



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



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Child Care Licensing Program

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Child Care and Development
Fund Program

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

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

Garapan Street Market

- _____ 1. This application must be completed with all inquiries, signed, dated, and with attached required documents.
- _____ 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).
- _____ 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 the 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 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 DPW/Building Safety Code (BSC) official. Plan reviewed and approved must be completed prior to CHCC/EHDP official 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.

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



For Child Care License Application:

FACILITY REQUIREMENTS:

- ☐ BUSINESS LICENSE
- ☐ DPW/BSC OCCUPANCY PERMIT **AND** Inspection Report
- ☐ DPW/BSC APPROVED FLOOR PLAN (most recent)
- ☐ SANITATION PERMIT **AND** Inspection Report
- ☐ FIRE PERMIT **AND** Inspection Report
- ☐ LIABILITY INSURANCE
- ☐ VALID LEASE AGREEMENT/RENEWAL (most recent **if applicable*)
- ☐ POLICY **OR** PARENT HANDBOOK
- ☐ Emergency Preparedness Respond & Recovery Plan (EPRRP)
- ☐ STAFF SCHEDULE
- ☐ CHILDREN CLASS ROSTER
- ☐ CENTER RATE (*Latest*)
- ☐ DAILY ACTIVITIES SCHEDULE

STAFFING REQUIREMENTS:

- ☐ CONSENT FOR RELEASE OF INFORMATION (transactions will not be made without this document)
- ☐ OFFICIAL PHOTO IDENTIFICATION
- ☐ POLICE CLEARANCE
- ☐ HEALTH **OR** FOOD HANDLERS CERTIFICATE
- ☐ FIRST AID & CPR CERTIFICATE (*Pediatric*) **OR** confirmed schedule (official)
- ☐ CRIMINAL BACKGROUND CHECK (CBC)
- ☐ SORNA CLEARANCE (Will be requested by CCLP once the application is submitted)
- ☐ COVID19 VACCINATION (with the exemption of Medical or Religious reasons)
- ☐ DIPLOMA/DEGREE
- ☐ COLLEGE TRANSCRIPT
- ☐ RESUME

****NOTE:***

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

All attached required documents must be valid for at least 30 days (1 month) after the expiration date of the existing Child Care License.



Staff Qualifications Guide for Applicants

To qualify for positions within a licensed child care facility, applicants must meet specific education, training, and experience requirements. Below are the minimum qualifications for each role:

Day Care Centers & Group Child Care Homes, Before & After School Programs:

Director

The director of a facility licensed for six or more children must meet the following qualifications:

- 1. A bachelor's degree from an accredited college or university, preferably with courses in early childhood education, child development, or related fields, and two years of experience working with children; or*
- 2. A combination of two years of college education or Child Development Associate (CDA) certification, plus four years of experience working with children; and*
- 3. In either case, at least one year of experience must be with children of the appropriate age for the child care center being directed.*

Teacher

A teacher must meet one of the following qualifications:

- 1. A degree in child development or early childhood education from an accredited college or university, plus six months of experience in an early childhood program; or*
- 2. A post-secondary credential in a Child Development Associate program or a two-year (60 credit) college program and certificate in early childhood education, plus one year of supervised teaching experience in an early childhood program; or*
- 3. A bachelor's degree in elementary education, plus six months of experience in an early childhood program, plus six credit hours in approved child development or early childhood training courses (may be included within the degree); or*
- 4. A bachelor's degree in any field, plus six months of experience in an early childhood program, plus twelve credit hours in approved child development or early childhood training courses (may be included within the degree).*

Assistant Teacher

An assistant teacher must meet one of the following qualifications:

- 1. A post-secondary credential in a Child Development Associate program, or an Associate of Arts degree and certificate in early childhood education, plus six months of experience in an early childhood program; or*
- 2. Two years (60 credits) of post-secondary education, plus six months of experience in an early childhood program, plus nine credit hours in approved child development or early childhood training courses.*

Child Care Aide

A child care aide must meet one of the following qualifications:

- 1. High school vocational child care training course; or*
- 2. Orientation training course in the center.*

Volunteer

Volunteers must:

- 1. Participate in an orientation to the program; or*
- 2. Be a participant in a high school program which includes child care training; and*
- 3. Meet the requirements of a regular staff member to be counted in staff-child ratios.*



Infant & Toddler Child Care Centers:

Director

The director of an infant and toddler center shall have:

1. *A bachelor's degree in early childhood education (ECE), child development (CD), or related fields from an accredited college or university, including in all cases, 30 hours of coursework in infant and toddler development from an accredited teacher training institute or program, plus 12 months of full-time experience working with children under thirty-six months of age in a licensed group care setting; or*
2. *Two years of college education in ECE or CD or a related field, including in all cases, 30 hours of coursework in infant and toddler development from an accredited teacher training institute or program, and, 24 months of full-time experience working with children under 36 months of age in a licensed group care setting.*

Lead Caregiver

A lead caregiver shall have:

