



USDA Child Care Subsidy Administration Program (CCS)
United States Department of Agriculture

Child Care Provider Update Form

Program Name: _____

DBA Name if applicable: _____

Program Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone number: _____ Alternate phone number: _____

Email Address #1: _____

Email Address #2: _____

Email Address #3: _____

Total number of children authorized by the state/licensing authority: _____

*I have an update to my License, Registration, Letter of Exemption and/or Accreditation: ____ Yes ____ No
**Supporting document(s) must also be submitted with this form*

If yes, please provide details: _____

Age of children authorized to serve from _____ to _____

What type of child care programs do you offer?

- | | | |
|--|---|--|
| <input type="checkbox"/> 0 -11 months | <input type="checkbox"/> 12 -17 months | <input type="checkbox"/> 18 – 23 months |
| <input type="checkbox"/> 24 – 35 months | <input type="checkbox"/> 36 - 59 months | <input type="checkbox"/> 5 years and above |
| <input type="checkbox"/> Before School | <input type="checkbox"/> After School | <input type="checkbox"/> Before & After School |
| <input type="checkbox"/> Summer Camp Program | | |

Does your program offer Special Needs Care? ____ Yes ____ No

If yes, please provide the details of the type of care offered:

Upon certifying and returning this form to the GSA Subsidy Administration Section, I am authoring the change(s) above to the information on file with the GSA.

Printed Name of Program Official *Date*

Signature of Program Official Authorizing Change

Submit to the USDA
Email: childcareprovider@gsa.gov
Phone: (866) 508-0371 | Fax: (816) 823-5499
2300 Main St – 2SE, KCMO 64108