



Emailed out 12/06/2022
 @ 10:52 a.m.
 by Barbara Lee


Child Care Licensing Program Monitoring Tool




Business Name/Childcare Center: Seven Days Adventist SDA Child Dev. Center	Physical Address: Chalan Kiya, Saipan	Category: Exp. Date: <u>11/30/2022</u> <input checked="" type="checkbox"/> Licensed *License #: <u>CCL-1062</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 type="checkbox"/> Center Based <input checked="" type="checkbox"/> Before/After (B/A) School		
Authorized Contact Person: <u>Lytton Powell</u> Contact Number: <u>(670)284-0118</u> Email Address: <u>principal@saipanschool.org</u> 2nd Contact Person: <u>Virlie Gayatin</u> Contact Number: <u>(670)789-7584</u> Email Address: <u>office@saipanschool.org</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 checked="" type="checkbox"/> Renewal <input type="checkbox"/> Extension <input type="checkbox"/> Monitor/Visit <input type="checkbox"/> New Site <input type="checkbox"/> Concerns		
<input type="checkbox"/> Initial Inspection Date: <u>10/18/2022</u> Start Time: <u>10:00 am</u> End Time: <u>11:10 am</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>52</u> Total Enrollment: <u>34</u> Total Enrolled of Students w/Special Needs: <u>3</u> Total No. of Staff: <u>8</u>		
Pre-Service Training: # of Newly Approved Provider <u>0</u> # of Provider Completed: <u>8</u>		
Completed By: Print Name & Sign <u>Barbara P. Lee</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.

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>0</u>	# of Rooms: <u>1</u>	# of Rooms: <u>1</u>	# of Rooms: <u>1</u>	# of Rooms: <u> </u>	# of Rooms: <u> </u>
a. Age Range:	a. Age Range: <u>2 yrs. old</u>	a. Age Range: <u>3 yrs - 4 yrs.</u>	a. Age Range: <u>4 yrs - 5 yrs.</u>	a. Age Range:	a. Age Range:
b. Occupant Load:	b. Occupant Load: <u>18</u>	b. Occupant Load: <u>17</u>	b. Occupant Load: <u>17</u>	b. Occupant Load:	b. Occupant Load:
c. Enrollment:	c. Enrollment: <u>6</u>	c. Enrollment: <u>15</u>	c. Enrollment: <u>13</u>	c. Enrollment:	c. Enrollment:
d. # of Students:	d. # of Students: <u>5</u>	d. # of Students: <u>12</u>	d. # of Students: <u>12</u>	d. # of Students:	d. # of Students:
e. # of Children w/Special Needs:	e. # of Children w/Special Needs: <u>2</u>	e. # of Children w/Special Needs: <u>0</u>	e. # of Children w/Special Needs: <u>1</u>	e. # of Children w/Special Needs:	e. # of Children w/Special Needs:

<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: 2</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. <u>Debra Powell</u></p> <p>2. <u>Eva Awitran</u></p> <p>3. _____</p>	<p>f. # of Staff Assigned/Present: 5</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. <u>Joelyn Varona</u></p> <p>2. <u>Charito Restauro</u></p> <p>3. <u>Punay, Babila</u> <u>Jensen Fred</u> <u>Eva Awitran</u></p>	<p>f. # of Staff Assigned/Present: 4</p> <p>Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom.</p> <p>1. <u>Joelyn Varona</u></p> <p>2. <u>Leona Vanzant</u></p> <p>3. <u>Jensen Fred</u> <u>Eva Awitran</u></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


"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 ("O") ("HS")	updating of handbooks are on-going- 
	(1-B) Fuse box is covered and out of children's reach.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ("O") ("HS")	As of Nov. 21st, Parent Handbooks, Staff and Working Policy have been updated.
	(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 ("O") ("HS")	

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 "O"	
	(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 "O"	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 "O" "HS"	
	(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 "O"	
	(2-E) Cribs, mats or pads are available for each child.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "B" "D" (D - Class Roster)	labeled with child's name.

