



Commonwealth of the Northern Mariana Islands
 Department of Community and Cultural Affairs
 Office of the Secretary
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 Saipan, MP, 96950



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 Supervisor
 Child Care Licensing Program

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 Administrator
 Child Care and Development
 Fund

Reselyann T. Billy
 Federal Prog. Coordinator III
 Low Income Home Energy
 Assistance Program (LIHEAP)

**NOTE: APPLICATION, WITH ALL REQUIRED DOCUMENTS MUST
 BE RECEIVED BY DCCA CHILD CARE LICENSING PROGRAM.**

- _____ 1. A completed application must be complete, signed, and dated.
- _____ 2. A copy of current inspection reports made by the Department of Public Health Bureau of Environmental Health Inspector and the Department of Fire and Emergency Medical Services.
- _____ 3. A letter from your physician stating that you are qualified to care for children and are free of tuberculosis as indicated by an approved skin test or chest x-ray administered within the preceding six months.
- _____ 4. Proof of ownership of the real property, a copy of the recorded deed or ground lease agreement.
- _____ 5. A current corporate status sheet issued by the Department of Commerce, CNMI.
- _____ 6. Certificate of liability insurance. This can be obtained from an insurance company.
- _____ 7. Evidence of having submitted a signed consent for release of information form for criminal records check for the owner, operator, director, and all staff engaged in child care services.
- _____ 8. Three letters of character reference for each of the owner and operator, two of which must be from people who are not relatives of either of the subjects of the letter.

Floor plan submission shall be as follows:

A floor plan of the entire facility- drawn not less than 1/8" scale indicating exists, windows, equipment, and site plan of the proposed facility which indicates the facility's location on the lot, adjacent streets, playground, fencing, etc. – must be reviewed and approved by DPW's Building Safety Official. Plan reviewed and approved must be completed prior to DPH – environmental health inspections as well as the child care licensing program.

If you have any questions concerning this process of approval, do not hesitate to contact DCCA's Child Care Licensing Program at (670) 664-2572 and (670) 664-4570.

<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle D.O.B. _____ S.S. No. _____ Educational background: _____ Title: _____
<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle D.O.B. _____ S.S. No. _____ Educational background: _____ Title: _____
<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle D.O.B. _____ S.S. No. _____ Educational background: _____ Title: _____
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<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher Aide <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle D.O.B. _____ S.S. No. _____ Educational background: _____ Title: _____

5. Fund raising campaigns as it relates to the children and staff:

6. Disclosure of information:

7. Children's personal belongings brought to the facility:

8. Parental permission for field trips and related activities outside the facility:

AGES OF CHILDREN IN CARE:

This facility will offer services for children
Who are aged as follows:

(Check all appropriate boxes)

- 1 year and under
- 2 years
- 3 years
- 4 years
- 5 years & 6 years
- 6 years and older in before
to 18 years in shelter or
foster care

This facility will be operate on the following schedule.
Indicate AM or PM as appropriate. Use Na to show service not available.

	Daytime	Nighttime
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____
Holiday	_____	_____

Comments:

<p>Does the facility provide transportation to and from the facility for children?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>What is the source of the drinking water used by the facility?</p>
<p>Does the facility provide meals to the children? (This DOES not include snacks)</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Description of building to be used: (Check where applicable)</p> <p>() Building Occupied by Family Number of Bedrooms</p> <p>() Building Not Occupied by Family _____</p> <p>(Excluding Bathrooms, Kitchen, Cupboard Space and Hallyways)</p> <p>Comments:</p>
<p>What is the MAXIMUM number of children you plan to accommodate?</p> <p>(_____) Children</p>	<p>The facility (interior) contains how many square feet of space? Do not estimate, please make actual measurements.</p> <p>Interior space: _____ Square Feet</p>
<p>Number of toilets available: _____</p> <p>Number of lavatories available: _____</p>	<p>The facility (Exterior) contains how many square feet of space? Do not estimate, please make actual measurements.</p> <p>Exterior space: _____ Square Feet</p> <p>I declare under penalty of perjury that all statements are true and that I have complied will all CNMI Laws and Regulations</p> <p>Signature of applicant: _____</p> <p style="text-align: right;">Print name & sign</p> <p>Date: _____</p>

THIS APPLICATION REQUIRED ATTACHMENTS AND SHOULD BE TURNED IN TO:
OFFICE OF THE SECRETARY, DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS, CHILD CARE
LICENSING PROGRAM, BLDG# 1341 CAPITOL HILL, OR TO THE RESIDENT DIRECTOR, DC&CA ROTA OR
TINIAN.