1. *A bachelor's degree in ECE or CD or related field, e.g.; maternal-child health nursing, or human development, and 12 months full time experience working with children under 36 months of age in a licensed group care setting, and 12 credit approved ECE/CD training courses (may be part of the bachelors degree), including 30 hours coursework in infant and toddler development from an accredited teacher training institute or program; or*
2. *A high school diploma or equivalent and credential in children development associate program, and twenty four months full-time of experience working with children under five years of age in a licensed group care setting of which 12 months shall have been with children under thirty-six months of age, and 12 credit approved ECE or CD training courses, including 30 hours coursework in infant and toddler development from an accredited teacher training institute or program; or*
3. *Two years of college, preferably in ECE or CD or related fields, and 24 months of full-time experience working with children under five years of age in a licensed group care setting of which 12 months shall have been with children under 36 months of age, 12 credit approved ECE or CD training courses, including 30 hours coursework in infant and toddler development from an accredited teacher training institute.*

Caregiver

A caregiver shall:

1. *Have a high school diploma or equivalent, plus 12 months of full-time experience working with children under 36 months of age in a licensed group care setting, and 12 credit-approved ECE or CD training courses, including 30 hours of coursework in infant and toddler development from an accredited teacher training institute; or*
2. *A high school diploma or equivalent, plus 24 months of experience working with children under 36 months of age in a licensed group care setting, and 30 hours of coursework in infant and toddler development from an accredited teacher training institute or program; or*
3. *No high school diploma, and 36 months of full-time experience working with children under 36 months of age in a licensed group care setting, plus 30 hours of coursework in infant and toddler development from an accredited teacher training institute.*

Child Care Aide

A child care aide shall have:

1. *A high school vocational child-care training course; or*
2. *An orientation training in the center.*

Volunteers

Volunteers shall:

1. *Participate in an orientation to the program; or*
2. *Be a participant in a high school program which includes training in infant and toddler care; and*
3. *Meet the requirements of regular staff members to be counted in the staff child ratio.*

Applicants must ensure their qualifications align with the specified requirements for the desired position before submission.



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CHILD CARE LICENSING PROGRAM

NOTICE

There shall be no childcare facility operated or maintained unless licensed by the Department of Community and Cultural Affairs. The applicant is responsible to know and comply with 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) If a licensee wishes to operate more than one facility of the same classification but different locations, a separate application, fee, and evaluation are required for each location. Licensing evaluation will occur only after the Department has received the complete application including employment background information, completed consent forms, police clearance form, 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-24 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 5 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):



OPERATOR'S NAME & ADDRESS:

Last First Middle

Address: _____

Telephone: Business _____ Home: _____ Fax: _____ Email: _____

STAFF INFORMATION:

On-Site Director	Name: _____ Last First Middle 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: _____
<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: _____
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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



STATEMENT OF OPERATION POLICIES

Fees: Registration: _____ Monthly Tuition: _____
Before and After School Program: _____ Other: _____
Will you accept emergency Foster Care? _____

Refund Policy: _____

INSURANCE COVERAGE:

Liability Insurance (bodily injury – per child)

Company: _____ Policy No. _____

Amount: _____

Liability Insurance (per accident)

Company: _____ Policy No. _____

Amount: _____

Briefly describe your facility's policy on the following:

1. Plan for emergency medical care:

2. Admissions requirement & enrollment procedures:

3. Provisions for special needs of individual children:

4. Admissions of sick, moderately sick and children with disabilities:



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 1 year
☐ 2 years
☐ 3 years
☐ 4 years
☐ 5 years & 6 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 services to and from the facility provided for the children?

☐ yes ☐ no

Does the facility provide meals to the children? (Excluding snacks)

☐ yes ☐ no

What is the MAXIMUM number of children you plan to accommodate?

_____ Children

What is the source of the drinking water used by the facility?

Description of building to be used (mark the appropriate box):

- ☐ **Building Occupied by Family** **Number of Bedroom**
 (Excluding bathroom, kitchen, and hallways)
☐ **Building Not Occupied by Family** _____

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 lavatory sinks available: _____

I declare under penalty of perjury that all statements are true 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, hereby apply 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 that in making this application, a study of the facility and its program will be made.

Application (Print Name and Sign)

Title

Date



CERTIFICATION OF COMPLIANCE WITH PUBLIC LAW 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 those portions of Public Law 11-56 and to other applicable CNMI Government Laws Building Codes, or Regulations relating to building standards.

DFEMS 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.

CHCC/EHDP INSPECTOR

DATE



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

Total Amount: \$ _____

Child Care License #: _____

Receipt No.: _____

Valid Police Clearance included? ☐ Yes ☐ No

Past employment history included? ☐ Yes ☐ No

Complete consent forms included? ☐ Yes ☐ No

Application: ☐ is recommended ☐ is not recommended

Reviewing Officer: **Gordon B. Salas**
Supervisor, CCLP

Date

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

Date