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 <input checked="" type="checkbox"/> "O" <input checked="" type="checkbox"/> "HS"</p>	<p>Replacing and improvement of playground area is being planned and on-going.</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 <input checked="" type="checkbox"/> "O" <input checked="" type="checkbox"/> "HS"</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 <input checked="" type="checkbox"/> "O" <input checked="" type="checkbox"/> "HS"</p>	<p>On-going for improvement</p>
<p>(3-E) Playground is far from the main road.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> "O"</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 <input checked="" type="checkbox"/> "O" <input checked="" type="checkbox"/> "HS"</p>	<p>Fencing all around.</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 <input checked="" type="checkbox"/> "O" <input checked="" type="checkbox"/> "HS"</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 <input checked="" type="checkbox"/> "O" <input checked="" type="checkbox"/> "HS"</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 <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS"	
(3-J) The facility is protected against rodents and insects.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS" <input checked="" type="radio"/> "D" (D- Contract with Pest Management or monthly maintenance log sheet/ report)	Contractor treats twice a month. (ProTech)
(3-K) There is adequate drainage to prevent stagnant pools of water from accumulating.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS"	
(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 <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS"	
(3-M) 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 <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS"	
(3-N) Poisonous plants are out of reach of children and are not planted or situated in the premises.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS"	
(3-O) Pets, animals, and fowl are maintained in a safe and sanitary manner.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS"	N/A
(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 <input checked="" type="radio"/> "O"	

CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
<p>with the regular operation of the child care facility.</p> <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>"O" "SH" "PH"</p> <p>(SH- Policy Sanitation and Hygiene)</p>	<p>Working Policy Handbook.</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>"O" "HS"</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>"O" "D"</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 checked="" type="radio"/> "O" <input checked="" type="radio"/> "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 <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "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 <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "HS"	
(4-G) Children's toothbrush is covered individually and stored separately in standing position.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "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 <input checked="" type="radio"/> "O"	
(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 <input checked="" type="radio"/> "O" <input checked="" type="radio"/> "D" (D - Cleaning Schedule/Log)	

	(4-J) Only washable toys shall be used for infants and toddlers in diapers or training pants.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"/"SH" (SH- Policy Sanitation and Hygiene)	
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 "SH"/"PH" (SH and PH - Policy Sanitation and Hygiene)	Started in the Working Policy handbook
	(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 checked="" 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 "O"	
	(5-C) All procedures of handwashing steps for staff and children are thoroughly followed:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"/"D"	Posted

	<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 § 55-40.1-452 (a) - (b) Handling of Diapers, Training Pants, Linen, and Toys	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
	(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 "O"/"D" (D - Proper Diapering Procedure posted with plastic bag step)	N/A
	(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"	

	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)	
	(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)	
	(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)	
	(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)	Soiled training pants are secured in plastic and sent home - N/A
	CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS
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 "D" / "B" (D - Center Renewal Documentation &	
CCLP § 55-40.1-308 Change in Services			

CCLP § 55-40.1-204 (a) - (d) Statement of Operation Policies

CCLP § 55-40.1-208 (a) - (b) Change in Services

(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.

B - CCLP Licensed Certification posted)

YES NO

"D"/"B"

(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.

YES NO

"B"

(7-D) Provider is subject to the Open-door policy.

YES NO

"O"/"SH"/"PH"

CNMI ADMINISTRATIVE CODE REGULATIONS:

CCLP HEALTH & SAFETY CHECKLIST

STATUS

COMMENTS

Subpart C - Staffing Requirements

CCLP - § 55-40.1-226 (a) - (q) Staff Training, Experience, and Personal Qualifications

(8-A) Each staff is qualified through training, experience, and personal qualities for the age group for which the person works.

