

**LICENSE EXEMPT  
 CHILD CARE PROVIDER  
 APPLICATION**



**A. APPLICANT INFORMATION:**

**APPLICANT'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_  
Family Name First Name Middle Name

**BUSINESS NAME:** \_\_\_\_\_ **TIN/TAX I.D. #:** \_\_\_\_\_  
(If differ from Given Name Above)

**RESIDENCE PHYSICAL ADDRESS:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_  
Village & Island

**MAILING ADDRESS:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**FULL NAME OF CHILD(REN)'S PARENT(S) or LEGAL GUARDIAN(S):**

FIRST NAME	LAST NAME	MIDDLE INITIAL	RELATION

**B. TYPE OF APPLICATION:**

INITIAL       RENEWAL       EXTENTION       NEW SITE

**C. TYPE OF LICENSE EXEMPT PROVIDER (Provider caring for 4 or less number of children)**

Family Home Care     Friend Home Care     Neighbor Home Care

**D. TYPE OF SERVICES:**

**CHILD(REN)'S HOME**  
 (Childcare services operates  
 at child's home)

**PROVIDER'S HOME**  
 (Childcare services operates  
 at applicant's home)

**E. HOUSEHOLD INFORMATION FOR SORNA:**

List of family members and/or friends that are **18 years** or above and will be regularly around the children, including provider's information (i.e. self). Attach a **copy** of a government issued ID for each person (Mayor's ID, Passport, or Driver's License).

#	Complete Legal Name (Family Name, First Name, and Middle Name)	Date of Birth	Age	Relationship to Applicant
1				<b>SELF</b>
2				
3				
4				

**Note:** Attach a list of additional names with the same information listed above

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**F. CHILDREN INFORMATION:**

**Total # of children being cared for:** \_\_\_\_\_

List all children that will be under the applicant’s care including children not under the CCDF program.

#	Complete Legal Name of Child (Family Name, First Name, and Middle Name)	Date of Birth	Age	Relationship to Applicant	CCDF ES Use Only
1					
2					
3					
4					
*5					
*6					

**G. PROVIDER REQUIRED DOCUMENTS:**

- Business License                       Picture I.D.                                       Police Clearance  
 Health Clearance                       SORNA Clearance (DICE)                       Provider Orientation  
 Self-Certification                       Child Care Certificate (DICE)

**H. ACKNOWLEDGEMENT (initial by each statement):**

- 1) \_\_\_ Upon my approval, I agree to comply with all local and federal statutory rules and regulations governing the Child Care Services within the CNMI.
- 2) \_\_\_ I am aware that I must be 18 years or above to provide childcare services.
- 3) \_\_\_ I am aware that copies of all provider’s required documents must be valid and attached upon submission of this application.
- 4) \_\_\_ I am aware that all required documents must be updated 30 calendar days prior to its expiration. Failure to submit, payment for services will be suspended until the submission of updated documents.
- 5) \_\_\_ I am aware that all listed household members must be cleared with the **Sexual Offenders Registry Notification Act (SORNA)**.
- 6) \_\_\_ I am aware that my childcare services must be operated at my residence **or** at the subsidized family’s home.

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- 7) \_\_\_\_\_ I am aware that it is my responsibility to submit Payment Invoices to CCDF Program as scheduled.
- 8) \_\_\_\_\_ I am aware that payment begins on the date of certificate approval. There will be no back pay for child care services prior to approval date.
- 9) \_\_\_\_\_ I am aware that it is my responsibility to pay the appropriate taxes (local and/or federal) on my income as a child care provider.
- 10) \_\_\_\_\_ I am aware that I may be visited announced or unannounced at any time during my certified term as a LE-FFN provider.
- 11) \_\_\_\_\_ I am aware that I can care for **no more than 4 children** which includes Non-CCDF children. If there are more than 4 children in the household, I must apply to be a licensed provider and have another adult to assist myself as the main provider.
- 12) \_\_\_\_\_ I am aware that my renewal application must be completed with all required documents and submitted to DICE Pacific Professional Solutions at least 60 calendar days prior to the expiration of my Child Care Certification.
- 13) \_\_\_\_\_ I am aware that the Inventory Summary Log of all non-perishable materials issued through CCDF must be up to date and maintained. Issued materials must not be used as gifts, sold, given away, at any time, and shall remain in the location where the child care services will be operated.
- 14) \_\_\_\_\_ I am aware that if I have identified a material to be hazardous, damaged, incomplete and/or put the children or myself at risk, I will take a picture of the damaged item and notify DICE Pacific Professional Solutions. I will prevent children from accessing the materials while I await further instruction from DICE Pacific Professional Solutions.
- 15) \_\_\_\_\_ I am aware that if I decide to resign from providing child care services, I must inform DICE Pacific Professional Solutions, 30 calendar days prior to my resignation via email.
- 16) \_\_\_\_\_ Termination of services: Based on the latest submitted Inventory Summary Log, DICE Pacific Professional Solutions will schedule a time with me to conduct the final inventory of non-perishable materials that must be returned.
- 17) \_\_\_\_\_ With my signature below, I acknowledged that I have read, understood, and will comply to all my duties and responsibilities as a childcare provider upon approval.

