconds with soap and water and rinse them with water before and after assisting a child with toileting or diapering
- Diaper changing surface is cleaned and sanitized after each use

3. Children do not handle diaper changing supplies

CHILD CARE ASSISTANCE PROGRAM

Approved Provider Child Care Facility

Animal Safety Checklist



- 1. Ensure that each animal kept in the facility:
 -  has all required immunizations
 -  does not have a contagious disease
 -  is free of internal and external parasitesShow proof of the required immunizations to the Child Care Program Office (CCPO) or local Child Care Assistance office upon request.
- 2. Inform parents of children in care of any animal present in the facility.
- 3. Advise CCPO or the local Child Care Assistance office if any animal in the facility has a history of aggressive behavior or biting (**with or without animal control involvement**).
- 4. Notify CCPO or local Child Care Assistance office within 24 hours of any occurrence of aggressive behavior or biting by an animal in the facility (**with or without animal control involvement**).
- 5. Immediately remove any animal from contact with children in care if the animal's behavior is described in (3) or (4) above.
- 6. Permanently remove any animal from contact with children in care if the animal's behavior is described in (3) or (4) above and CCPO determines that the animal is a threat to the life or safety of children in care.

Common Vaccines/Vaccine Combinations[†]

NOTE: The following table is provided as a reference only. To lessen confusion, PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES (e.g., DTaP, Hepatitis B) rather than brand names.

Vaccine, by Generic Name or Trade Name (® or ™)	Used for Protection Against This Disease(s)	Additional Information
ACEL-IMUNE®	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
ActHIB®	Hib [‡]	
ADACEL™	Tetanus/ Diphtheria/ Pertussis	Adult formulation**
Attenuvax®	Measles	
BCG *	Tuberculosis	Not used in the U.S.
Boostrix™	Tetanus/ Diphtheria/ Pertussis	Adult formulation**
Certiva™	Diphtheria/ Tetanus/ Pertussis	
COMVAX™	Hepatitis B/ Hib [‡]	
DAPTACEL™	Diphtheria/ Tetanus/ Pertussis	
DT	Diphtheria/ Tetanus	Pediatric formulation**
DTaP	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
DTP	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
DTwP	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
Engerix-B®	Hepatitis B	
GARDASIL®	Human Papillomavirus	
HAV	Hepatitis A	
Havrix®	Hepatitis A	
HbOC	Hib [‡]	Brand name: HibTITER®
HBV	Hepatitis B	
Heptavax®	Hepatitis B	Last produced in U.S. in 1992
HibTITER®	Hib [‡]	
HPV	Human Papillomavirus	
Infanrix™	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
IPOL®	Polio	
IPV	Polio	Inactivated Poliovirus Vaccine
MCV4	Meningococcal disease	Meningococcal Conjugate Vaccine 4-valent
Menactra™	Meningococcal disease	Meningococcal Conjugate Vaccine 4-valent
Menomune™	Meningococcal disease	Meningococcal Polysaccharide Vaccine 4-valent
Meruvax II®	Rubella	
MMR	Measles/ Mumps/ Rubella	
MMRV	Measles/Mumps/Rubella/Varicella	
MPV4	Meningococcal disease	Meningococcal Polysaccharide Vaccine 4-valent
MR	Measles/ Rubella	
Mumpsvax®	Mumps	
OmnihIB™	Hib [‡]	
OPV	Polio	Oral Poliovirus Vaccine
ORIMUNE®	Polio	
PCV7	Pneumococcal disease	Pneumococcal Conjugate Vaccine 7-valent
Pediarix™	Diphtheria/ Tetanus / Pertussis/ Hepatitis B/ Polio	
PedvaxHIB®	Hib [‡]	
PPV23	Pneumococcal disease	Pneumococcal Polysaccharide Vaccine 23-valent
Prennar™	Pneumococcal disease	
PROHIBIT™	Hib [‡]	Only for children ≥18 months of age
PROQUAD®	Measles/Mumps/Rubella/ Varicella	
PRP-OMP	Hib [‡]	Brand name: PedVaxHIB®
PRP-T	Hib [‡]	Brand name: ActHIB®
RECOMBIVAX HB®	Hepatitis B	
RotaTeq®	Rotavirus	
Rotashield®	Rotavirus	No longer used in the U.S.
"Sabin"	Polio	Oral poliovirus vaccine
"Salk"	Polio	Inactivated poliovirus vaccine
Td	Tetanus/ Diphtheria	Adult formulation **
Tdap	Tetanus/Diphtheria /Pertussis	Adult formulation **
TETRAMUNE®	Diphtheria/ Tetanus/ Pertussis/ Hib [‡]	
TriHIBit®	Diphtheria/ Tetanus/ Pertussis/ Hib [‡]	
Tripedia®	Diphtheria/ Tetanus/ Pertussis	
Twinrix®	Hepatitis A/ Hepatitis B	In U.S. - Adult formulation for ≥18 yrs of age
VAQTA®	Hepatitis A	
VARIVAX®	Varicella	"Chickenpox"
VZV	Varicella	"Chickenpox" (Varicella Zoster Virus)

† Some listed vaccines are not routinely available in Alaska.

‡ PPD and Mono-Vacc® are used for tuberculosis screening. They are not vaccines.

Hib = *Haemophilus influenzae* type b

** Appropriate age groups to receive "pediatric" or "adult" formulations may vary according to vaccine. Consult a healthcare provider if you have questions about vaccine use.



CHILD CARE FACILITIES CHILDREN'S RECORD REVIEW

Facility: _____

Reviewed by: _____ Date: _____

EMERGENCY CARD	CHILD'S NAME	DATE OF BIRTH	DPT/DTAP/DT	POLIO (OPV, IPV)	HIB	HEP B	MMR	VARICELLA	HEP A	NOTES

Immunization Guide* by the time the child is:

6 months	16 months	19 months	25 months	44 months	In Kindergarten 5 through 6 yrs	7 + years
2 DPT	3 DPT	3 DPT	4 DPT	4 DPT	5 DTP	3 DT(P)
2 Polio	3 Polio	3 Polio	3 Polio	3 Polio	3 Polio	3 Polio
2 Hib	3 Hib	3 Hib	3 Hib	3 Hib	3 Hep B	3 Hep B
2 Hep B	2 Hep B	2 Hep B	3 Hep B	3 Hep B	2 Measles	2 Measles
	1 MMR	1 MMR	1 MMR	1 MMR	1 Mumps	1 Mumps
		1 Varicella	1 Varicella	1 Varicella	1 Rubella	1 Rubella
			1 Hep A	2 Hep A	2 Varicella	2 Varicella
					2 Hep A	2 Hep A

*The Immunization Guide does not state each age when an immunization is due. The Guide is strictly for use by the Child Care Licensing program as a compliance measuring tool. If children in care do not meet these minimum milestones, the facility is not meeting the requirement of caring for children with current immunizations. For a more detailed list of required immunizations, it is necessary to contact the State of Alaska Immunology Program
7 + years: 2 doses of varicella will be required for children *through* the 6th grade. The second dose will not be required when the child enters 7th grade.

