

## Child Care Licensing Program Monitoring Tool

<b>Business Name/Childcare Center:</b> <span style="font-size: 1.2em; color: blue;">Team Koka</span>	<b>Physical Address:</b> <span style="font-size: 1.2em; color: blue;">Timan, COME</span>	<b>Category:</b> C.C. License #: <span style="font-size: 1.2em; color: blue;">N/A</span> Exp. Date: _____ <input type="checkbox"/> Certified
<b>Type of Assessment:</b> <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced <input type="checkbox"/> Preliminary <input type="checkbox"/> Renewal <input type="checkbox"/> Monitor/Visit <input type="checkbox"/> Extension <input checked="" type="checkbox"/> New Site <input type="checkbox"/> Concerns		
<b>Type of Child Care Services:</b> <input type="checkbox"/> Family C.C. Home <input type="checkbox"/> Group C.C. Home <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Center Based <input checked="" type="checkbox"/> Before/After (B/A) School		
<b>Facility Type:</b> <input type="checkbox"/> <b>Part 200</b> – Group Child Care Home, Day Care Center, Before & After School Program <input type="checkbox"/> <b>Part 300</b> – Family Child Care Home <input type="checkbox"/> <b>Part 400</b> – Infant & Toddler Program		
<b>Contact Person:</b> <span style="font-size: 1.2em; color: blue;">Frances Diaz / Monika Diaz</span> Contact Number: _____                    Email Address: _____		
<b>2<sup>nd</sup> Authorized Person:</b> _____                    Contact Number: _____                    Email Address: _____		
<input type="checkbox"/> <b>Initial Inspection</b> Date: <span style="font-size: 1.2em; color: blue;">Aug 25, 2023</span> Start Time: <span style="font-size: 1.2em; color: blue;">2:10pm</span> End Time: <span style="font-size: 1.2em; color: blue;">3:28pm</span>	<input type="checkbox"/> <b>Follow-Up 1 Inspection</b> Date: _____ Start Time: _____ End Time: _____	<input type="checkbox"/> <b>Follow-Up 2 Inspection</b> Date: _____ Start Time: _____ End Time: _____
<b>Conducted by (Printed Name &amp; Sign):</b>		<b>Title:</b>

**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 to the Childcare Center Director or the authorized alternate staff on the inspection day. 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: \_\_\_\_\_ Total Enrollment: \_\_\_\_\_ Total Enrollment of Students w/Special Needs: \_\_\_\_\_ Total No. of Staff: \_\_\_\_\_

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 # of Rooms: _____	TODDLER ROOM # of Rooms: _____	PRESCHOOL ROOM # of Rooms: _____	K-3 ROOM # of Rooms: _____	K-4 ROOM # of Rooms: _____	K-5 ROOM # of Rooms: _____	B/A SCHOOL ROOM # of Rooms: _____
a. Age Range:						
b. Occupant Load:						
c. Enrollment:						
d. # of Students:						
e. # of Children w/Special Needs:						
f. # of Staff Assigned/Present:						

<p><b>Names of Assigned Staff:</b> <i>List all Teachers /staff assigned to this classroom.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Names of Assigned Staff:</b> <i>List all Teachers /staff assigned to this classroom.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Names of Assigned Staff:</b> <i>List all Teachers /staff assigned to this classroom.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Names of Assigned Staff:</b> <i>List all Teachers /staff assigned to this classroom.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Names of Assigned Staff:</b> <i>List all Teachers /staff assigned to this classroom.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Names of Assigned Staff:</b> <i>List all Teachers /staff assigned to this classroom.</i></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p><b>Names of Assigned Staff:</b> <i>List all Teachers /staff assigned to this classroom.</i></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/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 risks; and
- (c) Accident prevention practices and policies shall be available in writing. The procedures 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) <b>Program Materials and Equipment</b>	(1-A) Outdoor playground space and equipment are clean, odor-free, age-appropriate, organized, and well-maintained.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO “O”    “HS”	
§ 55-40.1-258 (a) – (l) <b>Environmental Hazards</b>	(1-B) Outdoor playground areas are filled with the required protective surfacing to cushion falls and prevent serious injuries.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO “O”    “HS”	
§ 55-40.1-360 (a) – (o) <b>Environmental Hazards</b>	(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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO “O”    “HS”	
§ 55-40.1-470 (a) – (f) <b>Building Codes and Space Requirements</b>	(1-D) Fall zones are free and clear of items that children may fall onto or run into.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO “O”    “HS”	
	(1-F) The playground is far from the main road.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O”	

