



## DOCUMENT CHECKLIST FOR CHILD CARE DEVELOPMENT FUND APPLICATION

### LICENSE-EXEMPT RELATIVE CARE/IN-HOME CARE PROVIDER

The purpose of this checklist is to assist with both the applicant and CCDF Provider Registration staff to ensure that the CCDF application packet to be submitted is completed. Failure to provide required documents will delay processing of the CCDF application and may result in application being returned back to the applicant for completion.

<b>Name of applicant:</b>	<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Renewal</b>
<b>Requirements:</b>	<b>Completed:</b>	
CCDF Application for: <input type="checkbox"/> License-Exempt In-Home Care <input type="checkbox"/> License-Exempt Relative Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children under CCDF Child Care Assistance	<input type="checkbox"/> Yes <b>Case No.:</b>	<input type="checkbox"/> No
Institutional Health Certificate (For provider only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Clearances (For all adults in household)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Court Clearances (For all adults in household)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent for Disclosure Forms for each staff for: <ul style="list-style-type: none"> <li>• Guam Child Abuse and Neglect Registry</li> <li>• Local Sex Offender Registry</li> <li>• National Sex Offender Registry</li> <li>• National FBI Criminal History Check (Fingerprint)</li> <li>• General (Internet) Google Search</li> <li>• Other:</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed Vendor Record/EFT Establishment Request form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bank Statement/Voided Check (to be submitted with vendor record/eft establishment request form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valid Identification Cards for all adult household members	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pediatric First Aid & CPR certification (For provider only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed 15-hour Health and Safety training for each staff member ( <b>upon renewal only</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Acknowledgement by CCDF Provider Registration Staff**

- Application Complete
- Application incomplete

**Print:**

**Signature:**

**Date:**

**Official Stamp Only**