State of Alaska
 Department of Health and Social Services
 Division of Public Assistance - Child Care Program Office
Child Care Assistance Program Rate Schedule
 Effective March 1, 2010

Area	Licensed or Military Center Care & Group Homes				Licensed or Military Home Care				Approved or In-Home Care							
Juneau	F/T month		P/T month		F/T day		P/T day		F/T month		P/T month		F/T day		P/T day	
	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly	hourly
Juneau	Infant	\$858	\$515	\$51	\$31	\$5.75	\$719	\$431	\$43	\$26	\$4.50	\$520	\$311	\$31	\$19	\$4.00
	Toddler	\$822	\$493	\$49	\$30	\$5.25	\$650	\$390	\$39	\$23	\$4.25	\$492	\$300	\$30	\$18	\$3.50
	Preschool Age	\$675	\$405	\$41	\$24	\$4.75	\$600	\$360	\$36	\$22	\$3.75	\$450	\$275	\$26	\$16	\$3.25
	School Age	\$546	\$328	\$33	\$20	\$4.50	\$483	\$290	\$29	\$17	\$3.50	\$450	\$275	\$26	\$15	\$3.00
Matanuska-Susitna Valley	F/T month		P/T month		F/T day		P/T day		F/T month		P/T month		F/T day		P/T day	
	Infant	\$713	\$428	\$43	\$26	\$5.25	\$647	\$388	\$39	\$23	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$670	\$402	\$40	\$24	\$5.00	\$600	\$360	\$36	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$605	\$363	\$36	\$22	\$4.50	\$600	\$360	\$36	\$22	\$3.75	\$440	\$264	\$26	\$16	\$3.25
School Age	\$605	\$363	\$36	\$22	\$4.00	\$483	\$290	\$29	\$17	\$3.50	\$430	\$258	\$26	\$15	\$3.00	
Northern	F/T month		P/T month		F/T day		P/T day		F/T month		P/T month		F/T day		P/T day	
	Infant	\$730	\$438	\$44	\$26	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$650	\$350	\$40	\$21	\$4.25
	Toddler	\$694	\$416	\$42	\$25	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$650	\$333	\$33	\$20	\$4.00
	Preschool Age	\$621	\$373	\$37	\$22	\$4.50	\$558	\$335	\$33	\$20	\$3.75	\$500	\$300	\$30	\$18	\$3.50
School Age	\$780	\$468	\$47	\$28	\$4.00	\$545	\$327	\$33	\$20	\$3.50	\$500	\$300	\$30	\$17	\$3.50	
Southeast	F/T month		P/T month		F/T day		P/T day		F/T month		P/T month		F/T day		P/T day	
	Infant	\$791	\$475	\$47	\$28	\$5.25	\$694	\$416	\$42	\$25	\$4.50	\$620	\$311	\$31	\$19	\$4.00
	Toddler	\$700	\$420	\$42	\$25	\$5.00	\$675	\$405	\$41	\$24	\$4.25	\$492	\$300	\$30	\$18	\$3.50
	Preschool Age	\$607	\$364	\$36	\$22	\$4.50	\$550	\$330	\$33	\$20	\$3.75	\$450	\$275	\$26	\$16	\$3.25
School Age	\$550	\$330	\$33	\$20	\$4.00	\$483	\$290	\$29	\$17	\$3.50	\$450	\$275	\$26	\$15	\$3.00	
Southwest	F/T month		P/T month		F/T day		P/T day		F/T month		P/T month		F/T day		P/T day	
	Infant	\$730	\$438	\$44	\$26	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$669	\$378	\$34	\$21	\$4.75
	Toddler	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$608	\$361	\$33	\$20	\$4.00
	Preschool Age	\$608	\$365	\$36	\$22	\$4.50	\$575	\$345	\$35	\$21	\$3.75	\$575	\$334	\$29	\$20	\$4.00
School Age	\$593	\$356	\$36	\$21	\$4.00	\$575	\$345	\$35	\$21	\$3.50	\$575	\$334	\$28	\$20	\$4.00	
Infant Birth thru 18 months Toddler: 19 months thru 36 months Preschool Ager: 37 months thru 6 years School Age: 7 years thru 12 years																

F/T month (Full-Time month) = 17 or more full days of care during a calendar month, based on a five-day-a-week schedule; P/T month (Part-Time month) = 17 or more partial days of care during a calendar month or care for one-half month of full days; F/T day (Full day) = more than five (5) hours of care and up to and including ten (10) hours of care on a calendar day; P/T day (Partial day) = up to and including five (5) hours of care on a calendar day; hourly = care by the hour when more than ten (10) hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day. Enrollment authorizations are used when the need for care is consistent. Attendance authorizations are used when the need for care is inconsistent or unpredictable.

Juneau: City and Borough of Juneau including Douglas and Auke Bay
Southeast: Southeast Alaska except City and Borough of Juneau

Matanuska-Susitna Valley: Matanuska-Susitna Borough
Southwest: Bethel, Dillingham, Bristol Bay, Aleutians East and West and the Lake and Peninsula Areas

Northern: North Slope, Northwest, Nome and Wade Hampton

State of Alaska
 Department of Health and Social Services
 Division of Public Assistance - Child Care Program Office
Child Care Assistance Program Rate Schedule
 Effective March 1, 2010

Area	Licensed or Military Center Care & Group Homes			Licensed or Military Home Care			Approved or In-Home Care									
	F/T month	P/T month	hourly	F/T day	P/T day	hourly	F/T month	P/T month	P/T day	hourly						
Anchorage	Infant	\$850	\$510	\$51	\$31	\$5.75	\$700	\$420	\$42	\$25	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$800	\$480	\$48	\$29	\$5.25	\$650	\$390	\$39	\$23	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$650	\$390	\$39	\$23	\$4.75	\$545	\$327	\$33	\$20	\$3.75	\$440	\$264	\$26	\$16	\$3.25
	School Age	\$625	\$375	\$38	\$23	\$4.50	\$501	\$301	\$30	\$18	\$3.50	\$430	\$258	\$26	\$15	\$3.00
Fairbanks	Infant	\$825	\$495	\$50	\$30	\$5.75	\$680	\$408	\$41	\$24	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$888	\$533	\$53	\$32	\$5.25	\$616	\$370	\$37	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$675	\$405	\$41	\$24	\$4.75	\$539	\$323	\$32	\$19	\$3.75	\$440	\$264	\$26	\$16	\$3.25
	School Age	\$639	\$383	\$38	\$23	\$4.50	\$525	\$315	\$32	\$19	\$3.50	\$430	\$258	\$26	\$15	\$3.00
Gulf Coast	Infant	\$775	\$465	\$47	\$28	\$5.25	\$602	\$481	\$48	\$29	\$4.50	\$500	\$303	\$29	\$17	\$3.50
	Toddler	\$700	\$420	\$42	\$25	\$5.00	\$620	\$372	\$37	\$22	\$4.25	\$500	\$300	\$28	\$17	\$3.25
	Preschool Age	\$605	\$363	\$36	\$22	\$4.50	\$600	\$360	\$36	\$22	\$3.75	\$500	\$293	\$25	\$15	\$3.00
	School Age	\$605	\$363	\$36	\$22	\$4.00	\$600	\$300	\$30	\$18	\$3.50	\$500	\$293	\$25	\$15	\$3.00
Interior	Infant	\$730	\$438	\$44	\$26	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$570	\$342	\$34	\$21	\$4.50	\$550	\$330	\$33	\$20	\$3.75	\$440	\$264	\$26	\$16	\$3.25
	School Age	\$565	\$339	\$34	\$20	\$4.00	\$504	\$302	\$30	\$18	\$3.50	\$430	\$258	\$26	\$15	\$3.00

Infant: Birth thru 18 months Toddler: 19 months thru 36 months Preschool Age: 37 months thru 6 years School Age: 7 years thru 12 years

F/T month (Full-Time month) = 17 or more full days of care during a calendar month, based on a five-day-a-week schedule; P/T month (Part-Time month) = 17 or more partial days of care during a calendar month or care for one-half month of full days; F/T day (Full day) = more than five (5) hours of care and up to and including ten (10) hours of care on a calendar day; P/T day (Partial day) = up to and including five (5) hours of care on a calendar day; hourly = care by the hour when more than ten (10) hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day. Enrollment authorizations are used when the need for care is consistent. Attendance authorizations are used when the need for care is inconsistent or unpredictable.

Anchorage: Municipality of Anchorage including Eagle River/ Girdwood
Fairbanks: Fairbanks North Star Borough including North Pole
Gulf Coast: Kenai, Kodiak, Valdez and Cordova Census Areas
Interior: Denali, Southeast Fairbanks and Yukon-Koyukuk Census Areas

**ALASKA PASS I CHILD CARE ASSISTANCE MANUAL
ADDENDUM J**

APPROVED RELATIVE PROVIDER APPLICATION PACKET



CHILD CARE ASSISTANCE PROGRAM
APPROVED RELATIVE PROVIDER
APPLICATION CHECKLIST

All child care providers who participate in the Child Care Assistance Program must meet the eligibility and application requirements as outlined in 7 AAC 41.200. **Child care services must be provided in the provider's residence.**

Once completed, the following documents need to be returned to:

- 1. *Approved Provider Application*
- 2. *Approved Provider Health & Safety Requirements form*
- 3. *Child Care Provider Rates & Responsibilities form*
- 4. A copy of your *Disaster Preparedness and Emergency Evacuation Planner*
- 5. A copy of your government issued photo identification
- 6. Completed *Request for Taxpayer ID# and Information Substitute Form W-9*
- 7. Notarized Release to Review Background Information forms for each member, age 16 and older, residing in residence where care is provided. Forms for those 16 and 17 years of age must also be signed by a parent.

