

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) request to transfer a provider to a new installation; (3) close a provider long-term or permanently; or (4) re-open a provider from a long-term closure.

This form must be submitted by an authorized user (e.g., FCC Coordinator, 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. If the update request is “Change status to long-term closure,” select a reason from the drop-down. If the request is “Transfer to new installation” enter the originating installation name. Note: When a provider’s status changes to long-term closure, 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/or their interview requests/offers have been removed.

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, and FCC Coordinators 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 for providers transferring to a new installation must include the following information. 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 and completing the program profile, and (2) talk to the FCC provider to confirm they have successfully finalized their MCC user account. Once the program profile setup is complete, contact the MCC Support Desk and indicate the provider profile is ready to be activated.

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.

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- **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

Open Time: Enter the earliest time the provider is willing to care for children. If care is provided 24/7, enter 00:00. Reminder: if hours are negotiable, also select Negotiable Hours in the FCC Provider Features section.

Close Time: Enter the latest time the provider is willing to care for children. If care is provided 24/7, enter 23:59. Reminder: if hours are negotiable, also select Negotiable Hours in the FCC Provider Features section.

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; families searching for care on MCC will only see the general area where the FCC provider is located. The FCC provider's address will be shared with families 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. For international addresses, enter State/Province/Region if applicable or leave this field blank; it is not required for international addresses.

Zip: Enter the FCC provider's zip or postal code. For international addresses, enter a zip code, if applicable, or leave this field blank; it is not required for international addresses.

AVO CLUSTER NAME

Your installation leadership, in coordination with Service HQ, assigned programs to AVO clusters and providers to either clusters or outliers at your installation. All FCC providers must be assigned (1) to an AVO cluster, (2) as an Outlier: Geographic if provider is not located in close proximity 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. The selected AVO Cluster or Outlier assignment will be approved by your Service Representative.

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.

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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