



CCDF LEFFN or LFFN PROVIDER
HEALTH AND SAFETY CHECKLIST

A. Child Care Provider Information:

Business Name: Mercy's Childcare

Home Care Location: Marpo Valley, Tinian
(street name, Village, Island)

Name of Provider: Mercedita B. Benghit

Date:	Time	Type of Inspection:
3/13/24	2:30 PM	Unannounced
3/26/24	2:30 PM	Follow-up
		IV Initial Visit
		FOL Follow-up
		U Unannounced
		A Announced

C. Child Care Services Information:

Child Care Service is provided in Provider's Home
(Check one):

D. Child Care Provider Acknowledgment:

JMB The LEFFN / LFFN provider in the process of renewal will go through an initial inspection, after all required documentation has been received (reference CCDF Provider Application for details). If CCDF provider meets all requirements, a CCDF Provider Certificate is issued.

JMB The LEFFN / LFFN provider will be subject to one announced and one unannounced health and safety inspection within the year from the date on their CCDF Provider Certificate.

JMB HOWEVER, the home where you provide care may be visited more than two times a year; depending on improvement efforts towards meeting CCDF Health and Safety standards.

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E. Health and Safety Standards:

No.	U	FOL				(1) KITCHEN / EATING AREA	COMMENTS
1	✓					(1-a) Dining table is cleaned and sanitized before and after each meal.	
2	✓					(1-b) Food is stored at the right temperature.	
3	✓					(1-c) Drinking water is available and accessible throughout the day.	
4	✓					(1-d) Water is offered throughout the day (i.e. while playing outdoors).	
5	✓					(1-e) Healthy meals / snacks are provided to the child(ren).	
6	✓					(1-f) Proper hand-washing procedure is posted by the working sink(s) where hand washing practices occur in the kitchen.	
7	✓					(1-g) Sharp items and utensils are out of child(ren)'s reach.	
No.	U	FOL				(2) TOILETING AREA	COMMENTS
8	✓					(2-a) Home is equipped with a working toilet and bathing room.	
9	✓					(2-b) Appropriate toiletries are provided and accessible to the child(ren) (liquid hand soap, paper towel <i>(optional)</i> , toothbrush, toothpaste, toilet paper, etc....). Toiletries are replenished as needed.	
10	N/A					(2-c) In the event cloth hand towels are used, each child is provided with a hand towel, labeled and is replaced daily or as necessary.	
11	N/A					(2-d) Cloth hand towels are distinctly hung individually to air dry and is accessible to the child(ren).	

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12	✓					(2-e) Each child has their own toothbrush.	
13	✓					(2-f) Child(ren)'s toothbrushes are air-dried individually in a vertical position and labeled with covers separated from adults.	
14	✓					(2-g) Toileting area is dry and furnished with non-slip mats.	
15	N/A					(2-h) Use of a "potty chair"- the provider will assist the child and ensure that the chair is sanitized after each use.	
16	✓					(2-i) Proper hand-washing procedure is posted by the working sink(s) where hand washing practices occur in the toileting area.	
No.	U	FOL				(3) CHILD(REN)'S FILE	COMMENTS
17	✓					(3-a) Child(ren)'s allergy and / or medical need information (i.e. child care plan signed by a physician).	
18	✓					(3-b) Child(ren)'s medical information (hospital #, vaccination record, allergies, health insurance, & etc....).	
19	✓					(3-c) Parent's authorization form of emergency contacts (at least 2).	
20	X	✓				(3-d) Accident and / or incident report.	3/13 Advised to fill-out the form daily.
No.	U	FOL				(4) POSTINGS OF REQUIRED DOCUMENTS	COMMENTS
21	✓					(4-a) Required documents posted and visible to parents / guardians: Business License, CCDF Provider Certificate, Health Certificate Clearance.	
22	✓					(4-b) "No Smoking" signs are within view and seen upon entering home.	
23	✓					(4-c) "Exit" signs are posted and within view.	

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24	X	✓				(4-d) Emergency Evacuation Exit Plan is posted by every exit door and at adult's eye level.	3/13 Advised to move the plan in the bedroom so it can be visible.
25	X	✓				(4-e) Child(ren)'s allergy posting is in a discrete area where food is served for the provider's reference.	3/13 advised to have a care plan for Ruel with allergies.
26	✓					(4-f) The provider has the contact information of two (2) other authorized people, aside from the parents / guardians. Contact numbers are posted by a working landline (if applicable) or by Emergency Evacuation Exit Plan.	
27	✓					(4-g) Child(ren) Daily Activity Schedule is posted at visitor's view.	
No.	U	FOL				(5) EMERGENCY PREPAREDNESS AND RESPONSE PLANS	COMMENTS
28	X	✓				(5-a) Emergency drills are conducted and recorded monthly.	3.13 Advised to conduct fire drills montly and must be documented on the form
29	X	✓				(5-b) Disaster drills are performed and noted every 6 months.	3/13 Advised to conduct disaster drills one every 3 months or 3 every 6 months
30	X	✓				(5-c) Recorded drills are visible for visitors review.	
31	✓					(5-d) Home care has an Emergency Preparedness Response Plan (EPRP) that is shared with the child(ren)'s families.	
No.	U	FOL				(6) OBSERVABLE PRACTICES AND ROUTINE	COMMENTS
32	✓					(6-a) Provider demonstrates proper hand-washing procedures and assists young children to wash his / her hands using the same proper procedures.	
33	✓					(6-b) Proper hand-washing procedures are performed throughout the day: before and after meals, after toileting, before and after each diaper change, after outdoor play, upon entering the home, etc....	

