

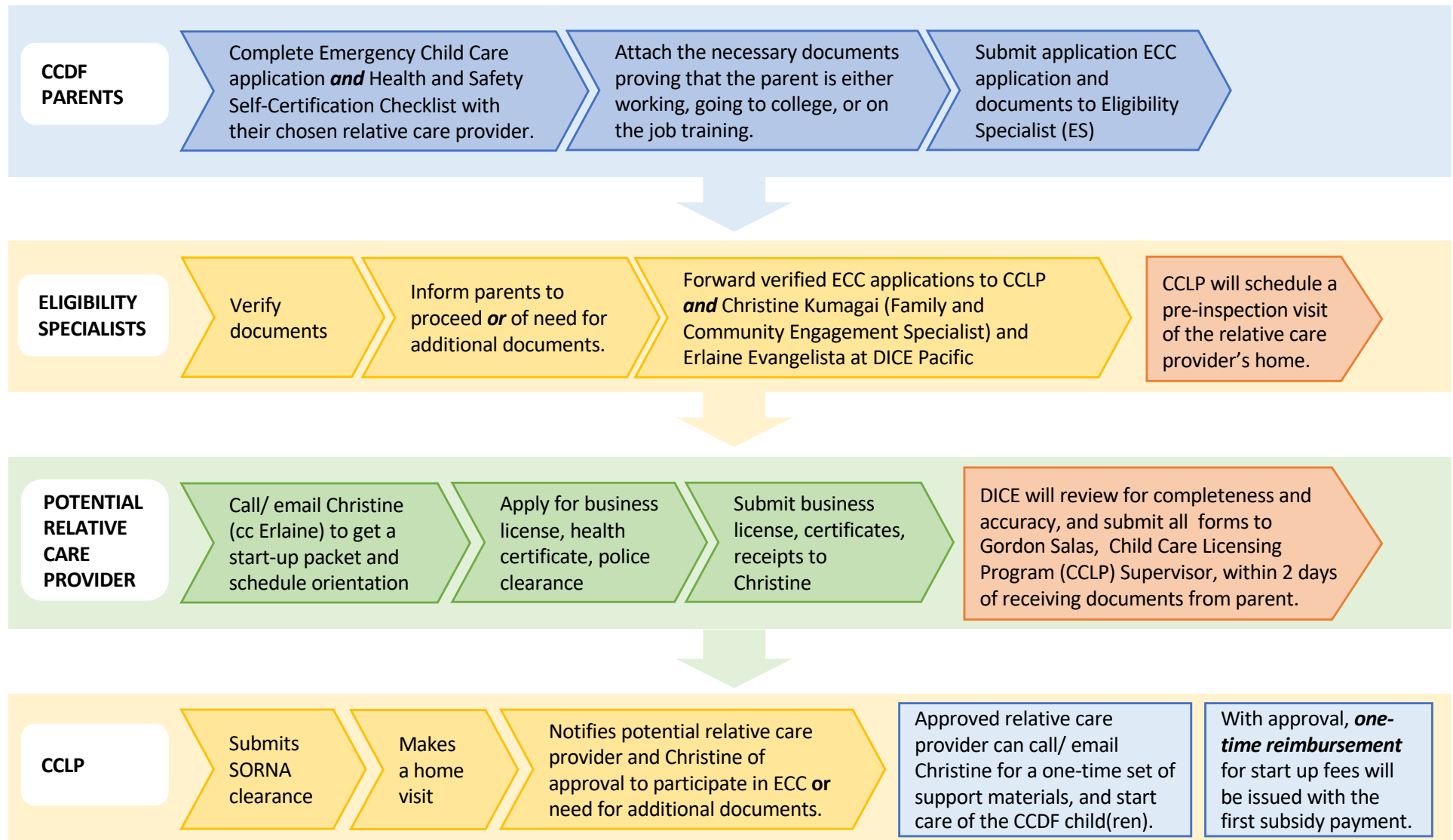
PROCEDURE FOR EMERGENCY CHILD CARE (ECC) APPLICATION

Eligible **parents** must...

- ☐ Have children who are currently qualified for CCDF subsidy, **and**
- ☐ Be working or on job training or taking college courses.

Eligible **relative care providers** must...

- ☐ Be at least 18 years old;
- ☐ Be related to the child(ren) by blood; **and**
- ☐ Be the child(ren)'s grandparent, great grandparent, aunt or uncle.



The ECC certificate is valid for 6 months. Relative care providers under the CARES Act will be funded for only 6 months. If interested in continuing beyond 6 months, the relative care provider must apply for a regular CCDF certificate.

CONTACT INFORMATION

Child Care and Development Fund (CCDF)

Building #1347, Ascencion Court,
Capitol Hill, Saipan, CNMI
(670) 664-2572

Joella A. Rosario
Eligibility Specialist
(670) 664-2575
ccdf.jrosario@gmail.com

Genevieve S. Deleon Guerrero
Eligibility Specialist
(670) 664-2576
dccajguerrero@gmail.com

CCDF Parents should...