ADDITIONALLY

- Provide Criminal Justice information at the level of an Interested Person (IPR) for each member, age 18 or older residing in the residence where care is provided.
- Participate in an Orientation.

IMPORTANT INFORMATION

Child care services provided prior to your approval effective date will not be paid by the Child Care Assistance PASS II/III Program.

Approval effective dates are the first of the month following the receipt of a complete application, background clearance for all members in the child care residence age 18 years or older and participation in an Orientation.

An Approved Relative Provider may be approved for participation in the Child Care Assistance Program for a two year period. Providers who wish to continue participating in the Child Care Assistance Program past the two year timeframe must reapply.



CHILD CARE ASSISTANCE PROGRAM
 APPROVED RELATIVE PROVIDER
 APPLICATION

For Office Use Only
Date Received

Print Name (First/Middle/Last): _____

Social Security Number or EIN: _____ Phone: _____ Cell: _____

Facility Name: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address of Facility: _____ City: _____ Zip: _____

E-mail Address: _____

APPROVED RELATIVE PROVIDER: Approved Relative Providers operate in their own private residence, as the sole caregiver of child care services for eligible children who are related by marriage, blood or court decree and are their grandchildren, great-grandchildren, sibling (only if living in separate residences), great-niece, niece, great-nephew or nephew. Approved Relative Providers may care for no more than a total of five children under 13 years of age, including the provider's own children. Of those five children, all must be related to the provider as described above and no more than two may be under the age of 30 months. **NOTE:** *This category of provider must renew their status every two years to continue to be eligible for payments through the Child Care Assistance Program.*

Household Members

All household members age 16 years of age and older must submit a notarized Release to Review Background Information Form that is also signed by the parent. All household members age 18 and older must also submit an Interested Person's Report, issued within the last 90 days from the Department of Public Safety..

List all household members 18 years of age and older:

First, Middle, Last Name	Previous Name(s) or Aliases, if any	Social Security Number	Birth Date	Relationship to You
				SELF

List all household members under 18 years of age:

First, Middle, Last Name	Date of Birth	Relationship to You

List the names of the children you will be caring for and how they are related to you.

Child's First, Middle, Last Name	Child's Date of Birth	Relationship to You
1.		
2.		
3.		
4.		
5.		

Your Responsibilities

You must report any changes in your circumstance that may affect your eligibility to participate in the child care assistance program, within ten days of that change. Examples of changes you are required to report include:

- If you move or get a new mailing address or telephone number;
- When someone moves into or out of your home where child care services are provided (any person who is residing or visiting for a total of 45 days or more, in any 12-month period is considered to be a household member).

Fraud Penalty Warnings

You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

Certification and Statement of Truth

Under penalty of perjury or unsworn falsification, I certify that the statements made on this application regarding myself and individuals living in my child care facility are true and correct; and that I have read, or had read to me, and understand the information provided on this application.

I understand that I am responsible for compliance with program rules and requirements, penalties and repayment of any overpayments. I further understand I will not receive any payment for child care services provided that are prior to the issuance of my approval.

Signature of Provider

Date

Printed Name of Provider

Signature of Witness, if signed with an "X"



CHILD CARE ASSISTANCE PROGRAM

APPROVED PROVIDER HEALTH AND SAFETY REQUIREMENTS

For Office Use Only
Date Received

Retain a copy for your records

To participate in the Child Care Assistance Program as an Approved Provider, **I understand that I must:**

1. Be at least 18 years of age.
2. Provide care for no more than a total of five children under 13 years of age, including my own children under 12 years of age. No more than two (2) may be under the age of 30 months. Each child receiving full or part-time care must be counted, whether present or not, is counted toward the maximum allowed until that child no longer receives care from the provider.
3. Be related to all children in care if I am an Approved Relative Care Provider; and the child in care is a grandchild, great-grandchild, niece, nephew, great-niece, great-nephew, or sibling. If a sibling, I must live in a separate residence.
4. Certify that each resident in my facility, including myself, is not prohibited from providing care under Alaska Regulation 7 AAC 41.205, *Child Protection and Criminal History*.
5. Ensure that any person in contact with children in my care is responsible and exercises sound judgment; does not abuse a child or engage in an exploitive or sexual act with a child; and is free of any physical, behavioral, or domestic violence problem that would pose a significant risk to the health, safety, or welfare of children in care.
6. Directly provide care and supervision of children except in an emergency when an identified substitute provider of good reputation and character may provide care for part of a day, or when using a substitute provider who is also approved as a participating provider.
7. Provide a parent access to their child whenever the child is in care.
8. Maintain a functional telephone or other identified means of communication.
9. Keep emergency information on each child and update at least every six months. Contact the child's parent in case of illness or injury. In case of emergency situations such as fire, child's death, serious injury or illness which requires outside medical personnel report immediately to the CCPO or designee.
10. Administer medication to a child in my care only with the written permission of the child's parent.
11. Obtain first aid and cardiopulmonary resuscitation (CPR) certification within 6 months of approval.
12. Maintain a first aid kit and follow the procedures in 7AAC 41.230.
13. Be able to prevent exposure of children to risks, including exposure to physical hazards and encounters with persons or animals posing a possible danger.
14. Ensure medications and alcohol are not accessible to children in care; and ensure alcohol and illegal controlled substances are not used during the hours children are in care.
15. Ensure that my child care home is free of fire hazards.
16. Submit a copy of a disaster preparedness and emergency evacuation plan that ensures the complete evacuation of children, including children with limited mobility, within 150 seconds during an emergency.
17. Ensure that my child care facility has at least two (2) means of emergency escape that are remote from each other and that provide unobstructed access to the outside of the building; at least one (1) means of emergency escape must be an exterior door.
18. Conduct and document emergency evacuation drills at least once a month, unless postponed due to severe weather.
19. Have at least one working smoke detection device that is less than 10 years old and that is AC primary power or monitored battery powered smoke detection device and at least one fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level of my facility.
20. When heating or cooking with oil, wood, natural gas or propane, ensure an operating carbon monoxide detector is installed in each hallway outside of, or within, each sleeping area; and regularly inspect, test and service the detector. (If facility is more than one level, at least one operating carbon monoxide device must be installed on each level).
21. Maintain a smoke-free home and vehicle environment. (In accordance with Alaska Regulation 7 AAC 10.1085 *Smoking*; smoke-free means that smoking accessories (ash trays, lighters, etc) are not visible or accessible to children and no smell of smoke from cigars or other smoking products is evident in the home or vehicle.

(Continued on Back)

22. Adhere to the requirements of 7 ACC 41.240 such as animals kept in my facility have all required immunizations, are free of any communicable diseases, and provide proof of compliance upon request.
23. Take precautions against the spread of infectious disease by washing my hands for at least 10 seconds with soap and water and rinse them with water:
 - o Before food handling, preparation, serving, eating, or table setting;
 - o After toileting or assisting a child with toileting and after diapering a child;
 - o After handling an animal, animal waste, or an animal cage;
 - o Before and after giving medication;
 - o After participating in moist play such as painting, cooking or molding clay;
 - o When hands are contaminated with bodily fluids;
 - o After nose wiping; and
 - o Encourage children to wash their hands at similar times.
24. Install and maintain hot water temperature controls so that hot water delivered to plumbing fixtures accessible to children is not more than 120 degrees Fahrenheit.
25. Ensure that children in my care have all immunizations required.
26. Transport children in safe vehicles using appropriate child restraints.
27. Take the necessary precautions to make my child care home free of hazards that can cause injury or disease to children both inside and outside the building keeping my child care facility in a clean, safe and sanitary condition.
28. Maintain clean and sanitary toileting facilities.
29. Comply with the diapering procedures outlined in 7 ACC 41.225.
30. Convey, store and dispose of solid waste to minimize odor; avoid attracting or harboring pests.
31. Store cleaners, medicines, and other harmful substances in a place inaccessible to children.
32. Maintain safe and sanitary equipment and supplies for diapering and toileting infants and toddlers.
33. Install outlet covers on electrical outlets that are accessible to children under age five (5).
34. Install and use safety gates to prevent access to stairs for infants and toddlers.
35. Obtain furniture and play equipment that is durable, safe, and easy to clean, and keep clean and in good repair.
36. Ensure that firearms in my child care home are unloaded and stored in a locked gun safe or other locked place inaccessible and not visible to children. (Ammunition must be stored separately from the firearms in a place that is inaccessible to children and the provider must tell each parent that firearms are present in the facility.)
37. Provide supervision of all children in my care appropriate to each child's age and developmental needs and adequate to prevent injury.
38. Provide daily activities to promote a child's individual physical, social, intellectual, and emotional development that includes time for meals, snacks, sleep, toileting, and indoor and outdoor exercise according to individual needs.
39. Ensure that children in care are not subject to corporal punishment. Corporal punishment means the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, or any other action that seeks to induce pain.
40. Provide sufficient nutrition so that:
 - o A child is fed nutritious meals and snacks according to individual need;
 - o An infant is fed on demand; and
 - o Except for medical reasons, a child is not denied a meal or snack, force fed or otherwise coerced to eat against the child's will.
41. Maintain sanitary areas for proper care, storage, refrigeration, and preparation of food, ensuring that food is not adulterated; and wash fruits and vegetables with potable water before use.
42. Have an ample supply of safe, drinkable water in my child care home.

