



Emailed Inspection Report
 @ 10:46 a.m. to Lanesa + Maranda
 on 11/21/22.

Barbara Lee


Child Care Licensing Program Monitoring Tool

Business Name/Childcare Center: Early Headstart Program	Physical Address: Tanapag, Saipan	Category: Exp. Date: <u>10/31/2023</u> <input checked="" type="checkbox"/> Licensed *License #: <u>CCL-1069</u> <input type="checkbox"/> Certified *Certificate #: _____
Type of Child Care Services: <input type="checkbox"/> Family Home <input type="checkbox"/> Group Home <input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Center Based <input checked="" type="checkbox"/> Before/After (B/A) School		
Authorized Contact Person: <u>Maranda</u> Contact Number: <u>255-3924</u> Email Address: <u>maranda.smith@campss.org</u> 2nd Contact Person: <u>Mike Tomokane</u> Contact Number: <u>323-4677</u> Email Address: <u>same as above</u>		
Type of Facility: <input checked="" type="checkbox"/> Part 200 - Day Care Center/Before & After School <input type="checkbox"/> Part 300 - Family Child Care Home <input checked="" type="checkbox"/> Part 400 - Infant & Toddler Child Care Centers		
Type of Assessment: <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
<input type="checkbox"/> Preliminary <input type="checkbox"/> Renewal <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Monitor/Visit <input type="checkbox"/> New Site <input type="checkbox"/> Concerns		
<input checked="" type="checkbox"/> Initial Inspection Date: <u>10/04/2022</u> Start Time: <u>9:00</u> End Time: <u>9:40</u>	<input type="checkbox"/> Follow-Up 1 Inspection Date: _____ Start Time: _____ End Time: _____	<input type="checkbox"/> Follow-Up 2 Inspection Date: _____ Start Time: _____ End Time: _____
Capacity: Total Occupants: <u>24</u> Total Enrollment: <u>7</u> Total Enrolled of Students w/Special Needs: <u>0</u> Total No. of Staff: <u>2</u>		
Pre-Service Training: # of Newly Approved Provider <u>N/A</u> # of Provider Completed: _____		
Completed By: <small>Print Name & Sign</small> Barbara Lee 		

Procedures:

1. This form must be completed in one visit by a Child Care Licensing Program Inspector as authorized by the Child Care Licensing Program Supervisor;
2. The Inspector must provide immediate oral feedback on the day of inspection with the Childcare Center Director or assigned staff and will receive a copy of the outcome results within 10 working days.
3. The Childcare Center Director or assigned staff must acknowledge and sign the last page after feedback is provided and after general recommendations are shared;
4. All sections needing immediate actions must be acknowledged and initialed by the Childcare Center Director or assigned staff and;
5. Follow-up Monitoring and Inspections are to be completed accordingly.

Age-Group (Per Room - Age Range, Occupant Load, Total enrollment, # of students present, # of staff assigned, and # of staff present)

INFANT ROOM	TODDLER ROOM	K-3 ROOM	K-4 ROOM	K-5 ROOM	B/A SCHOOL ROOM
# of Rooms: <u>1</u>	# of Rooms: <u>1</u>	# of Rooms: _____	# of Rooms: _____	# of Rooms: _____	# of Rooms: _____
a. Age Range: <u>12 mos.</u>	a. Age Range: <u>24 mos.</u>	a. Age Range:	a. Age Range:	a. Age Range:	a. Age Range:
b. Occupant Load: <u>4</u>	b. Occupant Load: <u>8</u>	b. Occupant Load:	b. Occupant Load:	b. Occupant Load:	b. Occupant Load:
c. Enrollment: <u>1</u>	c. Enrollment: <u>6</u>	c. Enrollment:	c. Enrollment:	c. Enrollment:	c. Enrollment:
d. # of Students: <u>1</u>	d. # of Students: <u>6</u>	d. # of Students:	d. # of Students:	d. # of Students:	d. # of Students:
e. # of Children w/Special Needs: <u>∅</u>	e. # of Children w/Special Needs: <u>∅</u>	e. # of Children w/Special Needs:	e. # of Children w/Special Needs:	e. # of Children w/Special Needs:	e. # of Children w/Special Needs:

<p>f. # of Staff Assigned/Present: 2</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. Tina Gined</p> <p>2. Mike Tomatani</p> <p>3. _____</p>	<p>f. # of Staff Assigned/Present: 2</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. Mike Tomatani</p> <p>2. Tina Gined</p> <p>3. _____</p>	<p>f. # of Staff Assigned/Present:</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>f. # of Staff Assigned/Present:</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>f. # of Staff Assigned/Present:</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>f. # of Staff Assigned/Present:</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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Checklist Coding *SOP - Statement of Operation*

