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
671-735-7344 / 7256

DOCUMENT CHECKLIST FOR CHILD CARE DEVELOPMENT FUND APPLICATION

LICENSE-EXEMPT SCHOOL-AGE 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.

Name of applicant:	☐ New	☐ Renewal
Requirements:	**Completed:**	
CCDF Application for License-Exempt School-Age Provider	☐ Yes	☐ No
Business License or Non-Profit Organization Certificate	☐ Yes	☐ No
Physician's Certification of Examination for each staff	☐ Yes	☐ No
Police Clearance for each staff	☐ Yes	☐ No
Court Clearance for each staff	☐ Yes	☐ No
Consent for Disclosure Forms for each staff for: • Guam Child Abuse and Neglect Registry • Local Sex Offender Registry • National Sex Offender Registry • National FBI Criminal History Check (Fingerprint) • General (Internet) Google Search • Other:	☐ Yes	☐ No
Character References: • 3 for responsible person of program	☐ Yes	☐ No
Health Certificates for each staff (inclusive of volunteers and practicum students, if applicable)	☐ Yes	☐ No
Pediatric First Aid & CPR certification (for at least 1 regular staff)	☐ Yes	☐ No
Polices and Procedures for Program Operations	☐ Yes	☐ No
Parent Handbook	☐ Yes	☐ No
Schedule of Program Activities	☐ Yes	☐ No
Floor plan	☐ Yes	☐ No
Valid Identification Cards for all staff	☐ Yes	☐ No
Completed Vendor Record/EFT Establishment Request Form	☐ Yes	☐ No

Bank Statement/Voided Check (to be submitted with vendor record/eft establishment request form)	☐ Yes	☐ No
Completed 15-hour Health and Safety training for each staff member **(upon renewal only)**	☐ Yes	☐ No

Acknowledgement by CCDF Provider Registration Staff		
☐ Application Complete ☐ Application incomplete		
Print:	Signature:	Date:

Official Stamp Only