YES NO

"SP"/"SH"

	(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" <i>(B - ex: Flyers, Sign-up Sheet for Trainings</i> OR <i>D- Staff Email Announcements, Brochures, etc.)</i>	
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart 001 - General Provisions CCLP § 55-40.1-001 Definitions (a) – (z) Subpart A - Administration Requirements CCLP § 55-40.1-201 Supervision of Children	(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"	
		<i>(PH and SH - Policy Staff Schedule and Supervision</i> & <i>D -Staff Roster)</i>	

<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 type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"</p>	<p>N/A</p>
<p>CNMI ADMINISTRATIVE CODE REGULATIONS:</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 type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "D" (D - Staff Roster)</p>	<p>N/A</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 type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"</p>	
<p>CCLP § 55-40.1-218 Program Requirements (a) - (l)</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 type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "D" (D - Staff Roster)</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 type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"</p>	<p>N/A</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)	
	(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 checked="" 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 CCLP § 55-40.1-216 (a) - (c) Transportation Provisions part 200	(11-A) The facility has a written operation policy specifically regarding transportation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	Working Policy handbook

CCLP § 55-40.1-316 (a) - (e) Transportation Provisions

CCLP § 55-40.1-402 (a) - (s) Statement of Operation Policies

CCLP § 55-40.1-414 Transportation Provisions

arrangements available to the department, caregiver staff, and parents or guardians of children.

(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.

YES NO

"CF"

(11-C) When transportation is provided by a facility, children shall be protected by adequate supervision and safety precautions as follows:

YES NO

"O" / "SH" / "PH"

Working Policy Handbook

Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and

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.

Children shall not be allowed to ride in the back of pick-up trucks.

(11-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.

YES NO

"SF" / "SH"

Driver is at least 21 years old.

Driver must have a valid driver's license that permits them to operate the type of vehicle being used.

(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.

No more than six children under the age of six years shall be transported when only one adult is in the vehicle.

(11-F) A daily transportation record or log is available and accessible on-site and at hand during transportation services which indicates:

- Name of Each Child
- Age of Each Child
- Emergency Contact #
- Date
- Departure Time & Place
- Arrival Time & Place
- Staff-Child Ratio
- Driver's Initial
- Teacher's Initial

YES NO
"O" / "SH" / "PH"

YES NO
"O" / "D"
(D - Daily Transportation Record or Log).

Parent Handbook

(11-G) Provisions are made available during field trips/ transporting children with allergic reactions.

YES NO

"O" / "D"

(D - Medication Consent Form and Sign In/Out Sheet of Medication for transport, , etc....)

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:

- Staff Handbook
- Parent Handbook
- If applicable: the requirement and notification through calling EMS once EpiPen is administered regarding children's food allergy/reactions.

YES NO

"SH" / "PH"

(12-B) All providers are trained and qualified for the prevention of and response to emergencies due to food & allergic reactions for children.

YES NO

"SF" / "D"

(D - Staff Roster)

(12-C) Children's allergy information is posted in a discreet area(s).

- Posted in Child's Classroom
- Posted in Cafeteria/Meal Room (If Applicable)

YES NO

"D"

(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 type="checkbox"/> YES <input type="checkbox"/> NO "O" / (PH) (PH - Policy Food Handling, Feeding, and Nutrition).	
	(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 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 type="checkbox"/> YES <input type="checkbox"/> NO "O" / (CF)	
	(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 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 type="checkbox"/> YES <input type="checkbox"/> NO (SH) (PH) (D) (D - Medication Authorization Form if applicable).	

	(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, 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 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 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) A separate comfortable room is provided for sick children in a facility that allows admission of ill children.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"/"PH"	children showing signs of illness are sent home.
	CNMI ADMINISTRATIVE CODE REGULATIONS:		STATUS
CCLP § 55-40.1-412 (a) - (e) Information and Records on Facility	CCLP HEALTH & SAFETY CHECKLIST		
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"	

CCLP § 55-40.1-412 (a) – (e) Information and Records on Facility CCLP § 55-40.1-428 (a) – (e) Staffing Patterns CCLP § 55-40.1-470 (a) – (f) Building Codes and Space Requirements	differing by Age-group, must be posted in each room.		
	(14-B) Alternate staff schedules are 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 type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(14-D) The staff-child ratio shall be met and maintained per classroom /facility.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" (D - Staff Schedule)	
	(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.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SF" "D" (D - CCLP Clearance to Start Memo)	
CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
CCLP § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d) Subpart B - Program Requirements CCLP § 55-40.1-218 Program Requirements (a) – (c) (1) – (3) (k) CCLP § 55-40.1-408 (a) – (b) Information and Records on Each Child	(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. <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook	CCLP: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	

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)

LittleLives School
management System

(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)

	(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 "CF" / "D" <i>(D - Lesson Plan Modifications)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO "B" / "D" <i>(D - Brochure, Flyers)</i>	
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 CCLP § 55-40.1-252 (a) - (b) Personal Health Habits of Staff	(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 "SH" / "PH"	
	(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 "SF"	
	(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 "O" <i>(O - Staff's Mental & Physical Health)</i>	
	(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 "SF" / "D" <i>(D - Staff Roster)</i>	

TB Skin Test Negative Result for all Staff and Volunteers

Or

Satisfaction X-ray taken within 6 months before beginning child care.