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**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I. OFFICIAL USE ONLY:**

**DICE PACIFIC PROFESSIONAL SOLUTIONS**

Dates of ...

...Received Application and Complete Supporting Documents: \_\_\_\_\_.

...Received By: \_\_\_\_\_ (PRINT AND SIGN)

...Processed: \_\_\_\_\_ ...Home Assessed: \_\_\_\_\_

...Completed Assessment Report: \_\_\_\_\_ ...Approval: \_\_\_\_\_

Validation Period On, Commenced: \_\_\_\_\_ Concluded: \_\_\_\_\_

**J. MAP TO RESIDENCE:**

On the space below, please draw a map to your residence. Include written directions along with well-known landmarks.

CCDF LICENSE-EXEMPT PROVIDER  
**SELF-CERTIFICATION**  
**HEALTH AND SAFETY CHECKLIST**



**A. Child Care Provider Information:**

Business Name: \_\_\_\_\_ Home Care Location: \_\_\_\_\_  
(Street, Village, Island)

Name of Provider: \_\_\_\_\_ Contact #: \_\_\_\_\_

**B. Parent/Guardian Information:**

Name of Parent/Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_

**C. Child Care Services Information:**

Child care services will be provided in (check one):

Child's Home       Provider's Home

**Instructions:**

- A license-exempt relative/ family child care provider **and** a parent/guardian eligible for subsidy, must fill this form and attached it to your initial application.
- The home where you provide care must meet health and safety requirements. It is the ongoing responsibility of the provider and the parent to see that these basic standards are met.
- The provider and parent/guardian are encouraged to assess and ensure that the home where childcare will be provided is healthy and safe for the children.
- If statement is correct, the provider and parent/guardian must initial (the left side) of each standard. This will certify that the home meets health and safety standards.

**CCDF LICENSE-EXEMPT PROVIDER  
SELF-CERTIFICATION  
HEALTH AND SAFETY CHECKLIST**



**D. HEALTH AND SAFETY CHECKLIST**

No.	Parent/ Guardian Initial	Provider Initial	
<b>(1) ELECTRICAL HAZARDS</b>			
1			(1-a) Breaker (Fuse) box is covered and out of children’s reach.
2			(1-b) Electrical cords are securely installed.
3			(1-c) Indoor and outdoor outlets at a height of 7ft and below are covered or blocked off by furniture.
4			(1-d) Electrical cords do not cross pathways, to avoid tripping hazards.
<b>(2) POSTINGS OF REQUIRED DOCUMENTS</b>			
5			(2-a) Required documents posted and visible to parents/guardians: Business License, CCDF Provider Certificate, Health Clearance Certificate.
6			(2-b) “No Smoking” signs are within view and seen upon entering home.
7			(2-c) “Exit” signs are posted and within view.
8			(2-d) Emergency Evacuation Exit Plan is posted by every exit door and at adult’s eye level.
9			(2-e) Children’s allergy posting is in a discrete area where food is served for the provider’s reference.
10			(2-f) The provider has the contact information of two (2) other authorized people, aside from the parents/guardians. Contact numbers are posted by a working land line (if applicable) or by Emergency Evacuation Exit Plan
11			(2-g) Child(ren) Daily Activity Schedule are posted at visitor’s view.
<b>(3) CHILD’S FILE</b>			
12			(3-a) Children’s allergy and/or medical need information (i.e. child care plan)
13			(3-b) Children’s medical information

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HEALTH AND SAFETY CHECKLIST**



			(hospital #, vaccination record, allergies, health insurance, & etc.).
14			(3-c) Parent’s authorization form of emergency contacts (at least 2).
15			(3-d) Accident and/or incident reports.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(4) EMERGENCY PREPAREDNESS AND RESPONSE PLANS (EPRP)</b>
16			(4-a) Emergency drills are conducted and recorded monthly.
17			(4-b) Disaster drills are performed and noted every 6 months.
18			(4-c) Recorded drills are visible for visitors review.
19			(4-d) Home care has an Emergency Preparedness Response Plan (EPRP) that is shared with their families.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(5) PRACTICES THAT PREVENT HAZARDS AND ILLNESSES</b>
20			(5-a) All cleaning chemicals are stored out of the child(rens) reach or inside a locked cabinet.
21			(5-b) Indoor flooring meet the following: free from dirt, no food crumbs, dry and free of spills, has no odor or any other type of scent including chemicals.
22			(5-c) The provider follows a routine cleaning schedule that is posted and visible.
23			(5-d) The home is equipped materials needed to practice routine cleaning (i.e. paper towel, bleach water solution).
24			(5-e) Home provider conducts a Daily health check to all enrolled children and is recorded. Document is accessible for review of inspector.
25			(5-f) There is a designated clean and comfortable area for sick children, separated from other children.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(6) KITCHEN/EATING AREA</b>

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HEALTH AND SAFETY CHECKLIST**



