



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

LICENSED CHILD 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.

Name of applicant:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Requirements:	Completed:	
CCDF Application for Licensed Child Care Provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification of Compliance for: <ul style="list-style-type: none"> • Dept. Of Public Works • Fire Operations Bureau, Guam Fire Dept. • Zoning-Dept. Of Land Management • Division of Environmental Health, DPHSS 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Inspection Reports for: <ul style="list-style-type: none"> • Dept. Of Public Works <ul style="list-style-type: none"> ○ ADA Certification • Fire Operations Bureau, Guam Fire Dept • Zoning-Dept. Of Land Management • Division of Environmental Health, DPHSS 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Dept. Of Revenue and Taxation Clearance Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sanitary Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staffing Pattern	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physician's Certification of Examination for each staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police Clearance for each staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Court Clearance for each staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent for Disclosure Forms for each staff for: <ul style="list-style-type: none"> • 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: 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Character References: <ul style="list-style-type: none"> • 3 for Early Childhood Directors 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<ul style="list-style-type: none"> • 3 for Early Childhood Assistant Directors, if applicable 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resume for: <ul style="list-style-type: none"> • Early Childhood Director • Early Childhood Assistant Director, if applicable 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Listing of Practicum and/or volunteers who serve more than 20 hours, if applicable <ul style="list-style-type: none"> • Health Certificate for each student/volunteer • Physical Examination for each student/volunteer 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Health Certificates for each staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pediatric First Aid & CPR certification (for at least 2 regular staff)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polices and Procedures for Program Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent Handbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule of Center Activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floor plan layout of Child Care Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valid Identification Cards for all staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed Vendor Record/EFT Establishment Request Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business License	<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
Completed 15-hour Health and Safety training for each staff member (upon renewal only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Acknowledgement by CCDF Provider Registration Staff		
<input type="checkbox"/> Application Complete <input type="checkbox"/> Application incomplete		
Print:	Signature:	Date:

Official Stamp Only