(I-G) The playground is shaded and enclosed or has natural barriers to prevent children from entering unsafe areas.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="radio"/> "O" "HS"	
(I-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 <input checked="" type="radio"/> "O" "HS"	No outdoor play equipments
(I-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 <input checked="" type="radio"/> "O" "HS"	
(I-J) Non-child-proofed equipment is stored out of the children's sight and reach.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="radio"/> "O" "HS"	* Fencing is broken resulting in expose sharp edges that pose safety risk, in addition to other metal materials that also exposes risk if children are present.
(I-K) The facility is protected against rodents and insects. <i>(D- Contract with Pest Management or monthly maintenance log sheet/report)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> "O" "HS" "D"	* Prouder has informed that they will be doing a hire of Contractor
(I-L) There is adequate drainage to prevent stagnant pools of water from accumulating.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" "HS"	
(I-M) Indoor and outdoor garbage and trash are stored in covered containers, out of reach of children, and frequently emptied.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" "HS"	
(I-N) Lead paint is not used on indoor and outdoor surfaces or walls accessible to children.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O" "HS"	
(I-O) Poisonous plants are not planted or situated on the premises out of reach of children.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> "O" "HS"	No plants
(I-P) Pets, animals, and fowl are maintained in a safe and sanitary manner.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> "O" "HS"	No animals

	(1-Q) No lodging/ boarding house or 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"	N/A
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 type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	No cords
	(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 7 ft. high and below are appropriately covered or blocked off.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO "O" "HS"	recommend of covers
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 accommodates 35 sq. ft. per child to provide areas for active play, quiet, rest, and individual activities during daytime care.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	* Will determine after the <sup>revision of</sup> floor plan is Submitted
	(3-B) Rooms used for Night Time Care provide fifty square feet per child.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	N/A
	(3-C) The indoor facility is furnished with age-appropriate and sturdily constructed items (toys, chairs, tables) that are in an excellent or safe condition and present minimal hazards to children. (No sharp edges).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	* Facility is not set up. only children desk and chairs, no other.
	(3-D) A Clean sheet is used for individual beddings or mattresses of infant cribs and/or each child's bed, cot, or mat.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	N/A

§ 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"	N/A
	(3-F) Infant cribs are clear of soft beddings, pillows, blankets or stuffed toys, and mobiles. <i>(PH - Policy Sleeping Positions)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	N/A
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	N/A
	(3-I) Individual storage spaces are available for children's clothing and personal belongings.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO "O"	* Facility not set up w/ storages
	(3-J) There is adequate padding for safe floor play.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO "O"	* Need paddings for floor play
	(3-K) High chairs, safety seats, or size-appropriate low seating for individual feedings are available and accessible.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	N/A
	(3-L) The facility is equipped with the sufficient number of comfort rooms to accommodate the maximum occupant load.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	*The facility has a comfort room but needs to Construct sink & toilet bowl.
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"	