(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.

YES NO

"O"/"SH"

(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.

YES NO

"O"/"SH"

(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.

YES NO

"O"/"SH"

(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.

YES NO

"O"/"SH"

(16-I) "No Smoking" signs are posted within view and in an appropriate area.

YES NO

"O"/"PH"

(PH - No Smoking Policy)

CNMI ADMINISTRATIVE CODE REGULATIONS:	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
<p>Subpart F - Environmental Health Standards</p> <p>CCLP § 55-40.1-204 (a) - (d) Statement of Operation Policies</p> <p>CCLP § 55-40.1-232 (a) - (c) Evidence of Child's Health</p> <p>CCLP § 55-40.1-254 (a) - (c) Disaster Plan for Emergencies</p> <p>CCLP § 55-40.1-356 (a) - (c) Disaster Plan for Emergencies</p>	<p>(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:</p> <p><input type="checkbox"/> Staff Handbook</p> <p><input type="checkbox"/> Parent Handbook</p> <p>The policy and plan shall include and cover all of the following:</p> <p><input type="checkbox"/> Alternative and Designed Evacuation Sites</p> <p><input type="checkbox"/> Fire Emergencies</p> <p><input type="checkbox"/> Flood Emergencies</p> <p><input type="checkbox"/> Natural Disaster Emergencies</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SH" / "PH" / "D"</p> <p>(D - Emergency Preparedness and Response Plan Booklet)</p>	
	<p>(17-B) EPRP/Disaster Plan is posted in the facility for viewing.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" / "B"</p>	
	<p>(17-C) Provider submits revised EPRP within 5 calendar days after the changes and follow-up for approval.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SH" / "PH" / "D"</p>	<p>on-going</p>
	<p>(17-D) All caregivers are well-informed of the centers' EPRP and their responsibilities in an event of an emergency/disaster.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" / "SH" / "D"</p>	

		(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 "PH" / "CF"	
	(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 "O"	

(17-I) Facility is furnished with workable smoke alarms/detectors that are properly installed in each needed area.

YES NO
"O"

(17-J) The facility has installed an underwriter's laboratory-listed fire warning device or system that is operational in case of an emergency.

YES NO
"O"

(17-K) In an event of an emergency evacuation, the provider is readily equipped with all necessary items and contact information.

YES NO
"O"/"B"/"D"
(D - List of Contact Information and Materials)

(17-L) Emergency Evacuation Exit Plan is posted at every exit door within view in appropriate areas.

YES NO
"O"

(17-M) Emergency contact numbers are posted near a working telephone (land-line).

YES NO
"B"

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.

YES NO
"O"

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.

YES NO
"O"/"D"
(D - First Aid Checklist)

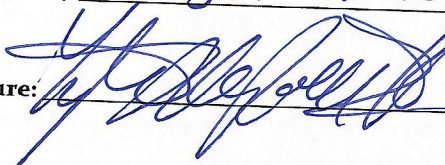
CCLP § 55-40.1-436 (a) - (c) First Aid and Rescue Breathing

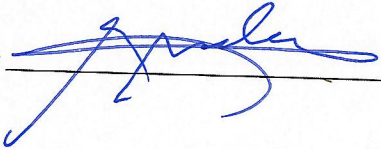
(18-C) The materials and equipment inside the available First-Aid Kit is

YES 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.	“O”	
	(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 “O” / “SF”	

Director's Name: (Print) Ly / Ton Noble Powell II

Director's Signature:  Date: 10/18/2022

Reviewed and concurred by: Gordon B. Salas, CCLP Supervisor  11/21/2022