

CHILD CARE PROVIDER DATA FORM

Case / Client Name:	Case / Client Social Security Number:
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CHILD CARE PROVIDER DATA - To be COMPLETED BY CHILD CARE PROVIDER

Provider Name:	EIN:
Mailing Address:	Tax Payer ID#:
Facility Address:	Vendor #:
Business Address (if other than above):	Phone #: (H) (W) (Cell)

Other Adult Member(s) in place of business:	

- Check the appropriate box.
- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Licensed, Center Based | <input type="checkbox"/> License-Exempt, Family Day Care: | <input type="checkbox"/> Relative | <input type="checkbox"/> Non-Relative |
| <input type="checkbox"/> Licensed, Family Day Care | <input type="checkbox"/> License-Exempt, In-home Care: | <input type="checkbox"/> Relative | <input type="checkbox"/> Non-Relative |
| <input type="checkbox"/> Licensed, Group Day Care | <input type="checkbox"/> Legally Operating Facility | (Public/Private Schools, Before-/After-School Programs) | |

Total number of children in provider's care, including provider's children: _____

CHILD CARE SERVICES

Effective Date: _____					
CHARGES	REGISTRATION FEE	MONTHLY RATE	WEEKLY RATE	DAILY RATE	HOURLY RATE
Full-time	\$	\$	\$	\$	\$
Part-time	\$	\$	\$	\$	\$
CHILD'S NAME	CHILD CARE COST	Check if SPECIAL NEEDS Child	DAYS CHILD CARE NEEDED	TIME CHILD CARE NEEDED	TOTAL HOURS MONTHLY
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
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	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

Applicant's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

PROVIDER'S ASSURANCES/CERTIFICATION

Public Law 101-508 of the Omnibus Budget Reconciliation Act of 1990, Section 5082, established the Child Care and Development Block Grant (CCDBG) program. Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 amended the requirements of the CCDBG Act effective October 1, 1996. CCDBG is now referred to as the Child Care and Development Funds (CCDF). The purpose of CCDF is to increase the availability, affordability, and quality of child care. To accomplish this purpose, CCDF brings to Guam funds for purchase of child care services to eligible families, enhance the quality and increase the supply of child care for all families, and increase the availability of early childhood development, and school-age programs.

I certify that I, the child care provider, will comply with the requirements of the Department of Public Health and Social Services (DPHSS) with regard to the priority rules for the receipt of CCDF funds by providers. These include but not limited to:

- a) Compliance with all licensing and regulatory requirements applicable under federal and local law.
- b) Registration with DPHSS (for license-exempt providers);
- c) Compliance with health and safety requirements, including:
 - 1) obtaining a health certificate, sanitary permit, business license, and vendor number;
 - 2) submission of police and criminal court clearances, to include on all other adult member(s) in the household or child care center;
 - 3) prevention and control of infectious disease; and
 - 4) building and physical premises safety.
- d) Compliance with Public Law 103-227, Part C, Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, which requires that smoking is not permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18;
- e) Providing equal access for CCDF children to comparable child care services that are provided to children whose parents are not eligible to receive assistance under this program or under any other federal or local programs;
- f) Affording parents unlimited access to their children and to the provider caring for their children, during the normal hours of operations or whenever such children are in the care of such provider;
- g) Mandatory attendance in at least fifteen hours of training and technical assistance (workshops, seminars, conference, etc.) annually; and
- h) Acceptance of program reimbursement rates, payment procedures and timelines.

I understand that I am required to comply with above requirements within 30 calendar days, except that I have a year to complete the 15 hours training and technical assistance requirement.

I understand that payments for child care services shall only be authorized upon completion of all requirements and upon meeting all conditions setforth.

I certify that I have read and agreed to the requirements.

Provider's Signature: _____ Date: _____

OFFICE USE ONLY

Verification: Complete Incomplete
Disposition: Approved Disapproved

Comments:

BCCS Staff Signature: _____ Date: _____