



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:

- Approved Relative
Licensed by the State of Alaska
Dept. of Defense Certified
Tribal Approved
Nationally Accredited Day Camp
Licensed by the Municipality of Anchorage
Coast Guard Certified
Tribal Certified
Nationally Certified Day Camp or similar Facility or Program

Written notice of rate increases must be given to families at least 30 days prior to the effective date of the rate increase. Rates increases become effective the 1st of the month following the required 30 day written notice given to families. This form and a copy of the notice provided to families with the date given must be received by the Child Care Assistance office at least 30 days prior to the effective date of a rate increase. If written notice is given to families less than 30 days prior, the effective date of the rate change will be adjusted to the 1st of the month following 30 days.

Multiple known rate changes may be reported at one time using separate forms; however, changes cannot be completed by the Child Care Assistance office until a copy of the written notice given to families is received by the Child Care Assistance office. For example, if you have a school year rate and a summer rate, those changes can be submitted at the same time using different forms. Notice to the families must be included for each rate increase.

Are your rates for Child Care Assistance Program participating families the same as your rates for families not participating in the Child Care Assistance Program? Yes No

Do you charge Child Care Assistance Program participating families the difference in your rates and the State rate (gap)? Yes No

If yes, do you charge all families the difference in your rates and the State rates (gap), or some?

Charge All the gap amount: Yes No If no, explain the criteria used for families whom you charge the gap amount:

YOUR RATES, CHECK ONLY ONE:

- My rates are the same as the Child Care Assistance Program Rate Schedule revised March 1, 2019 and adopted by reference under 7 AAC 41.025 **(do not complete chart below) OR**
- My rates are the same as the Child Care Assistance Program Rate Schedule revised March 1, 2019 and adopted by reference under 7 AAC 41.025, except that I do not care for or have a rate for the age group and/or level of care as indicated below by N/A **OR**
- My rates are listed below (complete the charts).

Important: Rates will not be automatically updated if the *Child Care Assistance Program Rate Schedule* is revised. Care will not be authorized for any age of child at the level of care without a rate entered. Put N/A for the age group you do not provide care for and/or level of care you do not have a rate.

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 13* 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.

*Children who turn 13 years of age during the family’s certification period may continue to have care authorized, if the provider has received an approved variance addressing their age range.

Date notification given to families: _____ **Rate Effective Date:** _____
 (a copy is attached) (1st of the month following 30 day written notice)

REGISTRATION FEE: Registration fees will only be paid to Licensed, Department of Defense or Coast Guard Certified, or Nationally Accredited or Certified providers. Increases to registration fees are effective the 1st of the month following the required written 30 day written notice provided to families and the Child Care Assistance Office.

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

Date notification given to families: _____ **Rate Effective Date:** _____
 (a copy is attached) (1st of the month following 30 day written notice)

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/administrator 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, signed by an individual with signatory authority for the facility and who has completed the online *Child Care Provider Billing Training* and submitted a copy of their certification of completion to the designated Child Care Assistance office.
4. Providing at least a 30 day written notice prior to the effective date of any rate or registration fee change to CCAP families and the appropriate Child Care Assistance office. New rates and registration fees become effective the 1st day of the month following the thirty (30) day notice.
5. Charging State of Alaska Child Care Assistance participating families the rate reported on this form.
6. 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.
7. Maintaining daily legible, complete, and accurate attendance records that reflect the dates and times and first and last names of all children in care.
8. 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. 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, and agree to adhere to all program requirements. I have retained a copy of this document.

Printed Name of Owner or Administrator

Signature of Owner or Administrator

Date