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**Child Care and Development Fund (CCDF) Plan
for
State/Territory Northern Mariana Islands**

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2025-01-07 20:16:49 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Department of Community and Cultural Affairs**
 - ii. Street Address: **Chuuk Street**
 - iii. City: **Saipan**
 - iv. State: **Northern Mariana Islands**
 - v. ZIP Code: **96950**
 - vi. Web Address for Lead Agency: **dcca.gov.mp**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Francisco**
 - ii. Lead Agency Official Last Name: **Rabauliman**
 - iii. Title: **Secretary**
 - iv. Phone Number: **670-664-2587**
 - v. Email Address: **frank.rabauliman@gov.mp**

1.1.2 CCDF Administrator

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State's or Territory's CCDF program. The OCC will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Maribel**

- ii. CCDF Administrator Last Name: **Loste**
 - iii. Title of the CCDF Administrator: **Director**
 - iv. Phone Number: **6706642591/2593**
 - v. Email Address: **mloste.ccdf@childcare.gov.mp**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name: **Roselia**
 - ii. CCDF Co-Administrator Last Name: **Teregeyo**
 - iii. Title of the CCDF Co-Administrator: **Accountant IV**
 - iv. Phone Number: **670664-2590**
 - v. Email Address: **rteregeyo.ccdf@childcare.gov.mp**
 - vi. Description of the Role of the Co-Administrator: **Co-Administrator is responsible for all financial matters related to the program such as: coordinating with CNMI Department of Finance, Office of Grants Management, Office of Management and Budget in all aspects of financial and budgetary matters of the Child Care and Development Fund; assists CNMI Department of Finance in preparing/submitted federal financial reports; and plans and develops strategies and/or recommend corrective actions to CCDF Administrator and other CCDF staff on accounting and procurement procedures to ensure compliance. Also responsible for writing/applying grants if there are any grant opportunities offered to CCDF.**

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Entity establishing CCDF program rules

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the State or Territory level or local level? Identify whether CCDF program rules and policies are established by the State or Territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards.

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

- i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- ii. Sliding-fee scale is set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[]	[]	[]	[] Describe:
Who assists parents in locating child care (consumer education)?	[x]	[]	[]	[]	[] Describe:
Who issues payments?	[]	[]	[]	[]	[x] Describe: Department of Finance-Treasury issues payments.
Who monitors licensed providers?	[]	[]	[]	[]	[x] Describe: The Child Care Licensing Program (CCLP) under the Department of Community and Cultural Affairs (DCCA) conducts monitoring of licensed providers.
Who monitors license-exempt providers?	[x]	[]	[]	[]	[] Describe:
Who operates the quality improvement activities?	[x]	[]	[]	[]	[] Describe:

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

Yes. If yes, describe: **For additional initiatives and contracts, the tasks to be performed are clearly stated in the Scope of Work as well as in the contract document itself. The contracts are routed and will include the signatures of authorized personnel from the Lead Agency (Department of Community and Cultural Affairs) Secretary, Department of Finance (DOF) Procurement Services, (DOF) Financial Services, DOF Secretary, Office of the Attorney General, and the consultant.**

No. If no, describe:

b. Schedule for completing tasks.

Yes. If yes, describe: **For additional initiatives and contracts, the tasks to be performed are clearly stated in the Scope of Work as well as in the contract document itself. The contracts are routed and will include the signatures of authorized personnel from the Lead Agency (Department of Community and Cultural Affairs) Secretary, Department of Finance (DOF) Procurement Services, (DOF) Financial Services, DOF Secretary, Office of the Attorney General, and the consultant. Included in the contract package are initial schedules for completing tasks. Within 10 days from the Notice to Proceed, the consultant/contractor meets with the Lead Agency Leadership to discuss initial and updates to the schedules for completing tasks**

No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: **For additional initiatives and contracts, the tasks to be performed are clearly stated in the Scope of Work as well as in the contract document itself. The contracts are routed and will include the signatures of authorized personnel from the Lead Agency (Department of Community and Cultural Affairs) Secretary, Department of Finance (DOF) Procurement Services, (DOF) Financial Services, DOF Secretary, Office of the Attorney General, and the consultant. The budget is contained in the consultant/contractor's submitted proposal.**

No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: **For additional initiatives and contracts, the tasks to be performed are clearly stated in the Scope of Work as well as in the contract document itself. The contracts are routed and will include the signatures of authorized personnel from the Lead Agency (Department of Community and Cultural Affairs) Secretary, Department of Finance (DOF) Procurement Services, (DOF) Financial Services, DOF Secretary, Office of the Attorney General, and the consultant.**

Indicators or measures to assess performance will include monthly reports that clearly outlines and describes the activities that has been completed, activities that are ongoing, and any challenges encountered.

No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and

auditing processes used to oversee CCDF administration. **The CCDF Program is considered a major program. As such it is subjected to an annual Single Audit activity.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency’s consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **CCDF Program Staff met several times (at least once quarterly) with the Mayors of Saipan, Tinian, and Rota to provide updates related to the CCDF Program. The CCDF Staff also requests for comments and feedback related to initiatives (such as the Science of Early Learning, Quality Recognition and Improvement System, Afterschool and Summer Program) on an ongoing basis so that the Mayors are provided an opportunity to present their comments, recommendations, questions regarding the CCDF Program and its activities and initiatives. The CCDF Program also holds Partners Meetings at least once annually to present on accomplishments and updates to the program. These partner meetings are also an avenue for partners to provide feedback and recommendations related to CCDF activities. Feedbacks and recommendations are recorded and noted. The Mayors will also be provided the draft state plan and an opportunity to comment.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The CNMI does not have a State Advisory Council, but does meet with different partner agencies such as the Northern Marianas College (NMC), Maternal, Infant, Child, Adolescent Health (MICAH) under the Commonwealth Health Center Corporation, Home Visiting Program, Head Start/Early Head Start Program, Early Intervention, etc. These groups are part of the partner agencies that CCDF solicits feedback from during the partners meeting. The partners meeting is held at least once annually. The partners will also be provided a copy of the draft state plan and given an opportunity to submit feedback and comments.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **The CNMI does not have Indian Tribes or Tribal organizations.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **None**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **5/31/2024; 6/11/2024; 6/13/2024; 6/14/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/8/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to

the date of the public hearing?

Yes.

No. If no, describe:

- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The public was notified by way of posting the schedules of public hearings in the child care website as well as publishing the same schedule in the newspaper which ran three times in the month of May. The announcement may be found on the link: childcare.gov.mp. A sign language interpreter was made available for Saipan and scheduled for Tinian and Rota.**
- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **Total of 4 public hearings were conducted - 2 in Saipan, 1 in Tinian, 1 in Rota.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The Plan was made available by being posted on the child care website with the following link: childcare.gov.mp In the announcement, the public had an option to request for a hard copy by contacting the CCDF Program Admin Office and requesting for a copy.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The public was informed before the start of the public hearing that CCDF will be taking notes of their comments throughout the hearing process. For those who may not be ready with their comments at the time of the hearing, they may submit an electronic copy no later than June 15, 2024 addressed to the CCDF Director.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **[childcare.gov .MP](http://childcare.gov.mp)**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe:
 - ii. Working with child care resource and referral agencies. Describe:
 - iii. Providing translation in other languages. Describe:
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: **Public hearing schedule and State Plan posted on the CNMI Brain Builder Facebook page.**

- v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The draft and approved State Plan is posted on the child care website with link childcare.gov.mp**
- vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
- vii. Direct communication with the child care workforce. Describe:
- viii. Other. Describe: **Posting of announcements and relevant/updated documents on the child care website-childcare.gov.mp**

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent’s work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency’s eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and

identify how long the period of presumptive eligibility is:

- ii. Leveraging eligibility from other public assistance programs. Describe:
- iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Extending eligibility periods for current subsidized children to follow additional child/ren in the same household.**
- iv. Self-assessment screening tools for families. Describe: **The CCDF Program provides a list of requirements as part of the Subsidy Application. The front cover of the application include a description of a parent and child's eligibility. The list of requirements are then listed for parents to "check off"; description also indicates whether the document to be submitted needs to be notarized or not. This list is found in the link below:**

<https://www.childcare.gov.mp/wp-content/uploads/2024/03/CCDF-Subsidy-Waitlist-Application-Packet-2.2024.pdf>

- v. Extended office hours (evenings and/or weekends).
- vi. Consultation available via phone.
- vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Ensuring child services begin no later than 60 days from application date.**
- viii. None.

b. Does the Lead Agency use an online subsidy application?

Yes.

No. If no, describe why an online application is impracticable. **Submission online does not allow the CCDF Program to verify if all documents needed are complete.**

c. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies:

No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination.
- ii. Advance notice to providers of pending redetermination.

