



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



COVER SHEET
Application For CCDF Child Care Provider -
RELATIVE & IN-HOME

Please Read Carefully:

Thank you for your interest in becoming a Child Care Development Fund (CCDF) Child Care Provider for families who may be eligible for child care assistance. Parents and families whose children receive subsidy benefits have the option to choose the type of child care provider they want to use, provided preliminary requirements are met by the child care provider.

Overview:

The CCDF program is a federal block grant for States, Tribes, and Territories and is a key resource to help increase the availability, affordability, and quality of child care services. CCDF supports low-income families, families receiving temporary public assistance, and those transitioning from public assistance, in obtaining child care services so they may work, seek employment, attend training, or participate in educational activities.

The Bureau of Child Care Services (BCCS) is responsible for overseeing the CCDF Subsidy Program, which is overseen by the Division of Children's Wellness (DCW). The rules, policies and procedures are based on federal and state/territorial laws, policies and procedures.

All child care providers who participate in the CCDF Program must meet the eligibility and application requirements. These include but are not limited to the pre-service orientation of health and safety training coordinated by BCCS, Child Care Licensing Office and other certified trainers. **(Refer to Appendix A)** An initial inspection by the Child Care Licensing Officer and/or BCCS Representative will be conducted to ensure that all requirements are met.

You must complete the attached application and submit it along with the required documents to: DPHSS, Division of Children's Wellness, Bureau of Child Care Services, CCDF Provider Registration Section, 194 Hernan Cortez Ave. Suite 208, Castle, Hagåtña, Guam 96910, or via email to childcare@dphss.guam.gov.

NO.	TYPE OF DOCUMENT
1	Completed CCDF Child Care Provider Application
2	Completed Consent for Disclosure of Client Information Form (for all adults in the household)
3	Compliant Validation Form Completed by BCCS (See Appendix - 2)
4	Police Clearances (issued within the last 30 days) (Required for all adults (18+) present during hours of care)
5	Court Clearances (issued within the last 30 days) (Required for all adults (18+) present during hours of care)
6	Completed Vendor Application & W-9 (for new applicants only)
7	Valid Pediatric First Aid and CPR certificate
8	Valid copy of ID for all adults in the household (Required for all adults (18+) present during hours of care)

Please be advised that DPHSS-BCCS is also required to implement comprehensive background clearance requirements as mandated in the Child Care Development Block Grant Act of 2014 (CCDBG), for all child care staff members (including prospective child care staff members of all licensed regulated, licensed-exempt, or registered child care providers) and all child care providers eligible to deliver services are established, which is essential to ensure the health and safety of children in care.

Therefore, pending the full implementation of the CCDBG Act, all License-Exempt Child Care Providers must comply with the minimum health & safety requirements and checklists identified and defined by BCCS Provider Registration as part of the health and safety standards and other requirements **prior** to the receipt of any CCDF funds. The DPHSS, BCCS will validate your clearances accordingly.

Upon the full implementation of the CCDBG Act, all child care providers will be notified and are subject to comply with these standards.

You are also advised that the law(s) gives reasons for revocation of your ability to receive CCDF payment if it is determined the child care provider (applicant) has given:

- False statements on an application or any records required by the Department of Public Health, Division of Children's Wellness, Bureau of Child Care Services, CCDF Provider Registration.
- If there are credible allegations that the provider has committed fraud, or if criminal charges / charges of fraud have been filed against you, your CCDF eligibility will be revoked.

[10 GCA: Health & Safety; Chapter 2 – Division of Public Welfare, §2107. Frauds: Penalties]

Once you have met the requirements and have been approved by DPHSS-BCCS, CCDF Provider Registration, you are required to take a **one-time Provider-Orientation**. A BCCS representative will contact you to schedule an orientation. If you have any questions, please contact our Office at (671) 969-7259.



