

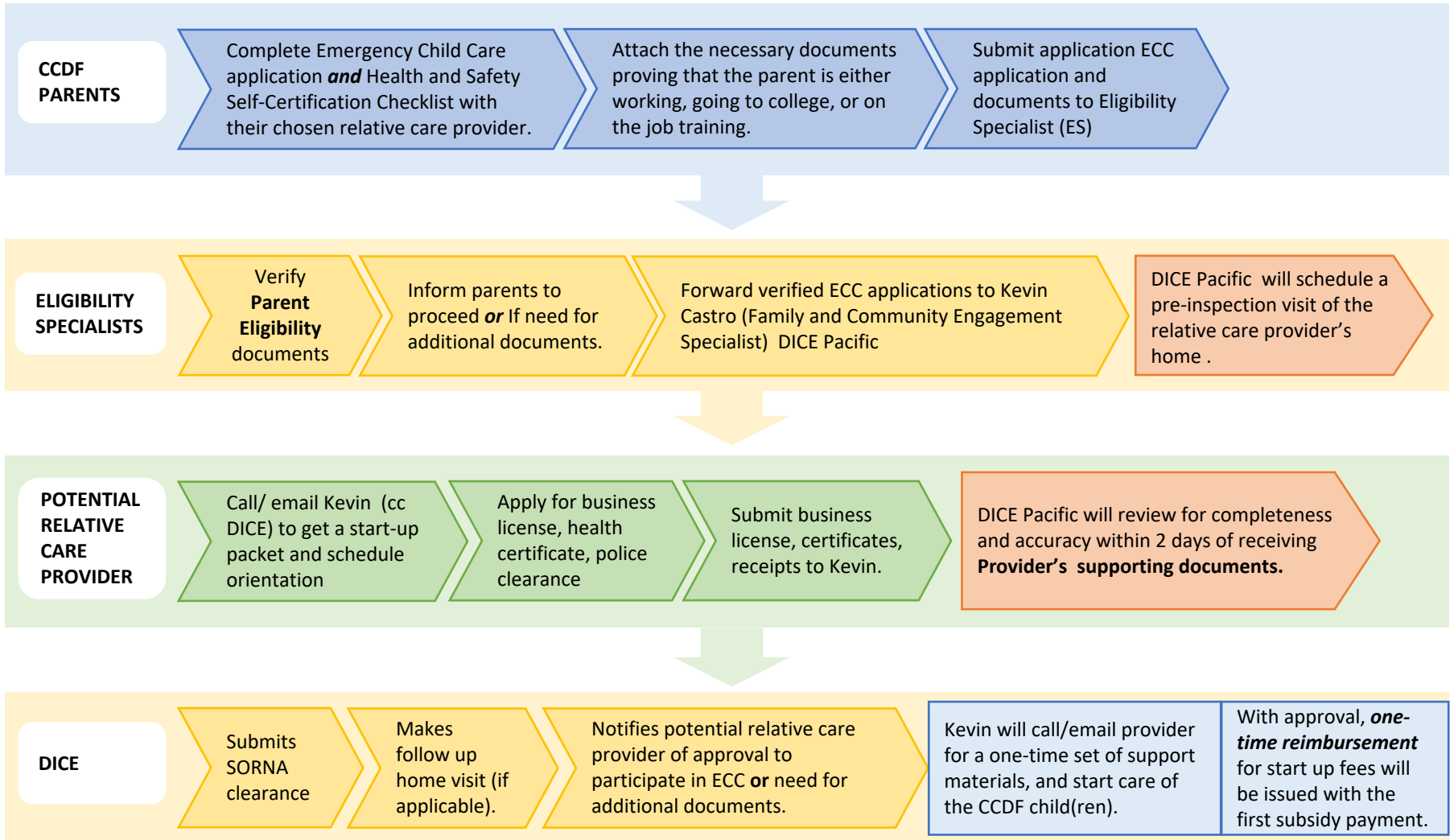
PROCEDURE FOR EMERGENCY CHILD CARE (ECC) APPLICATION

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, uncle, adult cousin (up to 2nd degree), child's adult sibling (18 years or older).



