FCC Provider Update Request Form

Use this form to provide the MCC Support Desk with the information needed to: (1) set up a new FCC provider profile and create an MCC user account for that new provider; (2) close a provider long-term or permanently; or (3) re-open a provider from a long-term closure (including after relocating to new installation).

This form must be submitted by an authorized user (e.g., FCC Coordinator, FCC Coordinator backup, MCC Coordinator, or MCC Coordinator backup) to ProgramSupport@MilitaryChildCare.com. The Support Desk will update the provider profile using this information and notify you once the associated tasks are complete.

Instructions for Completing Form

Review these instructions and then complete the form on page 3.

UPDATE REQUESTED: Select the update type from the drop-down.

MCC provides three different types of closures:

- Short-term: provider is closing temporarily for at least 15 but not more than 90 days.
- Long-term: provider is closing temporarily for more than 90 days or is relocating to another installation.
  - Select a reason for the long-term closure from the drop-down.
- Permanent: provider is closing permanently.

If the provider is transferring to a new installation, select long-term closure. This ensures that all care options are ended, the provider is not visible to families on the search, and all families with active requests or interview requests/offers are notified that their requests cannot be fulfilled, and their interview requests/offers have been removed. It also allows the next installation to request that the provider be reopened when ready.

When requesting a transferring provider be reopened, enter the originating installation name.

PROVIDER NAME: Enter the provider's first and last name, no initials.

ADMINISTRATIVE OVERSIGHT

Branch of Service: Select FCC provider's affiliated Branch of Service.

Region: Enter the installation's region.

Installation Name: Enter the installation name. For transferring providers, this is the installation being transferred to.

FORM SUBMITTED BY

Name: Enter your first and last name or use digital signature.

Title: Select your MCC title. Only MCC Coordinators, MCC Coordinator backups, FCC Coordinators, and FCC Coordinator backups are authorized to submit this form.

Contact Email: Enter an email address where you can be contacted regarding the completion of this form.

Contact Phone: Enter a phone number, including country code, area code, and extension, if applicable, where you can be contacted regarding the completion of this form.

FOR NEW OR TRANSFERRING PROVIDERS ONLY

Requests for setting up new provider profiles or to reopen a provider who has transferred to a new installation must include the following information.

NOTE: When you receive notification that the MCC Support Desk has completed the set up or transfer, (1) refer to the MCC Program Profile Reference Guide for instructions on validating, completing, and activating the program profile, and (2) talk to the FCC provider to confirm they have successfully finalized their MCC user account.

FCC PROVIDER FEATURES

Select the applicable FCC provider features, as defined here.

- Pet Free Home: Select if pets are not permitted anywhere in the provider's home at any time.
- Smoke Free Home: Select if smoking is not permitted at any time in the provider's home or anywhere on the premises.
- Negotiable Hours: Select if the provider is willing to adjust their hours to provide care outside of their typical operating hours. For example, if a provider typically operates from 0700 - 1800 but is willing to extend their hours to 1830 to account for a family's commute, select Negotiable Hours.

PROVIDER OPERATING SCHEDULE

Reminder: if hours are negotiable, also select Negotiable Hours in the FCC Provider Features section.

Open Time: Enter the earliest time the provider is willing to care for children. If care is provided 24/7, enter 00:00.

Close Time: Enter the latest time the provider is willing to care for children. If care is provided 24/7, enter 23:59.

Days of Week: Select the days of the week care is available.

PROVIDER CONTACT INFORMATION

FCC provider phone number and email are required but will not display to families during their search. Provider contact information will be shared with families when the provider requests an interview or makes an offer.

Phone Number: Enter the phone number, including country code and area code, where the provider prefers to receive business related calls.

Phone Type: Select the phone type associated with the listed phone number.

Email Address: Enter the provider's business email address. MCC related communication will be sent to this email.

PROVIDER ADDRESS

The provider's address determines whether your FCC provider is displayed to families searching for care on MCC. An FCC provider's address will not be visible to families during their search but will be shared when the provider requests an interview or makes an offer.

Street Address: Enter the FCC provider's physical location where care is provided (i.e., enter the full street address, including apartment number). Do not enter a post office box or APO/FPO.

City: Enter the FCC provider's city.

State/Province/Region: Enter the FCC provider's state abbreviation. Not required for international addresses.

Zip: Enter the FCC provider's zip or postal code. Not required for international addresses.

AVO CLUSTER NAME

All FCC providers must be assigned (1) to an AVO cluster, (2) as an Outlier: Geographic if provider is not located close to a facility-based program or a group of FCC providers, or (3) as an Outlier: Not Affordable if the provider's rates do not align with other DoD programs in the area. Refer to the AVO Clusters workbook for your Service, available in the Resources section of the MCC Central Training Center for the AVO clusters at your installation.

NOTIFICATION SIGNATURE

The FCC provider's electronic signature will be included in notifications sent to families via MCC during the interview and offer process. Ensure that the signature contains contact information families should use when they receive a request for interview, such as name, email address, physical address, and phone number.

FCC Provider Information

Provide the following information to update an FCC provider profile. All information is required, unless indicated. You can find instructions for each field in the Instructions for Completing Form section and by hovering over the entry area.

Update Requested _____ If long-term closure, select reason _____

If transferring, name of originating installation _____

PROVIDER NAME _____

ADMINISTRATIVE OVERSIGHT

Branch of Service _____

Region _____

Installation Name _____

FORM SUBMITTED BY

Full Name _____Title _____

Contact Email _____ Contact Phone _____

NEW OR TRANSFERRING PROVIDER REQUESTS ONLY:

FCC PROVIDER FEATURES: ___ Smoke Free Home ___ Pet Free Home ___ Negotiable Hours

PROVIDER OPERATING SCHEDULE

Open Time _____ Close Time _____

Days of Week: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

PROVIDER CONTACT INFORMATION

Phone Number _____ Phone Type _____

Email Address _____

PROVIDER ADDRESS

Street Address _____

City _____ State _____ Zip _____

AVO CLUSTER NAME _____ ___ **ASSIGN AS OUTLIER; SELECT REASON** ____

NOTIFICATION SIGNATURE