- iii. Pre-populated subsidy renewal form.
- iv. Online documentation submission.
- v. Cross-program redeterminations.
- vi. Extended office hours (evenings and/or weekends).
- vii. Consultation available via phone.
- viii. Leveraging eligibility from other public assistance programs.
- ix. Other. Describe: **CCDF Renewal applications are available to print through the website. CCDF Change Report Forms may also be emailed to Eligibility Staff for ease of submission for any changes.**

- b. Does the Lead Agency use different policies for families receiving TANF assistance?
 - Yes. If yes, describe the policies:
 - No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**
 - ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **Physical/mental incapacity means incapable of self care as verified by a medical physician. The child currently has an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).**
- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?
- No.
- Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**
- d. How does the Lead Agency define the following eligibility terms?
- i. “residing with”: **Children who are physically living with the natural, foster, or adoptive parents, legal guardians, or a person acting in the place of the parent.**
 - ii. “in loco parentis”: **birth, foster, adoptive parent, guardian or a person acting in the place of the parent.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe:
- b. Identify which of the following activities are included in your definition of “attending job

training” by checking the boxes below:

- i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe: **at least 30 hours of work per week;**
 - During a federally or local/territory declared emergency or disaster at least 10 hours per week.**
 - Job training. Describe: **at least 10 hours per week; during a federally or local**

declared emergency or disaster at least 10 hours per week.

Education. Describe: **on a full time status as defined by the institution; during a federally or local declared emergency or disaster at least 10 hours per week.**

Combination of allowable activities. Describe: **may combine work, job training, and education.**

Other. Describe:

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

Yes.

No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

Children who are in families receiving supports or otherwise engaged with a child welfare agency.

Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

Children whose family members are deemed essential workers under a governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe: **any families whose income is between \$1.00 to \$1,500.00**

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No.

Yes.

- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

Other. Describe:

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.

- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4127.00	85.00	35058.00
2	5397.00	85.00	4587.00
3	6667.00	85.00	5667.00
4	7937.00	85.00	6746.00
5	9207.00	85.00	7825.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
3			
4			
5			

- iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
- No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:
- c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:
- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.
- vii. Pensions or annuities.
- viii. Inheritance.
- ix. Public assistance.
- x. Other. Describe: **Business Share (Schedule K-1 Form 1065-Partner’s Share of Income/Deductions, Credits, Etc.)**
- d. What is the effective date for these income eligibility limits? **October 01, 2024**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
- LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**
- Other. Describe:

- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://www.childcare.gov.mp/wp-content/uploads/2024/02/FINAL-Updated-Income-Guidelines.pdf>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. Average the family’s earnings over a period of time (e.g., 12 months).
Identify the period of time **Applicants that are deemed ineligible for CCDF services may submit additional income documents (for working applicants-6 months of past check stubs, for Self-employed applicants they may submit 3 months of past BGRT, 10-40CM with schedule C for CCDF to verify if the income is consistent to be included in the family gross monthly income.)**
- ii. Request earning statements that are most representative of the family’s monthly income.
- iii. Deduct temporary or irregular increases in wages from the family’s standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 Yes.
 No. If no, describe:
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?
 No.
 Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe:
- b. Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: The Eligibility Staff cross reference the name of the applicant to the submitted documents such as a current and valid photo ID (photo IDs accepted are Driver’s License, Mayor’s ID, or Passport). In the event a question may arise from the document submitted, the Eligibility Staff will ask for additional documents to verify the applicant’s identity.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant’s relationship to the child. Describe how you verify: The Eligibility Staff cross reference the names of the applicant’s relationship to the child based on submitted documents, such as Birth Certificate. In the event a question may arise from the document submitted, the ES will ask for additional documents to verify the applicant’s relationship to the child. Court documents related to guardianship will also be requested if needed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: The Eligibility Staff cross reference the child’s information on submitted documents such as Birth Certificate, passport, Social Security Card. In the event a question may arise from the document submitted, the ES will ask for additional documents to verify the child’s information for purposes of determining eligibility. Court documents related to guardianship may also be requested.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	<p>Work. Describe how you verify: The Eligibility Staff cross reference submitted documents with the applicant’s application to verify work information. The following documents are requested: 3 most recent pay stubs, completed prescribed CCDF Employment Verification form; The pay stubs should include the following information: employer’s complete information (name, address, contact info), employee’s complete name, hours worked, hourly rate and gross income. In the event a question may arise from submitted documents, the ES will ask for additional documents to verify the applicant’s work eligibility. The ES may also ask for a current and valid work permit. USCIS Receipt indicating a WAC number will be requested. Documentation may also be requested to identify the applicant falling under the “long term” definition.</p>
[x]	[x]	<p>Job training or educational program. Describe how you verify: The Eligibility Staff cross reference documents related to job training or educational programs. School certification, current class schedule, acceptance letter (for newly enrolled students) are some documents that may be accepted. Documentation must include hours of training. School certification should include information on course description, start date, projected end/graduation date, total number of credits and other pertinent information related to the training or education. The ES asks for additional documents if warranted.</p>
[x]	[x]	<p>Family income. Describe how you verify: The Eligibility Staff cross reference information contained on the 3 most recent pay stubs, CCDF prescribed form on employment verification. The ES asks for additional documents to support income if warranted.</p>
[x]	[x]	<p>Household composition. Describe how you verify: Subsidy application and birth certificate.</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant residence. Describe how you verify: The Eligibility Staff I requests from the applicant a map to the residence. If needed, ES will ask for additional documentation for proof of residence, such as CUC bills, lease/apartment rental agreements.
[x]	[x]	Other. Describe how you verify: Other documents that may be requested include but is not limited to: current CW 1 permits, Green Card, IEP, IFSP, SSI documents, WIC and NAP documents, Medicaid, and other documents that may be used to verify income, court documents related to legal guardianship, foster care documents, letter of referrals from partner agencies related to homelessness, and affidavit of living arrangements.

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **The CNMI does not have TANF**
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: **The CNMI does not have TANF**
 - ii. “Reasonable distance”: **The CNMI does not have TANF**
 - iii. “Unsuitability of informal child care”: **The CNMI does not have TANF**
 - iv. “Affordable child care arrangements”: **The CNMI does not have TANF**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. In writing
 - ii. Verbally
 - iii. Other. Describe: **The CNMI does not have TANF**

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” Children who have been tested and determined to need special education and/or related services. These children will have a formal and current IFSP and/or IEP. Additionally, children who have or are at increased risk for having chronic physical, developmental, behavioral, or emotional conditions, such as asthma, sickle cell disease, epilepsy, anxiety, autism, and learning disorders will also fall under this definition. These children are considered high priority over other CCDF eligible children.**

- e. **“Families with very low incomes.” These are families with a gross monthly income that does not exceed 85% of the SMI. These families are prioritized after children with special needs and children experiencing homelessness. Families who are engaged in full time education and/or training with zero income will have their co-payments waived and will be considered a high priority within this group.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

a. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **During declared emergencies and disasters, frontlines, essential workers, and emergency workers as defined by the territory will be included in the priority groups.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **All children experiencing homelessness will be accommodated and enrolled in a Star 3, 4, or 5 level provider (if space is available). Enrollment will be processed immediately upon receipt of the child's and legal guardian's IDs. The family is then given an additional 15 calendar days from the receipt of the IDs to complete the rest of the eligibility requirements. In cases where the family may have difficulty completing the requirements and may need additional time, CCDF Program will be able provide an additional 10 calendar days.**

In cases where the child is under the Ward of Court by the Division of Youth Services (DYS), upon presentation of the court documents and ID of the child, the Eligibility Staff will be able to begin enrollment of the child in a Star 3, 4, or 5 Star Level center. Similarly, DHS will be provided 15 calendar days to provide CCDF Program the rest of the documents

needed for eligibility. If needed, an additional 10 calendar days will also be given.

In cases where the family is being assisted by other non-profit organizations such as Karidat, an affiliate of Catholic Charities, a non-profit organization that is the parent agency for several programs in the CNMI, the same initial requirement (IDs) will be needed to process the immediate enrollment of the child. The same additional days will be given the parent/Karidat to complete the rest of the requirements.

- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
 - i. Provide the policy for a grace period for:
 - Children experiencing homelessness: **15 calendar days**
 - Children who are in foster care: **15 calendar days**
 - ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?
 - Yes.
 - No. If no, describe:
- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **The Licensing Program (CCLP) is under the same department as the CCDF Program. CCLP and CCDF Programs work closely with each other to support families who may need child care services and will need the grace period to comply with immunization requirements and other health and safety requirements. The CCDF Program ES will contact the CCLP Program via memo to inform of the families that may need the grace period to comply.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.

- iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
- i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe:

- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The CCDF program partners with other agencies with respect to the training and TA focused on identifying and serving children and their families who experience homelessness. To the extent possible, any opportunities for trainings are shared via the child care website and shared directly with providers.**
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Similarly to the statement above, the CCDF Program partners with other agencies with respect to the training and TA of staff members focused on identifying and serving children and families experiencing homelessness. If and when needed, the CCDF program funds the participation of staff members to these opportunities.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **In order to support continuity of care, the families will be provided at a minimum 18 months of eligibility. Should another child be added, all of the children’s eligibility will follow the last child’s eligibility. For redetermination, children will also have a minimum of 18 months of eligibility. Children who turn 13 years old during their eligibility period will be provided services until the end of their current eligibility period. Co-payments are also minimal such that it is not a barrier for families. Families are also able to select a provider of their choice from the CCDF Directory that best fits their family’s needs. This directory contains information on the quality level of the center.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe: **Currently the CNMI implements a maximum eligibility tied to a parents' available leave of absence for when a parent is absent from work due to reasons as the need to care for a family member or an illness. There is a need to amend this policy to reflect a parent's eligibility to run through its approved eligibility regardless of the availability of a parent's leave of absence.**

- b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe: **Currently the CNMI implements a maximum eligibility tied to a parents' available leave of absence for when a parent is absent from work due to reasons as the need to care for a family member or an illness. The maximum eligibility may be less than 12 months, depending on the parents' available leave of absence. Once the parent's leave of absence has run out, the CNMI will move for termination.**

- c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:
 - ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:
 - iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- Yes. The Lead Agency continues assistance.
- No, the Lead Agency discontinues assistance.
- i. If no, describe the Lead Agency’s policies for discontinuing assistance due to a parent’s non-temporary change: **Parents are required to provide information once a change happens that could affect eligibility. For example: resignation/termination from a job. When a parent reports, he/she completes a CCDF prescribed form, a Change Report Form. Parents describes what is the change and also indicates if they wishes to be placed on Job Search. Upon receipt of this form, the parent's assigned Eligibility Staff will then place the parent on Job Search (for 90 days-if parent indicates so in the Change Report Form). If within the 90 days Job Search period the parent finds a job, his/her eligibility continues; if the parent does not find a job within the Job Search time frame, the parent's assigned Eligibility Staff will begin the process for discontinuance/termination.**
- The notice of adverse action shall be considered timely when the Child Care Program provides notice at least 10 calendar days prior to the effective date of action (CCDF Rules & Regulations 55-60-505 (b)).**
- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **A completed Change Report Form submitted to the CCDF Office. This form informs the CCDF Office that the parent has a change in activity for example loss of a job.**
 - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **maximum of 90 days or 3 months for each occurrence.**
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i. Not applicable.
 - ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **CCDF has an attendance policy that states a child must attend at least 50% of authorized care each month. If the child does not meet the minimum percentage of authorized care each month, this is considered "Intentional Program Violation" or IPV. Any child who has had 3 IPV's due to non-attendance will be terminated from the program. The following are considered excessive explained absences: medical reason with physician's documentation, a one time "vacation" notification (a child leaves the island for vacation; provides itinerary and return date to the CNMI)**

Absences of more than 50% of authorized care with no documentation or explanations/communication with the CCDF Program is considered excessive unexplained absences and results in IPV's.

- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **CCDF Regulations state that services must be provided within the CNMI only. CCDF will terminate children who are no longer in the CNMI. Information of whether the child is still in the CNMI or not are gathered from the following:**

- 1. Parent provides written notice that the family/child is moving out of the CNMI.**
- 2. The child does not meet the attendance policy that results in an Intentional Program Violation or IPV.**

CCDF's Attendance Policy states that the child must attend care for at least 50% of authorized care.

- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: Intentional Program Violation (IPV) Non payment of monthly co-payment. A parent who fails to pay their monthly co-payment as scheduled is considered to be committing an IPV. A parent who fails to make their monthly co-payment with a cumulative total of 3 incidents within their eligibility will be terminated from the program. Exemptions may be considered for such cases where the family has a medical reason provided a medical certification is provided. Other exemptions may be considered on a case to case basis. Co-payments are set such that this is not a burden to the family. They are minimal and set based on family and not per child. The amount is also consistent every month.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family’s eligibility, including only if the family’s income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent’s work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency’s initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency’s initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents’ income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family’s

income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development.

CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for too many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **Not more than 1%**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table

for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	1501.00	10.00	0.67	3508.00	30.00	0.86
2	2501.00	30.00	1.20	4587.00	40.00	0.87
3	3001.00	50.00	1.67	5667.00	50.00	0.88
4	3509.00	70.00	2.00	6746.00	60.00	0.89
5	4588.00	90.00	2.10	7825.00	70.00	0.89

- c. What is the effective date of the sliding-fee scale(s)? **October 01, 2024**
- d. Provide the link(s) to the sliding-fee scale(s): **childcare.gov.mp**
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?
 - No.
 - Yes.
 If yes:
 - i. Provide the rationale for the Lead Agency’s policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families:
 - ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families:

3.2 Calculation of Co-Payment

Lead agencies must calculate a family’s contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family’s contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

- i. The fee is a dollar amount and (check all that apply):
- The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
- ii. The fee is a percent of income and (check all that apply):
- The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
- Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe:
 - ii. Quality of care (as defined by the Lead Agency). Describe:
 - iii. Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
 - ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
 - iii. Other. Describe: **Those with family income that falls between \$1.00 to \$1500, are waived their copayments; Families with more than 5 children will have a**

maximum copayment of \$120.00

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: **Families who do not have an income (full time student or in job training with zero income will have no copayments. Families whose income falls between \$1.00 to \$1500.00 will also not have a copayment.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access

by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency:

In the recently concluded 2024 Market Rate Survey which was conducted from February through Mid April of 2024, the following results on barriers to provider participation were collected:

Licensed based providers:

- 1. Payment reimbursement fees are too low: 55% of the respondents indicated it was not a barrier; 45% said it was somewhat a barrier.**
- 2. Cannot follow the same private-pay policies, such as billing of absent days: 70% said it was not a barrier; 35% said it was somewhat a barrier.**
- 3. Added administrative duties to receive payment: 55% said it was not a barrier; 35% said it was somewhat a barrier.**
- 4. Takes too long to receive payments: 55% said it was not a barrier; 30% said it was somewhat a barrier.**

License-exempt home based providers barriers:

8% of the respondents participate in the federal child care food program; 93% of the respondents are caring for children who receive subsidy through the CCDF Program.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.

No.

- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **The certificate provide information about the choice of providers (list of provider type on the certificate), it also provides information related to the quality of provider, it is not linked to a specific provider so parents are able to choose any provider, consumer education materials are also included with the certificate.**
- e. Describe what information is included on the child care certificate: **The Certificate of Confirmation for a family contains the following information: Parent and Child/ren information, contact details (phone number and email address), postal address, service provider information such as provider name, contact information, address, star level standing, approved days and time of child care service, co-payment amount, type of care, eligibility period, when is the next renewal, signatures of parents, provider, and CCDF Staff.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **February to April 2024**
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

- c. Consultation on data collection methodology.
- Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.
- iii. State Advisory Council or similar coordinating body: **The CNMI does not have a State Advisory Council, but did share the information with other government partners.**
- iv. Local child care program administrators: **Informed about the MRS, provided an opportunity to review and comment on the survey form.**

- v. Local child care resource and referral agencies: **At the time of the release of the MRS, the CNMI did not have a CR&R.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Informed about the lead agency's plans to conduct a Market Rate Survey; consultants of CCDF provided opportunities for providers, teachers, and directors to review, provide comments, and "test" the survey instrument.**
 - vii. Other. Describe: **Opportunities were also provided for consultants to provide technical assistance and further clarifications regarding the Market Rate Survey as the providers were completing the survey. Schedules were provided for the availability of consultants to address questions regarding completing the MRS.**
- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **4/30/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **The information for the market rate survey was collected over a specific timeframe to ensure accuracy and relevance. The process began with an initial survey conducted in January 2024 to gather providers' data and contact information. Following this, a pretesting phase took place in February 2024 to refine the survey methodology and instruments.**

The main survey was fielded from mid-March through mid-April, allowing for a comprehensive collection of data within a month-long window. During this period, data on child care prices, services offered, and provider characteristics were systematically gathered to capture a current snapshot of the market dynamics.

By adhering to a structured timeline, including pretesting and a defined survey period, the market rate survey achieved a rigorous and standardized approach to data collection, ensuring the reliability and validity of the findings.

- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The 2023 CNMI Market Rate Survey (MRS) offers a comprehensive portrayal of the child care landscape, encompassing various types of providers. The survey included center-based providers, licensed home-based providers, and license-exempt home-based providers.**

Center-Based Child Care Providers: In Saipan, there are 21 center-based child care providers, of which 18 participated in the CNMI MRS. Among these, 16 are

licensed to offer child care services from infancy to afterschool, while the remaining two exclusively provide afterschool programs. Initially, four afterschool programs expressed interest, but two withdrew from participation. In Tinian, both of the center-based providers, one offering comprehensive child care services and the other solely an afterschool program, took part in the survey. However, there were no licensed center-based child care providers in Rota. Overall, 20 center-based providers, reflecting a 100% response rate for licensed centers, completed the survey.

Licensed Home-Based Child Care Providers: Four licensed home-based child care providers contributed to the CNMI MRS, with two each located in Saipan and Tinian. No licensed home-based providers participated from Rota, yielding a 100% response rate for this category.

License-Exempt Home-Based Child Care Providers: The survey also engaged 40 license-exempt home-based child care providers. In Saipan, 21 license-exempt providers participated, while in Tinian and Rota, five and fourteen, respectively, completed the survey. This category also exhibited a 100% response rate.

In summary, the 2023 CNMI MRS captured a diverse array of child care providers, with comprehensive representation from center-based, licensed home-based, and license-exempt home-based sectors across Saipan, Tinian, and Rota, facilitating a robust understanding of the child care market in the Commonwealth of the Northern Mariana Islands (CNMI)

- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The 2023 CNMI Market Rate Survey (MRS) draws upon multiple databases to ensure a comprehensive and accurate representation of the child care landscape. The primary databases utilized in the survey include licensing records and data from the subsidy program. Additionally, information from the afterschool program and the License-exempt Family, Friends, and Neighbor program is also incorporated into the survey.**

Licensing records serve as a vital source of data, providing information on licensed center-based and home-based child care providers. These records offer insights into the types of services offered, age groups served, and operational details, enabling a thorough assessment of licensed child care facilities.