- ❑ *Get the Emergency Child Care application and Health and Safety Self-Certification Checklist from the CCLP website or their Eligibility Specialist.*
- ❑ *Submit ECC application and supporting documents to their Eligibility Specialist.*

Child Care Licensing Program (CCLP)

Office of Aging, Saipan, CNMI
<http://www.cnmicclp.gov.mp>

Gordon B. Salas
CCLP Program Supervisor
(670) 783-8599
gbsdccacclp@gmail.com

Rita N. Olopai
Health and Safety Inspector
(670) 783-8574
ccdf.ritnolopai@gmail.com

Gregoria S. Ahmed
Eligibility Specialist
(670) 783-8575
cclp.gregoria.somol@gmail.com

Potential Relative Care Providers should...

- ❑ *Call/ Email Gordon Salas for any questions regarding the Health and Safety Self-Certification Checklist.*
- ❑ *Wait for CCLP to call to schedule a pre-inspection visit.*
- ❑ *Wait for CCLP to process their SORNA and arrange for the home inspection.*
- ❑ *Wait for CCLP to call/ email to inform them of final status of application.*

DICE Pacific Professional Solutions
MSV Building, Unit 202, 2nd Floor
Chalan Kanoa, Saipan, CNMI
* at the CK Post Office intersection

Christine D. Kumagai
Family & Community Engagement
Specialist (FACES)
(670) 785-6957
christinekumagai96@gmail.com

Erlaine D. Evangelista
Technical Assistance Specialist
(670) 285-1378
erlainede.egl@gmail.com

Potential Relative Care Providers should...

- ❑ *Call or email Christine (cc Erlaine) to pick up a start-up packet and schedule an orientation.*
- ❑ *Call or email Christine (cc Erlaine) to schedule submission of license/ clearance, forms, and receipts.*
- ❑ *Once approved, call or email Christine (cc Erlaine) to pick up one-time set of materials (e.g. smoke alarms, cleaning supplies)*



**CARES Act Funding
EMERGENCY CHILD CARE APPLICATION
For License-Exempt Providers**



A. APPLICANT INFORMATION:

APPLICANT'S NAME: _____
Family Name First Name Middle Initial

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

RESIDENCE PHYSICAL ADDRESS: _____ **CONTACT #:** _____
Village & Island

MAILING ADDRESS: _____ **EMAIL ADDRESS:** _____

B. TYPE of APPLICATION:

[] Relative Care Provider (License-Exempted)

Must be able to check both:

[] Related by blood. How? (Circle one: grandparent, aunt, uncle, adult cousin, child's adult sibling
– All at least 18 years old)

[] Caring for no more than four 4 **subsidized** children)

C. HOUSEHOLD INFORMATION for SORNA:

List of family members and applicant that are 18 years or above and are living in the applicant's home

#	Complete Legal Name (Family Name, First Name, & Middle Initial)	Date of Birth	Age	Relationship to Application
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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



CARES Act Funding
EMERGENCY CHILD CARE APPLICATION
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D. CHILDREN INFORMATION:

Number of children being cared for _____

List all children that will be under the applicant's care

#	Complete Legal Name of Child (Family Name, First Name, & Middle Initial)	Date of Birth	Age	Relationship to Applicant
1				
2				
3				
4				

E. PROVIDER REQUIRED DOCUMENTS:

- ☐ Business License ☐ Picture I.D. ☐ Police Clearance
☐ Health Clearance ☐ SORNA Clearance ☐ Provider Orientation
☐ Health and Safety Self-Certification

F. ACKNOWLEDGEMENT:

- 1) Upon my approval, I agreed to comply with all local and federal statutory rules and regulations governing 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 listed household members 18 years old and above must be cleared with the **Sexual Offenders Registry Notification Act (SORNA)**.
- 5) I am aware that under the **CARES Act Funding**, my childcare services will operate with exemptions for a maximum of 6 months from the time of approval.
- 6) I am aware that if I wish to continue to provide childcare services beyond the maximum (6 mos.) period with exemptions, I am obligated to renew my application and to comply to all Child Care requirements.
- 7) I am aware that I must be blood related (great grandparents, grandparents, siblings, cousins, aunts or uncles) to the child(ren) that will be under my care.
- 8) I am aware that my childcare services must be operated at my residence, separated from the subsidized family's home.



CARES Act Funding
EMERGENCY CHILD CARE APPLICATION
For License-Exempt Providers



- 9) I am aware that it is my responsibility to submit Payment Invoices to CCDF Program as scheduled.
- 10) I am aware that I will not be paid for services past 60 days.
- 11) 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.
- 12) I am aware that I may be visited announced or unannounced at any time while children are under my care.
- 13) I am aware that I can only care for no more than 4 children. If there are more than 4 children in the household, I must have another adult to care for the additional children.
- 14) 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.

