

#### DEPARTMENT OF COMMUNITY AND CULTURAL AFFAIRS CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM



# CCDF REACH HIGHER, CNMI / CCDF CHILD CARE PROVIDER APPLICATION

## **Type of Application:**

□ Initial/ New	Annual Renewal (Last Certificate Date)
Types of Service (Check all that apply):	× /

□ Infant □ Toddler □ Preschool □ Before school program □ After school program □ Night care

# A. APPLICANT INFORMATION

Legal Business Name (e.g. Sunflower LLC dba Flame Tree Child Care Center)		Physical Address (Street, Village, Island)			
TIN/ Tax ID		Telephone Landline No.			
Mailing Address		Email			
Name of Primary Contact Person	Position/ Title		Cellphone	Email	
Name of Secondary Contact Person	Position/ Title		Cellphone	Email	

## **B. SERVICES INFORMATION**

Name of Room	Birthdates <i>or A</i> ge (year and months) of youngest child <u>and</u> oldest child	Room Capacity (including adult <u>and</u> child)	Number of Staff Assigned to Room	Name(s) of Staff Assigned to Room
Infant Room 1				Lead teacher(s): Aide(s): Volunteer(s):
Infant Room 2				Lead teacher(s): Aide(s): Volunteer(s):
Infant Room 3				Lead teacher(s): Aide(s): Volunteer(s):
Infant Room 4				Lead teacher(s): Aide(s): Volunteer(s):
Toddler Room 1				Lead teacher(s): Aide(s): Volunteer(s):
Toddler Room 2				Lead teacher(s): Aide(s): Volunteer(s):
Toddler Room 3				Lead teacher(s): Aide(s): Volunteer(s):
Toddler Room 4				Lead teacher(s): Aide(s): Volunteer(s)
Infant/ Toddler Room 1				Lead teacher(s): Aide(s): Volunteer(s):

Infant/ Toddler Room 2	Lead teacher(s):
	Aide(s):
	Volunteer(s):
Infant/ Toddler Room 3	Lead teacher(s):
	Aide(s):
	Volunteer(s):
Infant/ Toddler Room 4	Lead teacher(s):
	Aide(s):
	Volunteer(s):
Preschool 1	Lead teacher(s):
	Aide(s):
	Volunteer(s):
Preschool 2	Lead teacher(s):
	Aide(s): Volunteer(s):
Preschool 3	Lead teacher(s):
rieschool 5	Aide(s):
	Volunteer(s):
Preschool 4	Lead teacher(s):
	Aide(s):
	Volunteer(s):
Preschool 5	Lead teacher(s):
	Aide(s):
	Volunteer(s):
School-Age 1	Lead teacher(s):
	Aide(s):
	Volunteer(s):
School-Age 2	Lead teacher(s):
	Aide(s): Volunteer(s):
School-Age 3	Lead teacher(s):
	Aide(s): Volunteer(s):
Sahaal Aga 4	Lead teacher(s):
School-Age 4	Lead teacher(s): Aide(s):
	Volunteer(s):
School-Age 5	Lead teacher(s):
201001 1150 0	Aide(s):
	Volunteer(s):
School-Age 6	Lead teacher(s):
	Aide(s):
	Volunteer(s):

\*Staffing changes will be confirmed by the official memo sent by the Child Care Licensing Office (CCLP). A copy should be sent via email to the Quality Care Specialist at <u>qualitycarespecialist@evergreenlearning.org</u> within 10 business days from the date of the memo.

## C. ADMINISTRATIVE AND SUPPORT STAFF

Legal Name (Last, First, Middle Initial)	Position/ Title	CCLP Employment Approval Date
1.		
2.		
3.		
4.		
5.		

## **D. STAFF INFORMATION**

Legal Name (Last, First, Middle Initial)	CCLP Employment Approval Date	CCLP Approved Position/ Title
1.		
2.		
3.		
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## **E. REQUIRED DOCUMENTS**

Renewal Applicants	New Applicants
<ul> <li>□ Reach Higher, CNMI / CCDF Provider Certification Application Form</li> <li>□ Current DCCA Child Care Provider Certificate</li> <li>□ CCDF Orientation Certificate for director and/or authorized second contact person</li> <li>□ Updated QRIS &amp; coaching Certificate for new staff</li> <li>□ CCLP license</li> <li>□ Inventory of Educational Materials Issued per Program</li> <li>□ EPRRP – highlight changes</li> <li>□ TB clearance forms for all new staff within the last 24 months (including those who may have contact with families)</li> <li>□ Handbook</li> <li>□ Daily schedule per program/ age group</li> <li>□ Center rate</li> </ul>	<ul> <li>□ Reach Higher, CNMI / CCDF Provider Certification Application Form</li> <li>□ CCLP license</li> <li>□ Map to center</li> <li>□ W9</li> <li>□ EPRRP</li> <li>□ Handbook (current)</li> <li>□ TB clearance forms for all new staff within the last 24 months (including those who may have contact with families)</li> <li>□ Daily schedule for all rooms/ age groups</li> <li>□ Center rate</li> <li>□ CCDF Orientation certificate for director and/or authorized second contact person</li> <li>Within 90 days after initial certification date</li> <li>□ Health and safety training certificates of all current staff</li> <li>Within 12 months after initial certification date</li> <li>□ ITERS-3 Self-Assessment, most current</li> <li>□ SACERS-U Self-Assessment, most current</li> <li>□ Program Administration Scale (PAS) Self-Assessment, most current</li> <li>□ Health and safety training certificate (ASQ)</li> <li>□ Health and safety training certificates</li> <li>□ Safe sleep practices</li> <li>□ Daily health checks</li> <li>Within 90 days of CCLP's approval for employment</li> <li>□ Health and safety training certificates of all new staff hired after initial certification date</li> </ul>

\* All supporting documents must be submitted with a completely filled-out application. The complete packet should be submitted to Evergreen Learning at least 60 days before the expiration date of certification (for renewal) or 60 days before the intended certification date (new).