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.

DICE Pacific Professional Solutions

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

Kevin Castro
Family & Community Engagement Specialist (FACES)
(670) 285-1381
kevincastro.faces@gmail.com

DICE PACIFIC
dicepacific670@gmail.com

Potential Relative Care Providers should...

- Call/ Email DICE for any questions regarding the Health and Safety Self-Certification Checklist.
- Wait for DICE Pacific employee to call to schedule a pre-inspection visit.
- Wait for DICE to process their SORNA and arrange for the home inspection.
- Wait for DICE to call/ email to inform them of final status of application.
- Call or email Kevin (cc DICE) to pick up a start-up packet and schedule an orientation.
- Call or email Kevin (cc DICE) to schedule submission of license/ clearance, forms, and receipts.
- Once approved, Kevin (cc DICE) 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: _____ **Date of Birth** _____
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 to the child. Describe how _____.

*Blood related means: Grandparents, great-grandparents, aunts, uncles, adult cousins (up to the 2nd degree), child's adult sibling.

Caring for no more than four 4 children **(including children not under the CCDF program).**

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



D. CHILDREN INFORMATION:

Total # of children being cared for: _____

List **all** children that will be under the applicant’s care including children not under the CCDF program.

#	Complete Legal Name of Child (Family Name, First Name, & Middle Initial)	Date of Birth	Age	Relationship to Applicant	CCDF ES Use Only
1					
2					
3					
4					
*5					
*6					
*7					

E. PROVIDER REQUIRED DOCUMENTS:

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

F. ACKNOWLEDGEMENT (initial by each statement):

- 1) _____ Upon my approval, I agree 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.



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



- 7) _____ I am aware that I must be blood related (great grandparents, grandparents, siblings, cousins up to 2nd degree, 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 or the subsidized family's home.
- 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:

<p>CCDF STAFF:</p> <p>Approved Activity has been verified by Eligibility Specialist on: _____</p> <p>Parent/s Name: _____</p> <p>Activity: <input type="checkbox"/> Work <input type="checkbox"/> Education Program <input type="checkbox"/> Job Training No. of Hours: _____</p> <p>Eligibility Specialist Name and Initial: _____</p>
<p>DICE STAFF:</p> <p>Dates of : _____</p> <p>Received: _____ Received By: _____ Processed: _____</p> <p>Home Assessed: _____ Completed Initial Report: _____ Approval: _____</p> <p>Validation Period On, Commenced: _____ Concluded: _____</p>

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



H. MAP TO RESIDENCE:

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

CCDF EMERGENCY CHILD CARE PROVIDER
SELF-CERTIFICATION
HEALTH AND SAFETY CHECKLIST



A. Child Care Provider Information:

Business Name: _____ Home Care Location: _____
(Street, Village, Island)

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.

