



CHILD CARE LICENSING PROGRAM

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

Office Use Only

REPORT OF CHANGE

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

Name of Facility: \_\_\_\_\_

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

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

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

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

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

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

Decision to relinquish license.

Effective date of closure: \_\_\_\_\_

Reason for closure: \_\_\_\_\_

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

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

Name of individual household member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Relationship to Facility:

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

Owner / Operator  Other: \_\_\_\_\_

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

Name of individual household member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Facility:

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

Owner / Operator  Other: \_\_\_\_\_

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

Change in mailing address. *New Address:* \_\_\_\_\_

**1 Day Notice to Child Care Licensing after the:**

Signing of a contract for the sale of the facility.

**Name and Position of Person Completing this Form:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date