"O"-Observed "SH"- Staff Handbook "PH"- Parent Handbook "CF"- Child Files
 "SF"- Staff Files "B"-Board "D"-Other Documents "HS"-Daily Health and Safety Checklist

ENVIRONMENTAL HAZARDS & PHYSICAL FACILITY STANDARDS

CCLP §55-40.1-256 (a) – (c) Accidental Injury Precautions

The facility shall ensure that the childcare program staff minimizes the risk of accidental injury in the following manner:

(a) Childcare activities and premises shall take precautions not to expose children to situations that may be hazardous to the particular age or capacity of the child;

(b) The program shall help children to increase awareness of safety practices and accident hazards and to teach the children how to avoid such hazards; and

(c) Accident prevention practices and policies shall be available in writing. The practices and policies shall be reviewed annually and the staff shall become familiar with policies and practices.

CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST <i>Enforceable under CCLP; applies to all licensed homes/centers</i>	STATUS	COMMENTS
CCLP §55-40.1-272 (a) - (c) Building Codes and Space Requirements CCLP § 55-40.1-360 (a) - (o) Environmental Hazards	(1-A) Electrical cords are securely installed, do not cross pathways, and there is no tripping hazard.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u> / <u>"HS"</u>	
	(1-B) Fuse box is covered and out of children's reach.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u> / <u>"HS"</u>	
	(1-C) Indoor & outdoor outlets at a height of 7 ft. and below are covered or blocked off.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u> / <u>"HS"</u>	

CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-360 (a) – (o) Environmental Hazards CCLP § 55-40.1-222 (a) – (i) Program Materials and Equipment Subpart G - Physical Facilities Standards CCLP § 55-40.1-272 (a) – (d) Building Codes and Space Requirements § 55-40.1-420 Program Materials and Equipment (a) – (g) (1 – 6)	(2-A) Indoor and outdoor floor space is arranged to accommodate 35 sq. ft. per child during Day Time Care; to provide areas for active play, quiet, rest, and individual activities during the day.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u>	
	(2-B) In rooms used for sleeping during Night Time Care, there shall be fifty square feet per child exclusive of lanai area.	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u>	N/A
	(2-C) Facility's indoor is furnished with clean age- appropriate and sturdily constructed items (toys, chairs, tables) and equipment that are in good and safe condition and present minimal hazards to children (No sharp edges).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u>	
	(2-D) A Clean sheet is used for individual beddings or mattresses of infant cribs and/or each child's individual bed, cot, or mat.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u>	
	(2-E) Cribs, mats or pads are available for each child.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u> <u>"B" / "D"</u> (D - Class Roster)	

	(2-F) Infant cribs are cleared off of soft beddings, pillow, blankets or stuffed toys and mobiles.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" (PH - Policy Sleeping Positions)	
	(2-G) Cribs, cots, mats, or pads are placed at least 3 feet apart or have a solid barrier between each bedding.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" (PH - Policy Sleeping Positions)	Not observed
	(2 - H) Individual storage spaces are available for children's clothing and personal belongings.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(2-1) There is adequate padding for safe-floor play.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(2-J) High chairs, safety seats or size-appropriate low seating for individual feedings are available and accessible.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(2-K) Facility is equipped with a sufficient number of comfort rooms (as to the occupant load).	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS
CCLP § 55-40.1-222 (a) - (h) Program Materials and Equipment CCLP § 55-40.1-258 (a) - (l) Environmental Hazards CCLP § 55-40.1-360 (a) - (o) Environmental Hazards	(3-A) Outdoor playground space and equipment are clean, odor-free, age-appropriate, organized and well maintained.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	

CCLP § 55-40.1-470 (a) - (f) Building Codes and Space Requirements

<p>(3-B) Outdoor play ground areas are filled with the required protective surfacing to cushion falls and prevent serious injuries.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u></p>	
<p>(3-C) Grounds for play areas are free from tripping hazards and cleared of open drainage ditches, wells, or holes into which children may fall.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u></p>	
<p>(3-D) Fall zones are free and cleared of items that children may fall onto or run into.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u></p>	<p>SOP</p>
<p>(3-E) Playground is far from the main road.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u></p>	
<p>(3-F) Playground is shaded and enclosed. The outdoor space is fenced or has natural barriers to keep children from getting into unsafe areas.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u></p>	<p>SOP</p>
<p>(3-G) Indoor and Outdoor play equipment and toys are sturdily constructed, have no sharp edges or rust, and present minimal hazards to children.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u></p>	
<p>(3-H) Playground space is arranged to provide areas for active play, quiet, rest, and individual activities.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u></p>	

