

CCDF LEFFN or LFFN PROVIDER  
**HEALTH AND SAFETY CHECKLIST**

**A. Child Care Provider Information:**

**Business Name:** 3K Loving Care **Home Care Location:** Buenas Dias St., Dan Dan, Saipan  
(street name, Village, Island)

<b>Date:</b>	<b>Time</b>	<b>Type of Inspeccion:</b>
<u>14-Jun-24</u>	<u>2:00 PM</u>	<u>Initial Visit</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
		<b>IV</b> Initial Visit
		<b>FOL</b> Follow-up
		<b>U</b> Unannounced
		<b>A</b> Announced

**C. Child Care Services Information:**

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

**D. Child Care Provider Acknowledgment:**

L. Blavie 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.

L. Blavie 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.

L. Blavie 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.

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...

**E. Health and Safety Standards:**

No.	IV	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.	IV	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	✓					(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	✓					(2-d) Cloth hand towels are distinctly hung individually to air dry and is accessible to the child(ren).	

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...

CCDF LEFFN or LFFN PROVIDER  
**HEALTH AND SAFETY CHECKLIST**

12	✓					(2-e) Each child has their own toothbrush.	
13	✓					(2-f) Child(ren)'s toothbrushes are airdried individually in a vertical position and labeled with covers <b>separated from adults.</b>	
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.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(3) CHILD(REN)'S FILE</b>	<b>COMMENTS</b>
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	✓					(3-d) Accident and / or incident report.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(4) POSTINGS OF REQUIRED DOCUMENTS</b>	<b>COMMENTS</b>
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.	

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...

CCDF LEFFN or LFFN PROVIDER  
**HEALTH AND SAFETY CHECKLIST**

24	✓					(4-d) Emergency Evacuation Exit Plan is posted by every exit door and at adult's eye level.	
25	✓					(4-e) Child(ren)'s allergy posting is in a discrete area where food is served for the provider's reference.	
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.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(5) EMERGENCY PREPAREDNESS AND RESPONSE PLANS</b>	<b>COMMENTS</b>
28	✓					(5-a) Emergency drills are conducted and recorded monthly.	
29	✓					(5-b) Disaster drills are performed and noted every 6 months.	
30	✓					(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.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(6) OBSERVABLE PRACTICES AND ROUTINE</b>	<b>COMMENTS</b>
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.....	

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...

CCDF LEFFN or LFFN PROVIDER  
**HEALTH AND SAFETY CHECKLIST**

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.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(7) ELECTRICAL HAZARDS</b>	<b>COMMENTS</b>
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.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(8) PRACTICES THAT PREVENT HAZARDS THAT PREVENT ILLNESSES</b>	<b>COMMENTS</b>
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 <b>NO</b> 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.	

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...

CCDF LEFFN or LFFN PROVIDER  
**HEALTH AND SAFETY CHECKLIST**

46	✓					(8-d) The home is equipped with materials needed to practice routine cleaning (i.e. paper towel, bleach water solution).	
47	✓					(8-e) Home provider conducts a Daily Health Check to all enrolled children and is recorded. Document is accessible for review by observer.	
48	✓					(8-f) There is a designated clean and comfortable area for sick child(ren), separated from other child(ren).	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(9) SLEEPING AREA</b>	<b>COMMENTS</b>
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).	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(10) SAFETY SUPPLIES</b>	<b>COMMENTS</b>
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.	

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...

CCDF LEFFN or LFFN PROVIDER  
**HEALTH AND SAFETY CHECKLIST**

57	✓					(10-f) Smoke detectors are properly installed at each needed area.	
58	✓					(10-g) Home is equipped with working smoke detectors in each enclosed room with the exception of the kitchen.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(11) DIAPERING AREA</b>	<b>COMMENTS</b>
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.	
<b>No.</b>	<b>IV</b>	<b>FOL</b>				<b>(12) PLAYGROUND / OUTDOOR SPACE</b>	<b>COMMENTS</b>
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.	

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...

CCDF LEFFN or LFFN PROVIDER  
**HEALTH AND SAFETY CHECKLIST**

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: Lucila Davis *L Davis* DATE: 14-Jun-24 (PRINT / SIGNATURE)

Visit Conducted by: Marvin M. Ngeskebei *[Signature]* DATE: 14-Jun-24 (PRINT / SIGNATURE)

**TYPE OF INSPECTION:** Unannounced

Provider's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ (PRINT / SIGNATURE)

Visit Conducted by: \_\_\_\_\_ DATE: \_\_\_\_\_ (PRINT / SIGNATURE)

**TYPE OF INSPECTION:** Announced

Provider's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ (PRINT / SIGNATURE)

Visit Conducted by: \_\_\_\_\_ DATE: \_\_\_\_\_ (PRINT / SIGNATURE)

**TYPE OF INSPECTION:**

Provider's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ (PRINT / SIGNATURE)

Visit Conducted by: \_\_\_\_\_ DATE: \_\_\_\_\_ (PRINT / SIGNATURE)

✓ - If the standard was observed or verified through postings, documentations, etc...

X - If the standard was not seen during the time of the visit or verified through evidence of documentation, postings, etc...