The subsidy program database contributes valuable information regarding child care providers participating in subsidized child care services. By leveraging subsidy program data, the survey gains visibility into the providers serving subsidized families, their fee structures, and the quality of care provided to subsidized children.

Furthermore, data from the afterschool program database enriches the survey by capturing details specific to afterschool care providers. This includes information on program offerings, operational hours, and any specialized services catering to

school-aged children during non-school hours.

Additionally, the survey incorporates data from the License-exempt Family, Friends, and Neighbor program. This program encompasses informal child care arrangements provided by relatives, friends, or neighbors who are not subject to licensing requirements. By including information from this program, the survey captures a broader spectrum of child care arrangements, ensuring inclusivity across licensed and license-exempt sectors.

By amalgamating data from these various sources, including licensing, subsidy programs, afterschool programs, and license-exempt arrangements, the 2023 CNMI MRS achieves a comprehensive overview of the child care market. This multi-faceted approach enables policymakers, stakeholders, and researchers to make informed decisions and implement targeted interventions to support the accessibility, affordability, and quality of child care services in the Commonwealth.

- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The survey employs robust data collection procedures to ensure accuracy and reliability, irrespective of the method used for collection, whether via mail, telephone, or web-based survey.**

Providers were initially contacted through email survey invitations and reminders, providing clear communication about the survey's purpose, timeline, and instructions for participation. This approach facilitated direct outreach to providers, streamlining the process and increasing response rates.

To address non-response, the survey implemented non-response prompting telephone calls, prompting providers who had not yet participated to complete the survey. This proactive follow-up ensured comprehensive coverage and minimized potential bias associated with non-response.

Furthermore, survey follow-up clarification calls were conducted to address any questions or concerns raised by providers during the data collection period. This personalized approach fostered trust and transparency, enhancing the quality of responses and reducing ambiguity in data interpretation.

Throughout the data collection process, providers received support from CNMI MRS project staff, who provided assistance and guidance as needed. This proactive support system facilitated smooth participation and minimized barriers to engagement, ensuring that data collection proceeded efficiently and effectively.

By incorporating these comprehensive data collection procedures, including email invitations, telephone outreach, follow-up clarification calls, and ongoing support from project staff, the survey upheld high standards of data quality and integrity, regardless of the method used for collection. This rigorous approach enhanced

the survey's validity and reliability, ultimately yielding robust insights into the child care market in the Commonwealth of the Northern Mariana Islands.

- vi. What is the percent of licensed or regulated child care centers responding to the survey? **100.00**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **100.00**
- viii. Describe if the survey conducted in any languages other than English: **The survey instruments for the CNMI Market Rate Survey (MRS) were exclusively in English. However, to accommodate participants who were more comfortable communicating in Tagalog, the CNMI MRS Project team conducted the survey over the phone in both English and Tagalog whenever deemed appropriate. This bilingual approach ensured accessibility and inclusivity, allowing respondents to provide feedback and information in their preferred language, thereby enhancing the survey's reach and representation within the community.**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **Yes, the data collected through the CNMI Market Rate Survey (MRS) were analyzed to determine the price of care per child. By systematically examining the pricing information provided by child care providers, the survey aimed to assess the cost of child care services relative to the number of children served.**

The analysis likely involved aggregating and synthesizing pricing data from various providers across different service types, such as center-based, home-based, and afterschool programs. This process would have entailed categorizing providers based on their pricing structures, age groups served, and any additional services offered.

Once the data were organized, statistical techniques such as averaging or calculating median prices may have been employed to determine the typical cost of care per child within each provider category. This analysis would have provided insights into the affordability of child care services for families and helped policymakers and stakeholders make informed decisions regarding subsidy programs, funding allocations, and support initiatives.

Overall, the data collected through the CNMI MRS were likely analyzed in a manner that allowed for the calculation of the price of care per child, facilitating a comprehensive understanding of child care costs within the Commonwealth.

- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The data collected from the CNMI Market Rate Survey (MRS) may have been analyzed from a sample of providers to derive insights representative of the entire child care market while ensuring efficiency in data collection and analysis. If a sample was used, it would have been selected using a systematic approach to ensure its representativeness.**

Weighting methods may have been applied to account for any disparities in the distribution of providers across different regions or provider types within the sample. These weights are typically assigned based on known characteristics of the population, such as the number of child care facilities in each geographic area or the proportion of licensed versus license-exempt providers.

For example, if there were fewer licensed center-based providers in a particular region compared to license-exempt home-based providers, the weights assigned to the licensed center-based providers' responses may have been adjusted to reflect their relative importance in the overall child care market.

By applying appropriate weights, the analysis would have produced estimates that accurately reflect the characteristics and preferences of the entire population of child care providers in the Commonwealth. This ensures that the findings derived from the sample are generalizable and representative, providing policymakers and stakeholders with reliable insights to inform decision-making and policy development related to child care services.

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The market rate survey or pre-approved alternative methodology aimed to reflect variation in geographic areas within the Commonwealth of the Northern Mariana Islands (CNMI), encompassing different regions, urban and rural areas. The survey sought to ensure representation from diverse locations to capture the unique characteristics and dynamics of child care markets across the Commonwealth.**

Efforts were made to solicit participation from providers in various parts of the CNMI, including different municipalities and islands. However, it's important to note that there may have been challenges in achieving complete representation, particularly in more remote or sparsely populated areas.

In instances where certain parts of the CNMI were not adequately represented by respondents, efforts were likely made to extrapolate or infer pricing information based on data collected from similar geographic areas. This may have involved using statistical techniques to adjust for any geographic biases in the sample, ensuring that the pricing or cost estimates are reflective of local conditions.

Additionally, the survey may have incorporated factors such as population density, cost of living indices, and transportation infrastructure to link prices or

costs to local geographic areas. By accounting for these geographic variations, the survey aimed to provide policymakers and stakeholders with nuanced insights into the affordability and accessibility of child care services across different regions within the Commonwealth.

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The market rate survey or pre-approved alternative methodology aimed to capture the variation in the type of child care providers within the Commonwealth of the Northern Mariana Islands (CNMI). This included licensed providers, license-exempt providers, center-based providers, family child care home providers, and home-based providers, ensuring comprehensive coverage across different segments of the child care market.**

Efforts were made to solicit participation from each type of provider to reflect the diverse landscape of child care services available in the CNMI. This involved inviting licensed providers who adhere to regulatory standards and licensing requirements, as well as license-exempt providers who operate under different regulatory frameworks.

Center-based providers, which include child care facilities operating out of designated centers or facilities, were specifically targeted for participation. Similarly, family child care home providers, who offer child care services in a residential setting, and home-based providers, encompassing both licensed and license-exempt caregivers, were also included in the survey.

By incorporating data from various types of providers, the market rate survey aimed to capture the full spectrum of child care arrangements available to families in the CNMI. This comprehensive approach enabled policymakers and stakeholders to understand the unique characteristics, challenges, and opportunities associated with each type of provider, thereby informing decisions related to child care policy, funding, and support initiatives.

- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The market rate survey or pre-approved alternative methodology was designed to reflect the varying needs and costs associated with child care for different age groups within the Commonwealth of the Northern Mariana Islands (CNMI). This included infants, toddlers, preschoolers, and school-age children, ensuring that pricing information was tailored to the specific age categories typically served by child care providers.**

Efforts were made to gather pricing data specific to each age group to accurately reflect the cost differentials associated with caring for children at different developmental stages. This involved categorizing providers' pricing structures based on the age groups they served and collecting data on the associated fees or

rates for each category.

Providers were likely asked to specify their pricing for infant care, toddler care, preschool care, and school-age care, allowing for a comprehensive understanding of the cost variations across different age groups. This approach enabled policymakers and stakeholders to assess the affordability and accessibility of child care services for families with children of varying ages, thereby informing decisions related to subsidy programs, funding allocations, and support initiatives tailored to specific age groups.

- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **In addition to variations based on geographic area, type of provider, and age of child, the market rate survey or ACF pre-approved alternative methodology may have also examined key variations related to the quality level of child care services offered within the Commonwealth of the Northern Mariana Islands (CNMI).**

Quality level variations could encompass a range of factors, including accreditation status, staff qualifications, curriculum offerings, and program characteristics such as teacher-child ratios and facility amenities. Providers may have been asked to provide information about their quality enhancement efforts, participation in quality rating and improvement systems (QRIS), or adherence to recognized quality standards.

By examining variations in quality level, the survey aimed to assess the availability and accessibility of high-quality child care options within the CNMI. This analysis would have provided policymakers and stakeholders with insights into the distribution of quality child care services across different regions, provider types, and age groups, informing efforts to promote and support quality improvement initiatives within the child care sector.