(3-I) Non-child-proofed equipment is stored out of the children's sight and reach.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u>	
(3-J) The facility is protected against rodents and insects.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS" / "D"</u> (D- Contract with Pest Management or monthly maintenance log sheet/ report)	Contractors
(3-K) There is adequate drainage to prevent stagnant pools of water from accumulating.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u>	Going to fill spaces with pool of water (puddle) from A.C. unit (ongoing)
(3-L) Indoor and outdoor garbage and trash are stored in covered containers, out of reach of children, and removed frequently.	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u>	
(3-M) Lead paint is not used on indoor and outdoor surfaces or walls that are accessible to children.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u>	
(3-N) Poisonous plants are out of reach of children and are not planted or situated in the premises.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u>	
(3-O) Pets, animals, and fowl are maintained in a safe and sanitary manner.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "HS"</u>	SOP
(3-P) No lodging/ boarding house or any other business is being conducted at the facility or conflicts	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u>	

	with the regular operation of the child care facility.		
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
<p>CCLP § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d)</p> <p>CCLP § 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3)</p> <p>CCLP § 55-40.1-268 (a) – (b) Cleaning of Premises</p> <p>CCLP § 55-40.1-368 (a) – (d) Cleaning of Premises</p> <p>Subpart F - Sanitation Standards</p> <p>CCLP § 55-40.1-452 (a) - (b) Handling of Diapers, Training Pants, Linen, and Toys</p> <p>CCLP § 55-40.1-456 (a) – (b) Housekeeping</p>	<p>(4-A) All written policies as indicated below for routine cleaning and maintenance of the facility are accessible, provided and/or visible:</p> <p><input type="checkbox"/> Policy for Type of Disinfectant/Cleaning Agent</p> <p><input type="checkbox"/> Policy for Method of Cleaning Indicated</p> <p><input type="checkbox"/> Policy for Cleaning Schedule</p> <p><input type="checkbox"/> Policy for Cleaning of Equipment</p> <p><input type="checkbox"/> Policy for Storage of Cleaning Materials & Utensils</p> <p><input type="checkbox"/> Policy for Disposal of Soiled Items/Spilled Body Fluids</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"O"</u> <u>"SH"</u> / <u>"PH"</u></p> <p>(SH- Policy Sanitation and Hygiene)</p>	<p>SOP P.H</p>
	<p>(4-B) All Disinfectant/Cleaning Agent bottles are Specified with solution type and labeled with date.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"O"</u> / <u>"HS"</u></p>	
	<p>(4-C) A plan for regular cleaning shall be established to protect the health of the children and provider as evident on a cleaning schedule/log accessible to all providers.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"O"</u> / <u>"D"</u></p> <p>(D - Cleaning Schedule/Log)</p>	
	<p>(4-D) Facility's indoor is clean, odor-free and well maintained.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	

Indoor flooring is free from dirt and food crumbs.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO "O" / "HS"	
(4-E) Storage of all cleaning materials and chemicals and necessary cleaning equipment shall be: <input type="checkbox"/> Available on the premises <input type="checkbox"/> Secured and Stored out of the children's reach.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
(4-F) Toiletries (hand-soap, toothbrush, toothpaste, towel/paper towel, toilet tissue, etc.) are replenished, available and accessible.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
(4-G) Children's toothbrush is covered individually and stored separately in standing position.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
(4-H) All children's items (Toys, tabletops, furniture, and other similar equipment) shall be washed and are disinfected daily or as necessary as evident on a cleaning schedule/log accessible to all providers	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	Not observed but cleaning log sheet is filled daily.
(4-I) Toys shall not be shared between different groups of children, such as between infants and toddlers.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "D" (D - Cleaning Schedule/Log)	SOP