<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>§ 55-40.1-452 (a) - (b) Handling of Diapers, Training Pants, Linen, and Toys</p> <p>§ 55-40.1-456 (a) – (b) Housekeeping</p>	<p>(4-B) All written policies, as indicated below for routine cleaning and maintenance of the facility are provided, accessible, and visible:</p> <p><input type="checkbox"/> Policy for Type of Disinfectant/Cleaning Agent</p> <p><input type="checkbox"/> Approach 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 &amp; Utensils</p> <p><input type="checkbox"/> Policy for Disposal of Soiled Items/Spilled Body Fluids</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>“SH” “PH”</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>	* No cleaning solutions in facility.
	<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 type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “D”</p>	* Facility has not setup postings of cleaning schedules or log sheets
	<p>(4-E) The indoor is clean, odor-free, and well-maintained (flooring is free from dirt and food crumbs).</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>“O” “HS”</p>	* Floor appears to be in need of cleaning * Air quality is compromised by musty and stale odor.
	<p>(4-F) Storage of all cleaning materials and chemicals and necessary cleaning equipment shall be:</p> <p><input type="checkbox"/> Available on the premises</p> <p><input type="checkbox"/> Secured and Stored out of the children’s reach.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “HS”</p>	* No cleaning materials

	(4-G) Toiletries (hand soap, toothbrush, toothpaste, towel/paper towel, toilet tissue, etc.) are available, accessible, and replenished at all times.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO "O" "HS"	* No toiletries
	(4-H) Children's toothbrush is covered individually and stored separately in a standing position.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS"	(see 4-G)
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "O"	(see 4-D)
	(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"	N/A
	(4-K) Only washable toys shall be used for infants and toddlers. <i>(SH- Policy Sanitation and Hygiene)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "SH"	N/A
<b>CNMI ADMINISTRATIVE CODE REGULATIONS</b>	<b>CCLP HEALTH &amp; SAFETY CHECKLIST</b>	<b>STATUS</b>	<b>COMMENTS</b>
<b>§ 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3)</b>  <b>§ 55-40.1-249 (a) – (e) Hand Washing Policy for Children</b>  <b>§ 55-40.1-251 (a) – (e) Hand Washing Policy for Staff</b>	(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 type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	None in policy, only posting of hand washing step by step
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "O"	N/A

	<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		
	<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 type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="radio"/> "O"   "D"	<p>* No postings, only handwashing step-by-step in the main room sink, none in the restroom.</p>
	<p>(5-D) Liquid soap placed in a pump dispenser is used for handwashing and replaced or cleaned as necessary.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	<p>* No dispenser in restroom, only at the room sink.</p>
<b>CNMI ADMINISTRATIVE CODE REGULATIONS</b>	<b>CCLP HEALTH &amp; SAFETY CHECKLIST</b>	<b>STATUS</b>	<b>COMMENTS</b>
<b>Subpart F - Sanitation Standards</b> § 55-40.1-452 (a) - (b) <b>Handling of Diapers,</b>	<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 type="checkbox"/> YES <input type="checkbox"/> NO "O"   "D"	<p>N/A</p>

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 type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH"	None in policy
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH"	None in policy
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH"	None in policy
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) &amp; (B - CC license posted)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B"	No date of opening mentioned
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B"	* Facility Documents Pending DPW * Pending Documents for Staff

§ 55-40.1-208 (a) – (b) Change in Services	(D - Center Renewal Documentation) & (B – CC license posted)		
	(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 before the effective date of the change.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” “D” “B”	
	(7-D) Childcare services are subject to the Open-door policy.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” “SH” “PH”	* Policy will be under review
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 type="checkbox"/> YES <input type="checkbox"/> NO “SF” “SH”	* Not all
	(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 type="checkbox"/> YES <input type="checkbox"/> NO “SF” “SH”	* Will be informed on deadline to submit
	(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 type="checkbox"/> YES <input type="checkbox"/> NO “SF” “SH”	* Potential
	(8-D) Childcare staff credentials, training completed, and required documents are filed individually per staff.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO “SF”	* Facility not set-up