CERTIFICATION OF HEALTH AND SAFETY REQUIREMENTS

I certify that I meet and will continue to meet each of the health and safety requirements of 7 AAC 41 – Child Care Assistance Regulations, summarized in this document.

I understand that failure to meet these requirements at any time may result in probation, suspension or termination from participation in the Child Care Assistance Program as an Approved Provider.

Printed Name of Provider's Authorized Agent

Signature of Provider's Authorized Agent

Date



CHILD CARE ASSISTANCE PROGRAM

CHILD CARE PROVIDER RATES AND RESPONSIBILITIES

For Office Use Only

Facility Name: _____ Phone Number: _____
 Owner Name: _____ FAX Number: _____
 Physical Address: _____ Email Address: _____
 Mailing Address: _____ SSN or EIN: _____
 City, ST, Zip Code: _____

Authorized Agent Name: _____ (if different than Owner, complete the following for the agent):
 Physical Address: _____ Mailing Address: _____
 City, ST, Zip Code: _____ City, ST, Zip Code: _____
 Phone Number: _____

CHECK ONLY ONE OF THE FOLLOWING PROVIDER TYPES:

Licensed	<input type="checkbox"/> Center	<input type="checkbox"/> Group Home	<input type="checkbox"/> Home
Certified (attach supporting documents)	<input type="checkbox"/> Dept. of Defense	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Tribal
Approved	<input type="checkbox"/> Approved Non-Relative <input type="checkbox"/> PASS I In-Home Care (care provided in the child's own home)	<input type="checkbox"/> Approved Relative - Relative means an individual that is related by marriage, blood or court decree, to a child who is the grandchild, great-grandchild, niece, great-niece, nephew, great-nephew or sibling. If a sibling the provider and the child in care must live in a separate residence.	

CHECK ONE: My rates are the same as the State rate (do not complete the table below) OR My rates are listed below

Infant Birth through 18 months		Toddler 19 months through 36 months		Preschool Age 37 months through 6 years		School Age 7 years through 12 years	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Monthly _____	_____	Monthly _____	_____	Monthly _____	_____	Monthly _____	_____
Daily _____	_____	Daily _____	_____	Daily _____	_____	Daily _____	_____
Hourly _____		Hourly _____		Hourly _____		Hourly _____	

Note: Full Time = Over 5 and up to 10 hours of care per day. Part Time = Up to and including 5 hours of care per day.

LICENSED/CERTIFIED ONLY: DO YOU CHARGE A REGISTRATION FEE? Yes No
 Amount \$ _____ Per Family Annual Per Child One-Time

HOURS OF OPERATION:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Open							

SCHEDULED CLOSURES (such as a holiday) and DATES:

Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in the "Information Providers Need to Know" on page two of this form.

Printed Name of Owner _____ Signature of Owner _____ Date _____
 Printed Name of Owner's Authorized Agent _____ Signature of Owner's Authorized Agent _____ Date _____

INFORMATION PROVIDERS NEED TO KNOW

Child Care facility owners may authorize another individual to act for and as a representative of the owner. This is the "Authorized Agent." An authorized agent assumes the responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments. In the absence of an authorized agent, the owner assumes responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments.

Your Responsibilities

As a provider participating in the Child Care Assistance Program (CCAP), I agree to respect and maintain the confidentiality of families participating in the CCAP and understand that I must not discriminate against such families on the basis of race, color, national origin, religion, sex, age, or handicap. I further understand that:

1. I must have a valid authorization before I bill the State of Alaska for services provided to CCAP families. Charges for services that are not on the authorization are between the family and myself and cannot be billed to the State.
2. The rate charged to CCAP families must be the rate I have provided on the Rates and Responsibilities form and may not be higher than the rate I charge non-CCAP families for the same service.
3. I must provide written notice of any rate and policy changes to CCAP families and the appropriate child care assistance office at least 30 days before the effective date. New rates become effective the 1st day of the month following 30 days notice.
4. Billing report forms for July through April, must be submitted within 90 days after the last day of the month child care services were provided. For months May and June, the monthly billing report must be submitted no later than July 31st. Payment will be denied if submitted outside these timeframes.
5. I must give at least 14 days written notice of my intent to terminate services to CCAP families and the appropriate child care assistance office, except upon mutual agreement between the family and myself.
6. I must maintain my status as a licensed, certified, or approved provider in order to receive CCAP payments.
7. I must retain and make available for inspection during normal business hours:
 - a. All required state and local permits and/or licenses for operation of a child care business;
 - b. A copy of my child care policy information, if applicable;
 - c. A copy of all monthly child care billing statements and attendance records that reflect the date and time for all children in care for a period of three years.

Penalty Warnings

Erroneously Obtained Payments

If the state or local child care assistance office determines that there is reasonable evidence you erroneously obtained payments, steps will be taken to reduce or withhold future payments, to establish a repayment schedule, or to take other corrective action including probation, suspension or termination from participation in the program.

An erroneously obtained payment means child care assistance payments received by a provider that he or she was not entitled to or that were received while in noncompliance with a program requirement.

Sanctions for Non-Compliance

Your participation as a child care provider in the Child Care Assistance Program may be placed on probation, suspended, or terminated for any of the following, but not limited to:

1. Failing to maintain status as an approved, licensed, or certified provider under the CCAP and to provide child care services in accordance with that status;
2. Failing to maintain records required by the CCAP and refusing to allow an inspection of those records during scheduled business hours;
3. Refusing to comply with a plan of correction or repayment plan, or cooperate with the development of the plan;
4. Failing to comply with any compliance action or corrective action plan or to cooperate with the establishment of the plan; and
5. Failing to cooperate with a representative of the Department of Health and Social Services for purposes of investigations to determine compliance with CCAP requirements.

Fraud

You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in this document.

Printed Name of Owner

Signature of Owner

Date

Printed Name of Authorized Agent, if applicable

Signature of Authorized Agent, if applicable

Date

State of Alaska

Request for Taxpayer ID# and Information Substitute Form W-9

RETURN COMPLETED FORM TO:

Fax #:	(To be completed by State of Alaska)
Attention:	
Department:	
Address:	Vendor #:

The Internal Revenue Service requires the State of Alaska to issue 1099 forms when payments to individuals for rents, services, prizes, and awards meet or exceed \$600.00 for the year. An IRS Form 1099 is not required when payments are specifically for merchandise or made to some types of corporations. Please provide the requested information below to determine if a Form 1099 is required. This information must match the information that you provide to the Internal Revenue Service for Tax Reporting. Federal Law requires us to take backup withholding from future payments made if you fail to provide the information requested.

