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 Arlington, VA 22201
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Air Force Home Community Care (AF HCC) Program
 Child Care Provider Application

Provider/Program Doing Business As (DBA) Name:

As it appears on license

Type of Provider/Program (Check one)

Family Child Care Home Group Home

Regulatory Status (Check one)

Licensed (*All approved providers must be able to provide care on Saturday and Sunday from 6:00am – 6:00pm*)

Child Capacity _____

Age Group Served _____

Provider / Program Tax Identification Number (TIN): _____

Provider/Program Contact Information

Address where care is to be provided:

Street Name and Number _____ City _____ State _____ Zip Code _____

Contact Name: _____

Provider Telephone Number: _____

Email address (*to be used for all communication*): _____

Accreditation Information *If Applicable*

Providers will be compensated \$12 per hour per child if they are NAFCC Accredited
**Please submit a copy of your NAFCC Accreditation Certificate*

Licensing Information:

Licensors Name: _____ **Phone #:** _____

Hours and Days of Operation: _____

Provider must be approved with licensing to provide care Saturday and Sunday from 6:00 am – 6:00 pm

Adults & Staff Members Over 18 at the Home

Please identify all adults at the facility including the license holder, employees, assistants, volunteers, and family members

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Children Under 18 Years Living in the Home

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

Name: _____ DOB: _____ Relationship to Provider: _____

*** Provider may care for up to 6 children, including his/her own children under the age of 8 and only two children under the age of 2, or the number in compliance with state childcare ratios. The program will abide by the lowest number.**

Personal Liability Insurance

Personal Liability Insurance with a general aggregate amount of at least \$500,000 day care coverage is required to be an approved HCC provider

Please provide the following information:

Name of Insurance Company: _____

Policy Amount: _____

Contact information of Insurance Company: _____

Please read the following questions, circle your response, and sign and date below:

Have you had any documented complaints as an FCC provider in the past 12 months: **Y / N**

Have you ever had your FCC child care license suspended, revoked or subjected to enforcement action?: **Y / N**

Have you ever been arrested/convicted of any crime involving children?: **Y / N**

Is the facility approved to serve special needs children? **Y / N**

Is the provider authorized to administer medications? **Y / N**

*Including insulin

Is the facility approved to provide non-traditional care with the state? **Y / N**

**If no, please contact your licensor and adjust your days and hours of operation to meet HCC requirements of Saturday and Sunday from 6:00 am – 6:00 pm*

Signature

Date

Provider/Program Responsibilities and Certification

I [the Provider/Program] understand/agree that **(must check all boxes)**:

- All the information submitted on this application as well as any supporting documentation are true and correct to the best of my knowledge.
- Provider will continue to meet all minimum requirements set by the state and agrees to comply with all Air Force HCC policies necessary for reimbursement.
- Provider will notify Child Care Aware ® America of all changes of program information or status while enrolled in the program.
- Failure to comply with the policies and regulations of The United States Air Force Home Community Care Program and Child Care Aware ® of America will result in involuntary dismissal from the program.
- Provider will comply with state requirements of undergoing a Federal Background Check and Child Abuse and Neglect Check prior to HCC approval.
- CCAoA reserves the right to deny approval of any and all child care providers that submit applications for CCAoA's Military Fee Assistance program for any reason.
- Provider will provide all information requested by CCAoA, continue to meet all minimum licensing requirements set by the state and agrees to comply with all CCAoA Military Programs' policies necessary for reimbursement and must be able to receive Federal subsidy by state or federal law
- CCAoA reserves the right to check the validity of all documentation related to a provider/program's application, payment, eligibility, child care rates, attendance records and any other information related to child care services and fee assistance at any time through such methods including but not limited to secret shopper calls, emails, phone, fax and U.S. mail.
- Provider understands that their state licensing inspection/compliance history will be reviewed at the time of their initial application and at least once per year and will be used to determine eligibility. I have read all the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in NACCRRRA Military Programs.
- Provider understands that probation or disqualification from CCAoA's Military Fee Assistance Programs may occur due to inspection violations (corrected or uncorrected; self-reported or filed as a complaint), complaints (substantiated or unsubstantiated), and violation of fee assistance policies. Violations of fee assistance policies or licensing violations that fall into this category include but are not limited to: corporal punishment/inappropriate discipline, lack of supervision, background check deficiencies of any kind, knowingly employing individuals with failed background checks or a criminal record, negligence, child abuse, CPS investigations, state license suspension/revocation, involvement of drugs/alcohol, training deficiencies of any kind, CPR/First Aid, SIDS, noncompliance with child-teacher ratio regulations, criminal activity, out of minimum compliance with the state, non-conformity with licensing regulations, minimum sanitation requirements, transportation violations of any kind, repeat violations of any kind, fraud of any kind (substantiated or suspected by a legal local/state/federal agency and/or CCAOA), submission of false information, unresolved complaints made by parents, failure to report changes in a timely manner, unreasonable/exorbitant child care rates for market in question, etc. (Violations or complaints not listed here specifically are also taken into consideration.)
- Provider understands that if program is disqualified from all Military Fee Assistance programs, the program will be suspended from receiving fee assistance for a period of no less than one year to indefinitely. Providers that are not disqualified indefinitely will automatically be re-evaluated at the end of the disqualification period to determine if status should be lifted or extended.
- The U.S. Military reserves the right to inspect any community-based program participating in the fee assistance program at any time.

I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in CHILD CARE AWARE® OF AMERICA fee assistance programs.

Printed Name
(Provider/Program Owner)

Signature

Date