

Child Care Licensing Program Monitoring Tool

Business Name/Childcare Center: <i>Golden Harvest Daycare II</i>	Physical Address: <i>Fina Sisii, Saipan</i>	Category: C.C. License #: <u><i>CCL-1056</i></u> Exp. Date: <u><i>11.30.2022</i></u> <input checked="" type="checkbox"/> Certified
Type of Assessment: <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Monitor/Visit <input type="checkbox"/> Extension <input type="checkbox"/> New Site <input type="checkbox"/> Concerns		
Type of Child Care Services: <input type="checkbox"/> Family C.C. Home <input type="checkbox"/> Group C.C. Home <input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Center Based <input checked="" type="checkbox"/> Before/After (B/A) School		
Facility Type: <input checked="" type="checkbox"/> Part 200 - Group Child Care Home, Day Care Center, Before & After School Program <input type="checkbox"/> Part 300 - Family Child Care Home <input checked="" type="checkbox"/> Part 400 - Infant & Toddler Program		
Contact Person: <u><i>Jennifer Reyel</i></u> Contact Number: <u><i>(670) 235-4654</i></u> Email Address: <u><i>jreyel.ghis@gmail.com</i></u>		
2nd Authorized Person: <u><i>None</i></u> Contact Number: <u><i>N/A</i></u> Email Address: <u><i>N/A</i></u>		
<input type="checkbox"/> Initial Inspection Date: <u><i>11.01.22</i></u> Start Time: <u><i>9:25am</i></u> End Time: _____	<input type="checkbox"/> Follow-Up 1 Inspection Date: _____ Start Time: _____ End Time: _____	<input type="checkbox"/> Follow-Up 2 Inspection Date: _____ Start Time: _____ End Time: _____
Conducted by (Printed Name & Sign): <u><i>Rita N. Olopai</i></u>		Title: <u><i>Safety Inspector</i></u>

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.

Capacity: Total Occupants: 42 Total Enrollment: 30 Total Enrollment of Students w/Special Needs: 02 Total No. of Staff: 07

Age Group (Per Room – Age Range, Occupant Load, Total enrollment, # of students present, # of children with special needs, # of staff assigned, and # of staff present)

INFANT ROOM	INFANT ROOM	PRESCHOOL ROOM	K-3 ROOM	K-4 ROOM	K-5 ROOM	B/A SCHOOL ROOM
# of Rooms: <u>01</u>	# of Rooms: <u>01</u>	# of Rooms: <u>01</u>	# of Rooms: <u>—</u>	# of Rooms: <u>—</u>	# of Rooms: <u>→</u>	# of Rooms: <u>01</u>
a. Age Range: <u>5-70-21 mos.</u>	a. Age Range: <u>27-70-38 mos.</u>	a. Age Range: <u>3-4 yrs. old</u>	a. Age Range: <u>← Combined</u>	a. Age Range: <u>←</u>	a. Age Range: <u>Combined →</u>	a. Age Range: <u>5-9 yrs. old</u>
b. Occupant Load: <u>08 08</u>	b. Occupant Load: <u>08</u>	b. Occupant Load: <u>08</u>	b. Occupant Load: <u>←</u>	b. Occupant Load: <u>—</u>	b. Occupant Load: <u>→</u>	b. Occupant Load: <u>15</u>
c. Enrollment: <u>04</u>	c. Enrollment: <u>07</u>	c. Enrollment: <u>07</u>	c. Enrollment: <u>←</u>	c. Enrollment: <u>—</u>	c. Enrollment: <u>→</u>	c. Enrollment: <u>12</u>
d. # of Students: <u>03</u>	d. # of Students: <u>04</u>	d. # of Students: <u>04</u>	d. # of Students: <u>←</u>	d. # of Students: <u>—</u>	d. # of Students: <u>→</u>	d. # of Students: <u>N/A</u>
e. # of Children w/Special Needs: <u>0</u>	e. # of Children w/Special Needs: <u>0</u>	e. # of Children w/Special Needs: <u>01</u>	e. # of Children w/Special Needs: <u>←</u>	e. # of Children w/Special Needs: <u>—</u>	e. # of Children w/Special Needs: <u>→</u>	e. # of Children w/Special Needs: <u>01</u>
f. # of Staff Assigned/Present: <u>01</u>	f. # of Staff Assigned/Present: <u>01</u>	f. # of Staff Assigned/Present: <u>01</u>	f. # of Staff Assigned/Present: <u>←</u>	f. # of Staff Assigned/Present: <u>—</u>	f. # of Staff Assigned/Present: <u>→</u>	f. # of Staff Assigned/Present: <u>02/02</u>