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

§ 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)	(10-A) The program has a written policy and information on how to report suspected child abuse or child neglect.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	} Policy under review
§ 55-40.1-130 (a) – (c) Reporting Child Abuse part 200	<input type="checkbox"/> Parent Handbook <input type="checkbox"/> Staff Handbook		
Subpart B - Program Requirements	(10-B) All providers are trained and qualified for the recognition and reporting of Child Abuse & Neglect.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF"	
§ 55-40.1-218 Program Requirements (a) – (I)	(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 type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	
Subpart C - Staffing Requirements	<input type="checkbox"/> Parent Handbook <input type="checkbox"/> Staff Handbook		
§ 55-40.1-226 (a)-(q) Staff Training, Experience, and Personal Qualifications	(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 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"	
	(10-F) All staff members are trained and knowledgeable to implement strategies in handling crying, fussing, or distraught child; and understanding	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "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>		
<b>CNMI ADMINISTRATIVE CODE REGULATIONS</b>	<b>CCLP HEALTH &amp; SAFETY CHECKLIST</b>	<b>STATUS</b>	<b>COMMENTS</b>
<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 type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SH" "PH"</p>	<p>} Policy under review</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 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 type="checkbox"/> Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and</p> <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.</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.</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>	

	<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 type="checkbox"/> Driver is at least 21 years old.</p> <p><input type="checkbox"/> Driver must have a valid driver's license that permits them to operate the type of vehicle being used.</p>	<p><input 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 type="checkbox"/> Name of Each Child</p> <p><input type="checkbox"/> Age of Each Child</p> <p><input type="checkbox"/> Emergency Contact #</p> <p><input type="checkbox"/> Date</p> <p><input type="checkbox"/> Departure Time &amp; Place</p> <p><input type="checkbox"/> Arrival Time &amp; Place</p> <p><input type="checkbox"/> Staff-Child Ratio</p> <p><input type="checkbox"/> Driver's Initial</p> <p><input type="checkbox"/> Teacher's Initial</p> <p><i>(D - Daily Transportation Record or Log)</i></p>	<p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>"O"   "D"</p>	<p>Policy under review</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 type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>"O"   "D"</p>	

CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 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  § 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3)  § 55-40.1-442 (a) – (m) Daily Nutritional Needs  § 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 contacting EMS once EpiPen is administered regarding children’s food allergies/reactions.	<input type="checkbox"/> YES <input type="checkbox"/> NO “SH” “PH”	} policy under review
	(12-B) All providers are trained and qualified for the prevention of and response to emergencies due to food & allergic reactions for children.	<input type="checkbox"/> YES <input type="checkbox"/> NO “SF” “D”	}
	(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/Meal Room (If Applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO “D”	* Facility not set-up, no postings as well.
	(12-D) Children are not forced or required, but rather encouraged to eat the food provided.  <i>(PH - Policy Food Handling, Feeding, and Nutrition)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” “PH”	}
	(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.  <i>(PH - Policy Confidentiality)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” “CF” “PH” “SH”	} policy under review

	(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. <i>(D - Log Sheet)</i>	<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.  <p style="text-align: center;"><b>Or</b></p> A non-admission policy and readmission procedure for children who have been absent due to illness is clearly stated.  <i>(D - Medication Authorization Form if applicable)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" "D"	} Policy under review	
	(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"		
	(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"		
	(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"		
	(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"		

	(13-F) If the facility allows enrolled children who are ill to be admitted, a separate room is provided for the sick child.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH"	* Facility not Set-up
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 type="checkbox"/> YES <input type="checkbox"/> NO "B"	} see comment 13-F
	(14-B) Schedule for alternate staff is posted in the designated room.	<input 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 during the operation of childcare services. <i>(D - Staff Schedule)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" "D"	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
§ 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 type="checkbox"/> Parent Handbook	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH"	* Policy under review