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34	✓					(6-c) Parents are allowed full access to their children at any time (Open-door policy).	
35	✓					(6-d) The child care provider will not use corporal, harsh, or unusual punishment.	
36	✓					(6-e) Food should not be used as reward or punishment.	
37	✓					(6-f) Provider forbids smoking within the premises during operational hours and around the children.	
38	✓					(6-g) There are no more than four(4) children for LEFFN or no more than six(6) children for LFFN under the provider's care.	
No.	U	FOL				(7) ELECTRICAL HAZARDS	COMMENTS
39	✓					(7-a) Breaker box is covered and out of child(ren)'s reach.	
40	✓					(7-b) Electrical cords are securely installed.	
41	✓					(7-c) Indoor and outdoor outlets at a height of 7ft and below are covered or blocked off by furniture.	
42	✓					(7-d) Electrical cords do not cross pathways, to avoid tripping hazards.	
No.	U	FOL				(8) PRACTICES THAT PREVENT HAZARDS THAT PREVENT ILLNESSES	COMMENTS
43	✓					(8-a) All cleaning chemicals are stored out of the child(ren)'s reach or inside a locked cabinet.	
44	✓					(8-b) Indoor / Outdoor meet the following: flooring is dry and clean, has NO odor or any other type of scent including chemicals, no flaking paints or chipped walls / ceiling.	
45	✓					(8-c) The provider follows a routine cleaning schedule that is posted and visible.	

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46	✓					(8-d) The home is equipped with materials needed to practice routine cleaning (i.e. paper towel, bleach water solution).	
47	X	✓				(8-e) Home provider conducts a Daily Health Check to all enrolled children and is recorded. Document is accessible for review by observer.	3.13. Advised to keep it up to date
48	✓					(8-f) There is a designated clean and comfortable area for sick child(ren), separated from other child(ren).	
No.	U	FOL				(9) SLEEPING AREA	COMMENTS
49	✓					(9-a) Clean and comfortable napping area is provided for each child and labeled accordingly.	
50	✓					(9-b) Babies less than two(2) years old must be placed on their backs for sleep.	
51	✓					(9-c) The napping area has 18" of space between children. If not possible, then placed as far as possible and children in alternating position (head to foot).	
No.	U	FOL				(10) SAFETY SUPPLIES	COMMENTS
52	✓					(10-a) First aid kit is visible and accessible at all times.	
53	✓					(10-b) First aid kit is filled with medical supplies and replenished as needed.	
54	✓					(10-c) Monthly inventory of the first aid kit is performed to ensure that all supplies are updated and replenished.	
55	✓					(10-d) Home is equipped with a fire extinguisher and is inspected as required.	
56	✓					(10-e) Fire extinguisher is securely placed in a safe and convenient space, out of child(ren)'s reach.	

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57	✓					(10-f) Smoke detectors are properly installed at each needed area.	
58	X	✓				(10-g) Home is equipped with working smoke detectors in each enclosed room with the exception of the kitchen.	
No.	U	FOL				(11) DIAPERING AREA	COMMENTS
59	✓					(11-a) If applicable, changing table or diaper changing is performed far from the eating area.	
60	✓					(11-b) Changing table or changing mat is sanitized and airdried after each used.	
61	✓					(11-c) Changing mat is water resistant and easily wipeable.	
62	✓					(11-d) Soiled diapers are wrapped tightly in a plastic bag and is disposed in a closed bin that is stationed far from the eating area.	
63	✓					(11-e) Proper Diaper Changing Procedure is posted near the designated area for changing diapers.	
No.	U	FOL				(12) PLAYGROUND / OUTDOOR SPACE	COMMENTS
64	✓					(12-a) No vehicle(s) shall enter the child(ren)'s outdoor play area during child care operational hours.	
65	✓					(12-b) The playground is in an enclosed area that prohibits vehicles from entering using cones, flowerpots or fence.	
66	✓					(12-c) Playground equipment is free from sharp edges and rust.	
67	✓					(12-d) The playground is well maintained and free from odor.	
68	✓					(12-e) Playground equipment are age appropriate: proper size for the ages of child(ren) using it.	

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69	✓					(12-f) Adult supervision is provided at all times during operational hours (indoors and outdoors).	
70	✓					(12-g) No animal feces or excrements.	
71	✓					(12-h) Playground surfacing is free from tripping hazards. (i.e. Large roots where children normally run through)	

INITIAL VISIT:

Provider's Signature: _____ DATE: _____ (PRINT / SIGNATURE)

Visit Conducted by: _____ DATE: _____ (PRINT / SIGNATURE)

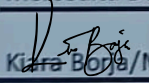
TYPE OF INSPECTION: Unannounced

Provider's Signature: Mercedita Benghit  DATE: Mar. 13, 2024 (PRINT / SIGNATURE)

Visit Conducted by: Kevin Castro  DATE: Mar. 13, 2024 (PRINT / SIGNATURE)

TYPE OF INSPECTION: Follow-up

Provider's Signature: Mercedita Benghit  DATE: _____ (PRINT / SIGNATURE)

Visit Conducted by:  Kevin Castro / Marvin Ngeskebei / Erica Thornburgh DATE: 3/26/24 (PRINT / SIGNATURE)

TYPE OF INSPECTION:

Provider's Signature: _____ DATE: _____ (PRINT / SIGNATURE)

Visit Conducted by: _____ DATE: _____ (PRINT / SIGNATURE)

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CHILD CARE ACTION PLAN (CAP)
Areas for Improvement

[illegible]

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