<p>Names of Assigned Staff: List all Teachers /staff assigned to this classroom.</p> <p>1. <u>C. Jumanoy</u></p> <p>2. <u> </u></p> <p>3. <u> </u></p>	<p>Names of Assigned Staff: List all Teachers /staff assigned to this classroom.</p> <p>1. <u>Gaudencia</u></p> <p>2. <u>Corilla</u></p> <p>3. <u> </u></p>	<p>Names of Assigned Staff: List all Teachers /staff assigned to this classroom.</p> <p>1. <u>E. Drillon</u></p> <p>2. <u> </u></p> <p>3. <u> </u></p>	<p>Names of Assigned Staff: List all Teachers /staff assigned to this classroom.</p> <p>1. <u> </u></p> <p>2. <u> </u></p> <p>3. <u> </u></p>	<p>Names of Assigned Staff: List all Teachers /staff assigned to this classroom.</p> <p>1. <u> </u></p> <p>2. <u> </u></p> <p>3. <u> </u></p>	<p>Names of Assigned Staff: List all Teachers /staff assigned to this classroom.</p> <p>1. <u> </u></p> <p>2. <u> </u></p> <p>3. <u> </u></p>	<p>Names of Assigned Staff: List all Teachers /staff assigned to this classroom.</p> <p>1. <u>L. Clitan</u></p> <p>2. <u>E. Capili</u></p> <p>3. <u> </u></p> <p>Before/After Program was not in operation during my inspection.</p>
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Checklist Coding:

“O” – Observed “SH” – Staff Handbook “PH” – Parent Handbook “CF” – Child Files
 “SF” – Staff Files “B” – Board/Posted “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 the policies and practices.

CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-222 (a) – (h) Program Materials and Equipment	(1-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”	
§ 55-40.1-258 (a) – (l) Environmental Hazards	(1-B) Outdoor playground areas are filled with the required protective surfacing to cushion falls and prevent serious injuries.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “HS”	
§ 55-40.1-360 (a) – (o) Environmental Hazards	(1-C) Grounds for play areas are free from tripping hazards and cleared of open drainage ditches, wells, or holes in which children may fall.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “HS”	
§ 55-40.1-470 (a) – (f) Building Codes and Space Requirements	(1-D) Fall zones are free and clear of items that children may fall onto or run into.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “HS”	
	(1-F) The playground is far from the main road.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO “O”	

(1-G) The playground is shaded and enclosed or has natural barriers to keep children from getting into unsafe areas.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
(1-H) Indoor and Outdoor play equipment and toys are sturdily constructed, have no sharp edges or rust, and present minimal hazards to children.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
(1-I) Playground space is arranged to provide areas for active play, quiet, rest, and individual activities.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
(1-J) Non-child-proofed equipment is stored out of the children's sight and reach.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
(1-K) The facility is protected against rodents and insects. <i>(D- Contract with Pest Management or monthly maintenance log sheet/report)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" "D"	Stated/recorded in the Maintenance Binder w/rsp of the HS
(1-L) There is adequate drainage to prevent stagnant pools of water from accumulating.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
(1-M) Indoor and outdoor garbage and trash are stored in covered containers, out of reach of children, and removed frequently.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
(1-N) Lead paint is not used on indoor and outdoor surfaces or walls that are accessible to children.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
(1-O) Poisonous plants are out of reach of children and are not planted or situated on the premises.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	Evidence binder, are pictures of poisonous/non-poison plants
(1-P) Pets, animals, and fowl are maintained in a safe and sanitary manner.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	Stated in the PH.

