



Child Care Subsidy Program: Reporting a Change in Program Operations:

For a full list of change types and the Child Care Subsidy Program requirements associated with the change, please visit the <u>ChildCare VA: Current Child Care Subsidy Vendors</u> page.

Subs	osidy Vendor Name:	Vendor ID:	
Emai	ail Address:	Contact Phone Number:	
Curre	rent Operating Status with the Office of Child	Care Health and Safety (OCCHS):	
	This change request has been communicated to this change. The effective date of my operating	the OCCHS and my current operating status reflects status is:	
	I submitted my change request to the OCCHS or explanation of the required steps:	n the following date and am awaiting approval or an	
	I plan to submit a change request to the OCCHS	on:	
Wha	at type of change are you reporting? Please c	heck all that apply.	
Care Su approve orior to	Subsidy Program Vendor. If you are an unlicensed provider, th	our name or your business name and/or your tax ID	
	☐ Days of operation: ☐ MONDAY ☐ TUESDA	Y 🗌 WEDNESDAY 🔲 THURSDAY 🔲 FRIDAY	
	SATURDAY SUNDAY	(
	☐ Hours of operation: Previous hours:	New hours:	
	CHANGE IN AGE GROUPS SERVED *		
	Ages currently approved:years and months to years	s and months	
	Requested change: years and months to years	s and months	

☐ CHANG	GE IN PHYSICAL ADDRESS *	
>	Previous address:	
>	New address:	
☐ CHANG	GE IN MAILING ADDRESS	
>	Previous address:	
>	New address:	
☐ CHANG	GE IN PROVIDER TYPE *	
>	Previous provider type:	
>	New provider type:	
☐ CHANG	GE IN FACILITY OR LEGAL NAME, OR OBTAINING A FICTITIOUS NAME	
>	Previous Name:	
>	New Name:	
☐ CHANG	GE IN REGISTRATION FEES	
>	Registration Fee: \$ Effective Date:	
□ OTHER CHANGES WHICH INCLUDE		
>	Change in phone number:	
>	Change in email:	
>	Change in person listed on the website:	
Additional Con	nments	
	n Authorized to Complete the Form	
	Date Submitted:	

Once complete, please upload this form to the <u>Subsidy Vendor Application portal</u>. A member of the Child Care Subsidy Program will review your change request and determine if additional documentation is required.