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

PAYEE TYPE: Individual (Complete Individual Section and sign) Business (Complete Business Section and sign)

INDIVIDUAL

LEGAL NAME: _____ SSN: _____
(NAME USED ON LEGAL AND TAX DOCUMENTS)

ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)

REMITTANCE ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE)

PHONE: _____ FAX: _____ EMAIL: _____

BUSINESS

ORGANIZATION PROVIDES: Product / Merchandise Service Both or Medical / Legal Services

BUSINESS TYPE - Choose one of the following:

Sole Proprietors: Enter the legal first name, middle initial, and last name below. SSN: _____ or EIN: _____

Partnerships: Enter the legal name as it appears on the partnership agreement below. EIN: _____

Limited Liability Company (LLC): Enter the legal name as it appears on the legal document creating the LLC below. EIN: _____

Subsidiary If a Subsidiary, Parent Co Name: _____ Parent Co EIN: _____

Corporations: Enter the legal name as set forth in the corporate charter or other legal document creating the corporation below. EIN: _____

Date Incorporated: _____ Corporation Type: (Check if one of the following) Non Profit (Tax Exempt) Subsidiary

If a Subsidiary, Parent Co Name: _____ Parent Co EIN: _____

Other: _____ Enter the legal name as it appears on the legal and tax documents below. EIN: _____

LEGAL NAME: _____
(NAME USED ON LEGAL AND TAX DOCUMENTS)

BUSINESS NAME (if different from Legal Name): _____
(NAME USED IN DOING BUSINESS - DBA)

ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)

REMITTANCE ADDRESS: _____ CITY: _____ ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE)

CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

PREVIOUS OWNER / BUSINESS NAME: _____ PREVIOUS TIN: _____

CHANGE OF BUSINESS TYPE / OWNERSHIP AS OF: _____ (Taxpayer Identification Number)

REQUIRED INTERNAL REVENUE STATEMENT

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The person signing this form certifies:

- The number shown on this form is the payee's correct taxpayer identification number, and
- The payee is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) the payee has not been notified by the IRS that the payee is subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified the payee they are no longer subject to backup withholding, and
- The payee is a U.S. person (including a U.S. resident alien).

Printed Name: _____ Title: _____

Signature: _____ Date: _____



Get Out Alive!

Disaster Preparedness and Emergency Evacuation Plan

A Licensed or Approved Child Care Facility must have a disaster preparedness and emergency evacuation plan that includes evacuation procedures that will ensure the complete evacuation of children in care, including children with limited mobility, within 150 seconds (2 1/2 minutes). For further information, refer to 7AAC 10.1010 (Licensed Providers) or 7AAC 41.220 (Approved Providers).

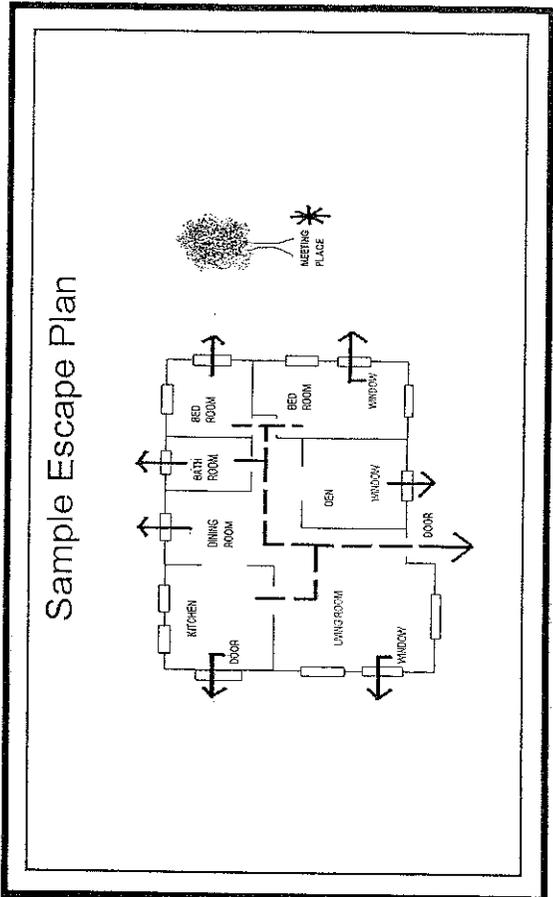
Your Emergency Plan requires

- Smoke detectors, fire extinguishers, and carbon monoxide detectors as required by regulation.
- Escape routes marked on a floor plan. Doors and windows must be identified.
- Specified meeting place outside your home.
- Written plan must describe the procedures that will be followed for the complete evacuation of the facility and explain your plan to evacuate everyone within 150 seconds, including children under 30 months of age, children with limited mobility, and children who otherwise may need assistance in an emergency, including a child who is mentally, visually, or hearing impaired.
- Written plan must include procedures for other emergency situations or natural disasters that may affect the facility, including, as appropriate, tsunami, flooding, and earthquake emergencies.
- Emergency evacuations drills are to be conducted and recorded monthly.
- Practice emergency evacuation drills at different times of the day and using alternate exits.
- One disaster kit in addition to the required first aid kit(s).

Additional Resources

www.72hours.org
www.ready.gov
www.fema.gov
www.childtrauma.org
www.redcross.org
www.nacorra.org/emergency
www.ak-prepared.com
www.muni.org/ocem/index.cfm
www.naeyc.org/families/disaster.asp

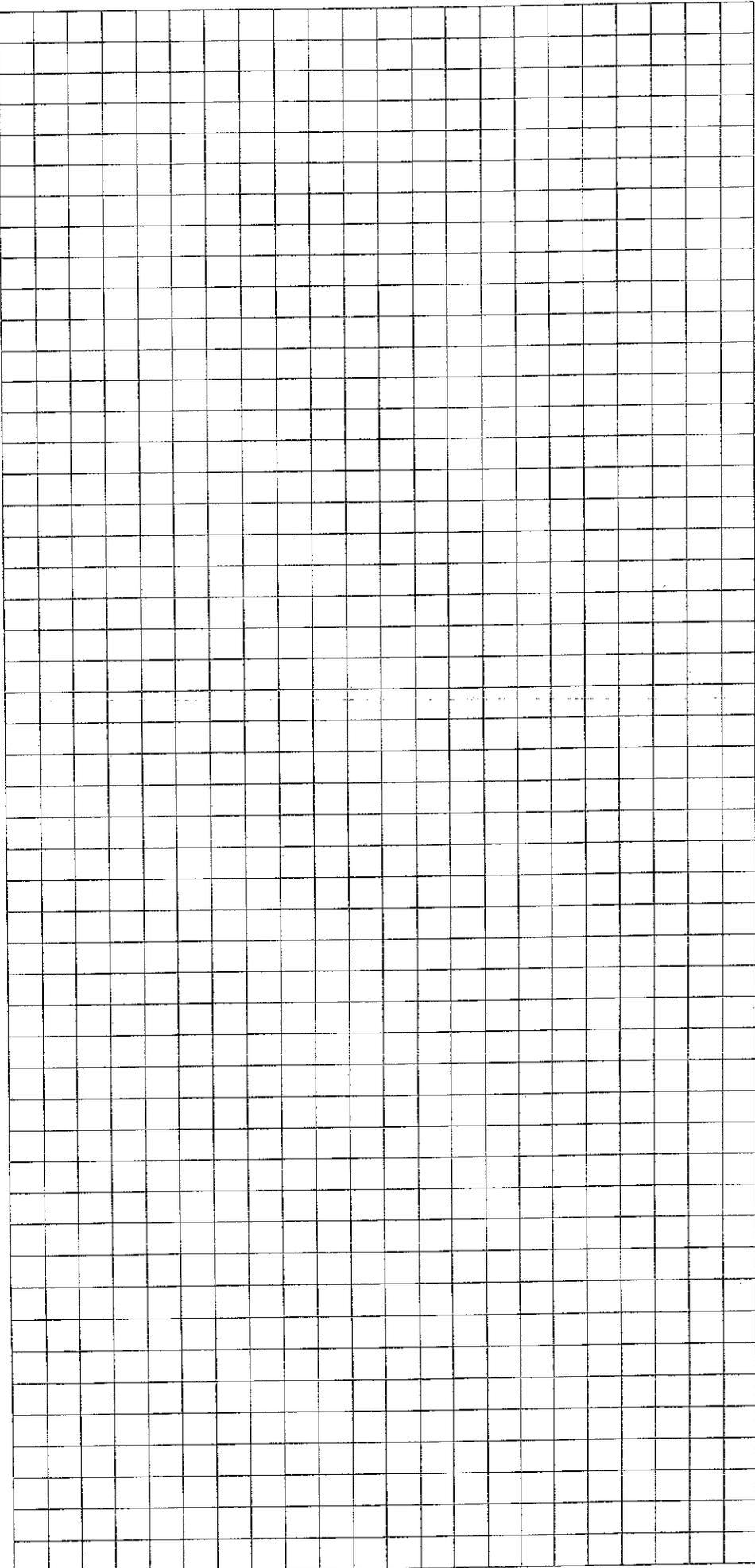
Contact your local emergency preparedness office for further resources.