	(1-Q) No lodging/ boarding house or any other business is being conducted at the facility or conflicts with the regular operation of the childcare facility.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§55-40.1-272 (a) - (c) Building Codes and Space Requirements § 55-40.1-360 (a) - (o) Environmental Hazards	(2-A) Electrical cords are securely installed, do not cross pathways, and are free from tripping hazards.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
	(2-B) The fuse box is covered and out of children's reach.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
	(2-C) Indoor & outdoor outlets at a height of 7 ft. and below are properly covered or blocked off.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-360 (a) - (o) Environmental Hazards § 55-40.1-420 (a) - (g) Program Materials and Equipment § 55-40.1-222 (a) - (i) Program Materials and Equipment Subpart G - Physical Facilities Standards § 55-40.1-272 (a) - (d) Building Codes and Space Requirements	(3-A) Indoor floor space is arranged to accommodate 35 sq. ft. per child in order to provide areas for active play, quiet, rest, and individual activities during daytime care.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(3-B) Rooms used for sleeping during Night Time Care provide fifty square feet per child.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	N/A
	(3-C) The facility indoor is furnished with age-appropriate, and sturdily constructed items (toys, chairs, tables) and items are in good and safe condition and present minimal hazards to children. (No sharp edges).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
	(3-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 "O"	

§ 55-40.1-420 Program Materials and Equipment (a) – (g) (1 – 6)	(3-E) Cribs, mats, or pads are available for each child. <i>(D - Class Roster)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "B" "D"	
	(3-F) Infant cribs are clear of soft beddings, pillows, blankets or stuffed toys, and mobiles. <i>(PH - Policy Sleeping Positions)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	
	(3-H) Cribs, cots, mats, or pads are placed at least 3 feet apart or have a solid barrier between each bedding. <i>(PH - Policy Sleeping Positions)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	
	(3-I) Individual storage spaces are available for children's clothing and personal belongings.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(3-J) There is adequate padding for safe-floor play.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(3-K) 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"	
	(3-L) The facility is equipped with a sufficient number of comfort rooms (as to the occupant load).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d)	(4-A) The program has Statement of Operation Policies that reflects the vital information stated in the regulation and is available to the parents/guardians, childcare staff, and the department.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	<i>Director will provide the rest of the screening information, revised PH and current SF on or by Thurs. (11/3).</i>

<p>§ 55-40.1-304 Statement of Operation Policies (a)(1) – (11) (b)</p> <p>§ 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3)</p> <p>§ 55-40.1-268 (a) – (b) Cleaning of Premises</p> <p>§ 55-40.1-368 (a) – (d) Cleaning of Premises</p> <p>Subpart F - Sanitation Standards</p>	<p>(4-B) All written policies as indicated below for routine cleaning and maintenance of the facility are accessible, provided, and/or visible:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Policy for Type of Disinfectant/Cleaning Agent <input checked="" type="checkbox"/> Policy for Method of Cleaning Indicated <input checked="" type="checkbox"/> Policy for Cleaning Schedule <input checked="" type="checkbox"/> Policy for Cleaning of Equipment <input checked="" type="checkbox"/> Policy for Storage of Cleaning Materials & Utensils <input checked="" type="checkbox"/> Policy for Disposal of Soiled Items/Spilled Body Fluids 	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“SH” “PH”</p>	<p>Attachment</p>
<p>§ 55-40.1-452 (a) – (b) Handling of Diapers, Training Pants, Linen, and Toys</p>	<p>(4-C) All Disinfectant/Cleaning Agent bottles are labeled with the solution type and the mixture date.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “HS”</p>	
<p>§ 55-40.1-456 (a) – (b) Housekeeping</p>	<p>(4-D) A plan for regular cleaning shall be established to protect the health of the children and staff as evident on a cleaning schedule/log accessible to all providers.</p> <p><i>(D - Cleaning Schedule/Log)</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “D”</p>	
	<p>(4-E) The indoor is clean, odor-free, and well-maintained (flooring is free from dirt and food crumbs).</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “HS”</p>	
	<p>(4-F) Storage of all cleaning materials and chemicals and necessary cleaning equipment shall be:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Available on the premises <input checked="" type="checkbox"/> Secured and Stored out of the children’s reach. 	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “HS”</p>	