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study,

existing data or data from the Provider Cost of Quality Calculator)? **The CNMI secured a contractor to conduct the most recent Narrow Cost Analysis (NCA). The following are the steps completed for the NCA:**

- 1. Solicited and Awarded a contractor for NCA.**
- 2. Within 10 days from the award, contractor and CCDF Staff met and discussed/clarified scope of work and identified timeline for all NCA activities.**
- 3. CCDF prepared notification to the providers informing them of the intent of CCDF to conduct an NCA and requested for expense reports from providers. Notification sent out to providers.**
- 4. Providers submitted expense reports to CCDF; follow up had to be completed since many providers did not submit in a timely manner.**
- 5. All submitted expense reports were reviewed by CCDF and then forwarded to the contractor.**
- 6. Contractor scrutinized and organized the data and came up with cost computation.**
- 7. Draft of the results were discussed with CCDF then draft presented to the providers for feedback.**

A cost estimation model to collect existing data was used to collect expense data. The Narrow Cost Analysis that the CNMI conducted looked at the expenditures of each program related to personnel and non-personnel. The computation was based on the submission by the providers as required on a monthly basis. Upon review of the monthly documents submitted, CCDF also asked for additional data and information related to their expenditures. Several calls were made to clarify data as submitted. For the personnel cost, actual salaries and benefits were computed and broken down to categories of Infant/Toddler, Pre-School and After-School at 100% and pro rate basis on the categories of Floaters, Directors, Administrative staff, Maintenance staff. etc. For example, to come up with the cost of the Infant/Toddler care, compute the total salaries of Infant/Toddler care providers and then add the percentage of indirect personnel cost divide by the numbers of Infant/Toddler enrolled and add the computation of non-personnel cost on a per child basis. Same procedure goes with the Pre-School and After-School. The computation for Tinian, another island in the CNMI has an additional 30% due to the Needs Assessment conducted under the Pre-School Development Grant B-5 on the higher cost of living in this island. On another note, Rota participated in a focus group for the same Needs Assessment and participants commented about the higher cost of living. CCDF along with its consultants conducted ocular visits in stores around Tinian and Rota and noted the prices for prime commodities was in fact at least 30% higher than Saipan.

- b. **In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? Yes. Variations were observed among the Saipan, Tinian, and Rota Island areas (geographic location). Data was collected from both center-based providers and relative care providers (category of provider). Age groups of children were labeled as Infant/Toddler, Preschool, and School-Age.**

- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **Assumptions and data were based on group sizes, staff count, staff wages and benefits, and non-personnel expenditures associated with providing care.**

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **The Lead Agency uses a quality improvement system called Reach Higher CNMI which utilizes Star Levels 1-5, where 5 is the high end of the tier. The same assumptions and data above were used to determine cost at higher levels of quality: group sizes, staff count, staff wages and benefits, and non-personnel expenditures associated with providing care.**

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **For center-based providers, the current rates for Saipan exceed the average monthly expense by 5-10% per age group, and 37-43% for Tinian/Rota rates. For relative care (FFN) providers, Saipan rates fall short of the average monthly expense by 4-24%. For Tinian/Rota rates, infant/toddler and preschool rates exceed the average monthly expense, while the rate for school-age falls short by 2%. Barring any substantial or significant results of the Market Rate Survey that may compel further increase, because the current rates exceed the average monthly expense for centers-based providers, the results of this narrow cost analysis do not merit additional increase for center-based providers. As for FFN providers, because the largest 'gaps' were in rates compared to average monthly expense for the school-age group, one assumption that should be noted for the succeeding NCA is the amount of time in care for each age group. Where infant/toddler groups may spend full days in care, preschool or school-age groups may spend half-day or less. Therefore, additional increase for FFN providers is also not merited.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **5/30/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **5/30/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **childcare.gov.mp**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The survey was communicated to providers through email survey invitations and reminders, non-response prompted phone calls, survey follow up calls and support from the consultant. Extensive support was also provided to home based providers and those who had not had the chance to participate in previous Market Rate Surveys. The survey instrument was presented in English, but for those who preferred another language, such as, Tagalog, the team conducted the survey over the phone. The report as presented was made available through the child care website for comments.**

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

Yes.

i. If yes, check if the Lead Agency:

Sets the same payment rates for the entire State or Territory.

Sets different payment rates for different regions in the State or Territory.

No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **10/1/2022**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Monthly rates divided by 4.3**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	700.00 Per Month	100.00	161.66	75.00	700.00	700.00	700.00	706.00 Per Month	99.00
Family Child Care for Infants (6 months)	910.00 Per Month	100.00	210.16	75.00	909.78	910.00	910.00	925.00 Per Month	98.00
Center Care for Toddlers (18 months)	700.00 Per Month	100.00	161.66	75.00	700.00	700.00	700.00	685.00 Per Month	102.00
Family Child Care for Toddlers (18 months)	910.00 Per Month	100.00	210.16	75.00	780.00	840.52	910.00	985.00 Per Month	92.00
Center Care for Preschoolers (4 years)	600.00 Per Month	100.00	138.57	75.00	600.00	600.00	600.00	570.00 Per Month	102.00
Family Child Care for Preschoolers (4 years)	780.00 Per Month	100.00	180.14	75.00	700.00	735.35	780.00	792.00 Per Month	98.00
Center Care for School-Age (6 years)	550.00 Per Month	100.00	115.47	75.00	550.00	550.00	550.00	552.00 Per Month	100.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for School-Age (6 years)	714.95 Per Month	100.00	165.12	75.00	551.09	602.73	714.95	814.00 Per Month	88.00

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. Differential rate for non-traditional hours. Describe:

ii. Differential rate for children with special needs, as defined by the Lead Agency.

Describe: **The following are incentives or add ons included in the Quality Recognition and Improvement System - Reach Higher, CNMI.**

Star Level 1: PD/Training Incentive = \$1000.00 goes toward training fees or child care services fees of participants

Star Level 2: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$500 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$2000 to maximum of \$4000); Program Annual Incentives (range starting from \$1000 to maximum of \$2500; PD Annual Training Incentives \$1500.

Star Level 3: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$550 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$3000 to maximum of \$13,000); Program Annual Incentives (range starting from \$2000 to maximum of \$3500; PD Annual Training Incentives \$2000.

Star Level 4: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$600 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$4000 to maximum of \$16,000); Program Annual Incentives (range starting from \$3000 to maximum of \$4500; PD Annual Training Incentives \$2500.

Star Level 5: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$650 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$5000 to maximum of \$20,000); Program Annual Incentives (range starting from \$4000 to maximum of \$5500; PD Annual Training Incentives \$3000.

- iii. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- iv. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- v. Differential rate for higher quality, as defined by the Lead Agency. Describe: **Tiered reimbursements are provided as providers go up in their Star Level. Starting at Star Level 2 (7% of base rate). Star Level 3 (10% base rate); Star Level 4 (12% base rate); Star Level 5 (15% base rate).**
- vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:
- vii. If applicable, describe any additional add-on rates that you have besides those identified above. **The following are incentives or add ons included in the Quality Recognition and Improvement System - Reach Higher, CNMI.**

Star Level 1: PD/Training Incentive = \$1000.00 goes toward training fees or child care services fees of participants

Star Level 2: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$500 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$2000 to maximum of \$4000); Program Annual Incentives (range starting from \$1000 to maximum of \$2500; PD Annual Training Incentives \$1500.

Star Level 3: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$550 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$3000 to maximum of \$13,000); Program Annual Incentives (range starting from \$2000 to maximum of \$3500; PD Annual Training Incentives \$2000.

Star Level 4: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$600 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$4000 to maximum of \$16,000); Program Annual Incentives (range starting from \$3000 to maximum of \$4500; PD Annual Training Incentives \$2500.

Star Level 5: Aside from the Tiered Reimbursement, includes incentives for Children with Special Needs \$650 per CCDF family/year; Cash/Staff Annual incentives (range starting from \$5000 to maximum of \$20,000); Program Annual Incentives (range starting from \$4000 to maximum of \$5500; PD Annual Training Incentives \$3000.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe:

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The CNMI conducted both a Market Rate Survey as well as a Narrow Cost Analysis (NCA). The CNMI will set the payment rates based on the result of the MRS and NCA.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **The MRS and NCA requested information/reviewed information related to cost/expenses to meet health and safety, quality and staffing requirements.**

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The cost analysis identified the cost associated with providing the care for all age groups.**

The data collected from providers was used to calculate an estimate of average monthly expense per child based on provider type, geography, ages, and quality level. For center-based providers, the average monthly expense per child ranged from \$500 to \$636 while for home based providers, the average monthly expense per child is \$727.

The current subsidy rates for each age group in center-based programs are at more than 100% of the average monthly expense. For home based providers in Rota and Tinian, the subsidy rates are at more than 100% of the monthly expense except for the afterschool age group which is at 98%. For home based providers in Saipan, the subsidy rates percentage vs monthly expense fall between 76% to 96%. All types of providers are paid by enrollment vs attendance.

Generally for licensed center-based programs, the current subsidy rates addresses the cost of care and in addition, paying by enrollment supports the stabilization of child care providers. For Saipan home based providers, the CNMI will adjust the subsidy rates to address their cost of care.

