

Alaska Child Care Resource and Referral Network- Alaska IN!

Letter of Agreement

Dear _____:

Thank you for participating in the Alaska IN! program. Our agency appreciates your effort and desire to provide inclusive child care for children with special needs. This program supplies supplemental funding which may be used for training, hiring additional staff, reducing the number of children in your program, purchasing medical or adaptive equipment, or making environmental accommodations in your facility. In order to participate in Alaska IN! and for our agency to best serve you, please read the following, sign and return with the *Provider Training Plan*.

1. I agree to review, sign, and provide child care for _____ using the prescribed accommodations according to the *Provider Training Plan*.
2. I agree to use the special needs supplemental funding for the following:
(Check any which apply.)
 - _____ Decreasing child/adult ratio by decreasing enrollment
 - _____ Decreasing child/adult ratio by hiring extra staff
 - _____ Purchasing equipment
 - _____ Paying for training
 - _____ Making environmental accommodations
 - _____ Other (please explain) _____
3. I understand that I may contact your agency for information and further assistance.
4. The annual renewal date for participation in the Alaska IN! program is _____.
 - a. I agree to contact your agency one month prior to this date to schedule my participation in the annual review.
 - b. I agree to provide documentation supporting my *Provider Training Plan* compliance available at that time.
 - c. I agree to participate in completing the annual *Accommodations Scale* and in the development of my annual *Provider Training Plan*.
5. I agree to inform your agency if I am no longer providing specialized care for this child.
6. I understand that Alaska IN! is a project supported by the State of Alaska and files may be reviewed for auditing purposes only.

Enclosed are copies of your *Provider Training Plan*. Please sign, retain a copy for yourself, and return the other copy to this agency. Failure to complete any of the Alaska IN! program requirements may result in discontinued participation in the AK IN! program.

Child Care Referral Counselor Signature _____ Date _____

Child Care Provider Signature _____ Date _____



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