Facility Name: _____

Physical Address: _____

Drawn Floor Plan:



Floor Plan:

1. Use the grid to draw a floor plan of your facility (drawing does not need to be to scale).
2. Show exits from every room
3. Indicate location of outside meeting place.
4. Show smoke detector(s), carbon monoxide detector(s), and fire extinguisher(s) locations.

Safety Tips:

1. Sleep with bedroom doors closed. They will hold back deadly smoke.
2. Teach everyone to recognize the sound of your smoke alarms.
3. Test doors before opening them. If hot, use your alternate escape route. If cool, brace your shoulder against the door and open it cautiously. Be ready to slam it if smoke or heat rush in.
4. Crawl low under smoke.

5. If your clothes catch on fire: stop, drop and roll.
6. Get out fast.
7. Don't go back inside once you're out.
8. Choose a specific meeting place so you can see that everyone is out of the house.
9. Call 911.



RELEASE TO REVIEW BACKGROUND INFORMATION

Clearance for Licensing and Approved Providers

CONFIDENTIAL

For Office Use Only
Date Received

Instructions: See reverse side for regulations and definitions. Complete a separate form for each administrator, employee, regular volunteer, member of the household 16 years of age and older residing (living) in the facility and any other person required to be checked under the definition of "individual having contact with children." Household members are those individuals residing in the child care facility for 45 days or more within a calendar year.

Form fields: Last Name, First Name, Middle Name, Name of Facility, Street Address, City, State, Zip Code, Alaska (AK) Residency, Date of Birth, Social Security Number, Driver's License #/State, Aliases, Maiden Name, Previous Married Name(s)

Have you been previously licensed, registered, or approved to provide care for children?
If you check yes to any question listed below, please give a brief statement on a separate page, and attach it to this form.
Have you ever had a license to care for children revoked or denied in Alaska or any other state?
Have you ever been investigated for child abuse or neglect?
Do you have a physical, health, mental health or behavioral problem that might pose a risk to the health, safety, or well being of children?
Do you have any history of a domestic violence, alcohol, substance abuse or other abuse problem that might pose a risk to the health, safety, or well being of children?
Have you been under indictment, charged by information or complaint, or convicted of a criminal offense for the following laws or similar laws of another jurisdiction listed as "prohibited offenses" on the reverse of this form?
Have you ever been charged by information or complaint as a Juvenile?
I authorize the licensing representative to review criminal justice (CJ), juvenile justice (where applicable), protective service (CP), and licensing records, and to share this information (except CJ and CP records) with the applicant/licensee. I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records.
** Note: A Parent permission signature and date is required for 16 and 17-year-old individuals in contact with children in a child care facility, in addition to the 16/17-year-old individual's signature and date. Parents please sign above or below your child.

Signature of Applicant/Member of the Household/Employee/Other, Date, SUBSCRIBED and SWORN to before me this ___ day of ___ 20___, Notary Public, My Commission expires

Records Check (Department Use Only)
Protective Services Clearance Yes No (Information Attached) Specialist Initials Date

7 AAC 57.990 Definitions applicable to both licensed and approved providers:

(19) "individual having contact with children in a child care facility" an individual who has the opportunity to gain access to a child care facility, a caregiver, a member of the licensee's household, and an individual residing in any part of the premises housing the child care facility; "individual having contact with children in a child care facility" does not include

- (A) a parent of a child in care, unless the parent is a caregiver or a member of the licensee's household;
 - (B) a parent's designee to drop off and pick up a child in care, unless the designee is a caregiver;
 - (C) an official or individual providing support services to the child care facility or to a child in care for fewer than five hours a week, such as infant learning teacher, attendant for a child with special needs, licenser, fire marshal, or food services sponsor;
 - (D) delivery service personnel;
 - (E) installation, maintenance, and repair service personnel for a period of less than two weeks;
 - (F) the occasional visit of an individual who has an ownership or management interest in the facility;
 - (G) an occasional guest in a child care facility;
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 - (I) an individual coming into incidental contact with children during an outing away from the child care facility;
 - (J) a volunteer other than a regular volunteer.
- (2) "caregiver" includes an administrator, child care associate, employee, substitute, volunteer, or other individual in a child care facility whose duties include care and supervision of children;

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A serious offense includes a felony offense, a crime involving domestic violence, sexual assault in the first – fourth degree, sexual abuse of a minor in the first – fourth degree, incest, unlawful exploitation of a minor, indecent exposure in the first or second degree, contributing to the delinquency of a minor, unlawful marrying, endangering the welfare of a vulnerable adult in the first or second degree, disorderly conduct (specifically and only AS 11.61.110(a)(7) "the offender intentionally exposes the offender's buttock or anus to another with reckless disregard for the offensive or insulting effect the act may have on that person"), distribution of child pornography, prostitution, promoting prostitution in the first – third degree, former AS 11.15.120, or assault to commit rape under former AS 11.15.160; or former AS 11.40.080, 11.40.110, 11.40.130, or 11.40.200 – 11.40.420 (crimes against morality and decency), if committed before January 1, 1980.



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 - (D) delivery service personnel;
 - (E) installation, maintenance, and repair service personnel for a period of less than two weeks;
 - (F) the occasional visit of an individual who has an ownership or management interest in the facility;
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 - (I) an individual coming into incidental contact with children during an outing away from the child care facility;
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- (2) "caregiver" includes an administrator, child care associate, employee, substitute, volunteer, or other individual in a child care facility whose duties include care and supervision of children;

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Last Name First Name Middle Name Name of Facility

Street Address City State Zip Code

Alaska (AK) Residency: Years Months Date of Birth: Male Female
If in AK less than 12 months: Last State of Residence:

Aliases, Maiden Name, Previous Married Name(s) Social Security Number: Driver's License #/State:

Have you been previously licensed, registered, or approved to provide care for children? No Yes If yes, where and when were you licensed, registered, or approved?

If you check yes to any question listed below, please give a brief statement on a separate page, and attach it to this form.

Have you ever had a license to care for children revoked or denied in Alaska or any other state? No Yes

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SUBSCRIBED and SWORN to before me this day of 20

Notary Public My Commission expires

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CHILD CARE ASSISTANCE PROGRAM

Approved Provider Child Care Facility



First Aid Kit Checklist



Your first aid kit must be in a container that holds all the items below.

- 1. Disposable nonporous, non-latex gloves
- 2. Sealed packages of alcohol wipes or antiseptic
- 3. Scissors
- 4. Tweezers
- 5. Thermometer
- 6. Adhesive bandages
- 7. Bandage tape
- 8. Sterile gauze pads
- 9. Flexible roller gauze
- 10. Triangular bandages
- 11. Safety pins
- 12. Eye dressing
- 13. Pen or pencil and notepad
- 14. Activated charcoal, use only under the direction of a poison control center or another medical professional (**not currently enforced**)
- 15. Cold pack
- 16. Current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide
- 17. CPR barrier device or mask
- 18. Poison control center telephone number
- 19. Potable Water
- 20. Child-size splints
- 21. Soap
- 22. Working flashlight
- For field trips and outings away from the facility, for each child participating in the trip or outing, an emergency child record information and parent permission for use of medication

Remember to check your kit regularly to ensure that expiration dates are not exceeded and to restock the kit after each use.

CHILD CARE ASSISTANCE PROGRAM

Approved Provider Child Care Facility
Diapering Checklist



1. **Diaper Changing Area:**

- Is not located in a food preparation area.
- Is not used for temporary placement or serving of food.
- Has one hand-sink in or immediately adjacent to the area.
- Surface for changing diapers is smooth, durable, nonabsorbent and easily cleanable.
- Non latex gloves and hand-washing supplies are available.
- Clean diapers are available and neatly stored.
- Diaper changing supplies, including containers of cream and lotion, are kept clean and sanitary.
- Soiled clothing or cloth diapers, solid waste is disposed of by dumping the contents into a toilet and placing the diapers, without rinsing, in a leak proof bag or easily cleanable, covered container that is lined with plastic (the covered container is to be emptied, cleaned and sanitized daily).
- After a soiled disposable diaper is removed, it is folded inward and resealed before disposal into a cleanable covered container described above
- Single-use disposable wipes are to be discarded after use; if a non-disposable cloth is used, that cloth is to be place immediately, without rinsing, in a leak proof bag or cleanable covered container described above.