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Providers were asked to include expenses related to providing care to children with special needs, training and technical assistance cost, curriculum, paid hours for planning activities.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **the CNMI also took into consideration the higher cost of living, therefore higher cost of providing care in the other islands of Tinian and Rota. The CCDF staff conducted a Price Survey, and the cost of basic goods, remain to be at least 30% higher on the other islands. Related to this, CCDF included the 30% increase in setting the payment rates for Tinian and Rota.**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies

apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe: **The CCDF Lead Agency pays prospectively. For example: for the month of July's services, providers will be paid no later than July 5.**

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type:

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency

provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: **One time registration fee for new families.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **All CCDF certified providers, whether new or ongoing attend an orientation that describes the CCDF provider requirements as well as payment processes. A power point presentation is provided that describes policies and procedures, including any related documents describing submission deadlines, where to submit payment invoices, documents to attach to the payment invoices, and other fees that are reimbursable-such as a new family's registration fees. Schedule of submission of invoices as well when co-payments are to be made and submitted are all posted on the childcare website www.childcare.gov.mp**

The Child Care Rules and Regulations are also posted on the website that provides as guidelines to families and providers. Specifically, the description of the procedure to address Adverse Actions are contained in the CCDF Rules and Regulations. The same description is also included in the letter to the provider for any adverse actions.

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **The provider is informed of any changes to the family's eligibility via email and a call is done when necessary. Within 5 workdays from Eligibility Staff completion of verification of the change to the family's eligibility status, the provider is informed via email.**

- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Section 55-60-601 Denial, Suspension, Revocation of CCDF Certificate and Hearings:**

(a) The conditions for denial, suspension, or revocation of a child care provider's eligibility to participate in the Child Care Development Fund (CCDF) program and the action to be taken by the CCDF are as follows:

- (1) CCDF may deny, suspend, or revoke the provider's eligibility to participate in the program if the provider does not comply with the rules of the CCDF for the providers and their facilities;
- (2) CCDF may revoke the provider's CCDF certificate if the provider has a violation and has been suspended at least once previously;
- (3) A provider whose CCDF certificate is about to be denied, suspended, or revoked shall be given written notice by certified or registered mail addressed to the location shown on the CCDF application or CCDF certificate.
- (4) The notice shall contain a statement of the reasons for the proposed action and shall inform the provider of the right to appeal the decision to the Office of the Secretary of the Department of Community and Cultural Affairs, no later than 20 days after receipt of the notice of proposed action.
- (5) The provider has twenty days from receipt of the notice of proposed action to make a written request for a hearing. Upon receipt of appeal the Secretary of DCCA shall give written notice to the provider of a time and place for a hearing before a hearing officer. On the basis of the evidence adduced at the hearing, the hearing officer shall make the final decision as to whether the provider's certificate shall be denied, suspended, or revoked; and
- (6) If no timely written request for a hearing is made, processing of the application shall end or the certificate shall be suspended or revoked as of the termination of the twenty-day period.
- (7) The CCDF program will notify the parents or legal guardians of each child who is provided care in the provider's home or facility of the suspension or revocation.
- (8) At any hearing provided for by this section, the provider may be represented by counsel and has the right to call, examine, and cross examine witnesses. Evidence may be received even though inadmissible under rules of evidence applicable under court procedures. Hearing officer decisions shall be in writing, shall contain findings of fact and conclusions of law, and shall be mailed to the parties by certified or registered mail to the last known address as is shown on the application or CCDF certificate. The Administrative Procedure Act (1 CMC §§ 9101 et seq.) shall also be applicable at any hearing.

Any payment inaccuracies are addressed and resolved by the Eligibility Staff the following month and the amount in question is included in the following month's payment.

For example: If the provider brings to the attention of the Eligibility Staff (ES) a missing payment for a child, say for the month of May, the ES will review and make the necessary adjustment for that child in the provider's June Invoice.

- f. Other. Describe any other payment practices established by the Lead Agency: **None**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The following practices facilitate provider participation in all categories of care: All providers' reimbursement rate reflect the latest MRS and NCA results, with payments being made at 100% percentile. Providers are paid based on part time or full time enrollment rather than attendance. Rates are also differentiated between the islands of Saipan, Tinian, and Rota, with Tinian and Rota being reimbursed at least 30% more due to higher cost of living in the other**

islands. All licensed exempt home based providers are also reimbursed for their 1st year's/initial business expense (such as fees related to securing a Business License, Police Clearance, Health Clearance, etc.)

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **Currently, CCDF has included grants and contracts in its QRIS, with grants /contracts being offered for those under Start Level 5. Grants/contracts will be offered for infants only classrooms.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

Children with disabilities. Number of slots allocated through grants or contracts:

Infants and toddlers. Number of slots allocated through grants or contracts:

Children in underserved geographic areas. Number of slots allocated through grants or contracts:

Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

School-age children. Number of slots allocated through grants or contracts:

Children experiencing homelessness. Number of slots allocated through grants or contracts:

Children in urban areas. Percent of CCDF children served in an average month:

Children in rural areas. Percent of CCDF children served in an average month:

Other populations. If checked, describe:

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe: **In-home providers must at least be 18 years old.**
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: **Only allowed for non-traditional hours**
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **Only relative care will be approved for In-home care**
- v. Restricted to care for children with special needs or a medical condition. Describe: **At least one child must meet the definition of special needs or with special medical health care needs. Written medical certification, IEP, IFSP must be presented to allow for in-home care.**
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:

- i. Data sources used to identify shortages: **Subsidy data for the area; number of families applying/approved for the program and the children approved. Licensing capacity data.**
 - ii. Method of tracking progress: **System of Support data will be used to track progress.**
 - iii. What is the plan to address the child care shortages using family child care homes **The System of Support initiative will continue to be implemented to address child care shortages.**
 - iv. What is the plan to address the child care shortages using child care centers? **Established Resource and Referral Office will help address these shortages in child care centers.**
- b. In different regions of the State or Territory:
- i. Data sources used to identify shortages: **Subsidy data; number of families and children being approved. Licensing Data.**
 - ii. Method of tracking progress: **The System of Support data will be used to track progress.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The System of Support data will be used to address shortages.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Child Care Resource and Referral Office will help address shortages in child care centers.**
- c. In care for special populations:
- i. Data sources used to identify shortages: **Subsidy data will be used to identify shortages.**
 - ii. Method of tracking progress: **Monthly reports**
 - iii. What is the plan to address the child care shortages using family child care homes? **System of Support with assist to address shortages through outreach program that targets family child care homes.**
 - iv. What is the plan to address the child care shortages using child care centers? **Information/outreach opportunities with child care centers to address child care shortages; encourage licensed home based providers to expand to become child care centers.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The System of Support will assist in identifying gaps in the supply; while the QRIS will assist with identifying gaps in quality child care services.**

Through the PDG Birth to 5 Grant, the CNMI CCDF Program was able to conduct a Needs Assessment. It was evident through the Focus Groups that the island of Rota was in need of the child care center. As a result of this grant and in partnership with the Northern Marianas Housing Corporation or NMHC and their grant, CCDF was able to apply for a grant that will build a child care center in Rota.

Additionally, through the additional covid funding, the CCDF Program has established child care offices in Rota and Tinian to serve the child care needs of these other islands.

- b. Infants and toddlers. Describe: **The System of Support will assist in identifying gaps in the supply; while the QRIS will assist with identifying gaps in quality child care services.**
- c. Children with disabilities. Describe: **The System of Support will assist in identifying gaps in the supply; while the QRIS will assist with identifying gaps in quality child care services.**
- d. Children who receive care during non-traditional hours. Describe: **The System of Support will assist in identifying gaps in the supply; while the QRIS will assist with identifying gaps in quality child care services.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Lead Agency requires that all CCDF certified providers be part of Reach Higher, CNMI, the territory's Quality Recognition and Improvement System. This means that all centers and home based providers in the CNMI will be part of this system. By doing so families all over the CNMI will have access to high-quality child care and development services regardless of which island or location they live in.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **1. Group Child Care Homes and Family Child Care Homes**
2. Before and After School Programs
3. Infant and Toddler Child Care Centers
4. Day Care Centers

Please note that although there is in the list Infant and Toddler Child Care Centers, currently, all day care centers do have infant and toddler programs. The CNMI does not currently have only Infant and Toddler child care centers.

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe: **1. Group Child Care Homes and Family Child Care Homes**
2. Before and After School Programs
3. Infant and Toddler Child Care Centers
4. Day Care Centers

No.

- b. Identify the family child care providers subject to licensing: **Group Child Care Homes and Family Child Care Homes**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

- c. Identify the in-home providers subject to licensing: **Group Child Care Homes and Family Child Care Homes**

These types of providers offer services in homes.

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **No center based child care provider is exempt from Licensing in the territory.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **No center based child care provider is exempt from Licensing in the territory.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger

the health, safety, and development of children. **No center based child care provider is exempt from Licensing in the territory.**

- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **The licensed-exempt family, friend, and neighbor (LEFFN) providers are exempted from the licensing requirements.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **The LEFFN providers have a threshold of up to 4 children to provide child care services.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **The LEFFN providers must meet CCDF requirements which includes a business license, police clearance, and health clearance. They are still required to train in the 12 preservice health and safety topics, undergo an announced and unannounced observation visit that addresses the health and safety, and are currently being introduced to the Family Child Care Environment Rating Scale and Business Administration Scale for family child care providers through a pilot group. These providers also must meet 15 annual training hours**
- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **In home care is only allowed for license exempt relative care.**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **In home care is only allowed for license exempt relative care.**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In home care is only allowed for license exempt relative care.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **Children who are newborn up to age one (through the twelfth month).**
- b. Toddler. Describe: **Children who are twelve to thirty-six months of age.**
- c. Preschool. Describe: **Children who are 4 years to 5 years old**
- d. School-Age. Describe: **Chronological age of children enrolled in elementary and junior high school below the age of 13**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **Ratio: 1:3 and 1:4**

Group size: **Group size: 6 and 8**

- ii. Toddler.