Department of Public Health & Social Services
APPLICATION FOR CCDF CHILD CARE
PROVIDER

I. APPLICATION INFORMATION:

Name of Applicant:	
Physical Address (Location of Care):	
Mailing Address (Postal Box, City/Zip Code)	
Contact Nos. (Business/Cell/Home)	
Email Address:	

II. ORGANIZATION'S CHILD CARE INFORMATION

Government of Guam Vendor ID #:	TIN/SS #:
Type of Child Care Provider (select one) <input type="checkbox"/> Licensed-exempt Provider (In-Home) <input type="checkbox"/> Licensed-exempt Provider (Relative)	

Provide the age(s) and number of children per age group below:

DESCRIPTION	INFANT	TODDLER	PRE-SCHOOL	SCHOOL-AGE
AGE				
NUMBER OF CHILDREN				

DAYS OF OPERATION	MON.	TUES.	WED.	THURS.	FRI.	SAT	SUN
HOURS FROM:							
Twenty-four (24) Hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOURS FROM:							
<p>By providing my signature below, I hereby certify all documentation submitted is true and correct to the best of my knowledge. I understand that I will be visited by a representative from DPHSS, BCCS. The visit will be scheduled after all required documentation is received by the BCCS. The verification visit will confirm compliance of the required CCDF Child Care Provider requirements for receipt of CCDF childcare voucher dollars. If the provider eligibility standards are met with satisfaction, I will be certified by the DPHSS, BCCS.</p>							
Signature of Applicant/Title				Date signed (month, day, year)			

FORM A PROVIDER INFORMATION

Applicant Name: _____
(Please Print)

Licensed-Exempt Providers. Individuals who wish to provide child care to their CCDF-eligible family members must list the names of all adults residing in the home who will be present during the hours of care. All household members and individuals who will be caring for children at any time must meet all caregiver and background check requirements.

HOUSEHOLD MEMBERS				
PRINT NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NO. (Required for anyone 18 years or older)	CHILD CARE PROVIDER or HOUSEHOLD MEMBER?

I certify that the individuals above and/or listed on the attachments are employees/volunteers or household members of the child care facility or home. I will notify the DPHSS-DCW, BCCS-CCDF Provider Registration office immediately and submit all necessary documents for any **new** household member(s) OR if any household member reaches the age of 18 and is hired after my approval. I understand that my failure to provide this information will constitute non-compliance with the CCDF Provider Eligibility standards and can result in the disapproval and or revocation of my certification. I understand my signature below provides consent to run a National Sex Offender Registry Check on all adult household members listed above.

SIGNATURE OF APPLICANT AND DATE: _____

Application for CCDF Child Care Provider

APPENDIX - 1

HEALTH & SAFETY STANDARDS:

You must complete a pre-service orientation and obtain a minimum of 15 hours of annual health and safety training. This training must be age-appropriate to the specific age group of the children for whom you are providing care. Training topics must relate to the following health and safety standards:

1. Prevention & control of infectious diseases (including immunization)
2. Prevention of sudden infant death syndrome (SIDS) & the use of safe-sleep practices
3. Administration of medication, consistent with standards for parental consent
4. Prevention of and response to emergencies due to food and allergic reactions
5. Building & physical premises safety, including the identification of and protection, from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
6. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment
7. Emergency Preparedness and response planning (EPRP) for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility) within the meaning of those terms under section 602(a)(1) of the Robert T Stafford Disaster Relieve & Emergency Assistance Act. EPRP must include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions
8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
9. Precautions in transporting children (if applicable)
10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification
11. Recognition & reporting of child abuse and neglect
12. Child Development

For additional information regarding the CCDF Child Care Provider requirements, you may contact the Bureau of Child Care Services (BCCS) at (671) 969-7259 or email childcare@dphss.guam.gov or visit our website at guamchildcare.com.