	(4-G) Toiletries (hand soap, toothbrush, toothpaste, towel/paper towel, toilet tissue, etc.) are replenished, available and accessible at all times.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
	(4-H) Children's toothbrush is covered individually and stored separately in a standing position.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	
	(4-I) All children's items (Toys, tabletops, furniture, and other similar equipment) shall be washed and 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"	
	(4-J) Toys shall not be shared between different groups of children, such as between infants and toddlers. <i>(D - Cleaning Schedule/Log)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "D"	Each age group has assigned materials.
	(4-K) Only washable toys shall be used for infants and toddlers. <i>(SH- Policy Sanitation and Hygiene)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SH"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-402 Statement of Operation Policies (a) - (s) (1) - (3) § 55-40.1-249 (a) - (e) Hand Washing Policy for Children § 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 handwashing procedures to follow. <i>(SH and PH - Policy Sanitation and Hygiene)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	
	(5-B) Staff and children perform hand-washing throughout the day: <input type="checkbox"/> Before Entering the Center <input type="checkbox"/> Before Handling Clean Utensils <input type="checkbox"/> Before Handling Food	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	

	<input checked="" type="checkbox"/> Before/After Meals <input type="checkbox"/> After Using the Toilet <input checked="" type="checkbox"/> After Each Diaper Change <input checked="" type="checkbox"/> After Contact w/Body Secretions <input type="checkbox"/> After Outdoor Play		
	<p>(5-C) Handwashing steps (for 20 seconds) for staff and children are thoroughly followed:</p> <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. <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. <i>(D - Proper Handwashing Procedures posted by sinks)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> "O" <input checked="" type="checkbox"/> "D"	
	<p>(5-D) Liquid soap placed in a pump dispenser is used for handwashing and replaced or cleaned as necessary.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> "O"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart F - Sanitation Standards § 55-40.1-452 (a) - (b) Handling of Diapers,	<p>(6-A) Soiled diapers are placed in a plastic bag or a plastic-lined receptacle. <i>(D - Proper Diapering Procedure posted with plastic bag step)</i> </p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> "O" <input checked="" type="checkbox"/> "D"	

Training Pants, Linen, and Toys	(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 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. <i>(PH - Policy Sanitation and Hygiene)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH"	Inform
	(6-C) When dealing with blood, sanitary/disposable gloves are worn at all times when administering aid to a child. <i>(PH - Policy Sanitation and Hygiene)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH"	
	(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. <i>(PH - Policy Sanitation and Hygiene)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-110 Inspection and Issuance of Child Care Licenses § 55-40.1-308 Change in Services § 55-40.1-204 (a) - (d) Statement of Operation Policies	(7-A) The initial or renewal application package is complete with all valid required documents and submitted to the program 60 calendar days prior to its initial opening or to the expiration date of the existing Child Care License. <i>(D - Center Renewal Documentation) & (B - CC license posted)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B"	
	(7-B) Receipt of facilities and provider's updated required documents or an assessment report with positive results must be submitted to the program within 30 calendar days prior to its expiration date.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B"	

§ 55-40.1-208 (a) – (b) Change in Services	<i>(D - Center Renewal Documentation) & (B - CC license posted)</i>		
	(7-C) Written notification of changes in services shall be provided to the parents/guardians of enrolled children and the department at least 4 weeks after the effective date of the change.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B"	<i>stated PH</i>
	(7-D) Childcare services are subject to the Open-door policy.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SH" "PH"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart C - Staffing Requirements § 55-40.1-226 (a) – (q) Staff Training, Experience, and Personal Qualifications	(8-A) Each childcare staff is qualified through training, experience, and personal qualities with the assigned age group.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" "SH"	
	(8-B) Each childcare staff is required to accrue 15 hours of training annually (w/in a fiscal year) as approved and monitored by CCLP.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" "SH"	
	(8-C) Each staff completed training is monitored and submitted to the department on a quarterly basis, as follows: <input type="checkbox"/> 1st qtr.: Jan. 31 (training completed in Oct.-to-Dec.) <input type="checkbox"/> 2nd qtr.: Apr. 30 (training completed in Jan.-to-Mar.) <input type="checkbox"/> 3rd qtr.: Jul. 31 (training completed in Apr.-to-Jun.) <input type="checkbox"/> 4th qtr.: Oct. 31 (training completed in Jul.-to-Sept.)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" "SH"	<i>The center is certified under the CCDF Program and completed T/TA will be requested through EGL.</i>
	(8-D) Childcare staff credentials, training completed, and required documents are filed individually per staff.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF"	