**CCDF EMERGENCY CHILD CARE PROVIDER
SELF- CERTIFICATION
HEALTH AND SAFETY CHECKLIST**



D. HEALTH AND SAFETY CHECKLIST

No.	Parent/ Guardian Initial	Provider Initial	(1) ELECTRICAL HAZARDS
1			(1-a) Breaker (Fuse) box is covered and out of children’s reach.
2			(1-b) Electrical cords are securely installed.
3			(1-c) Indoor and outdoor outlets at a height of 7ft and below are covered or blocked off by furniture.
4			(1-d) Electrical cords do not cross pathways, to avoid tripping hazards.
No.	Parent/ Guardian Initial	Provider Initial	(2) POSTINGS OF REQUIRED DOCUMENTS
5			(2-a) Required documents posted and visible to parents/guardians: Business License, CCDF Provider Certificate, Health Clearance Certificate.
6			(2-b) “No Smoking” signs are within view and seen upon entering home.
7			(2-c) “Exit” signs are posted and within view.
8			(2-d) Emergency Evacuation Exit Plan is posted by every exit door and at adult’s eye level.
9			(2-e) Children’s allergy posting is in a discrete area where food is served for the provider’s reference.
10			(2-f) The provider has the contact information of two (2) other authorized people, aside from the parents/guardians. Contact numbers are posted by a working land line (if applicable) or by Emergency Evacuation Exit Plan
11			(2-g) Child(ren) Daily Activity Schedule are posted at visitor’s view.
No.	Parent/ Guardian Initial	Provider Initial	(3) CHILD’S FILE
12			(3-a) Children’s allergy and/or medical need information (i.e. child care plan)
13			(3-b) Children’s medical information

**CCDF EMERGENCY CHILD CARE PROVIDER
SELF- CERTIFICATION
HEALTH AND SAFETY CHECKLIST**



			(hospital #, vaccination record, allergies, health insurance, & etc.).
14			(3-c) Parent's authorization form of emergency contacts (at least 2).
15			(3-d) Accident and/or incident reports.
No.	Parent/ Guardian Initial	Provider Initial	(4) EMERGENCY PREPAREDNESS AND RESPONSE PLANS (EPRP)
16			(4-a) Emergency drills are conducted and recorded monthly.
17			(4-b) Disaster drills are performed and noted every 6 months.
18			(4-c) Recorded drills are visible for visitors review.
19			(4-d) Home care has an Emergency Preparedness Response Plan (EPRP) that is shared with their families.
No.	Parent/ Guardian Initial	Provider Initial	(5) PRACTICES THAT PREVENT HAZARDS AND ILLNESSES
20			(5-a) All cleaning chemicals are stored out of the child(rens) reach or inside a locked cabinet.
21			(5-b) Indoor flooring meet the following: free from dirt, no food crumbs, dry and free of spills, has no odor or any other type of scent including chemicals.
22			(5-c) The provider follows a routine cleaning schedule that is posted and visible.
23			(5-d) The home is equipped materials needed to practice routine cleaning (i.e. paper towel, bleach water solution).
24			(5-e) Home provider conducts a Daily health check to all enrolled children and is recorded. Document is accessible for review of inspector.
25			(5-f) There is a designated clean and comfortable area for sick children, separated from other children.
No.	Parent/ Guardian Initial	Provider Initial	(6) KITCHEN/EATING AREA

**CCDF EMERGENCY CHILD CARE PROVIDER
SELF- CERTIFICATION
HEALTH AND SAFETY CHECKLIST**



26			(6-a) Dining table is cleaned and sanitized before and after each meal.
27			(6-b) Food are stored at the right temperature.
28			(6-c) Drinking water is available and accessible throughout the day.
29			(6-d) Water is offered throughout the day (i.e. while playing outdoors).
30			(6-e) Healthy meals/snacks are provided to the children.
31			(6-f) Proper hand washing procedures are posted by the working sink where hand washing practices occur in the kitchen.
32			(6-g) Sharp items and utensils are out of children's reach.
No.	Parent/ Guardian Initial	Provider Initial	(7) SLEEPING AREA
33			(7-a) Clean and comfortable napping area is provided for each child.
34			(7-b) Babies less than 2 years old must be placed on their back for sleep.
35			(7-c) The napping area has 18" of space between children. If not possible, then placed as far as possible and children in alternating position (head to foot).
No.	Parent/ Guardian Initial	Provider Initial	(8) TOILETING AREA
36			(8-a) Home is equipped with a working toilet and bathing room.
37			(8-b) Appropriate toiletries are provided and accessible to the children (liquid hand-soap, paper towel <i>optional</i> , toothbrush, toothpaste, toilet paper, etc...). Toiletries are replenished as needed.
38			(8-c) In the event cloth hand towels are used, each child is provided with a hand towel and is replaced daily or as necessary.
39			(8-d) Cloth hand towels are distinctly hung individually to air dry and is accessible to the child.
40			(8-e) Each child has their own toothbrush.
41			(8-f) Children's toothbrushes are airdried individually in a vertical position with covers.
42			(8-g) Toileting area is dry and furnished with non-slip mats.