Application for CCDF Child Care Provider

APPENDIX - 2

Bureau of Child Care Services (BCCS)

License Exempt-Relative Care Validation Checklist

C – Compliance NC – Non-Compliance NA – Not Applicable NE- Not Evaluated

Standards	C	N C	N A	N E	COMMENTS
§ 98.40 Compliance with applicable regulatory requirements.					
Is the provider caring for a child with special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are accommodations being made to meet the child's needs?					
Indoor and outdoor areas must be maintained in a safe manner (ex: no sharp objects near children, the outdoor area must be safe for children, etc.).					
Each child must have their own bed, cot, mat, or pad, when sleeping.					
The provider must have a folder containing their credentials (to ensure 15 hours of annual training requirement- provider must have taken the Health & Safety Orientation).					
The provider must have a child file on hand containing the child's allergies, medication list (if applicable), dietary needs, and medication file listing: when medication is administered, the dosage, and parental consent BEFORE administering such medication.					
The home has a working telephone in case of emergencies.					
The home must have a secondary exit in case of fire or other emergencies.					
Culture, language, and developmental needs are promoted.					
§ 98.41 Health and safety requirements.					
Include health and safety topics consisting of, at a minimum: <ul style="list-style-type: none"> Children receiving services under the CCDF are age-appropriately immunized. Copy of immunization record shall be filed in the child's record. Exemptions to immunizations shall be documented and in adherence to regulations. Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts, and uncles), provided there are no other unrelated children who are cared for in the same setting. Children who receive care in their own homes, provided there are no other unrelated children who are cared for in the home. 					
Handwashing poster is posted near a sink					

Handling and storage of hazardous materials and the appropriate disposal of bio contaminants.				
The home has a working smoke detector (on each level if applicable) and fire extinguisher.				
The home has at least one certified/working fire extinguisher				
Each outlet, reachable by children, must have a proper cover.				
Appropriate precautions in transporting children, if applicable; <ul style="list-style-type: none"> The provider must have a valid driver's license when and if transporting children in their care and follow all safety standards when transporting children 				
Pediatric first aid and cardiopulmonary resuscitation (CPR)				
Recognition and reporting of child abuse and neglect, in accordance with the requirement in paragraph(e) of this section; and <ul style="list-style-type: none"> May include requirements relating to: Nutrition (including age-appropriate feeding); Access to physical activity; Caring for children with specials needs; or Any other subject area determined by the Lead Agency to be necessary to promote child development or to protect children's health and safety. 				
Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event) that shall include procedures for evacuation, relocation, shelter-in-place and lock down, and related emergency preparedness training documentation.				
§ 98.43 Criminal background checks.				
Requirements, policies, and procedures to require and conduct criminal background checks for child care staff members (including prospective child care staff members) of all licensed, regulated, or registered child care providers and all child care providers eligible to deliver services for which assistance is provided under this part as described in <u>paragraph (a)(2)</u> of this section; <ul style="list-style-type: none"> Police Clearance dated within the last 12 months Court Clearance dated within the last 12 months Child Abuse & Neglect Registry Clearance dated within the last 12 months 				

Relative Provider: _____

Signature: _____ Date: _____

BCCS Inspector: _____

Signature: _____ Date: _____



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES (DPHSS)
DIVISION OF CHILDREN'S WELLNESS
BUREAU OF CHILD CARE SERVICES (BCCS)
Child Care Assistance Program
www.guamchildcare.com
671-969-7259



CONSENT FOR DISCLOSURE OF CLIENT INFORMATION

As stipulated in Guam Public Law 31-73 and as required by Federal law, 45 C.F.R. § 98.43, all adults (18 years and older) residing in the location where child care services are being provided, those employed by a child care provider for compensation, contracted employees and self-employed child care providers, and those who care for, supervise, or have unsupervised access to children are subject to a comprehensive background check. This consent shall be effective immediately and shall remain in effect for a duration not to exceed ninety days. A separate **CONSENT FOR DISCLOSURE OF CLIENT INFORMATION** form shall be submitted for every adult present where child care services are conducted.