	<p>(8-E) The director notifies and encourages staff of the available scheduled training sessions, workshops, seminars, or courses.</p> <p><i>(B - training announcements, schedule, flyers,) and/or (D- pre-registration, notice sent via email, etc.)</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"B" "D"</p>	<p><i>Send staff with the updated DD schedule from EGL.</i></p>
<p>CNMI ADMINISTRATIVE CODE REGULATIONS</p>	<p>CCLP HEALTH & SAFETY CHECKLIST</p>	<p>STATUS</p>	<p>COMMENTS</p>
<p>Subpart 001 - General Provisions</p> <p>§ 55-40.1-001 Definitions (a) - (z)</p>	<p>(9-A) All providers are trained and qualified for active supervision to ensure all children are supervised at all times (either awake or sleeping).</p> <p><i>(PH and SH - Policy Staff Schedule and Supervision)</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "SF"</p> <p>"PH" "SH"</p>	
<p>Subpart A - Administration Requirements</p>	<p>(9-B) The program has a written policy on safe sleep practices.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SH" "PH"</p>	
<p>§ 55-40.1-201 Supervision of Children</p> <p>§ 55-40.1-204 Statement of Operation Policies (a) (1) - (16) (b) - (d)</p>	<p>(9-C) All providers are trained and qualified to ensure the use of safe sleep practices for infants.</p> <p><i>(D - Staff Roster)</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "SF" "D"</p>	
<p>§ 55-40.1-420 Program Materials and Equipment (a) - (g) (1) - (6)</p> <p>§ 55-40.1-474 Program Modifications for Night Care (a) - (h)</p> <p>Subpart C - Staffing Requirements</p>	<p>(9-D) 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</p> <p>"O" "SF"</p>	

§ 55-40.1-226 (a)-(q) Staff Training, Experience, and Personal Qualifications			
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-204 Statement of Operation Policies (a) (1) - (16) (b) - (d) § 55-40.1-130 (a) - (c) Reporting Child Abuse part 200	(10-A) The program has a written policy and information on how to report suspected child abuse or child neglect. <input checked="" type="checkbox"/> Parent Handbook <input checked="" type="checkbox"/> Staff Handbook	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	
Subpart B - Program Requirements	(10-B) All providers are trained and qualified for the recognition and reporting of Child Abuse & Neglect.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF"	
§ 55-40.1-218 Program Requirements (a) - (l) Subpart C - Staffing Requirements § 55-40.1-226 (a)-(q) Staff Training, Experience, and Personal Qualifications	(10-C) The 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 symptoms of shaken baby syndrome/abusive head trauma. <input checked="" type="checkbox"/> Parent Handbook <input checked="" type="checkbox"/> Staff Handbook	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	
	(10-D) All caregivers are trained and qualified to ensure the use of safety practices 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"	
	(10-E) All staff members have read and signed a statement clearly defining child abuse and neglect, and are subject to report suspected child abuse and neglect within 24 hours.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF"	Inform
	(10-F) All staff members are trained and knowledgeable to implement strategies in handling crying, fussing, or distraught child; and understanding	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SF"	Online Training: Texaco A/G Life Certificate in SF.

