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?

____0 -11 months ____12 -17 months ____18 – 23 months

____24 – 35 months ____36 - 59 months ____5 years and above

____Before School ____After School ____Before & After School

____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