2. **Take precautions against the spread of infectious disease:**

- Wash hands for at least 10 seconds with soap and water and rinse them with water before and after assisting a child with toileting or diapering
- Diaper changing surface is cleaned and sanitized after each use

3. **Children do not handle diaper changing supplies**

CHILD CARE ASSISTANCE PROGRAM
Approved Provider Child Care Facility
Animal Safety Checklist



- 1. Ensure that each animal kept in the facility:
 -  has all required immunizations
 -  does not have a contagious disease
 -  is free of internal and external parasitesShow proof of the required immunizations to the Child Care Program Office (CCPO) or local Child Care Assistance office upon request.
- 2. Inform parents of children in care of any animal present in the facility.
- 3. Advise CCPO or the local Child Care Assistance office if any animal in the facility has a history of aggressive behavior or biting (**with or without animal control involvement**).
- 4. Notify CCPO or local Child Care Assistance office within 24 hours of any occurrence of aggressive behavior or biting by an animal in the facility (**with or without animal control involvement**).
- 5. Immediately remove any animal from contact with children in care if the animal's behavior is described in (3) or (4) above.
- 6. Permanently remove any animal from contact with children in care if the animal's behavior is described in (3) or (4) above and CCPO determines that the animal is a threat to the life or safety of children in care.

Common Vaccines/Vaccine Combinations[†]

NOTE: The following table is provided as a reference only. To lessen confusion, **PROVIDERS DOCUMENTING CURRENT IMMUNIZATIONS SHOULD USE GENERIC NAMES** (e.g., DTaP, Hepatitis B) rather than brand names.

Vaccine, by Generic Name or Trade Name (® or ™)	Used for Protection Against This Disease(s)	Additional Information
ACEL-IMUNE [®]	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
ActHIB [®]	Hib [†]	
ADACEL™	Tetanus/ Diphtheria/ Pertussis	Adult formulation**
Attenuvax [®]	Measles	
BCG *	Tuberculosis	Not used in the U.S.
Boostrix™	Tetanus/ Diphtheria/ Pertussis	Adult formulation**
Certiva™	Diphtheria/ Tetanus/ Pertussis	
COMVAX™	Hepatitis B/ Hib [†]	
DAPTACEL™	Diphtheria/ Tetanus/ Pertussis	
DT	Diphtheria/ Tetanus	Pediatric formulation**
DTaP	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
DTP	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
DTwP	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
Engerix-B [®]	Hepatitis B	
GARDASIL [®]	Human Papillomavirus	
HAV	Hepatitis A	
Havrix [®]	Hepatitis A	
HbOC	Hib [†]	Brand name: HibTITER [®]
HBV	Hepatitis B	
Heptavax [®]	Hepatitis B	Last produced in U.S. in 1992
HibTITER [®]	Hib [†]	
HPV	Human Papillomavirus	
Infanrix™	Diphtheria/ Tetanus/ Pertussis	Pediatric formulation**
IPOL [®]	Polio	
IPV	Polio	Inactivated Poliovirus Vaccine
MCV4	Meningococcal disease	Meningococcal Conjugate Vaccine 4-valent
Menactra™	Meningococcal disease	Meningococcal Conjugate Vaccine 4-valent
Menomune™	Meningococcal disease	Meningococcal Polysaccharide Vaccine 4-valent
Meruvax II [®]	Rubella	
MMR	Measles/ Mumps/ Rubella	
MMRV	Measles/Mumps/Rubella/Varicella	
MPV4	Meningococcal disease	Meningococcal Polysaccharide Vaccine 4-valent
MR	Measles/ Rubella	
Mumpsvox [®]	Mumps	
OmniHIB™	Hib [†]	
OPV	Polio	Oral Poliovirus Vaccine
ORIMUNE [®]	Polio	
PCV7	Pneumococcal disease	Pneumococcal Conjugate Vaccine 7-valent
Pediarix™	Diphtheria/ Tetanus / Pertussis/ Hepatitis B/ Polio	
PedvaxHIB [®]	Hib [†]	
PPV23	Pneumococcal disease	Pneumococcal Polysaccharide Vaccine 23-valent
Prennar™	Pneumococcal disease	
ProHIBIT™	Hib [†]	Only for children ≥ 18 months of age
PROQUAD [®]	Measles/Mumps/Rubella/ Varicella	
PRP-OMP	Hib [†]	Brand name: PedVaxHIB [®]
PRP-T	Hib [†]	Brand name: ActHIB [®]
RECOMBIVAX HB [®]	Hepatitis B	
RotaTeq [®]	Rotavirus	
Rotashield [®]	Rotavirus	No longer used in the U.S.
"Sabin"	Polio	Oral poliovirus vaccine
"Salk"	Polio	Inactivated poliovirus vaccine
Td	Tetanus/ Diphtheria	Adult formulation **
Tdap	Tetanus/Diphtheria /Pertussis	Adult formulation **
TETRAMUNE [®]	Diphtheria/ Tetanus/ Pertussis/ Hib [†]	
TriHIBit [®]	Diphtheria/ Tetanus/ Pertussis/ Hib [†]	
Tripedia [®]	Diphtheria/ Tetanus/ Pertussis	
Twinrix [®]	Hepatitis A/ Hepatitis B	In U.S. - Adult formulation for ≥ 18 yrs of age
VAQTA [®]	Hepatitis A	
VARIVAX [®]	Varicella	"Chickenpox"
VZV	Varicella	"Chickenpox" (Varicella Zoster Virus)

† Some listed vaccines are not routinely available in Alaska.

* PPD and Mono-Vacc[®] are used for *tuberculosis screening*. They are *not* vaccines.

† Hib = *Haemophilus influenzae* type b

** Appropriate age groups to receive "pediatric" or "adult" formulations may vary according to vaccine. Consult a healthcare provider if you have questions about vaccine use.



CHILD CARE FACILITIES CHILDREN'S RECORD REVIEW

Facility: _____

Reviewed by: _____ Date: _____

EMERGENCY CARD	CHILD'S NAME	DATE OF BIRTH	DPT/DTAP/DT	POLIO (OPV, IPV)	HIB	HEP B	MMR	VARICELLA	HEP A	NOTES

Immunization Guide* by the time the child is:

6 months	16 months	19 months	25 months	44 months	In Kindergarten 5 through 6 yrs	7 + years
2 DPT	3 DPT	3 DPT	4 DPT	4 DPT	5 DTP	3 DT(P)
2 Polio	3 Polio	3 Polio	3 Polio	3 Polio	3 Polio	3 Polio
2 Hib	3 Hib	3 Hib	3 Hib	3 Hib	3 Hep B	3 Hep B
2 Hep B	2 Hep B	2 Hep B	3 Hep B	3 Hep B	2 Measles	2 Measles
	1 MMR	1 MMR	1 MMR	1 MMR	1 Mumps	1 Mumps
		1 Varicella	1 Varicella	1 Varicella	1 Rubella	1 Rubella
			1 Hep A	2 Hep A	2 Varicella	2 Varicella
					2 Hep A	2 Hep A

*The Immunization Guide does not state each age when an immunization is due. The Guide is strictly for use by the Child Care Licensing program as a compliance measuring tool. If children in care do not meet these minimum milestones, the facility is not meeting the requirement of caring for children with current immunizations. For a more detailed list of required immunizations, it is necessary to contact the State of Alaska immunology Program

7 + years: 2 doses of varicella will be required for children *through* the 6th grade. The second dose will not be required when the child enters 7th grade.

