

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
 DIVISION OF CHILDREN'S WELLNESS  
 BUREAU OF CHILD CARE SERVICES  
**DOCUMENT CHECKLIST FOR CHILD CARE LICENSE**  
 (To be completed during appointment with Child Care Licensing Staff)

NAME OF CHILD CARE FACILITY:	<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION <input type="checkbox"/> AMENDED APPLICATION	DATE:
<b>REQUIREMENTS:</b>	<b>COMPLETED</b>	<b>MISSING DOCUMENTS</b>
DPHSS Application for License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Certification of Compliance Form for certified within the past one hundred and eighty (180) days: <ul style="list-style-type: none"> <li>• Dept. of Public Works</li> <li>• Fire Operations Bureau, Guam Fire Dept</li> <li>• Zoning – Dept. of Land Management</li> <li>• Div. of Environmental Health, DPHSS</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Reports certified within the past one hundred and eighty (180) days for: <ul style="list-style-type: none"> <li>• Dept. of Public Works             <ul style="list-style-type: none"> <li>○ ADA certification</li> </ul> </li> <li>• Fire Operations Bureau, Guam Fire Dept</li> <li>• Zoning – Dept. of Land Management</li> <li>• Div. of Environmental Health, DPHSS</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dept. of Revenue and Taxation Clearance Form certified within the past sixty (60) days	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Staffing Pattern to include all staff regardless of whether they are directly or indirectly responsible for children in the facility <ul style="list-style-type: none"> <li>• Number of Staff:</li> <li>• GPPD Certifications</li> <li>• Staff Training Report</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Physician's Certification of Examination for each staff within one year of certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Police Clearances for each staff dated within the past sixty (60) days	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Court Clearances for each staff dated within the past sixty (60) days	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consent for Disclosure Forms for each staff for Comprehensive Background checks dated within the past sixty (60) days	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Valid Picture Identification for all staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Characters References <ul style="list-style-type: none"> <li>• 3 for Early Childhood Director or Facility Coordinators</li> <li>• 3 for Early Childhood Assistant Director or Assistant Facility Coordinator, if applicable</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Resumes for: <ul style="list-style-type: none"> <li>• Early Childhood Director or Facility Coordinator</li> <li>• Early Childhood Assistant Director or Assistant Facility Coordinator, if applicable</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
School Transcripts <ul style="list-style-type: none"> <li>• Early Childhood Director or Facility Coordinator</li> <li>• Early Childhood Assistant Director or Assistant Facility Coordinator, if applicable</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Listing of Practicum and/or volunteers who serve more than 20 hours, if applicable. <ul style="list-style-type: none"> <li>• Health Certificate for each student/volunteer</li> <li>• Physical Examination for each student/volunteer</li> </ul> <b>**All background check requirements apply**</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Health Certificates for each staff to include practicum students and volunteers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sanitary Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pediatric First Aid Certification within the year <ul style="list-style-type: none"> <li>• at least 2 staff</li> </ul> Pediatric CPR Certification <ul style="list-style-type: none"> <li>• at least 2 staff</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Policies and Procedures for Center/Facility Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Schedule of Center Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Floor plan layout of the child care facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Roster listing of children enrolled in the Center	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
List of children with current immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other documents for changes made during the year (N/A for New Applications). Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> N/A	

<b>Acknowledged by Child Care Facility or Group Child Care Home Staff:</b>		
Print Name:	Signature:	Date:

<b>FOR DPHSS OFFICE USE ONLY:</b>		
Pls. check:		
<input type="checkbox"/> Application Complete	<input type="checkbox"/> Application Incomplete	Date for submission of pending/missing documents: _____
Licensing Unit Staff (Print):	Signature:	Date:

Cc: Licensing Unit, BCCS  
CCDF Provider Registration