	<p>the child's social-emotional needs and development as well as vulnerabilities.</p> <p><i>(SF -Training Certificate received on Shaken Baby Syndrome and Abusive Head Trauma)</i></p>		
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
<p>§ 55-40.1-204 (a) (1-16) Statement of Operation Policies</p> <p>§ 55-40.1-216 (a) - (c) Transportation Provisions part 200</p> <p>§ 55-40.1-316 (a) - (e) Transportation Provisions</p> <p>§ 55-40.1-402 (a) - (s) Statement of Operation Policies</p> <p>§ 55-40.1-414 Transportation Provisions</p>	<p>(11-A) The facility has a written operation policy specifically regarding transportation arrangements available to the department, caregiver staff, and parents or guardians of children.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SH" "PH"</p>	
	<p>(11-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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"CF"</p>	
	<p>(11-C) When transportation is provided by a facility, children shall be protected by adequate supervision and safety precautions as follows:</p> <p><input checked="" type="checkbox"/> Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and</p> <p><input checked="" type="checkbox"/> No more than six children under the age of six years shall be transported when only one adult is in the vehicle.</p> <p><input checked="" 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.</p> <p><input checked="" type="checkbox"/> Children shall not be allowed to ride in the back of pick-up trucks.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "SH" "PH"</p>	

<p>(11-D) For transportation to and from school, the vehicle and driver shall be in compliance with the CNMI motor vehicle laws.</p> <p><input checked="" type="checkbox"/> Driver is at least 21 years old.</p> <p><input checked="" type="checkbox"/> Driver must have a valid driver's license that permits them to operate the type of vehicle being used.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SF" "SH"</p>	
<p>(11-E) During any field trip or excursion operated or planned by the facility, the staff-child ratios shall be followed.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "SH" "PH"</p>	
<p>(11-F) A daily transportation record or log is available and accessible on-site and at hand during transportation services which indicates:</p> <p><input checked="" type="checkbox"/> Name of Each Child</p> <p><input checked="" type="checkbox"/> Age of Each Child</p> <p><input checked="" type="checkbox"/> Emergency Contact #</p> <p><input checked="" type="checkbox"/> Date</p> <p><input checked="" type="checkbox"/> Departure Time & Place</p> <p><input checked="" type="checkbox"/> Arrival Time & Place</p> <p><input checked="" type="checkbox"/> Staff-Child Ratio</p> <p><input type="checkbox"/> Driver's Initial } <input type="checkbox"/> Teacher's Initial }</p> <p><i>(D - Daily Transportation Record or Log)</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "D"</p>	<p>The form states the driver's and Teacher's names. However, suggest both staff initial besides their names daily.</p>
<p>(11-G) Provisions are made available during field trips/transporting children with allergic reactions.</p> <p><i>(D - Medication Consent Form and Sign In/Out Sheet of Medication for transport, etc.)</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "D"</p>	

CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
<p>§ 55-40.1-204 (a) (1-16) (b) - (d) Statement of Operation Policies</p> <p>Part 400 - Infant and Toddler Child Care Centers Subpart A - Administration Requirements</p> <p>§ 55-40.1-402 Statement of Operation Policies (a) - (s) (1) - (3)</p> <p>§ 55-40.1-442 (a) - (m) Daily Nutritional Needs</p> <p>§ 55-40.1-244 (a) - (i) Daily Nutritional Needs</p>	<p>(12-A) Evidence of a written program policy including a written care plan for the administration of medication is indicated in:</p> <p><input type="checkbox"/> Staff Handbook</p> <p><input checked="" type="checkbox"/> Parent Handbook</p> <p><input type="checkbox"/> If applicable: the requirement and notification through contacting EMS once EpiPen is administered regarding children's food allergies/reactions.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SH" "PH"</p>	<p>New-Adm</p>
	<p>(12-B) All providers are trained and qualified for the prevention of and response to emergencies due to food & allergic reactions for children.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SF" "D"</p>	
	<p>(12-C) Children's allergy information is posted in a discreet area(s).</p> <p><input checked="" type="checkbox"/> Posted in Child's Classroom</p> <p><input checked="" type="checkbox"/> Posted in Cafeteria/Meal Room (If Applicable)</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"D"</p>	
	<p>(12-D) Children are not forced or required, but rather encouraged to eat the food provided.</p> <p>(PH - Policy Food Handling, Feeding, and Nutrition)</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "PH"</p>	<p>Inform director to include statement in the centers PH.</p>
	<p>(12-E) Provisions are made to secure the information from parents regarding families with religious food preferences or children with specific food allergies as evident in the child's file.</p> <p>(PH - Policy Confidentiality)</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "CF"</p> <p>"PH" "SH"</p>	<p>"Special Instructions with Allergy or Other Preference" form is filled out and signed by the parent and filed in the</p>

DF.

