



**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 or Age (year and months) of youngest child and oldest child | Room Capacity (including adult and 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): 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): |
| School-Age 4 | | | | Lead teacher(s): Aide(s): Volunteer(s): |
| School-Age 5 | | | | Lead teacher(s): 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 qualitycarespecialist@evergreenlearning.org 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 (Enter updated information based on CCLP Approved Listing)

| Legal Name (Last, First, Middle Initial) | CCLP Employment Approval Date | CCLP Approved Main Position/ Title | AGE GROUP (for the main title) | CCLP Approved Additional Position/ Title | AGE GROUP (for the additional title) | EMAIL ADDRESS |
|---|--|--|--------------------------------------|--|--|------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
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| 20. | | | | | | |

E. REQUIRED DOCUMENTS

| Renewal Applicants | New Applicants |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Reach Higher, CNMI / CCDF Provider Certification Application Form <input type="checkbox"/> Current DCCA Child Care Provider Certificate <input type="checkbox"/> CCDF Orientation Certificate for director and/or authorized second contact person <input type="checkbox"/> Updated QRIS & coaching Certificate for new staff (including new directors, if applicable) <input type="checkbox"/> CCLP license <input type="checkbox"/> Current Business License <input type="checkbox"/> Inventory of Educational Materials Issued per Program (Must include all the materials provided including under the QRIS incentives) <input type="checkbox"/> EPRRP – highlight changes <input type="checkbox"/> TB clearance forms for all new staff within the last 24 months (including those who may have contact with families) <input type="checkbox"/> Handbook <input type="checkbox"/> Daily schedule per program/ age group <input type="checkbox"/> Center rate | <ul style="list-style-type: none"> <input type="checkbox"/> Reach Higher, CNMI / CCDF Provider Certification Application Form <input type="checkbox"/> CCLP license <input type="checkbox"/> Current Business License <input type="checkbox"/> Map to center <input type="checkbox"/> W9 <input type="checkbox"/> EPRRP <input type="checkbox"/> Handbook (current) <input type="checkbox"/> TB clearance forms for all new staff within the last 24 months (including those who may have contact with families) <input type="checkbox"/> Daily schedule for all rooms/ age groups <input type="checkbox"/> Center rate <input type="checkbox"/> CCDF Orientation certificate for director and/or authorized second contact person <p>Within 90 days after initial certification date</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health and safety training certificates of all current staff <p>Within 12 months after initial certification date</p> <ul style="list-style-type: none"> <input type="checkbox"/> ITERS-3 Self-Assessment, most current <input type="checkbox"/> ECERS-3 Self-Assessment, most current <input type="checkbox"/> SACERS-U Self-Assessment, most current <input type="checkbox"/> Program Administration Scale (PAS) Self-Assessment, most current <input type="checkbox"/> EPRRP (CCDF compliant) <input type="checkbox"/> Handbook (CCDF compliant) <input type="checkbox"/> QRIS and Coaching Orientation Certificate for new providers (for all staff including directors) <input type="checkbox"/> Developmental screening training certificate (ASQ) <input type="checkbox"/> Health and safety training certificates <input type="checkbox"/> Safe sleep practices <input type="checkbox"/> Daily health checks <p>Within 90 days of CCLP’s approval for employment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health and safety training certificates of all new staff hired after initial certification date |

* 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 qualitycarespecialist@evergreenlearning.org 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.
- _____ 5. CCDF will not compensate childcare services performed prior to the approval of this application.
- _____ 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).
- _____ 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 conduct daily health checks on all children.
- _____ 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 childcare.gov.mp 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** **Date**

(Required) Secondary Contact Legal Name **Signature** **Date**

For Official Purposes Only

| | | |
|--|---|--|
| Received by <hr style="border: 0; border-top: 1px solid black;"/> | Returned Date <hr style="border: 0; border-top: 1px solid black;"/> | Approved by <hr style="border: 0; border-top: 1px solid black;"/> |
| Name Signature Date | | Name Signature Date |