PURPOSE OR NEED FOR DISCLOSURE	
<ul style="list-style-type: none">National Sex Offender RegistryLocal Sex Offender RegistryGuam Child Abuse and Neglect RegistryNational FBI Criminal History Check (Fingerprint)	<ul style="list-style-type: none">Virtual Computerized Criminal HistoryGeneral (Internet) Google SearchOther: _____Other: _____

INFORMATION REQUIRED TO PROCESS A COMPREHENSIVE BACKGROUND CHECK			
First Name	Middle Name	Last Name	
Other Known Alias	Date of Birth	Race/Ethnicity	Military Service Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address on Guam: <input type="checkbox"/> check box if currently residing outside of Guam			
Current Address	Village	State	Zip Code

Previous Address Within the Last Five Years:

Previous Address

Previous Address Outside of Guam Within the Last Five Years:

Previous Address

NAME OF PROGRAM OR ORGANIZATION TO RECEIVE INFORMATION	
Requesting Organization:	Department of Public Health and Social Services, Bureau of Child Care Services
Email Address:	childcare@dphss.guam.gov
Mailing Address:	194 Hernan Cortez Ave. Hagåtña, Guam, 96910
Contact Number:	(671) 969-7259
By signing this authorization form, I give my permission and consent to the Bureau of Child Care Services (BCCS) to obtain and review records of criminal history to prove the eligibility requirements are satisfied as required by law.	
Signature of Client/Parent/Guardian:	Date:

*****FOR OFFICIAL USE ONLY*****		
Authorized BCCS Personnel	Signature	Date

The client may revoke this Consent for Disclosure of Client Information at any time by completing the following:
I HEREBY REVOKE CONSENT FOR DISCLOSURE OF THE INFORMATION TO THE DPHSS-BCCS AS OF: _____

Signature of Client/Parent/Guardian: _____ Date: _____



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES (DPHSS)
DIVISION OF CHILDREN'S WELLNESS
BUREAU OF CHILD CARE SERVICES (BCCS)
Child Care Assistance Program
www.guamchildcare.com
671-969-7259



Background check requirements are applicable to licensed, regulated, and registered child care providers, and current & prospective child care staff members. Refusal to submit to the background check requirements will result in ineligibility to be employed as a child care provider and receive CCDF payments. Child care facilities or child placement agents shall not employ or certify any individual who has been found guilty of any disqualifying crime. Applicants may appeal the results of a background check to challenge the accuracy or completeness of the information contained in the report.

HOW TO APPEAL AGAINST FINDINGS

Request to appeal should be directed to the agency of jurisdiction. Contact the Child Care Licensing section for information regarding the appeals process.

Guam Criminal History Report and/or Office of the Attorney General Clearance	Guam Police Department or Office of Attorney General
Guam Sex Offender Registry	Judiciary of Guam
Guam Child Abuse and Neglect Registry	DPHSS-BOSSA, Child Protective Services
General Internet Search	DPHSS-BCCS
National Criminal History Check (FBI Finger Print Check) and NCIC National Sex Offender Registry Check	FBI at https://www.edo.cjis.govx
Appeals related to Interstate Background Checks and/or Child Abuse and Neglect Registry Checks	Filed subject to the providing state's requirements.
Navy Criminal Investigation Section	Navy-Marine Corps Court of Criminal Appeals

DISQUALIFYING CRIMES

[45 CFR 98.43(c)(1)]

List of disqualifying crimes that may make a person unsuitable to own, conduct, maintain, operate, or be employed by a child care center, group child care home, family child care home, or by any license or license-exempt CCDF certified child care provider.

Misdemeanors	Felonies	
Child abuse	Murder	Child Abuse or Neglect
Child endangerment	Spousal Abuse	Arson
Sexual assault	Kidnapping	Physical Assault or Battery
Misdemeanor involving child pornography	Crime against children, including pornography	Drug-related offense
	Rape or sexual assault	

BCCS shall notify the applicant about their eligibility to be CCDF certified

FAQ

How do I receive a copy of any records found?

Any individual subject to a background check may receive a copy of any records found on any of the registries or databases by submitting a written request. If the results of any information found on any registry is incorrect, the individual(s) subject to the background checks shall contact the registry to appeal such errors.

What if there was a charge that has been dismissed or expunged?

Please send the court documents that show the charge information, including the date of the charge and the charge status being dismissed or expunged to our office email: childcare@dphss.guam.gov, and BCCS shall validate this information.