Ratio: **Ratio: 1:3, 1:4, 1:5, 1:6**

Group size: **Group size: 6, 8, 10, 12**

- iii. Preschool.

Ratio: **Ratio: 2 years old[1:7]; 3 years of[1:7]; 4 years old[1:10]; and 5 years old[1:10]**

Group size: **Group size: 2 and 3 year olds ☐ maximum of 48-55 children. 4 year olds ☐ maximum of 66-76 children and 5 year olds ☐ maximum of 55-65 children.**

- iv. School-Age.

Ratio: **Ratio: 5 years old [1:10]**

Group size: **Group size: 55-65 children**

- v. Mixed-Age Groups (if applicable).

Ratio: Ratio: For CCLP, unless specific instructional curriculum and related provisions specify mixing the ages and excepting nap time, the number of children assigned to a staff member shall be determined by the age of the youngest child in the group

Group size: **Group size: None specified.**

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

- i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

- ii. Infant:

- iii. Toddler:

- iv. Preschool:

- v. School-Age:

- vi. Mixed-Age Groups:

- c. Licensed CCDF family child care home providers:

- i. Infant (if applicable)

Ratio: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

- ii. Toddler (if applicable)

Ratio: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted

in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

iii. Preschool (if applicable)

Ratio: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

iv. School-Age (if applicable)

Ratio: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

v. Mixed-Age Groups

Ratio: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No

more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Under the Child Care Licensing Program, a Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

ii. Toddler (if applicable)

Ratio: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the

same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

iii. Preschool (if applicable)

Ratio: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

iv. School-Age (if applicable)

Ratio: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

v. Mixed-Age Groups (if applicable)

Ratio: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

Group size: Family Child Care Home shall provide care for no more than six children at the same time. No more than two children under eighteen months of age shall be permitted in the family child care home at the same time. Should there be additional adult help in the home, there may be up to four children under eighteen months of age.

f. Are any of the responses above different for license-exempt in-home care?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **A teacher shall meet one of the following qualifications: (1) A degree in child development or early childhood education from an accredited college or university, and six months working experience in an early childhood program; or (2) Post-secondary credential in child development associate program or organized two-year (sixty credit) college program and certificate in early childhood education, plus one-year supervised teaching experience in an early childhood program; or (3) Baccalaureate (bachelor's degree) in elementary education from an accredited college or university plus six months working in an early childhood program, plus six credit-semester or equivalent approved child development or early childhood training courses, (may be included as part of bachelors or arts or bachelors of science degree); or (4) Baccalaureate (bachelor degree) any field from an accredited college or university plus six months working in an early childhood program, plus twelve credits—semester or equivalent approved child development or early childhood training courses, (may be included as part of bachelors of arts or bachelor of science degree).**
- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **The director of a facility licensed for six or more children shall have the following qualifications: (1) A bachelor's degree from an accredited college or university preferably with courses in early childhood education, child development, or related fields, and two years of experience working with children; or (2) Combination of two years of college education or child development associate certification and four years of experience in work with children; and (3) In either case, at least one year of experience shall be with children of the appropriate age for the child care center being directed.**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **(a) Each provider shall be qualified through training experience, and personal qualities for the age group with which the person works. (b) All provider other than volunteers assisting providers shall be at least eighteen years old. (c) Written reference from two of the following categories of persons shall be submitted to the Department with an application: (1) A neighbor or personal friend; (2) A person in a professional capacity such as a teacher, doctor, minister, or social worker, (3) The parent of any child who has previously been in the provider's care, if**

applicable.

- c. Licensed, regulated, or registered in-home care (care in the child’s own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child’s own home) including any variations based on the ages of children in care: **Must be at least 18 years of age**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **There is no license-exempt center-based child care in the CNMI.**
- b. License-exempt home-based child care. **All license-exempt home-based child care providers must be 18 years of age or older and complete all 12 preservice health and safety topics. Annually, all license-exempt home based child care must complete 15 hours of training.**
- c. License-exempt in-home care (care in the child’s own home). **All license-exempt in-home care providers must be 18 years of age or older and complete all 12 preservice health and safety topics. Annually, all license-exempt home based child care must complete 15 hours of training.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers’ standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-232 [Evidence of Child’s**

Health] (a) The child care facility shall obtain from the parent(s) or guardian(s), a health record of the child that complies with the provisions of this section, which relate to the school entry examination requirements for tuberculosis clearance, immunization, and physical examination. (2) Written evidence that the infant or toddler has received a tuberculin test indicating that the infant or toddler is free from tuberculosis in a communicable form.

Training on the prevention and control of infectious diseases (including immunizations) must be completed before or within 90 days of employment date for newly hired providers. Completed every 3 years for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-334 [Evidence of Child’s Health]** (a) The child care facility shall require and obtain from the parent or guardian of each child entering child care a completed department of education form 14 or any comparable writing which shall include the following: (1) Child’s record of immunization; (2) Evidence of the child’s good health; and (3) Signature of a physician or health agency, signed within one year prior to admission. (b) School aged children in before or after school care only, who satisfy health requirements for enrollment in school, are not required to furnish the material specified in subsection (a) above.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-334 [Evidence of Child’s Health]** (a) The child care facility shall require and obtain from the parent or guardian of each child entering child care a completed department of education form 14 or any comparable writing which shall include the following: (1) Child’s record of immunization; (2) Evidence of the child’s good health; and (3) Signature of a physician or health agency, signed within one year prior to admission. (b) School aged children in before or after school care only, who satisfy health requirements for enrollment in school, are not required to furnish the material specified in subsection (a) above.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification

of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training on the prevention and control of infectious diseases (including immunizations) must be completed within 90 days of being a provider.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training on the prevention and control of infectious diseases (including immunizations) must be completed within 90 days of being a provider.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-232 [Evidence of Child’s Health] (a)** The child care facility shall obtain from the parent(s) or guardian(s), a health record of the child that complies with the provisions of this section, which relate to the school entry examination requirements for tuberculosis clearance, immunization, and physical examination. (2) Written evidence that the infant or toddler has received a tuberculin test indicating that the infant or toddler is free from tuberculosis in a communicable form.

Training on the prevention and control of infectious diseases (including immunizations) must be completed before or within 90 days of employment date for newly hired providers. Completed every 3 years for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe

sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-232 [Evidence of Child’s Health] (a) The child care facility shall obtain from the parent(s) or guardian(s), a health record of the child that complies with the provisions of this section, which relate to the school entry examination requirements for tuberculosis clearance, immunization, and physical examination. (2) Written evidence that the infant or toddler has received a tuberculin test indicating that the infant or toddler is free from tuberculosis in a communicable form.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the

training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-334 [Evidence of Child’s Health]** (a) The child care facility shall require and obtain from the parent or guardian of each child entering child care a completed department of education form 14 or any comparable writing which shall include the following: (1) Child’s record of immunization; (2) Evidence of the child’s good health; and (3) Signature of a physician or health agency, signed within one year prior to admission. (b) School aged children in before or after school care only, who satisfy health requirements for enrollment in school, are not required to furnish the material specified in subsection (a) above.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-334 [Evidence of Child’s Health]** (a) The child care facility shall require and obtain from the parent or guardian of each child entering child care a completed department of education form 14 or any comparable writing which shall include the following: (1) Child’s record of immunization; (2) Evidence of the child’s good health; and (3) Signature

of a physician or health agency, signed within one year prior to admission. (b) School aged children in before or after school care only, who satisfy health requirements for enrollment in school, are not required to furnish the material specified in subsection (a) above.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training on the prevention and control of infectious diseases (including immunizations) must be completed within 90 days of being a provider.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and

allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training on the prevention and control of infectious diseases (including immunizations) must be completed within 90 days of being a provider.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsections 55-40.1-232 [Evidence of Child’s Health] (a) The child care facility shall obtain from the parent(s) or guardian(s), a health record of the child that complies with the provisions of this section, which relate to the school entry examination requirements for tuberculosis clearance, immunization, and physical examination. (2) Written evidence that the infant or toddler has**

received a tuberculin test indicating that the infant or toddler is free from tuberculosis in a communicable form.

Training on the prevention and control of infectious diseases (including immunizations) must be completed before or within 90 days of employment date for newly hired providers. Completed every 3 years for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Training on the prevention of sudden infant death syndrome and the use of safe sleep practices must be completed before or within 90 days of employment date for newly hired providers. Completed every 3 years for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters). Completed annually for all staff who have direct responsibility for the care of infants and toddlers.**

Implementation of safe sleep practices to qualify for CCDF funding (QRIS star 1):

All programs:

*Safe sleep practices written policy.

*Policy explains that these practices aim to reduce the risk of SIDS or other injuries and causes of death when an infant is in a crib or asleep.

*All adults who are allowed to care for infants (i.e. lead teachers, floaters, aides, substitutes, and volunteers) received a copy of the Safe Sleep Policy and additional educational information.

*Training on Safe Sleep Practices for all adults (i.e. lead teachers, floaters, aides, substitutes, and volunteers) in contact with infants has occurred and is documented.

Programs serving infants birth to 12 months

*Infants up to 12 months of age are fully flat on their backs to sleep for every sleep time (to place a child in any other position a primary care provider must provide a signed waiver indicating that the child requires an alternative sleep position).

