



**Municipality of Anchorage
Child Care Licensing Program**

Office Use Only

REPORT OF CHANGE

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

Name of Facility: _____ Effective Date: _____

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

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

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

- ☐ Person operating facility. Name of person: _____
- ☐ Name of facility. Name of facility: _____
- ☐ Administrator. Name of new Administrator: _____
(Submit an *Administrator Designation and Qualification Form CC56* and four *Child Care Facility – Administrator Reference CC57* forms)
- ☐ Associate Administrator (Centers only): Name of Associate Administrator: _____
(Submit an *Associate Administrator Designation And Qualification Form CC258*)
- ☐ Name change of person operating facility. New Name of person: _____
- ☐ Addition or deletion of a specialization. Adding / Deleting (circle one) Specialization(s): _____

(Submit a *Request for Specialized Program Activity CC54* or *Request for Nighttime Care Specialization CC53*)
- ☐ Age range of children served. New Age range: _____
- ☐ Number of children in care authorized by the facility's license. Desired Capacity: _____
(Submit a *Child Care Facility Staffing Plan CC71*)
- ☐ Location (Submit an *Application for Provisional Child Care License CC52*).
New physical address: _____
- ☐ Days/Hours of operation (Submit a *Facility Schedule Reporting Form CC92*).
New Days/Hours of operation: _____
(If between the hours of 10:00pm and 6:00am, submit a *Request for Nighttime Care Specialization CC53*)
- ☐ Governing Body (Submit a *Governing Body Information CC55* form)
- ☐ Indoor floor plan or Outdoor space diagram
- ☐ Business Type (Submit documentation proof of business change, and new business license).
- ☐ Change in the plan of operation or other policies. Describe summary of changes below: _____

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

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

☐ Decision to relinquish license.

Effective date of closure: _____

Reason for closure: _____

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

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

Name of individual household member: _____

Date of Birth: _____

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

Relationship to Facility:

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

☐ Owner / Operator ☐ Other: _____

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

Name of individual household member: _____

Date of Birth: _____

Relationship to Facility:

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

☐ Owner / Operator ☐ Other: _____

☐ Change in mailing address. New Address: _____

1 Day Notice to Child Care Licensing after the:

☐ Signing of a contract for the sale of the facility.

Other Change(s): _____

Effective Date: _____

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

Name and position of person completing this form:

Name

Position

Signature

Date