



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

CHILD CARE PROVIDER RATES AND RESPONSIBILITIES

Facility Name: _____ Contact Phone Number: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____

PROVIDER TYPE, CHECK ONLY ONE:

- | | |
|--|---|
| <input type="checkbox"/> Approved Relative | <input type="checkbox"/> Licensed by the Municipality of Anchorage |
| <input type="checkbox"/> Licensed by the State of Alaska | <input type="checkbox"/> Coast Guard Certified |
| <input type="checkbox"/> Dept. of Defense Certified | <input type="checkbox"/> Tribal Certified |
| <input type="checkbox"/> Tribal Approved | <input type="checkbox"/> Nationally Certified Day Camp or similar Facility or Program |
| <input type="checkbox"/> Nationally Accredited Day Camp | |

YOUR RATES, CHECK ONLY ONE: My rates are the same as the State rates adopted by reference under 7 AAC 41.025 (do not complete chart below) **OR** My rates are listed below (complete the charts)

Infant

Birth through 12 months
Full Month: _____
Part Month: _____
Full Day: _____
Part Day: _____

Toddler

13 months through 35 months
Full Month: _____
Part Month: _____
Full Day: _____
Part Day: _____

Preschool-Age

36 months through 59 months
Full Month: _____
Part Month: _____
Full Day: _____
Part Day: _____

School-Age

5 years through 12 years
Full Month: _____
Part Month: _____
Full Day: _____
Part Day: _____

Note: For CCAP purposes the following definitions apply: Full Month = 17 through 23 days of care that includes at least 1 full day; Part Month = fewer than 17 days of care in any combination of part days or full days, or between 17 through 23 part days of care only; Full Day = 5 hours and 1 minute up to and including 10 hours of care per day; and Part Day = Care up to and including 5 hours per day.

REGISTRATION FEE: Registration fees will only be paid to Licensed, Department of Defense or Coast Guard Certified, or Nationally Accredited or Certified providers.

DO YOU CHARGE A REGISTRATION FEE? Yes No Registration Fee Amount \$ _____
Is your fee charged: Annually or One-Time and Charged per: Family or Child

CHILD CARE ASSISTANCE PROGRAM PROVIDER 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. As the owner of a child care facility, I assume the responsibility for remaining in compliance with the Child Care Assistance Program regulations 7 AAC 41, including but not limited to:

1. Immediately notifying my Child Care Licensing Specialist or the local child care assistance office and the child's parent regarding any circumstance involving abuse, harm, or serious risk of harm to children in care, including the death or a serious injury or illness of a child while in care.
2. Having a valid *Child Care Assistance Authorization* document for a month care was provided before requesting payment from the State of Alaska CCAP. Services provided prior to either my approval or the family's approval for CCAP participation, are the responsibility of the family.
3. Submitting a *Request for Payment CC78* form by the last day of the month, following the month care services were provided and charges were incurred.
4. Providing at least a 30 day written notice prior to the effective date of any rate changes to CCAP families and the appropriate child care assistance office. New rates become effective the 1st day of the month following the thirty (30) day notice.
5. Giving at least a 10 business day written notice to CCAP families and the appropriate child care assistance office prior to terminating services, except upon mutual written agreement between the family and myself.
6. Maintaining daily attendance records that reflect the dates and times children are in care.
7. Providing the department or a designee information, when requested, supporting current and accurate information regarding any factor affecting eligibility, including current rate information.

INCORRECT PAYMENT OF PROGRAM BENEFITS

If you receive an overpayment of Public Assistance benefits or receive services to which you are not entitled, you may be financially responsible for repaying the overpayment or cost of services to the State of Alaska. This may be true even if the overpayment or improper authorization of services is due to an error on the part of the Department of Health and Social Services. By accepting payment of benefits or services, you must understand and agree that you may have a responsibility for the repayment of benefits or services to which you were not entitled.

INTENTIONAL PROGRAM VIOLATION

If you are found to have committed an intentional program violation by deliberately misrepresenting, concealing or withholding a material fact resulting in a payment which you were not entitled, a penalty will be imposed up to and including disqualification from program participation and you will be obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s).

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. I have retained a copy of this document.

Printed Name of Owner

Signature of Owner

Date