CHILD CARE PROVIDER DATA FORM

Case / Client Name:				Case / Client Social Security Number:			
CHILD CARE PROVIDER	DATA - To be (COMPLETE) BY	CHILD CARE PR	OVIDER		
Provider Name:				EIN:			
Mailing Address:				Tax Payer ID#:			
Facility Address:			,	Vendor #:			
Business Address (if other than above):				Phone #: (H) ((W) (Ce	II)	
Other Adult Member(s) in place of business:							
Check the appropriate box.							
□ Licensed, Center Based □ License-Exempt, Family Day Care: □ Relative □ Non-Relative							
□ Licensed, Family Day C				In-home Care:	🗆 Relative 🛛	Non-Relative	
□ Licensed, Group Day Care □ Legally Operating Facility							
		(Public/Prive	nte S	chools, Before-/A	After-School Prog	rams)	
Total number of children in	n provider's care, i	ncluding prov	vider	's children: _			
CHILD CARE SERVICES							
Effective Date:							
	REGISTRATION	MONTHL	.y	WEEKLY	DAILY	HOURLY	
CHARGES	FEE	RATE		RATE	RATE	RATE	
Full-time	\$	\$		\$	\$	\$	
Part-time	\$	\$		\$	\$	\$	
		Check it	2			TOTAL	
	CHILD CARE	SPECIAL		DAYS CHILD	TIME CHILD	HOURS	
CHILD'S NAME	COST	NEEDS CH	nild	CARE NEEDED	CARE NEEDED	MONTHLY	
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						

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.

[] Incomplete [] Disapproved

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
Disposition :	[] Approved

Comments:

BCCS Staff Signature:

Date: