



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS
CHILD CARE LICENSING PROGRAM



FAMILY CHILD CARE HOME Application

Family Child Care Home is for interested individuals who want to provide childcare services to no more than six (6) children ages six (6) weeks and older. The interested person would be subject to comply with all that applies to **Part 300 of CCLP's Admin. Code**.

Prerequisite Documents: The following documents must be valid and attached to this application upon submission. An incomplete application will prolong the process. Use the checklist below to ensure that all documents are attached.

A. Home Required Documents:

- Business License** (for Child Care Services)
- Fire Permit**
- Occupancy Permit** (Indoor space of 35 sq. ft./Outdoor 75 sq. ft. per person)
- Map** to the House used for Child Care Services (with the street name, village, and island).

B. Applicant's Required Documents:

- Official Picture Identification**
- Police Clearance**
- Pediatric First Aid & CPR**
- Food Handler or Health Certificate** (Applicant that prepares/serves meals or formula to the children in care must obtain a Food Handler Certificate)
- Criminal Background Check (CBC)** – CBC forms will be issued to the new applicant during CCLP's pre-inspection.
- SORNA (Sexual Offender Registry Notification Act) Clearance** – Process by CCLP

C. Household Member Required Documents (18 & above years old living in the house used for Child Care):

- Official Picture Identification**
- SORNA (Sexual Offender Registry Notification Act) Clearance** – Process by CCLP
- Criminal Background Check (CBC)** – CBC forms will be issued to the new applicant during CCLP's pre-inspection.

***Note:**

- *Print clearly and answer all questions. For further clarification, contact the DCCA/CCLP Office at (670) 783-8574 or 8599.*
- *Applicant must be 18 or older to be eligible as a childcare provider.*
- *Pages 4 and 5 of this application pertain to each family the applicant provides childcare services to, and the pages must be attached according to #5, "List of Children in Care."*
- *The application with all required documents (listed above) must be submitted 60 calendar days before the effective date of Childcare operation or the expiration of the existing Childcare License.*



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS
CHILD CARE LICENSING PROGRAM**



FAMILY CHILD CARE HOME Application

6. Applicant's relationship to the Child(ren) in Care:

Grandfather/mother ___ Uncle/Auntie ___ Brother/Sister ___ Neighbor ___ Friend ___

7. Short description of your interest, experience, and qualification to provide childcare services to the children listed on #5:

8. Note: Approved Child Care Providers with a valid business license must file a monthly BUSINESS GROSS REVENUE TAX (BGRT) return. The form can be obtained from the Division of Revenue and Tax under the Department of Finance (DOF). For further inquiries, please contact (670) 664-1040.

A. **Child Care Business Name:** _____

*As stated on your Business License

9. Operational Hours:

- **Time of Services:** Commences _____ am & Concludes _____ pm on
- **Days of Services:** Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___

10. Monthly Rate:

A. Fee per Age Group:

Age Group	Age Range	Monthly Fee
Infant & Toddler	6 weeks to 24 months old	\$
Pre & Kindergarten	3, 4, & 5 years old	\$
School Age	6 and above years old	\$

B. An applicant certified under the DCCA/CCDF Program has the option to choose the statement below by printing your legal name to complete the sentence:

I, _____, have decided to follow the CCDF program's current rate.



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS
CHILD CARE LICENSING PROGRAM



FAMILY CHILD CARE HOME Application

11. Children’s Parent/Guardian Information (For each family that the applicant would provide childcare services):

Name of Parent/Guardian: _____
 Mailing & Physical Address: _____
 Email Address: _____ Contact No. _____

12. Health & Safety Self-Certification: To ensure the health, safety, and well-being of the children in care, the childcare services facility must adhere to the essential health and safety standards outlined below. The applicant and the children’s parent must assess the house using the provided checklist and initial each observed topic.

