



CCLP/CCDF PROVIDER INSPECTION SUMMARY REPORT



Provider's Name: REQ Day and Night Care Center

Physical Address: Navy Hill

Contact Person: Rex Penaroyo

Contact Number: 233-7846

Category(s): Center: Group Home:

Date of Assessment: February 7, 2018

Assessed By: George R. Fleming, Safety Inspector
Print Name

Type of Assessment: Preliminary Renewal Announced Unannounced:

Monitoring:

CCLP#: 1009 Date of issued: 12/15/2017 Expiration Date: 03/15/2018 Capacity: 56

Staff Child Ratio

- The provider is in compliance with the Staff/Child ratio for child care programs in the classifications of "Day Care Centers and Infant and Toddlers Child Care Centers" in accordance with Title 55 SUBCHAPTER 55-40.1 *CHILD CARE STANDARDS RULES AND REGULATIONS* Part 200 Subpart C § 55-40.1-228 and Part 400 Subpart C § 55-40-1-426. *No discrepancies noted.*

(1) Electrical

- Facility complies with all electrical safety aspects of the Child Care Licensing Program requirements. *No discrepancies noted.*

(2) Signage

- Signages are clearly visible and posted within designated areas. *No discrepancies noted.*

(3) Emergency

- Emergency kits/equipment are properly installed and readily available. Last fire drill was conducted on January 25, 2018.

(4) Sanitation

- Upon inspection of the K3 restroom, it was noticed that the toilet was not flushed and contained urine. The teacher was made aware discrepancy corrected on-site. However, the following is recommended:
 - *To maintain a sanitary environment, ensure each child in care is supervised and flushes after every use.*

COPY

[Signature]
Rex Penaroyo

RECEIVED

DATE: 2/26/2018

(5) Outdoor

- Outdoor play area is well- maintained, enclosed by a chain-linked fence, and away from main roadways. *No discrepancies noted.*

(6) Capacity

- Capacity requirements are met per the issuance of a valid occupancy permit from the CNMI Department of Public Works. *No discrepancies noted.*

(7) Health

- Enrolled children's health information is available. Records for each child are kept with their respective provider. Allergies, immunization records, and other pertinent information are kept on file. *No discrepancies noted.*

(8) Documents

- A Provisional Child Care License has been issued. License is effective from December 15, 2017 thru March 15, 2018. *No discrepancies noted.*


(9) Other

- *None*

NOTES:



Signature
George R. Fleming, CCLP Safety Inspector



Concurred by:
Gordon B. Salas, Acting CCLP Supervisor



Announced/Unannounced
Staff / Child Inspection



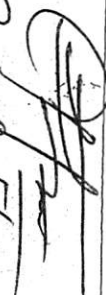
Date: 2/7/18

Time: ~~2:00~~ 2:00 PM

Provider's	Staff/Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
	3:4 ya. (0)	1	/		

Note:

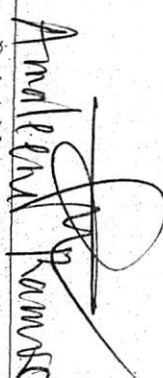
Inspector's Signature:


George R. Fleming
Print Name

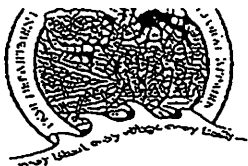
Date:

2/2/18

Provider's Signature:


Andrea Ramms
Print Name

Date:



Announced/Unannounced
Staff / Child Inspection

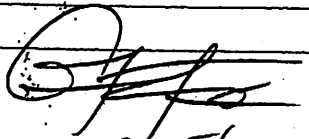


Date: 2/7/18

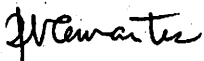
Time: 2:18 PM

Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
	4.5 (9)	1	/		

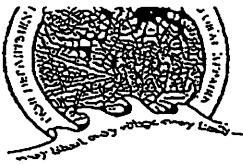
Note:

Inspector's Signature: 
Print Name

Date: 2/7/18

Provider's Signature: 
ROWENA CERVANTES
Print Name

Date: 2/7/18



Announced/Unannounced
Staff / Child Inspection



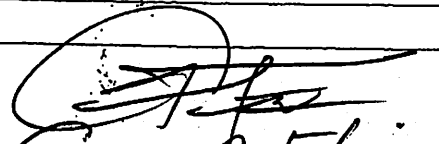
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Time: 2:24 PM

Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
	(7) 24 months				
	18-36 months	3	/		

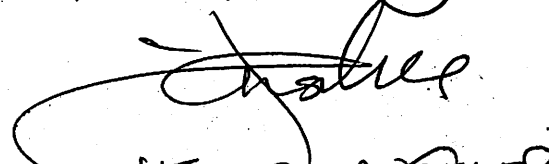
Note:

Inspector's Signature:


George R. Fleming
 Print Name

Date: 2/7/18

Provider's Signature:


ARLENE C ALVAREZ
 Print Name

Date: 02/07/18



Announced/Unannounced
Staff / Child Inspection



Date: 2/7/18


Time: 2:50 PM

Provider's	Staff /Child Ratio	# of Staff	meet ratio	does not meet ratio	Comments
	60/ks -30 max.				
	60)	4	/		

Note:

Inspector's Signature: 
Print Name: George R. Fleming

Date: 2/7/18

Provider's Signature: 
Print Name: DORK M. DE VILLA

Date: 2/7/18



CCLP/CCDF PROVIDER ASSESSMENT REPORT



Business Name: REQ Physical Address: _____

Primary Contact Person: Rex Penaroy Contact Number: _____

2nd Contact Person: _____ Email Address: _____

Capacity: 65 Maximum: _____ Enrolled: _____ Category(s): Center: _____ Group Home: _____

Date of Assessment: 2/7/18 Assessed By: George R. Fleming
Print Name

Announced: _____ Unannounced: _____ Visit/Monitoring:

Type of Assessment: _____ Preliminary _____ Renewal

CCLP#: 1042 Date of issue: 12/15/17 Expiration Date: 2/15/18 Capacity: _____
Prisum

Grouping Clause Monitoring Inspection:

- | | | | | |
|----------------|---------------|--------------|---------------|-----------|
| (1) Electrical | (3) Emergency | (5) Outdoor | (7) Health | (9) Other |
| (2) Signage | (4) Sanitary | (6) Capacity | (8) Documents | |

- Staff:
1. Amalene
 2. Roxana Rowena
 3. Yrine Argely
 4. Russel
 5. Maritel
 6. Doris
 7. Jula
 8. Marjo
 9. Ferdencia

Notes:

- K3,4 - toilet contained urine, Teacher was informed toilet flushed
- Fire drill was done 1/25/18

Safety Inspector Signature: _____



George R. Fleming

2/7/18

Date

Provider's Signature: _____



Print Name

Date