



Commonwealth of the Northern Mariana Islands
 Department of Community and Cultural Affairs
 Office of the Secretary
 Caller Box 10007
 Capitol Hill
 Saipan, MP, 96950



Francisco M. Rabauliman
 Secretary

_____1. This application must be completed with all inquiries signed, dated, and attached required documents.

Vivian T. Sablan
 Administrator
 Division of Youth Services

_____2. A copy of current inspection reports made by the CHCC/Environmental Health and Disease Prevention (EHDP) Inspector and the Department of Fire and Emergency Medical Services (DFEMS).

Rita C. Chong
 State Historic Preservation
 Officer
 Historic Preservation Office

_____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.

Walter A. Manglona
 Director
 Office on Aging

_____4. Proof of ownership of the real property, a copy of the recorded deed or ground lease agreement.

Margaret T. Aldan
 Administrator
 Nutrition Assistance Program

_____5. A current corporate status sheet issued by the Department of Commerce, CNMI.

Alejandro B. Agulto
 Executive Director
 Chamorro/Carolinian
 Language Policy Commission

_____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 the child care services.

Gordon B. Salas
 Supervisor
 Child Care Licensing Program

_____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.

Maribel S.D. Loste
 Director
 Child Care and Development
 Fund Program

Floor plan submission shall be as follows:

Reselann T. Billy
 Federal Prog. Coordinator III
 Low Income Home Energy
 Assistance Program

A floor plan of the entire facility drawn not less than 1/8" scale that indicates exit doors, 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 the DPW/Building Safety Code (BSC) official. The plan reviewed and approved must be completed before CHCC/EHDP officials and the child care licensing program.

Glorina M. Teuira
 Executive Director
 Commonwealth Council for
 Arts & Culture

Garapan Street Market

If you have any questions concerning this approval process, please contact the DCCA Child Care Licensing Program at (670) 664-2572 and (670) 664-4570.

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



Listed are the documents the applicant must obtain to complete the application process (documentation of the building to be used for childcare services and documentation of each staff member who will provide the services). To ensure that all required documents are attached to this application, use the checklist below:

FACILITY REQUIREMENTS:

- BUSINESS LICENSE (Childcare Service)
- FIRE PERMIT **AND** Inspection Report (DFEMS)
- SANITATION PERMIT **AND** Inspection Report (CHCC/E&HDP)
- OCCUPANCY PERMIT **AND** Inspection Report (DPW/BSC)
- FLOOR PLAN (most recent – DPW/BSC)
- LIABILITY INSURANCE
- LEASE/RENTAL AGREEMENT (most recent)
- CENTER RATE (*Latest*)
- POLICY **OR** PARENT HANDBOOK
- Emergency Preparedness Respond & Recovery Plan (EPRRP)
- STAFF SCHEDULE
- DAILY ACTIVITIES SCHEDULE
- CHILDREN'S ROSTER per AGE GROUP

STAFFING REQUIREMENTS:

- CONSENT FOR RELEASE OF INFORMATION (Page 6 of this application. Transactions will not be made without this document)
- OFFICIAL PHOTO IDENTIFICATION
- POLICE CLEARANCE
- HEALTH **OR** FOOD HANDLER CERTIFICATE (preferred Food Handler when preparing & serving meals/formula)
- FIRST AID & CPR CERTIFICATE (*Pediatric*) **OR** Confirmed schedule from the Official
- COMPREHENSIVE BACKGROUND CHECK (CCLP will issue **CBC forms** upon the received of the complete application)
- SORNA CLEARANCE (CCLP will process upon the received of the complete application)
- DIPLOMA/DEGREE
- COLLEGE TRANSCRIPT
- RESUME

***NOTE:**

Submission of the initial or renewal application package is due 60 days before the effective date of operation OR before the expiration date of the existing Child Care License.

With the exception of the SORNA Clearance, all required documents listed above must be attached and valid within 30 days after the submission date OR at least 30 days after the expiration date of the existing Child Care License.



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CHILD CARE LICENSING PROGRAM

NOTICE

A childcare facility must obtain a Child Care License from the Department of Community and Cultural Affairs to operate or maintain services. The applicant must know and follow the laws of the Commonwealth of the Northern Mariana Islands. Multiple licenses shall be required as follows: (1) if a licensee wishes to assume child care responsibility in more than one classification of care, a separate application, fees, and licensing evaluation are required for each classification. (2) A separate application, fee, and evaluation are required for each location if a licensee wishes to operate more than one facility of the same classification but in different locations. The Department will evaluate the license only after receiving the complete application, which includes employment background information, completed consent forms, police clearance forms, and all appropriate fees.