26			(6-a) Dining table is cleaned and sanitized before and after each meal.
27			(6-b) Food are stored at the right temperature.
28			(6-c) Drinking water is available and accessible throughout the day.
29			(6-d) Water is offered throughout the day (i.e. while playing outdoors).
30			(6-e) Healthy meals/snacks are provided to the children.
31			(6-f) Proper hand washing procedures are posted by the working sink where hand washing practices occur in the kitchen.
32			(6-g) Sharp items and utensils are out of children's reach.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(7) SLEEPING AREA</b>
33			(7-a) Clean and comfortable napping area is provided for each child.
34			(7-b) Babies less than 2 years old must be placed on their back for sleep.
35			(7-c) The napping area has 18" of space between children. If not possible, then placed as far as possible and children in alternating position (head to foot).
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(8) TOILETING AREA</b>
36			(8-a) Home is equipped with a working toilet and bathing room.
37			(8-b) Appropriate toiletries are provided and accessible to the children (liquid hand-soap, paper towel <i>optional</i> , toothbrush, toothpaste, toilet paper, etc...). Toiletries are replenished as needed.
38			(8-c) In the event cloth hand towels are used, each child is provided with a hand towel and is replaced daily or as necessary.
39			(8-d) Cloth hand towels are distinctly hung individually to air dry and is accessible to the child.
40			(8-e) Each child has their own toothbrush.
41			(8-f) Children's toothbrushes are airdried individually in a vertical position with covers.
42			(8-g) Toileting area is dry and furnished with non-slip mats.



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43			(8-h) Use of a “potty chair”- the provider will assist the child and ensure that the chair is sanitized after each use.
44			(8-i) Proper hand washing procedures are posted by the working sink where hand washing practices occur in the toileting area.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(9) DIAPERING AREA</b>
45			(9-a) If applicable, changing table or diaper changing is performed far from the eating area.
46			(9-b) Changing table or changing mat is sanitized and airdried after each used.
47			(9-c) Changing mat is water resistant and easily wipeable.
48			(9-d) Soiled diapers are wrapped tightly in plastic bag and is disposed in a closed bin that is stationed far from the eating area.
49			(9-e) Proper diaper changing procedure is posted near the designated area for changing diapers.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(10) SAFETY SUPPLIES</b>
50			(10-a) First aid kit is visible and accessible at all times.
51			(10-b) First aid kit is filled with medical supplies and replenished as needed.
52			(10-c) Monthly inventory of the first aid kit is performed to ensure that all supplies are updated and replenished.
53			(10-d) Home is equipped with a fire extinguisher and are inspected as required.
54			(10-e) Fire extinguisher is securely placed in a safe and convenient space, out of children’s reach.
55			(10-f) Smoke detectors are properly installed at each needed area.
56			(10-g) Home is equipped with working smoke detectors in each enclosed room with the exception of the kitchen.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(11) OBSERVABLE PRACTICES AND ROUTINE</b>

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57			(11-a) Provider demonstrates proper hand-washing procedures and assists young children to wash his/her hands using the same proper procedures.
58			(11-b) Proper handwashing procedures is performed throughout the day: before and after meals, after toileting, before and after each diaper change, after outdoor play, upon entering the home, etc...
59			(11-c) Parents are allowed full access to their children at any time (Open-door policy).
60			(11-d) The child care provider will not use corporal, harsh, or unusual punishment.
61			(11-e) Food should not be used as reward or punishment.
62			(11-f) Provider forbids smoking within the premises during operational hours and around the children.
63			(11-g) There are no more than 4 children under the provider's care.
<b>No.</b>	<b>Parent/ Guardian Initial</b>	<b>Provider Initial</b>	<b>(12) PLAYGROUND/OUTDOOR SPACE</b>
64			(12-a) The children's outdoor playground is far from the driveway and main road.
65			(12-b) The playground is enclosed and in a shaded area.
66			(12-c) Playground equipment is free from sharp edges, and rust.
67			(12-d) The playground is well maintained, free from odor and tripping hazards.
68			(12-e) All playground equipment are age appropriate; proper size for the ages of children using it.
69			(12-f) Adult supervision is provided at all times during operational hours indoors and outdoors.
70			(12-g) No animal feces or excrements.
71			(12--h) Playground surfacing is free from tripping hazards. Example: Large roots where children normally run through.

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PHYSICIAN'S MEDICAL EXAMINATION VERIFICATION FORM

I have conducted a medical examination upon \_\_\_\_\_  
*Name of Applicant*

And it is in my opinion that (S)he does not have a physical or mental impairment that either  
(**doctor's initials** required by the statement that applies):

\_\_\_\_\_ Prevents him/her from being able to safely and effectively perform all essential job-related functions once reasonable accommodations are provided by the employer, or

\_\_\_\_\_ Poses a significant risk or substantial harm to the health or safety of the employee or other people in the work place that cannot be eliminated or reduced by reasonable accommodations.

### Doctor's initials required:

\_\_\_\_\_ The applicant is free of Tuberculosis.

\_\_\_\_\_ Latent TB/not active. Does not pose a health risk to others and is cleared for work.

### Additional Comments:

\_\_\_\_\_  
**Name of Physician (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Address

City

State

Zip Code

**Required Hospital Seal or Stamp here**