



COVER SHEET
Application For CCDF Licensed Child Care Provider

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, 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, Suite 15, Castle Mall, University Drive, Mangilao, Guam 96913, or via email to childcare@dphss.guam.gov.

The list below are document requirements for Licensed Child Care Facilities & Licensed Group Child Care Homes. Your application must include the following documents in order to validate the clearances conducted by the respective Agency. **If you have submitted these documents to BCCS-Child Care Licensing, a clearance form must be obtained from the licensing officer and routed to BCCS-CCDF Provider Registration.**

NO.	TYPE OF DOCUMENT
1	Child Care License (if applicable)
2	Business License
3	Certification of Compliance Signature Form with Inspection Reports (Department of Land Management, Department of Public Works, Guam Fire Department, DPHSS-Division of Environmental Health)
4	DRT Clearance Form (Clearance from Income Tax, Business Privilege Tax/GRT, Collection Business License Branch)
5	Staffing Pattern
6	Health Certificate Clearance Application (for all staff members, volunteers and practicum students)
7	Police Clearances (issued within the last 30 days): (for all staff members, volunteers and practicum students)
8	Court Clearances (issued within the last 30 days): (for all staff members, volunteers and practicum students)

9	Clearance for Child Abuse and Neglect Registry (Clearance from BCCS – Child Care Licensing)
10	Character Reference Forms
11	Resumes
12	School Transcripts
13	Health Certificates: (for all staff members, volunteers and practicum students)
14	Pediatric First Aid & CPR Certification (verification must be provided that at least one (1) regular staff member is trained and certified in Pediatric CPR and Pediatric First Aid.
15	Policies and Procedures for Center Operations
16	Parent Handbook – (A handbook to inform parents of the rules governing the center and to provide parents with adequate information about the programs offered.)
17	Schedule of Center Activities – Daily Routine of the Center
18	Floor Plan
19	Have met other requirements listed on BCCS- Child Care Licensing Application for Child Care license
20	Vendor Record Form - <i>(Required upon approval of CCDF Provider certification)</i>
21	Vendor Electronic Funds Transfer (EFT) Authorization Form <i>(Required upon approval of CCDF Provider certification)</i>

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 Licensed Child Care Providers must be able to demonstrate compliance with Guam Public Law 31-73 which outlines certain facility requirements and all License-Exempt Child Care Providers must comply with the minimum health & safety 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 childcare 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) 735-7344.



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

I. APPLICATION INFORMATION:

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

II. ORGANIZATION'S CHILD CARE INFORMATION

Child Care License # (if applicable):	Business Government of Guam Vendor ID #:
EIN/TIN #:	Business License # (if applicable):
Type of Child Care Provider (select one) <input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Group Child Care Home <input type="checkbox"/> Licensed Family Child Care	
What is the licensed capacity (as printed on current license) or Legal capacity?	How many are currently enrolled?
Do you have CCDF children enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	

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 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)			

(CONTINUED) EMPLOYEE/VOLUNTEERS/HOUSEHOLD MEMBERS

PRINT NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NO. (Required for anyone 18 years or older)	EMPLOYEE or VOLUNTEER?

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** employee(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.

SIGNATURE OF APPLICANT AND TITLE: _____

Date: _____

Application for CCDF Child Care Provider
APPENDIX - 1

HEALTH & SAFETY STANDARDS:

You must complete a pre-service orientation and annual in-depth training of or related to the following health & safety standards:

1. Prevention & control of infectious diseases (including immunization)
2. Prevention of sudden infant death syndrome & 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 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) 735-7344 or email childcare@dphss.guam.gov or visit our website at guamchildcare.com.



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA'

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LÄHI

ARTHUR U. SAN AGUSTIN, MHR
DIRECTOR

LAURENT SF DUENAS, MPH, BSN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

**BUREAU OF SOCIAL SERVICES ADMINISTRATION
DIVISION OF CHILDREN'S WELLNESS
CONSENT FOR DISCLOSURE OF CLIENT INFORMATION**

This information is to be released from records whose confidentiality is protected by Federal law regarding right to privacy, which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information will not be sufficient for this purpose.

1. Name of Program to Give Information: DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, CHILD PROTECTIVE SERVICES
2. Name of Person or Organization to Receive Information: Requestor Name: Requesting Organization: Email Address: Mailing Address: Contact Number: CC: DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, HOME EVALUATION & PLACEMENT SERVICES
3. Name of Client / Date of Birth (Print):
4. State/s or Territories of Residence in the last five (5) years, if different.
5. Purpose or Need for the Disclosure (Please be very specific): VERIFICATION OF ANY REFERRALS OF CHILD ABUSE/NEGLECT ON THE INDIVIDUAL
6. Extent or Nature of Information to be Disclosed (Please be very specific): OUTCOME OF INVESTIGATION, INCLUDING FINDINGS AND RECOMMENDATIONS, IF APPLICABLE

This Consent shall be effective immediately and shall remain in effect for a duration not to exceed ninety (90) days unless dated otherwise (date): _____

Signature of Client/Guardian/Parent	Title & Signature of Person Requesting Information
Date: _____	Date: _____

The client may revoke this Consent for Disclosure of Client Information at any time by completing the following information.

I HEREBY REVOKE CONSENT FOR DISCLOSURE OF THE INFORMATION TO THE PERSON OR ORGANIZATION ABOVE AS OF: _____

Signature of Client/Guardian/Parent _____ Date: _____



GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION

DIVISION OF ACCOUNTS

mail: ATTN: Division of Accounts, P.O. Box 884, Hagatna, GU 96932 * 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

CHANGE OF VENDOR RECORD

Name _____

Name _____

Mailing Address _____

Mailing Address _____

City State Zip Code _____

City State Zip Code _____

OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: _____

Type of Product / Svc: _____

Contact Number (primary): _____

Contact No.(other): _____

Fax Number: _____

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 Account: **Checking:** Attach Voided Check or Personalized Deposit Slip

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 _____