State of Alaska
Department of Health and Social Services
Division of Public Assistance - Child Care Program Office
Child Care Assistance Program Rate Schedule
Effective March 1, 2010

Area	Licensed or Military Center Care & Group Homes				Licensed or Military Home Care				Approved or In-Home Care							
Anchorage	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	
	Infant	\$850	\$510	\$51	\$31	\$5.75	\$700	\$420	\$42	\$25	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$800	\$480	\$48	\$29	\$5.25	\$650	\$390	\$39	\$23	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$650	\$390	\$39	\$23	\$4.75	\$545	\$327	\$33	\$20	\$3.75	\$440	\$264	\$26	\$16	\$3.25
School Age	\$625	\$375	\$38	\$23	\$4.50	\$501	\$301	\$30	\$18	\$3.50	\$430	\$258	\$26	\$15	\$3.00	
Fairbanks	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	
	Infant	\$825	\$495	\$50	\$30	\$5.75	\$680	\$408	\$41	\$24	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$888	\$533	\$53	\$32	\$5.25	\$616	\$370	\$37	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$675	\$405	\$41	\$24	\$4.75	\$539	\$323	\$32	\$19	\$3.75	\$440	\$264	\$26	\$16	\$3.25
School Age	\$639	\$383	\$38	\$23	\$4.50	\$525	\$315	\$32	\$19	\$3.50	\$430	\$258	\$26	\$15	\$3.00	
Gulf Coast	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	
	Infant	\$775	\$465	\$47	\$28	\$5.25	\$602	\$481	\$48	\$29	\$4.50	\$500	\$303	\$29	\$17	\$3.50
	Toddler	\$700	\$420	\$42	\$25	\$5.00	\$620	\$372	\$37	\$22	\$4.25	\$500	\$300	\$28	\$17	\$3.25
	Preschool Age	\$605	\$363	\$36	\$22	\$4.50	\$600	\$360	\$36	\$22	\$3.75	\$500	\$293	\$25	\$15	\$3.00
School Age	\$605	\$363	\$36	\$22	\$4.00	\$500	\$300	\$30	\$18	\$3.50	\$500	\$293	\$25	\$15	\$3.00	
Interior	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	
	Infant	\$730	\$438	\$44	\$26	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$570	\$342	\$34	\$21	\$4.50	\$550	\$330	\$33	\$20	\$3.75	\$440	\$264	\$26	\$16	\$3.25
School Age	\$565	\$339	\$34	\$20	\$4.00	\$504	\$302	\$30	\$18	\$3.50	\$430	\$258	\$26	\$15	\$3.00	

Infant: Birth thru 18 months Toddler: 19 months thru 36 months Preschool Age: 37 months thru 6 years School Age: 7 years thru 12 years

F/T month (Full-Time month) = 17 or more full days of care during a calendar month, based on a five-day-a-week schedule; P/T month (Part-Time month) = 17 or more partial days of care during a calendar month or care for one-half month of full days; F/T day (Full day) = more than five (5) hours of care and up to and including ten (10) hours of care on a calendar day; P/T day (Partial day) = up to and including five (5) hours of care on a calendar day; hourly = care by the hour when more than ten (10) hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day. Enrollment authorizations are used when the need for care is consistent. Attendance authorizations are used when the need for care is inconsistent or unpredictable.

Anchorage: Municipality of Anchorage including Eagle River/ Girdwood
Fairbanks: Fairbanks North Star Borough including North Pole
Gulf Coast: Kenai, Kodiak, Valdez and Cordova Census Areas
Interior: Denali, Southeast Fairbanks and Yukon-Koyukuk Census Areas

State of Alaska
Department of Health and Social Services
Division of Public Assistance - Child Care Program Office

Child Care Assistance Program Rate Schedule

Effective March 1, 2010

Area	Licensed or Military Center Care & Group Homes				Licensed or Military Home Care				Approved or In-Home Care							
	F/T month	P/T month	F/T day	P/T day	F/T month	P/T month	F/T day	P/T day	F/T month	P/T month	F/T day	P/T day	F/T day	P/T day		
Juneau	Infant	\$558	\$515	\$51	\$31	\$5.75	\$719	\$431	\$43	\$26	\$4.50	\$520	\$311	\$31	\$19	\$4.00
	Toddler	\$822	\$493	\$49	\$30	\$5.25	\$650	\$390	\$39	\$23	\$4.25	\$492	\$300	\$30	\$18	\$3.50
	Preschool Age	\$675	\$405	\$41	\$24	\$4.75	\$600	\$360	\$36	\$22	\$3.75	\$450	\$275	\$26	\$16	\$3.25
	School Age	\$546	\$328	\$33	\$20	\$4.50	\$483	\$290	\$29	\$17	\$3.50	\$450	\$275	\$26	\$15	\$3.00
		F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly
Matanuska-Susitna Valley	Infant	\$713	\$428	\$43	\$26	\$5.25	\$647	\$388	\$39	\$23	\$4.50	\$518	\$311	\$31	\$19	\$3.75
	Toddler	\$670	\$402	\$40	\$24	\$5.00	\$600	\$360	\$36	\$22	\$4.25	\$492	\$295	\$30	\$18	\$3.50
	Preschool Age	\$605	\$363	\$36	\$22	\$4.50	\$600	\$360	\$36	\$22	\$3.75	\$440	\$284	\$26	\$16	\$3.25
	School Age	\$605	\$363	\$36	\$22	\$4.00	\$483	\$290	\$29	\$17	\$3.50	\$430	\$258	\$26	\$15	\$3.00
		F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly
Northern	Infant	\$730	\$438	\$44	\$26	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$650	\$350	\$40	\$21	\$4.25
	Toddler	\$694	\$416	\$42	\$25	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$650	\$333	\$33	\$20	\$4.00
	Preschool Age	\$621	\$373	\$37	\$22	\$4.50	\$658	\$335	\$33	\$20	\$3.75	\$500	\$300	\$30	\$18	\$3.50
	School Age	\$780	\$468	\$47	\$28	\$4.00	\$545	\$327	\$33	\$20	\$3.50	\$500	\$300	\$30	\$17	\$3.50
		F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly
Southeast	Infant	\$791	\$475	\$47	\$28	\$5.25	\$684	\$416	\$42	\$25	\$4.50	\$520	\$311	\$31	\$19	\$4.00
	Toddler	\$700	\$420	\$42	\$25	\$5.00	\$675	\$405	\$41	\$24	\$4.25	\$492	\$300	\$30	\$18	\$3.50
	Preschool Age	\$607	\$364	\$36	\$22	\$4.50	\$550	\$330	\$33	\$20	\$3.75	\$450	\$275	\$26	\$16	\$3.25
	School Age	\$550	\$330	\$33	\$20	\$4.00	\$483	\$290	\$29	\$17	\$3.50	\$450	\$275	\$26	\$15	\$3.00
		F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly
Southwest	Infant	\$730	\$438	\$44	\$26	\$5.25	\$680	\$408	\$41	\$24	\$4.50	\$669	\$378	\$34	\$21	\$4.75
	Toddler	\$680	\$408	\$41	\$24	\$5.00	\$680	\$408	\$41	\$24	\$4.25	\$608	\$361	\$33	\$20	\$4.00
	Preschool Age	\$608	\$365	\$36	\$22	\$4.50	\$575	\$345	\$35	\$21	\$3.75	\$575	\$334	\$29	\$20	\$4.00
	School Age	\$593	\$356	\$36	\$21	\$4.00	\$575	\$345	\$35	\$21	\$3.50	\$575	\$334	\$28	\$20	\$4.00
		F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly	F/T month	P/T month	F/T day	P/T day	hourly

Infant: Birth thru 18 months Toddler: 19 months thru 36 months Preschool Age: 37 months thru 6 years School Age: 7 years thru 12 years

F/T month (Full-Time month) = 17 or more full days of care during a calendar month, based on a five-day-a-week schedule; P/T month (Part-Time month) = 17 or more partial days of care during a calendar month or care for one-half month of full days; F/T day (Full day) = more than five (5) hours of care and up to and including ten (10) hours of care on a calendar day; P/T day (Partial day) = up to and including five (5) hours of care on a calendar day; hourly = care by the hour when more than ten (10) hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day. Enrollment authorizations are used when the need for care is consistent. Attendance authorizations are used when the need for care is inconsistent or unpredictable.

Juneau: City and Borough of Juneau including Douglas and Auke Bay
Southeast: Southeast Alaska except City and Borough of Juneau
Matanuska-Susitna Valley: Matanuska-Susitna Borough
Southwest: Bethel, Dillingham, Bristol Bay, Aleutians East and West and the Lake and Peninsula Areas
Northern: North Slope, Northwest, Nome and Wade Hampton