What happens if a new charge or conviction occurs after being qualified?

All child care providers and household members who have incurred any pending charges, indictments, or convictions must notify BCCS within 10 business days or before returning to work, whichever comes first. An individual will be disqualified to work in providing child care if any of the disqualifying crimes are committed.

What is required for applicants who lived outside of Guam within the last 5 years?

Applicants who have lived out of Guam within the last 5 years is subject to undergo a criminal history report and a child abuse and neglect registry check from the states they have lived in.

When will the applicant be issued the CCDF Provider Certification?

A CCDF Provider Certification will be issued upon validation of documentation and successful completion of the preliminary requirements to include but not limited to: undergo a preliminary facility inspection, criminal history background check, and pre-service orientation of health and safety standards.



GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS

mail: ATTN: Division of Accounts, P.O. Box 7420, Tamuning, GU 96931 * fax: 671-472-8483



VENDOR RECORD / EFT ESTABLISHMENT REQUEST

To: Accounts Payable Section

From: _____

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

☐ **NEW VENDOR**

Name _____
Mailing _____
Address _____

City State Zip Code

☐ **CHANGE OF VENDOR RECORD**

Name _____
Mailing _____
Address _____

City State Zip Code

OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: _____
Contact Number (primary): _____
Fax Number: _____

Type of Product / Svc: _____
Contact No.(other): _____
E-mail Address: _____

Check all Applicable: ☐ Petty Cash Custodian

☐ Business License ☐ Proper identification

☒ **TRAVEL** ☒ **EMPLOYEE**

☐ Form W-9 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Electronic Funds Transfer (EFT) Information¹

Type of ☐ **Checking:** Attach Voided Check or Personalized Deposit Slip
Account: ☐ **Savings:** Attach Copy of Current Bank Statement

Bank Name and Address _____

Account Number _____ Routing Number _____

¹ The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 GCA §8169 which state:

Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

**Existing Vendor
Number**

**NOTE: Please attach all required supporting documentation.
Incomplete requests will not be processed and may create
unnecessary delays in the vendor establishment process.**

VENDOR APPLICANT's SIGNATURE

Print Name: _____
Print Title: _____
Date Signed: _____

DEPARTMENT OF ADMINISTRATION

Vendor Number

Established by:

Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Provider Health Self-Attestation

PURPOSE: In accordance with 45 CFR § 98.41(c), this form allows Relative Care providers to self-attest to their physical and mental fitness to provide care. This replaces the requirement for an Institutional Health Certificate for license-exempt relative providers.

I. PROVIDER INFORMATION

Full Name: _____

Date of Birth: _____ **Social Security Number (Last 4):** _____

Physical Address: _____

Phone Number: _____

II. HEALTH SELF-ATTESTATION

Please initial each statement below to confirm your agreement.

_____ **General Fitness:** I certify that I am in good physical and mental health and am capable of providing a safe and healthy environment for the children under my care.

_____ **Communicable Diseases:** To the best of my knowledge, I am free from any communicable diseases (such as active Tuberculosis) that would pose a health risk to children.

_____ **Physical Ability:** I possess the physical strength and mobility necessary to supervise children, respond to emergencies, and perform routine childcare tasks.

_____ **Mental Health:** I am not currently suffering from any mental health condition or substance abuse issue that impairs my ability to exercise sound judgment or provide adequate supervision.

III. DUTY TO REPORT & CONTINUING COMPLIANCE

I understand that I have a continuing obligation to ensure the safety of the children in my care. I agree to:

- Immediately notify BCCS if I develop a health condition that prevents me from safely caring for children.
- Consent to a medical evaluation if BCCS receives a credible report or has reasonable cause to believe my health status has changed.
- Maintain a drug-free and alcohol-free environment during all hours of care.

IV. CERTIFICATION & SIGNATURE

I hereby certify under penalty of perjury that the information provided above is true and correct. I understand that providing false information or failing to report a change in my health status may result in immediate disqualification from the Relative Care Program and potential recovery of funds paid.

Provider Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Received By: _____

Date: _____