	(12-F) 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. (D - Log Sheet)	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "CF" "D"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-402 Statement of Operation Policies (a) - (s) (1) - (3) § 55-40.1-238 (a) - (e) Admission of Ill Children § 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 <u>readmission procedure</u> for children who have been absent due to illness is clearly stated. (D - Medication Authorization Form if applicable)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" "D"	Non-admission policy is stated. However, director will update the PH to include the Readmission procedures.
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "CF"	N/A
	(13-C) Medicine prescribed by a physician, and administered in the facility is kept in its original container bearing the prescription label which shows the date filled, the physician's direction for use, and the child's name.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	N/A
	(13-D) Individual medications are properly stored as recommended on the label and kept out of children's reach.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	N/A
	(13-E) Empty medicine containers are returned to parents or guardians at the end of the day or when no longer in use.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	N/A

	(13-F) If the facility allows enrolled children who are ill to be admitted, a separate room is provided for the sick child.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-412 (a) – (e) Information and Records on Facility § 55-40.1-228 (a) – (e) Staff-child Ratio § 55-40.1-412 (a) – (e) Information and Records on Facility § 55-40.1-428 (a) – (e) Staffing Patterns § 55-40.1-470 (a) – (f) Building Codes and Space Requirements	(14-A) Daily Activities Schedule is posted at visitor's view, and if different by age group, must be posted in each room.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B"	
	(14-B) Schedule for alternate staff is posted in the designated room.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B"	
	(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.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(14-D) The staff-child ratio shall be met and maintained during the operation of childcare services. <i>(D - Staff Schedule)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D"	
	CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS
§ 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d) Subpart B - Program Requirements	(15-A) The facility has a written policy and a set of procedures to complete a Daily Health Check and completion of the developmental ASQ screening tool for all children in their program. <input type="checkbox"/> Staff Handbook <input checked="" type="checkbox"/> Parent Handbook	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	

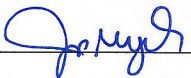
<p>§ 55-40.1-218 Program Requirements (a) - (c) (1) - (3) (k)</p> <p>§ 55-40.1-408 (a) - (b) Information and Records on Each Child</p> <p>§ 55-40.1-232 (a) - (c) Evidence of Child's Health with CCLP § 55-40.1-432</p>	<p>15-B) Daily health check of all enrolled children is performed, recorded, and accessible for review by Child Care staff, parents, or legal guardians.</p> <p><i>(D - ASQ-3 Student Form)</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "CF" "D"	
	<p>(15-C) Developmentally delayed children (that scored in the dark area) are referred to the appropriate agencies.</p> <p><i>(D - Parent Conference Log Sheet)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO "CF" "D"	None at the present time but the procedures are in place
	<p>(15-D) Children scored in the gray area or at risk of developmental delay are given opportunities for improvement with their limitations.</p> <p><i>(D - Lesson Plan Modifications)</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "CF" "D"	Fine motor skills activities are stated in the preschool lesson plan.
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
<p>Subpart E-Health Standards for Staff</p> <p>§ 55-40.1-250 (a) - (f) Providers' Health Standards</p> <p>§ 55-40.1-252 (a) - (b) Personal Health Habits of Staff</p>	<p>(16-A) The facility has a written policy regarding the requirements of providers' Health Standards and the Personal Health Habits of all staff and volunteers in the center.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	
	<p>(16-B) "No Smoking" signs are posted within view and at an appropriate area.</p> <p><i>(PH - No Smoking Policy)</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
<p>Subpart F - Environmental Health Standards</p>	<p>(17-A) Providers have a written policy and Emergency Preparedness, Response, and Recovery Plan (EPRRP) approved by the Child Care Program for emergency medical care as evident in the following documents:</p> <p><i>(D - Emergency Preparedness, Response,</i></p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" "D"	