NOTICE

Any applicant who knowingly or willfully makes a false statement of any materials fact or thing in the applicant is guilty of perjury and shall be subject to the penalty for Perjury Act and upon conviction thereof, shall be punished accordingly.

BELOW FOR OFFICIAL USE ONLY

License Fee: \$ _____ Penalty Fee: \$ _____ Total Fee: \$ _____

Receipt No.: _____

Police Clearance provided with application? ___ Yes ___ No

Past employment history included with application? ___ Yes ___ No

Complete consent forms included application? ___ Yes ___ No

Application: ___ is ___ is not recommended

Reviewing Officer

Date

Approved By: _____
Secretary, DC&CA

Date

CONSENT FOR RELEASE OF INFORMATION

I, _____ (printed name) hereby give
Permission for the individuals and/or organizations listed below to release any requested information about me to any
authorized representative, agent office or employee of the Child Care Licensing Program, Department of Community &
Cultural Affairs.

Information May Be Released: The Following
(Check all that apply)
<input type="checkbox"/> Employer
<input type="checkbox"/> Community Member
<input type="checkbox"/> Health Care Provider
<input type="checkbox"/> Other (Specify: _____)

I hereby release, hold harmless and indemnify any person or organization providing information pursuant to this
CONSENT FOR RELEASE OF INFORMATION.

Consent for Release of Information given this _____ day of _____

Employee's Signature (Print Name)

Date

CERTIFICATION OF COMPLIANCE WITH PUBLIC 4-67 AS AMENDED PUBLIC LAW 4-69
(CERTIFICATE OF ADOPTION OF THE PROPOSED RULES AND REGULATIONS GOVERNING
CHILD CARE STANDARDS IN THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS)

NAME OF DAY CARE FACILITY

NAME OF OPERATOR

ADDRESS OF FACILITY

This facility conforms to those portions of Public Law 4-65 as Amended and 8-7 and other applicable CNMI Government Laws Building Codes, or Regulations relating to building standards.

Building Safety Officials (DPW)

DATE

This facility conforms to those portions of Public Law 11-56 and to other applicable CNMI Government Laws Building Codes, or Regulations relating to building standards.

FIRE PROVENTIONS SECTION/INSPECTOR

DATE

This facility conforms to those portions of Public Law 12-48 and to other applicable CNMI Government Laws Building Codes, or Regulations relating to building standards.

DPH-BEREAU OF ENVIRONMENT HEALTH
INSPECTOR

DATE

CHILD CARE LICENSING PROGRAM APPLICATION CHECKLIST

FACILITY REQUIREMENTS:

- BUSINESS LICENSE
- DPW OCCUPANCY PERMIT W/ INSPECTION REPORT & APPROVED FLOOR PLAN
- SANITATION PERMIT W/ INSPECTION REPORT
- FIRE PERMIT W/ INSPECTION REPORT
- LIABILITY INSURANCE
- VALID LEASE AGREEMENT/RENEWAL (**If any**)
- POLICY/HANDBOOK
- STAFF SCHEDULE
- CHILDREN ROSTER
- CENTER RATES (**Latest**)
- DAILY ACTIVITY
- LATEST EPRRP

STAFFING REQUIREMENTS:

- CONSENT FOR RELEASE OF INFORMATION
- OFFICIAL PHOTO ID
- POLICE CLEARANCE
- HEALTH/FOOD HANDLERS CERTIFICATE
- CPR CERTIFICATE (**Pediatric**)
- DIPLOMA/DEGREE
- COLLEGE TRANSCRIPT
- RESUME
- Criminal Background Check (CBC)

CCDF REQUIREMENTS:

- MAP TO FACILITY (**For initial applicants only**)
- MANDATORY PROVIDERS ORIENTATION CERTIFICATE (**Must see EGL to schedule**)

TYPES OF ORIENTATION:

- INITIAL ORIENTATION (for new applicants)**
- ONGOING ORIENTATION (for current providers)**

*Reminder: Submission of the renewal applications are due 60 calendar days prior to the expiration of the existing Child Care License/Certificate.

Note: All required documents must be valid 30 calendar days (1month) after the expiration date of the Child Care License.