Check those that apply:

- New
- Renewal
- Amendment

Child Care License No. _____

- | | |
|-------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> INFANT/TODDLER (Part 400) | 6 weeks to 23 months old |
| <input type="checkbox"/> DAY CARE (Part 200) | 24 months and older |
| <input type="checkbox"/> BEFORE AND AFTER SCHOOL (Part 200) | 4.5 years and older |
| <input type="checkbox"/> GROUP CHILD CARE HOME (Part 200) | Multi-Age (No more than 12 children) |
| <input type="checkbox"/> FAMILY CHILD CARE HOME (Part 300) | Multi-Age (No more than 6 children) |
| <input type="checkbox"/> FAMILY FOSTER HOME | |

Type of Ownership: Sole Proprietorship Corporation Partnership Non-Profit Organization

OWNER'S NAME & ADDRESS:

Last First Middle

Mailing Address: _____

Contact Information: Business _____ Home: _____ Fax: _____ Email: _____

Business name (as written on the Business License):



<input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Childcare Aide <input type="checkbox"/> Volunteer <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle Initial D.O.B. _____ Educational background: _____ Title: _____
<input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Childcare Aide <input type="checkbox"/> Volunteer <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle Initial D.O.B. _____ Educational background: _____ Title: _____
<input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Childcare Aide <input type="checkbox"/> Volunteer <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle Initial D.O.B. _____ Educational background: _____ Title: _____
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<input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Childcare Aide <input type="checkbox"/> Volunteer <input type="checkbox"/> Other Specify: _____	Name: _____ Last First Middle Initial D.O.B. _____ Educational background: _____ Title: _____



CONSENT FOR RELEASE OF INFORMATION

I, _____ (printed legal 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 Department of Community & Cultural Affairs, Child Care Licensing Program.

Individual and/or Organization
(Check all that apply)
_____ Employer
_____ Community Member
_____ Health Care Provider
_____ 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 Printed Legal Name & Signature

Date



5. Fundraising 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:

Services will be provided to children at the following age: (mark the appropriate box)

- 6 weeks to 23 months
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years and older
- 18 years old or younger in shelter or foster care

This facility will operate on the following schedule
(Indicate AM or PM as appropriate. Use **N/A** to show services **Not Available**):

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

Is transportation service to and from the facility provided for the children? <input type="checkbox"/> yes <input type="checkbox"/> no	What source of drinking water is used at the facility? _____
Does the facility provide meals to the children? (Excluding snacks) <input type="checkbox"/> yes <input type="checkbox"/> no	Description of building to be used (mark the appropriate box): <input type="checkbox"/> Building Occupied by Family Number of Bedrooms (Excluding bathroom, kitchen, and hallways) <input type="checkbox"/> Building Not Occupied by Family _____
What is the MAXIMUM number of children you plan to accommodate? _____ Children	Comments: _____
	The facility (interior) contains how many square feet of space? Please do not estimate; indicate the actual measurement. Interior space: _____ Square Feet
	The facility (Exterior) contains how many square feet of space? Please do not estimate; indicate the actual measurement. Exterior space: _____ Square Feet
Number of toilets available: _____ Number of sinks available: _____	Under penalty of perjury, I declare that all statements are accurate and that I have complied with all CNMI Laws and Regulations. Applicant: _____ Print legal name & signature Date: _____

THIS APPLICATION AND ALL REQUIRED DOCUMENTS ATTACHED SHOULD BE TURNED IN TO:
CHILD CARE LICENSING PROGRAM, DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS, Bldg. # 1343 Capitol Hill, or Resident Directors of DC&CA on ROTA or TINIAN.



STATEMENT OF LEGAL AUTHORITY

The sponsoring organization, agency or individual indicated below is legally responsible for the administration and payment of debts and obligations at this moment in applying for a license to operate a daycare, group care homes, family child care homes, before and after school programs, and included pre-schools in compliance with THE CHILD CARE STANDARDS ACT OF 1985.

NAME OF CENTER: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____

OWNER OF THE BUILDING: _____

SPONSORING ORGANIZATION, AGENCY, OR INDIVIDUAL:

LIST OF OFFICERS:

LIST OF BOARD MEMBERS (otherwise, List three References who know you):

Resident Agent (complete name, address, and telephone number)

I have read the Rules and Regulations Governing the Licensing of Child Care Facility. I understand the facility and its program will be studied when making this application.

Applicant's Printed Name and Signature

Title

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 BUSINESS

NAME OF OWNER

NAME OF OPERATOR

FACILITY PHYSICAL ADDRESS

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.

DPW/BSC INSPECTOR

DATE

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

DFEMS INSPECTOR

DATE

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

CHCC/EHDP INSPECTOR

DATE



NOTICE

An applicant who intentionally falsifies information of any material fact or thing in the application commits perjury and faces the penalty under the Perjury Act. The applicant shall be punished accordingly if convicted.

BELOW FOR OFFICIAL USE ONLY

License Fee: \$ _____ Annual Fee: \$ _____ Duplicate Fee: \$ _____ Amendment Fee: \$ _____

Total Amount: \$ _____

Receipt No.: _____

Child Care License #: CCL _____

Valid Police Clearance included? ___ Yes ___ No

Past employment history included? ___ Yes ___ No

Complete consent forms included? ___ Yes ___ No

Application: ___ is recommended

 ___ is not recommended

Reviewed & Concurred By: **Gordon B. Salas**
Supervisor, CCLP

Date

Approved By: **Francisco M. Rabauliman**
Secretary, DCCA

Date