	(4-I) Only washable toys shall be used for infants and toddlers in diapers or training pants.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u> / "SH" (SH- Policy Sanitation and Hygiene)	SOP
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-402 Statement of Operation Policies (a) - (s) (1) - (3) CCLP § 55-40.1-249 (a) - (e) Hand Washing Policy for Children CCLP § 55-40.1-251 (a) - (e) Hand Washing Policy for Staff	(5-A) The facility has a written policy that specifies when hand washing is required for all children and staff including hand washing procedures to follow.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"SH"</u> / <u>"PH"</u> (SH and PH - Policy Sanitation and Hygiene)	
(5-B) Staff and children perform hand-washing through-out the day: <input type="checkbox"/> Before Entering the Center <input type="checkbox"/> Before Handling Clean Utensils <input type="checkbox"/> Before Handling Food <input type="checkbox"/> Before/After Meals <input type="checkbox"/> After Using the Toilet <input type="checkbox"/> After Each Diaper Change <input type="checkbox"/> After Contact w/Body Secretions <input type="checkbox"/> After Outdoor Play	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u>	Not observed, but all hand washing procedures are in place. P. H.	
(5-C) All procedures of handwashing steps for staff and children are thoroughly followed:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "D"</u>		

	<input type="checkbox"/> 1. Moisten hands with water and apply liquid soap. <input type="checkbox"/> 2. Rub hands together with soap away from the flow of water for 20 seconds. <input type="checkbox"/> 3. Rinse hands free of soap under running water. <input type="checkbox"/> 4. Dry hands with a clean disposable paper towel or a one-time use cloth towel, or dry thoroughly with an air dryer. <input type="checkbox"/> 5. If faucets do not shut off automatically, turn faucets off with a disposable paper or individual hand towel.	(D - Proper Handwashing Procedures posted by sinks).	
CNMI ADMINISTRATIVE CODE REGULATIONS:	(5-D) Liquid soap is used for handwashing and is placed in a pump dispenser and replaced or cleaned as necessary.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
Subpart F - Sanitation Standards	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-452 (a) - (b) Handling of Diapers, Training Pants, Linen, and Toys	(6-A) Used disposable diapers or soiled diapers are placed in a plastic bag or a plastic-lined receptacle.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "D"</u> (D - Proper Diapering Procedure posted with plastic bag step)	
	(6-B) When cloth diapers or training pants are used, diapers or training pants soiled with stool are not washed at the center; after the stool has been emptied into the	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" / "SH"	SOP

	toilet, using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child's parent or guardian at the end of the day.	(PH - Policy Sanitation and Hygiene)	SOP
	(6-C) When dealing with blood, sanitary/disposable gloves are worn at all times when administering aid to a child.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" / "SH" (PH - Policy Sanitation and Hygiene)	SOP
	(6-D) Sheets, diapers, and training pants soiled with blood, body fluids, or waste are handled as little as possible to prevent contamination of the area and of the staff handling the linen.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" / "SH" (PH - Policy Sanitation and Hygiene)	SOP
	(6-E) Soiled sheets, diapers, and training pants, which are transported to a laundry area outside of the facility, are placed in plastic bags ready for transporting from the child care facility to the laundry.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" / "SH" (PH - Policy Sanitation and Hygiene)	N/A
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-110 Inspection and Issuance of Child Care Licenses	(7-A) Valid required documents and the preliminary or renewal application is complete and submitted to the program 60 calendar days prior to its initial opening or to the expiration date of C.C. License.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"D" / "B"</u> (D - Center Renewal Documentation &	Posted
CCLP § 55-40.1-308 Change in Services			

<p>CCLP § 55-40.1-204 (a) – (d) Statement of Operation Policies</p> <p>CCLP § 55-40.1-208 (a) – (b) Change in Services</p>		B - CCLP Licensed Certification posted)	
	(7-B) Receipt of updated facilities and provider's updated required documents or an assessment report with a positive result must be submitted to the program within 30 calendar days prior to its expiration date.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"D" / "B"</u> (D - Center Renewal Documentation & B - CCLP Licensed Certification posted)	
	(7-C) Written notification of changes in services offered by the facility and all updated required facility documents shall be provided to the Department, including the Public School System, and to parents or guardians 4 weeks prior to the effective date of change and are posted at visitors' view.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"B"</u>	
	(7-D) Provider is subject to the Open-door policy.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "SH" / "PH"</u>	
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart C - Staffing Requirements	(8-A) Each staff is qualified through training, experience, and personal qualities for the age group for which the person works.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"ST" / "SH"</u>	
CCLP - § 55-40.1-226 (a) – (q) Staff Training, Experience, and Personal Qualifications			