Once CCDF certification is approved, the following information/ documents are required to be updated on a regular basis. Updates and changes should be provided to the Quality Care Specialist at <u>qualitycarespecialist@evergreenlearning.org</u> within 10 business days of change:

- □ CCDF Child Care Provider Directory information
- □ Changes to staffing approved by CCLP
- Center market rate

#### F. ACKNOWLEDGEMENT

#### F-a. Read each statement in full and initial each line in acknowledgment.

1. Upon approval of this application, I pledge to comply with all local and federal statutory rules and regulations governing the Child Care and Development (CCDF) program.

#### F-b. As a condition of receiving CCDF funding and certification, I am aware that ...

- 1.I must submit all documents, in full, with this CCDF Provider Certification application form. My application will not be reviewed unless all required documents are attached.
- 2. Renewal documents are due at least 60 days prior to the expiration date of my program's Reach Higher CNMI/ CCDF Provider Certification.
- 3. Failure to maintain updated staff and facility records may affect my eligibility to qualify for CCDF funding.
- 4. I will provide official updated information/ documentation to the Quality Care Specialist regarding directory information, staffing change, and market rate within 10 business days of receiving official change.
- \_\_\_\_\_ 6. All staff at my program must be 18 years old or above.
- 7. All staff at my program must have no criminal convictions, no child abuse and neglect records, and no physical or psychological problems that may adversely interfere or affect their ability to provide childcare services.
- 8. All staff at my program must be cleared by all local and federal background checks (e.g., SORNA, police clearance).
- 9. My program must provide valid proof of staff clearance from tuberculosis (new staff) and vaccination records.
- 10. My program is subject to a new/ renewal inspection by the Quality Care Specialist/Authorized CCDF Representative.
- \_\_\_\_\_11. My program is subject to announced and unannounced monitoring.
- 12. The director and ongoing teaching staff at my program must accumulate 30 hours of training and/ or technical assistance annually.
- 13. The teaching staff at my program must complete required annual health and safety topics by the age groups they teach.
- 14. New directors and new teaching staff hired within the fiscal year under review must complete 12 preservice health and safety topics within 90 days of employment approval from CCLP.
- 15. All CCDF–approved child care programs are required to participate in the Reach Higher, CNMI (QRIS) quality initiative.
- \_\_\_\_\_16. New providers and staff must attend the Reach Higher, CNMI/ CCDF orientation and the coaching orientation.
- \_\_\_\_\_ 17. A daily schedule and a current lesson plan must be posted for all age groups.
- 18. Parents must have unlimited access to their enrolled child(ren) and the child(ren)'s written records during operational hours and whenever the children are in my care.
- 19. My program must conduct or obtain from parents developmental screening records for *all* enrolled children both private paying and subsidized.
- 20. My program must conduct or obtain from parents developmental screening records for *newly* enrolled children within 45 days of their enrollment date.

	21. My teaching	staff must co	nduct daily l	health checks	on all children.
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- 22. My program must make easily accessible and available information and resources in the community for parents of children with disabilities.
- \_\_\_\_\_ 23. My program must provide evidence of communication with families.
- \_\_\_\_\_24. My program must have installed smoke detectors, unobstructed emergency exits, and an emergency preparedness & evacuation plan.
- \_\_\_\_\_ 25. My program has a working telephone landline within the building.
- \_\_\_\_\_ 26. All staff will comply with safe sleep practices.
- 27. (Ongoing center) My program must continue to meet Star 1 standard indicators to continue to qualify for CCDF funding. Failure to meet any indicator at Star 1 may result in CCDF initiating adverse actions (including termination of funding) against my program.
- 28. (New center) My program must meet Star 1 standard indicators within the second year of certification to continue to qualify for CCDF funding.
- 29. Should I fail to submit all additional renewal requirements, my CCDF funding will cease effective on the expiration date of my initial certification.
- \_\_\_\_\_ 30. CCDF will upload my program's star level and monitoring results to <u>childcare.gov.mp</u> for public access.
- \_\_\_\_\_\_ 31. The CCDF Provider Certificate for *renewal* applicants is valid for one year.

# With my signature below, I acknowledge that I have read and understood the obligations that I must observe and fulfill as a certified CCDF provider.

(Required) Primary Contact Legal Name	Signature

(Required) Secondary Contact Legal Name

For Official Purposes Only

Received by			<b>Returned Date</b>	Approved by		
Name	Signature	Date		Name	Signature	Date

Signature

Date

Date