<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 type="checkbox"/> YES <input type="checkbox"/> NO “O” “CF” “D”	} Policy handbook under review
	<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”	
	<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 type="checkbox"/> YES <input type="checkbox"/> NO “CF” “D”	
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 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 type="checkbox"/> YES <input type="checkbox"/> NO “O” “PH”	
CNMI ADMINISTRATIVE CODE REGULATIONS	CCLP HEALTH & SAFETY CHECKLIST	STATUS	COMMENTS
Subpart F - Environmental Health Standards	<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 type="checkbox"/> YES <input type="checkbox"/> NO “SH” “PH” “D” <i>)</i>	<p>*No submission. CCLP will send a checklist for guide in creating EPRRP and/or Policy handbook.</p>

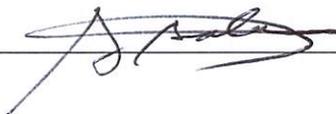
<p>§ 55-40.1-204 (a) – (d) Statement of Operation Policies</p> <p>§ 55-40.1-232 (a) - (c) Evidence of Child’s Health</p> <p>Subpart F - Environmental Health Standards</p> <p>§ 55-40.1-254 (a) – (c) Disaster Plan for Emergencies</p> <p>§ 55-40.1-356 (a) – (c) Disaster Plan for Emergencies</p>	<input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook <p>The policy and plan shall include and cover all of the following:</p> <input type="checkbox"/> Alternative and Designed Evacuation Sites <input type="checkbox"/> Fire Emergencies <input type="checkbox"/> Flood Emergencies <input type="checkbox"/> Natural Disaster Emergencies	<p>and Recovery Plan Booklet)</p>	<p>} See comment on 17-A (pg.20)</p>	
	<p>(17-B) Provider submits revised EPRRP within 5 calendar days after the changes and follow-up for approval.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO “SH” “PH” “D”		
	<p>(17-D) All caregivers are well-informed of their EPRRP and their responsibilities in an event of an emergency/disaster. <i>(D - Acknowledgment sign-off sheet)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” “SH” “D”		
	<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>	<input type="checkbox"/> YES <input type="checkbox"/> NO “PH”/ “CF”		
	<p>(17-F) Emergency drills are practiced and conducted monthly at regular intervals and are recorded and on file for verification purposes.</p> <input type="checkbox"/> Evacuation (Exit) Plan Drill <input type="checkbox"/> Lockdown/Shelter-In-Place Drill	<input type="checkbox"/> YES <input type="checkbox"/> NO “D”		

	(17-G) Disaster drills are performed and recorded every six months and reports are accessible for visitor's review. <input type="checkbox"/> Earthquake Drill <input type="checkbox"/> Tsunami Drill <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO "D"	* see comment 17-A (pg.20)
	(17-H) Extinguishers are securely placed in a safe and accessible space.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-J) 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 type="checkbox"/> YES <input type="checkbox"/> NO "O"	* CCLP tested one and no alarm
	(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 type="checkbox"/> YES <input type="checkbox"/> NO "O"   "B"   "D"	* For contact info & Equipments will determine after EPRRP is in place. * EXIT Plan is not posted at every door. * No landline / no posted emergency contacts numbers.
	(17-L) Emergency Evacuation Exit Plan is posted at every exit door.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-M) Emergency contact numbers are posted near a working telephone (landline).	<input type="checkbox"/> YES <input type="checkbox"/> NO "B"	
<b>CNMI ADMINISTRATIVE CODE REGULATIONS</b>	<b>CCLP HEALTH &amp; SAFETY CHECKLIST</b>	<b>STATUS</b>	<b>COMMENTS</b>
§ 55-40.1-236 (a) - (b) First Aid and Rescue Breathing  § 55-40.1-338 (a) - (c) First Aid and Rescue Breathing part 200	(18-A) First-Aid Kit is placed in an accessible area and filled with updated medical items. <i>(D - First Aid Checklist)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO "O"   "D"	
	(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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO "O"   "SF"	* Pending document

§ 55-40.1-436 (a) - (c) First Aid and Rescue Breathing			
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Director's Name: (Print) Monika H. Diaz

Director's Signature: Md Date: 8/25/23

Reviewed and concurred by: Gordon B. Salas, CCLP Supervisor  8/31/2023