	(8-B) All staff has met the required training hours through annual participation in at least 15 hours of training as approved and monitored by CCLP as evident in the training checklist/summary.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "SH"		
	(8-C) Provider's required certifications and documents are valid and/or posted in a conspicuous area.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "B"		
	(8-D) Center director informed all staff about available scheduled training sessions, workshops, seminars, or courses.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B" / "D" (B - ex: Flyers, Sign-up Sheet for Trainings OR D- Staff Email Announcements, Brochures, etc.)	Posted and inform through email	
CNMI ADMINISTRATIVE CODE REGULATIONS:		CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart 001 - General Provisions CCLP § 55-40.1-001 Definitions (a) - (z)	(9-A) All providers are trained and qualified for active supervision to ensure all children (either awake or sleeping) are supervised at all times.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "PH" / "SH" / "D" (PH and SH - Policy Staff Schedule and Supervision & D -Staff Roster)	SOP	
Subpart A - Administration Requirements CCLP § 55-40.1-201 Supervision of Children				

<p>CCLP § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d)</p> <p>CCLP § 55-40.1-420 Program Materials and Equipment (a) – (g) (1) – (6)</p> <p>CCLP § 55-40.1-474 Program Modifications for Night Care (a) – (h)</p> <p>Subpart C - Staffing Requirements</p> <p>CCLP § 55-40.1-226 (a)-(q) Staff Training, Experience, and Personal Qualifications</p>	<p>(9-B) Program has a written policy on safe sleep practices.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"</p>	<p>SOP</p>
	<p>(9-C) All providers are trained and qualified to ensure the use of safe sleep practices for infants by placing each infant into a crib immediately if fallen asleep elsewhere.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "D" (D - Staff Roster)</p>	<p>Not observed</p>
<p>CNMI ADMINISTRATIVE CODE REGULATIONS:</p>	<p>CCLP HEALTH & SAFETY CHECKLIST</p>	<p>STATUS</p>	<p>COMMENTS</p>
<p>CCLP § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d)</p> <p>CCLP § 55-40.1-130 (a) – (c) Reporting Child Abuse part 200</p> <p>Subpart B - Program Requirements</p>	<p>(10-A) Program has a written policy and information on how to report suspected child abuse and neglect.</p> <p><input type="checkbox"/> Staff Handbook</p> <p><input type="checkbox"/> Parent Handbook</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "PH"</p>	<p>SOP PH</p>
<p>CCLP § 55-40.1-218 Program Requirements (a) – (I)</p> <p>Subpart C - Staffing Requirements</p>	<p>(10-B) All providers are trained and qualified for the recognition and reporting of Child Abuse & Neglect.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "D" (D - Staff Roster)</p>	<p>PH</p>
<p>CCLP § 55-40.1-226 (a)-(q) Staff Training, Experience, and Personal Qualifications</p>	<p>(10-C) Program has a written policy and information on Shaken Baby Syndrome, including procedures for preventing shaken baby syndrome/abusive head trauma and recognizing potential signs and</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "PH"</p>	

	symptoms of shaken baby syndrome/abusive head trauma. <input type="checkbox"/> Parent Handbook <input type="checkbox"/> Staff Handbook		
	(10-D) All caregivers are trained and qualified to ensure the use of safety practices of all children by being gentle and warm in handling children and do not use physical/corporal abuse.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH" / "SF" / "D" (D - Staff Roster)	SOP
	(10-E) All staff members have read and signed a statement clearly defining child abuse and neglect pursuant to state law outlining personal responsibility to report all incidents of child abuse and neglect within 24 hours.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "D" (D - Staff Roster)	
	(10-F) All staff are trained and knowledgeable to implement strategies for coping with crying, fussing, or distraught child; and understanding the child's social-emotional needs and development as well as vulnerabilities.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "D" (D - Staff Roster) & SF-Training Certificate received on Shaken Baby Syndrome and Abusive Head Trauma)	
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-204 (a) (1-16) Statement of Operation Policies	(11-A) The facility has a written operation policy specifically regarding transportation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"	SOP

<p>CCLP § 55-40.1-316 (a) - (e) Transportation Provisions</p> <p>CCLP § 55-40.1-402 (a) - (s) Statement of Operation Policies</p> <p>CCLP § 55-40.1-414 Transportation Provisions</p>	<p>arrangements available to the department, caregiver staff, and parents or guardians of children.</p>		
	<p>(II-B) A written parental consent to transport each individual child is signed, available and accessible in the child's file for trips and related activities outside of the facility.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"CF"</p>	N/A
	<p>(II-C) When transportation is provided by a facility, children shall be protected by adequate supervision and safety precautions as follows:</p> <p><input type="checkbox"/> Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and</p> <p><input type="checkbox"/> All children under three years of age shall be in federally approved child safety seats. All other children and adults shall be secured by seat belts at all times when driving.</p> <p><input type="checkbox"/> Children shall not be allowed to ride in the back of pick-up trucks.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" / "SH" / "PH"</p>	N/A
	<p>(II-D) For transportation to and from school, the vehicle and driver shall be in compliance of all relevant motor vehicle laws and satisfy all relevant school bus and traffic laws.</p> <p><input type="checkbox"/> Driver is at least 21 years old.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SF" / "SH"</p>	N/A