Provider Initial	Parent Initial	
_____	_____	Adult supervision is provided throughout the operation of childcare services.
_____	_____	Parents are welcome anytime to visit their children while under the provider’s care.
_____	_____	Smoking is not permitted on the premises throughout childcare services operational hours. “No Smoking” signs are posted in a conspicuous area.
_____	_____	The evacuation exit plan is posted near each entrance/exit door of the house.
_____	_____	A provider that prepares and serves meals/formula to children has a valid food handler certificate.
_____	_____	Outdoor playground is enclosed, shaded, and far from the main road.
_____	_____	The playground space is situated away from the driveway, free from tripping hazard and is eco-friendly.
_____	_____	Nonchild-proof equipment/tools are stored out of children’s reach.
_____	_____	The poisonous plants and plants with thorns are cleared from the playground.
_____	_____	The playground area is well-maintained, and the child’s outdoor items are safe.
_____	_____	Indoor space is clean, odor-free, and organized for the children.
_____	_____	The indoor provides sufficient lighting, appropriate room temperature, and furniture free from sharp edges.
_____	_____	Water suitable for drinking is available and accessible to the children at all times.
_____	_____	Sharp objects, medicines, medical equipment, and cleaning chemicals are stored out of children’s reach or locked away.
_____	_____	Unused electrical outlets are appropriately covered or blocked off.
_____	_____	The house is equipped with a fire extinguisher and working smoke detectors that are appropriately installed.
_____	_____	Home is equipped with a working telephone landline.
_____	_____	Emergency and parents’ contact numbers are posted near the landline.



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS
CHILD CARE LICENSING PROGRAM**



FAMILY CHILD CARE HOME Application

CONFIRMATION

PROVIDERS STATEMENT: All information on this form is true and correct to the best of my knowledge. By my signature below, I certify that I am free of communicable diseases: I am physically and mentally capable of providing childcare services to the child(ren) listed. I have evidence that proves that I was tested in the last 12 months and that I am free of active infectious tuberculosis. I will refrain from using corporal punishment as a disciplinary technique. In addition, I certify that the house to be used for my services meets the essential health and safety requirements. I also confirm that I am not employed in any company or agency and will be the personal provider of the children listed on the application.

Applicant/Provider Signature

Date

PARENT'S STATEMENT: I have interviewed and approved the applicant or provider. If care occurs in my home, I certify by my signature that my home meets the health and safety requirements. I further certify that I have seen evidence which shows that the provider caring for my child(ren) was tested last 12 months and is free of active infectious tuberculosis; to the best of my knowledge, this provider is free of contagious disease and is physically and mentally capable of caring for children. I understand that this provider must refrain from corporal punishment. I know I can visit my child(ren) anytime while they are in the applicant's/provider's care. In addition, I am responsible for ensuring my child(ren) is in good hands with the provider and that the house where care is provided is safe.

Parent or Guardian Signature

Date



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS
CHILD CARE LICENSING PROGRAM**



FAMILY CHILD CARE HOME Application

CONSENT for RELEASE of INFORMATION

I, _____ (print legal name), hereby permit the individuals and organizations listed below to release any requested information about me to any authorized representative, agent office, or employee of the Child Care Licensing Program under the Department of Community and Cultural Affairs.

Individual and Organization
<input type="checkbox"/> Employer
<input type="checkbox"/> Health Care Provider
<input type="checkbox"/> Department of Public Safety
<input type="checkbox"/> Community Member
<input type="checkbox"/> Other Specify: _____
Note: Kindly indicate all that apply from the list above.

I, as a result of this release, hold harmless and indemnify any person or organization providing information according to this **Consent for Release of Information** given this _____ day of _____, the year _____.

Applicant's Printed Legal Name & Signature

Date

***NOTE:**

- The applicant must inform CCLP of any update to the information provided in this application.
- Applicant who intentionally falsifies any material information or fact on the application commits perjury and faces the penalties and punishments prescribed by the Penalty Act.



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS
CHILD CARE LICENSING PROGRAM



FAMILY CHILD CARE HOME Application

For Official Use Only

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

Total Amount: \$ _____ Receipt No.: _____

Family Child Care Home License #: **FCCH-**_____

Valid Police Clearance included? ___ Yes ___ No

Past employment history included? ___ Yes ___ No

Complete consent forms included? ___ Yes ___ No

Program & Department Endorsement

Application:

Is recommended

Is not recommended

Concord By:

Gordon B. Salas

Supervisor, CCLP

Date

Approved By:

Francisco M. Rabauliman

Secretary, DCCA

Date