**CCDF EMERGENCY CHILD CARE PROVIDER
SELF- CERTIFICATION
HEALTH AND SAFETY CHECKLIST**



43			(8-h) Use of a “potty chair”- the provider will assist the child and ensure that the chair is sanitized after each use.
44			(8-i) Proper hand washing procedures are posted by the working sink where hand washing practices occur in the toileting area.
No.	Parent/ Guardian Initial	Provider Initial	(9) DIAPERING AREA
45			(9-a) If applicable, changing table or diaper changing is performed far from the eating area.
46			(9-b) Changing table or changing mat is sanitized and airdried after each used.
47			(9-c) Changing mat is water resistant and easily wipeable.
48			(9-d) Soiled diapers are wrapped tightly in plastic bag and is disposed in a closed bin that is stationed far from the eating area.
49			(9-e) Proper diaper changing procedure is posted near the designated area for changing diapers.
No.	Parent/ Guardian Initial	Provider Initial	(10) SAFETY SUPPLIES
50			(10-a) First aid kit is visible and accessible at all times.
51			(10-b) First aid kit is filled with medical supplies and replenished as needed.
52			(10-c) Monthly inventory of the first aid kit is performed to ensure that all supplies are updated and replenished.
53			(10-d) Home is equipped with a fire extinguisher and are inspected as required.
54			(10-e) Fire extinguisher is securely placed in a safe and convenient space, out of children’s reach.
55			(10-f) Smoke detectors are properly installed at each needed area.
56			(10-g) Home is equipped with working smoke detectors in each enclosed room with the exception of the kitchen.
No.	Parent/ Guardian Initial	Provider Initial	(11) OBSERVABLE PRACTICES AND ROUTINE

**CCDF EMERGENCY CHILD CARE PROVIDER
SELF- CERTIFICATION
HEALTH AND SAFETY CHECKLIST**



57			(11-a) Provider demonstrates proper hand-washing procedures and assists young children to wash his/her hands using the same proper procedures.
58			(11-b) Proper handwashing procedures is performed throughout the day: before and after meals, after toileting, before and after each diaper change, after outdoor play, upon entering the home, etc...
59			(11-c) Parents are allowed full access to their children at any time (Open-door policy).
60			(11-d) The child care provider will not use corporal, harsh, or unusual punishment.
61			(11-e) Food should not be used as reward or punishment.
62			(11-f) Provider forbids smoking within the premises during operational hours and around the children.
63			(11-g) There are no more than 4 children under the provider's care.
No.	Parent/ Guardian Initial	Provider Initial	(12) PLAYGROUND/OUTDOOR SPACE
64			(12-a) The children's outdoor playground is far from the driveway and main road.
65			(12-b) The playground is enclosed and in a shaded area.
66			(12-c) Playground equipment is free from sharp edges, and rust.
67			(12-d) The playground is well maintained, free from odor and tripping hazards.
68			(12-e) All playground equipment are age appropriate; proper size for the ages of children using it.
69			(12-f) Adult supervision is provided at all times during operational hours indoors and outdoors.
70			(12-g) No animal feces or excrements.
71			(12-h) Playground surfacing is free from tripping hazards. Example: Large roots where children normally run through.

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

Parent's Signature: _____ **Date:** _____

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 (**doctor's initials** required by the statement 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.

Doctor's initials required:

_____ The applicant is free of Tuberculosis.

_____ Latent TB/not active. Does not pose a health risk to others and is cleared for work.

Additional Comments:

Name of Physician (Print) Signature Date

Address	City	State	Zip Code
Required Hospital Seal or Stamp here			