<input type="checkbox"/> Driver must have a valid driver's license that permits them to operate the type of vehicle being used.		N/A
<p>(11-E) During any field trip or excursion operated or planned by the facility, the staff-child ratios as provided in § 55-40.1-228 shall apply.</p> <input type="checkbox"/> No more than six children under the age of six years shall be transported when only one adult is in the vehicle.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SH" / "PH"	N/A
<p>(11-F) A daily transportation record or log is available and accessible on-site and at hand during transportation services which indicates:</p> <input type="checkbox"/> Name of Each Child <input type="checkbox"/> Age of Each Child <input type="checkbox"/> Emergency Contact # <input type="checkbox"/> Date <input type="checkbox"/> Departure Time & Place <input type="checkbox"/> Arrival Time & Place <input type="checkbox"/> Staff-Child Ratio <input type="checkbox"/> Driver's Initial <input type="checkbox"/> Teacher's Initial	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "D" (D - Daily Transportation Record or Log).	N/A

	(11-G) Provisions are made available during field trips/ transporting children with allergic reactions.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "D" (D - Medication Consent Form and Sign In/Out Sheet of Medication for transport, , etc....)	N/A
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-204 (a) (1-16) (b) – (d) Statement of Operation Policies Part 400 - Infant and Toddler Child Care Centers Subpart A - Administration Requirements CCLP § 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3) CCLP § 55-40.1-442 (a) – (m) Daily Nutritional Needs CCLP § 55-40.1-244 (a) – (i) Daily Nutritional Needs	(12-A) Evidence of a written program policy including a written care plan for the administration of medication is indicated in: <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook <input type="checkbox"/> If applicable: the requirement and notification through calling EMS once EpiPen is administered regarding children's food allergy/reactions.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"SH" / "PH"</u>	SOP
	(12-B) All providers are trained and qualified for the prevention of and response to emergencies due to food & allergic reactions for children.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"SR" / "D"</u> (D - Staff Roster)	SOP
	(12-C) Children's allergy information is posted in a discreet area(s). <input type="checkbox"/> Posted in Child's Classroom <input type="checkbox"/> Posted in Cafeteria/Mical Room (If Applicable)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"D"</u> (D - Allergy List posted - ex: behind a kitchen cabinet)	

	(12-D) Children are not forced or required, but rather encouraged to eat the food provided.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" (PH - Policy Food Handling, Feeding, and Nutrition).	Not observed
	(12-E) Provisions are made to secure information from parents regarding families with religious food preferences or children with specific food allergies as evident in the child's file.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "CF" / "PH" / "SH" (PH - Policy Confidentiality)	
	(12-F) Families with religious food preferences or children with specific food allergies are provided with nutritious substitute foods.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "CF"	Not observed but stated
	(12-G) Signs of food sensitivity or allergy are recorded and reported to the parent or guardian on the day it has been observed and is evident in a log sheet.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "CF" / "D" (D - Log Sheet)	
	CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS
CCLP § 55-40.1-402 Statement of Operation Policies (a) - (s) (1) - (3) CCLP § 55-40.1-238 (a) - (e) Admission of Ill Children CCLP § 55-40.1-240 Non-admission of Ill Children	(13-A) The program has included a written policy for the allowance and admission of ill children into the facility. Or A non-admission policy and readmission procedure for children who have been absent due to illness is clearly stated.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" / "D" (D - Medication Authorization Form if applicable).	SOP

	(13-B) The program has an authorization form signed by the parent/guardian for the administration of medication by the facility and is included in the child's file.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "CF"	
	(13-C) Medicine prescribed by a physician, administered in the facility is kept in an original container bearing the prescription label which shows the date filled, the physician's direction for use, and the child's name.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"/"PH"	
	(13-D) Individual medications are properly stored as recommended on the label and kept out of children's reach.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"/"PH"	
	(13-E) Empty containers are returned to parents or guardians at the end of the day or when no longer in use.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"/"PH"	
	(13-F) A separate comfortable room is provided for sick children in a facility that allows admission of ill children.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/"PH"	
	CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS
CCLP § 55-40.1-412 (a) - (e) Information and Records on Facility CCLP § 55-40.1-228 (a) - (e) Staff-child Ratio	(14-A) Daily Activities Schedule is posted at visitor's view, and if	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B"	