Applicant's Signature: _____

Date: _____

G. OFFICIAL USE ONLY:

CCDF STAFF:

Approved Activity has been verified by Eligibility Specialist on: _____

Parent/s Name: _____

Activity: ☐ Work ☐ Education Program ☐ Job Training No. of Hours: _____

Eligibility Specialist Name and Initial: _____

CCLP STAFF:

Dates of :

Received: _____

Received By: _____

Processed: _____

Facility Assessed: _____

Completed Assessment Report: _____

Approval: _____

Validation Period On, Commenced: _____

Concluded: _____

Attachment: Emergency Child Care Health and Safety Self-Certification List and ECC Application Flow Chart.



**CARES Act Funding
EMERGENCY CHILD CARE APPLICATION
For License-Exempt Providers**



H. MAP TO RESIDENCE:

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



SELF CERTIFICATION CHECKLIST
Emergency Child Care License Exempt Provider



A. Child Care Provider Information:

Business Name: _____

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.

D. Health Standards:

No.	Parent/ Guardian Initial	Provider Initial	Health Standards
1			The child care provider is physically and mentally capable to provide childcare service.
2			The provider has shown proof to the parent/guardian that he/she was tested in the last 12 months and is free of active tuberculosis. (Health Certificate must include TB test.)
3			Provider forbids smoking within the premises during operational hours and around the children.
4			"No Smoking" signs are posted inside and outside the house.
5			The provider has obtained the children's medical information (hospital #, vaccination record, allergies, health insurance, & etc.).
6			The provider has the contact information of two (2) other authorized people, aside from the parents/guardians, in an event of an emergency.



SELF CERTIFICATION CHECKLIST

Emergency Child Care License Exempt Provider



7		If applicable, child(ren)'s allergy information is posted in a visible area.
8		The provider has availed a clean, comfortable and pleasant area for a sick child to be separate from the other children.
9		First aid kit is visible and accessible at all times.
10		First aid kit is filled with valid medical supplies.
11		Monthly inventory of the first aid kit is performed to ensure that all supplies are updated and replenished.
12		Proper handwashing is performed throughout the day, especially before and after meals, after the use of the toilet, each diaper changed, and after outdoor play.
13		Proper handwashing procedure is posted near the sink.
14		Proper diaper changing procedure is posted near the designated area for changing diapers.
15		The provider makes sure that the comfort room is sanitized and has no scent of any kind.
16		The comfort room is furnished with liquid hand soap (placed in a pumped dispenser), paper towel, and toilet tissue and all items are accessible to the children.
17		In the event fabric towel are used, each child is provided with a towel and is replaced daily or as necessary.
18		Fabric towels are distinctly hung individually to air dry and is always accessible to the child.
19		The provider encouraged the children to brush their teeth every morning, in the evening or as necessary.
20		Each child has their own toothbrush.
21		Children's toothbrushes are airdried individually in a vertical position with covers.
22		If applicable, changing table or diaper changing is performed far from the eating area.
23		Changing table or changing mat is sanitized and airdried after each used.
24		Soiled diapers are wrapped tightly in plastic bag and is disposed in a closed bin that is stationed far from the eating area.
25		Use of potty chair - the provider will assist the child and ensure that the chair is sanitized after each use.
26		Provider demonstrated hand-washing and assist the young child to wash his/her hands (for 20 seconds).
27		Clean and comfortable napping area is provided for each child.
28		Babies less than 2 years old must be placed on their back for sleep.
29		The napping area should provide for at least 18" of space between children. If not possible, then place the children in alternating head to foot position.
30		Dining table is cleaned and sanitized before and after each meal.
31		Food are stored at the right temperature.
32		Drinking water is available and accessible throughout the day.
33		Provider constantly offer and encourage the children to drink water.
34		Healthy meals/snacks are provided to the children.
35		Provider sanitizes all children's learning materials daily or as needed.



SELF CERTIFICATION CHECKLIST
Emergency Child Care License Exempt Provider



E. Safety Standards:

No.	Parent/ Guardian Initial	Provider Initial	Safety Standards
36			The child care provider allow unlimited parental access to their children while in their care.
37			The child care provider will not use corporal, harsh, or unusual punishment.
38			Food should not be used as reward or punishment.
39			All cleaning chemicals are stored out of children's reach.
40			All sharp objects are stored out of children's reach.
41			Home is equipped with working smoke detectors in each enclosed room with the exception of the kitchen.
42			To encourage child's independence, alternative tools that are used should be sturdy, safe and accessible.
43			Bathroom floor is always dry and furnished with non-slippery mats.
44			The home is always cleaned, well organized and odor free.
45			The children's outdoor playground is far from the driveway and main road.
46			The playground is enclosed and in a shaded area.
47			The playground is free from sharp and/or rusty objects.
48			The playground is well maintained, free from odor and tripping hazards.
49			All playground equipment is age appropriate.
50			Adult supervision is provided at all times during operational hours indoors and outdoors.

Provider's Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____



Emergency Child Care Relative Program

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 (please mark box 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.

- ☐ Tuberculosis screening completed.
- ☐ The applicant is free of Tuberculosis.

Additional Comments:

Name of Physician (Print)

Signature.

Date

Address

City

State

Zip Code

Required Hospital Seal or Stamp here

Emergency Child Care Relative Program