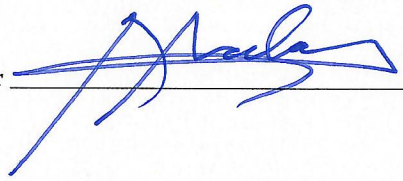
<p>§ 55-40.1-204 (a) - (d) Statement of Operation Policies</p> <p>§ 55-40.1-232 (a) - (c) Evidence of Child's Health</p> <p>Subpart F - Environmental Health Standards</p> <p>§ 55-40.1-254 (a) - (c) Disaster Plan for Emergencies</p>	<p><input type="checkbox"/> Staff Handbook</p> <p><input checked="" type="checkbox"/> Parent Handbook</p> <p>The policy and plan shall include and cover all of the following:</p> <p><input checked="" type="checkbox"/> Alternative and Designed Evacuation Sites</p> <p><input checked="" type="checkbox"/> Fire Emergencies</p> <p><input checked="" type="checkbox"/> Flood Emergencies</p> <p><input checked="" type="checkbox"/> Natural Disaster Emergencies</p>	<p>and Recovery Plan Booklet)</p>	
<p>§ 55-40.1-356 (a) - (c) Disaster Plan for Emergencies</p>	<p>(17-B) Provider submits revised EPRRP within 5 calendar days after the changes and follow-up for approval.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" "D"</p>	<p><i>Notified the director. The center's latest EPRRP was dated 9.1.22</i></p>
	<p>(17-D) All caregivers are well-informed of their EPRRP and their responsibilities in an event of an emergency/disaster.</p> <p>(D - Acknowledgment sign-off sheet)</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SH" "D"</p>	
	<p>(17-E) Families are informed of the provider's EPRRP procedures and have signed a consent form authorizing providers to call a physician or health resource in case parents or guardians cannot be reached and is available and on file in case of emergency.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "PH" "CF"</p>	
	<p>(17-F) Emergency drills are practiced and conducted monthly at regular intervals and are recorded and on file for verification purposes.</p> <p><input checked="" type="checkbox"/> Evacuation (Exit) Plan Drill</p> <p><input checked="" type="checkbox"/> Lockdown/Shelter-In-Place Drill</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "D"</p>	

	(17-G) Disaster drills are performed and recorded every six months and reports are accessible for visitor's review. <input checked="" type="checkbox"/> Earthquake Drill ^{N/A} <input type="checkbox"/> Tsunami Drill <input type="checkbox"/> Other	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "D"	
	(17-H) Extinguishers are securely placed in a safe and accessible space.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-I) The facility has installed operational fire detectors in all needed areas in case of an emergency. <input type="checkbox"/> Centralize System <input checked="" type="checkbox"/> Battery Operated Device	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	<i>Tested on a monthly basis by center's maintenance.</i>
	(17-K) In an event of an emergency evacuation, the provider is readily equipped with all necessary items and contact information. <i>(D - List of Contact Information and Materials)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "B" "D"	
	(17-L) Emergency Evacuation Exit Plan is posted at every exit door.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-M) Emergency contact numbers are posted near a working telephone (landline).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 55-40.1-236 (a) – (b) First Aid and Rescue Breathing	(18-A) First-Aid Kit is placed in an accessible area and filled with updated medical items. <i>(D - First Aid Checklist)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D"	<i>Monthly checklist monitored by the assigned teacher per age group.</i>
§ 55-40.1-338 (a) – (c) First Aid and Rescue Breathing part 200	(18-D) At least one adult provider who is trained in first aid and rescue breathing is available and on-site at all times.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SF"	

§ 55-40.1-436 (a) - (c) First Aid and Rescue Breathing

Director's Name: (Print) JENNIFER P. REYEL

Director's Signature:  Date: 11-1-2022

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