<p>CCLP § 55-40.1-412 (a) - (e) Information and Records on Facility</p> <p>CCLP § 55-40.1-438 (a) - (e) Staffing Patterns</p> <p>CCLP § 55-40.1-470 (a) - (f) Building Codes and Space Requirements</p>	<p>differing by Age-group, must be posted in each room.</p>			
	<p>(14-B) Alternate staff schedules are posted in the designated room.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"B"</u></p>		
	<p>(14-C) In the event an assigned staff had to leave her group of children, a floater staff is available to alternate during his/her absence.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"O"</u></p>	<p>There were two teachers</p>	
	<p>(14-D) The staff-child ratio shall be met and maintained per classroom /facility.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"O" / "D"</u></p> <p>(D - Staff Schedule)</p>		
	<p>(14-E) New provider(s) is/are not left alone with a group of children until he/she completed the pre-service requirement and gets completion notice from the program.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"O" / "ST" / "D"</u></p> <p>(D - CCLP Clearance to Start Memo)</p>	<p>SOP</p>	
<p>CNMI ADMINISTRATIVE CODE REGULATIONS:</p>		<p>CCLP HEALTH & SAFETY CHECKLIST</p>	<p>STATUS</p>	<p>COMMENTS</p>
<p>CCLP § 55-40.1-204 Statement of Operation Policies (a) (1) - (10) (b) - (d)</p> <p>Subpart B - Program Requirements</p> <p>CCLP § 55-40.1-218 Program Requirements (a) - (c) (1) - (3) (k)</p> <p>CCLP § 55-40.1-408 (a) - (b) Information and Records on Each Child</p>	<p>(15-A) The facility has a written policy and a set of procedures to complete a Daily Health Check and completion of the developmental screening (ASQ tool) for all children in their program.</p> <p><input type="checkbox"/> Staff Handbook</p> <p><input type="checkbox"/> Parent Handbook</p>	<p>CCLP:</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>"SH" / "PI"</u></p>		

CCLP § 55-40.1-232 (a) - (c) Evidence of Child's Health with
CCLP § 55-40.1-432

15-B) Daily health check to all enrolled children is performed, recorded, and accessible for review by Child Care staff/parents.

CCLP:

YES NO

"O" / "D"

YES NO

"CF" / "D"

(D - ASQ-3 Student Form)

(15-C) Developmentally delayed children (that scored in the dark area) are referred to the appropriate agencies.

CCLP:

YES NO

"CF"

YES NO

"CF" / "D"

(D - Parent Conference Log Sheet)

*Intervention
in place.*

	(15-D) Children scored in the gray area or at risk of developmentally delay are given opportunities for improvement with their limitations.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>“CF” / “D”</u> (D - Lesson Plan Modifications) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>“B” / “D”</u> (D - Brochure, Flyers)	
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart E - Health Standards for Staff			
CCLP § 55-40.1-250 (a) - (f) Providers' Health Standards	(16-A) The facility has a written policy regarding the requirements of Provider's Health Standards and the Personal Health Habits of all staff and volunteers in the center.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>“SH” / “PH”</u>	
CCLP § 55-40.1-252 (a) - (b) Personal Health Habits of Staff	(16-B) All providers and volunteers in the program have updated health and/or food handler certificate.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>“SF”</u>	
	(16-C) All providers and volunteers in the program take appropriate measures to manage stress by maintaining good mental and physical health to perform job duties and responsibilities.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>“O”</u> (O - Staff's Mental & Physical Health)	Not observed
	(16-D) In the facility, all staff and volunteers are free from communicable tuberculosis and have the following information evident in each individual's file at the facility.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>“SF” / “D”</u> (D - Staff Roster)	

<input type="checkbox"/> TB Skin Test Negative Result for all Staff and Volunteers <p style="text-align: center;">Or</p> <input type="checkbox"/> Satisfaction X-ray taken within 6 months before beginning child care.		
<p>(16-E) All staff and volunteers with visible skin conditions, such as lesions, boils, or dermatitis, are designated away from food preparation areas and are not allowed to prepare or serve food and handle utensils or feeding equipment.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "SH"</u>	<p>Not observed</p>
<p>(16-F) All staff and volunteers with a fever, other symptoms of illness, or an altered physical or mental state, are not on-site or allowed to work.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "SH"</u>	<p>SOP</p>
<p>(16-G) All staff and volunteers' appearance reflect good grooming, habits, and personal hygiene, including clean and neat hair and nails, appropriate clothing, and good oral hygiene.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "SH"</u>	<p>Staff looks neat</p>
<p>(16-H) Smoking and the consumption of alcohol are not evident and are prohibited in any parts of the facility, which are used for child care at any time.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "SH"</u>	<p>Posted</p>
<p>(16-I) "No Smoking" signs are posted within view and in an appropriate area.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "PH"</u> (PH - No Smoking Policy)	

CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart F - Environmental Health Standards CCLP § 55-40.1-204 (a) - (d) Statement of Operation Policies CCLP § 55-40.1-232 (a) - (c) Evidence of Child's Health CCLP § 55-40.1-254 (a) - (c) Disaster Plan for Emergencies CCLP § 55-40.1-336 (a) - (c) Disaster Plan for Emergencies	(17-A) Providers have a written policy and Emergency Preparedness Response Plan (EPRP) approved by the Child Care Program for emergency medical care as evident in the following documents: <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook The policy and plan shall include and cover all of the following: <input type="checkbox"/> Alternative and Designed Evacuation Sites <input type="checkbox"/> Fire Emergencies <input type="checkbox"/> Flood Emergencies <input type="checkbox"/> Natural Disaster Emergencies	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"SH" / "PH" / "D"</u> (D - Emergency Preparedness and Response Plan Booklet)	SOP
	(17-B) EPRP/Disaster Plan is posted in the facility for viewing.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "B"</u>	
	(17-C) Provider submits revised EPRP within 5 calendar days after the changes and follow-up for approval.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"SH" / "PH" / "D"</u>	
	(17-D) All caregivers are well-informed of the centers' EPRP and their responsibilities in an event of an emergency/disaster.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O" / "SH" / "D"</u>	

		(D - Acknowledgment sign off sheet)	
	(17-E) Families are informed of the centers' EPRP procedures and a signed consent form authorizing providers to call a physician or health resource of care in case parents or guardians cannot be reached is available and on file in case of emergency.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"PR"</u> / <u>"CP"</u>	
	(17-F) Emergency drills are practiced and conducted monthly at regular intervals and are recorded and on file for verification purposes. <input type="checkbox"/> Fire Drill (Evacuation Plan) <input type="checkbox"/> Lockdown/Shelter-In-Place Drill	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "D" (D - Drill Log Sheets)	
	(17-G) Disaster drills are performed every six months and recorded which are accessible for visitors' review. <input type="checkbox"/> Earthquake Drill <input type="checkbox"/> Tsunami Drill <input type="checkbox"/> Other	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "D" (D - Drill Log Sheets)	
	(17-H) Fire extinguishers are securely placed in a safe and convenient space.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"O"</u>	

	(17-I) Facility is furnished with workable smoke alarms/detectors that are properly installed in each needed area.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"0"</u>	
	(17-J) The facility has installed an underwriter's laboratory-listed fire warning device or system that is operational in case of an emergency.	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>"0"</u>	First Aid Kit
	(17-K) In an event of an emergency evacuation, the provider is readily equipped with all necessary items and contact information.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"0"/"D"/"D"</u> (D - List of Contact Information and Materials)	
	(17-L) Emergency Evacuation Exit Plan is posted at every exit door within view in appropriate areas.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"0"</u>	
	(17-M) Emergency contact numbers are posted near a working telephone (land-line).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"B"</u>	
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-236 (a) - (b) First Aid and Rescue Breathing	(18-A) First-Aid Kit is available in the facility and is accessible at all times.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"0"</u>	
CCLP § 55-40.1-338 (a) - (c) First Aid and Rescue Breathing part 200	(18-B) Medical Items in the First-Aid Kit are valid/updated.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>"0"/"D"</u> (D - First Aid Checklist)	
CCLP § 55-40.1-436 (a) - (c) First Aid and Rescue Breathing	(18-C) The materials and equipment inside the available First-Aid Kit is	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

in one location in a suitable container for meeting medical emergencies and is approved by the American Red Cross, or the Department of Health Services.	<input checked="" type="checkbox"/> "O"	By the exit door
(18-D) At least one adult provider who is trained in observation of symptoms of illness and with a current certificate (less than 3 years old) in first aid and rescue breathing is available and on-site at all times.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> "O" / "SF"	

Director's Name: (Print) Maranda Smith

Director's Signature:  _____ Date: 10/4/2022

Reviewed and concurred by: Gordon B. Salas, CCLP Supervisor  _____ 11/16/2022