*Each sleeping infant is put to sleep on a firm crib mattress covered with a tight-fitting sheet in a safety-approved crib (U.S. Consumer Product Safety Commission (CPSC), American Society for Testing Materials (ASTM) and/or Juvenile Product Manufacturer Association (JPMA) Standards).

*Infants are not left to nap in a car seat. If an infant arrives on site asleep in a car seat s/he is removed immediately and placed on his/her back in his/her assigned crib.

*Infants that fall asleep outside of their assigned crib are immediately moved to their crib and placed to sleep on their back

*Only 1 infant sleeps per crib.

*Bumper pads, pillows, quilts, comforters, sleep positioners, blankets, flat sheets, bibs, toys, mobiles, and other materials are kept out of and off the sides of cribs.

*Infants may be placed in one-piece sleepers to maintain appropriate temperatures (swaddling infants in child care is not necessary or recommended).

*The temperature in the room is kept comfortable for a lightly clothed adult.

*Infants are always held for bottle feedings. Bottles are never placed in a crib with an infant.

Programs serving children of all ages who nap:

*An individual crib, cot, mat, sleeping bag, or pad is kept for each child who spends more than 4 hours a day in the child care setting.

*Cribs are placed away from window blinds, draperies, and cords not within reach of the child.

*Cots and cots are made of washable materials, and pads are covered with washable covers.

*Bedding that touches a child's skin are cleaned weekly or before use by another child.

*If a crib, mat, or cot is used by more than one child, the fitted sheets must be changed between use. Each child must have his own assigned fitted bed sheet.

*Cribs, mats, and pads are placed at least 3 feet apart (if the room cannot accommodate spacing children 3 feet apart, children must be spaced as far apart

as possible and alternated head to foot).

*The sleeping surface of one child's rest equipment is not placed in contact with the sleeping surface of another child's rest equipment.

*Any exposure to second-hand or third-hand smokes avoided (from adult clothing).

*Caregivers are present and directly observe infants, toddlers, and preschoolers by sight and sound during sleep, while going to sleep, and when waking up (lighting in the room allows for caregivers to see the color of each infant's and child's face)

This standard is embedded in the CCDF Monitoring Tool and found in this link:

https://www.childcare.gov.mp/wp-content/uploads/2024/04/Reach-Higher-CNMI_CCDF-Observation-Checklist-Updated-April-2024-.pdf

The checklist is found in this link:

<https://www.childcare.gov.mp/wp-content/uploads/2020/01/2020.-Safe-Sleep-Practices-Checklist-.pdf>

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Training prevention of sudden infant death syndrome and the use of safe sleep practices must be completed within 90 days of being a provider. Completed annually for all providers who have direct responsibility for the care of infants and toddlers.**

Completed every 3 years for all ongoing providers who have direct responsibility for the care of children.

All programs:

- *Safe sleep practices written policy.
- *Policy explains that these practices aim to reduce the risk of SIDS or other injuries and causes of death when an infant is in a crib or asleep.
- *All adults who are allowed to care for infants (i.e. lead teachers, floaters, aides, substitutes, and volunteers) received a copy of the Safe Sleep Policy and additional educational information.
- *Training on Safe Sleep Practices for all adults (i.e. lead teachers, floaters, aides, substitutes, and volunteers) in contact with infants has occurred and is documented.

Programs serving infants birth to 12 months

- *Infants up to 12 months of age are fully flat on their backs to sleep for every sleep time (to place a child in any other position a primary care provider must provide a signed waiver indicating that the child requires an alternative sleep position).
- *Each sleeping infant is put to sleep on a firm crib mattress covered with a tight-fitting sheet in a safety-approved crib (U.S. Consumer Product Safety Commission (CPSC), American Society for Testing Materials (ASTM) and/or Juvenile Product Manufacturer Association (JPMA) Standards).
- *Infants are not left to nap in a car seat. If an infant arrives on site asleep in a car seat s/he is removed immediately and placed on his/her back in his/her assigned crib.
- *Infants that fall asleep outside of their assigned crib are immediately moved to their crib and placed to sleep on their back
- *Only 1 infant sleeps per crib.
- *Bumper pads, pillows, quilts, comforters, sleep positioners, blankets, flat sheets, bibs, toys, mobiles, and other materials are kept out of and off the sides of cribs.
- *Infants may be placed in one-piece sleepers to maintain appropriate temperatures (swaddling infants in child care is not necessary or recommended).
- *The temperature in the room is kept comfortable for a lightly clothed adult.
- *Infants are always held for bottle feedings. Bottles are never placed in a crib with an infant.

Programs serving children of all ages who nap:

- *An individual crib, cot, mat, sleeping bag, or pad is kept for each child who spends more than 4 hours a day in the child care setting.
- *Cribs are placed away from window blinds, draperies, and cords not within reach of the child.
- *Cots and cots are made of washable materials, and pads are covered with washable covers.
- *Bedding that touches a child's skin are cleaned weekly or before use by another child.
- *If a crib, mat, or cot is used by more than one child, the fitted sheets must be changed between use. Each child must have his own assigned fitted bed sheet.

*Cribs, mats, and pads are placed at least 3 feet apart (if the room cannot accommodate spacing children 3 feet apart, children must be spaced as far apart as possible and alternated head to foot).

*The sleeping surface of one child's rest equipment is not placed in contact with the sleeping surface of another child's rest equipment.

*Any exposure to second-hand or third-hand smokes avoided (from adult clothing).

*Caregivers are present and directly observe infants, toddlers, and preschoolers by sight and sound during sleep, while going to sleep, and when waking up (lighting in the room allows for caregivers to see the color of each infant's and child's face)

The checklist is found in this link:

<https://www.childcare.gov.mp/wp-content/uploads/2020/01/2020.-Safe-Sleep-Practices-Checklist-.pdf>

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Training prevention of sudden infant death syndrome and the use of safe sleep practices must be completed within 90 days of being a provider. Completed annually for all providers who have direct responsibility for the care of infants and toddlers. Completed every 3 years for all ongoing providers who have direct responsibility for the care of children.**

All programs:

- *Safe sleep practices written policy.**
- *Policy explains that these practices aim to reduce the risk of SIDS or other injuries and causes of death when an infant is in a crib or asleep.**
- *All adults who are allowed to care for infants (i.e. lead teachers, floaters, aides, substitutes, and volunteers) received a copy of the Safe Sleep Policy and additional educational information.**
- *Training on Safe Sleep Practices for all adults (i.e. lead teachers, floaters, aides, substitutes, and volunteers) in contact with infants has occurred and is documented.**

Programs serving infants birth to 12 months

- *Infants up to 12 months of age are fully flat on their backs to sleep for every sleep time (to place a child in any other position a primary care provider must provide a signed waiver indicating that the child requires an alternative sleep position).**
- *Each sleeping infant is put to sleep on a firm crib mattress covered with a tight-fitting sheet in a safety-approved crib (U.S. Consumer Product Safety Commission (CPSC), American Society for Testing Materials (ASTM) and/or Juvenile Product Manufacturer Association (JPMA) Standards).**
- *Infants are not left to nap in a car seat. If an infant arrives on site asleep in a car seat s/he is removed immediately and placed on his/her back in his/her assigned crib.**
- *Infants that fall asleep outside of their assigned crib are immediately moved to their crib and placed to sleep on their back**
- *Only 1 infant sleeps per crib.**
- *Bumper pads, pillows, quilts, comforters, sleep positioners, blankets, flat sheets, bibs, toys, mobiles, and other materials are kept out of and off the sides of cribs.**
- *Infants may be placed in one-piece sleepers to maintain appropriate temperatures (swaddling infants in child care is not necessary or recommended).**
- *The temperature in the room is kept comfortable for a lightly clothed adult.**
- *Infants are always held for bottle feedings. Bottles are never placed in a crib with an infant.**

Programs serving children of all ages who nap:

- *An individual crib, cot, mat, sleeping bag, or pad is kept for each child who spends more than 4 hours a day in the child care setting.**
- *Cribs are placed away from window blinds, draperies, and cords not within reach of the child.**
- *Cots and cots are made of washable materials, and pads are covered with washable covers.**
- *Bedding that touches a child's skin are cleaned weekly or before use by another child.**
- *If a crib, mat, or cot is used by more than one child, the fitted sheets must be changed between use. Each child must have his own assigned fitted bed sheet.**
- *Cribs, mats, and pads are placed at least 3 feet apart (if the room cannot accommodate spacing children 3 feet apart, children must be spaced as far apart**

as possible and alternated head to foot).

*The sleeping surface of one child's rest equipment is not placed in contact with the sleeping surface of another child's rest equipment.

*Any exposure to second-hand or third-hand smokes avoided (from adult clothing).

*Caregivers are present and directly observe infants, toddlers, and preschoolers by sight and sound during sleep, while going to sleep, and when waking up (lighting in the room allows for caregivers to see the color of each infant's and child's face)

The checklist is found in this link:

<https://www.childcare.gov.mp/wp-content/uploads/2020/01/2020.-Safe-Sleep-Practices-Checklist-.pdf>

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training prevention of sudden infant death syndrome and the use of safe sleep practices must be completed within 90 days of being a provider. Completed annually for all providers who have direct responsibility for the care of infants and toddlers. Completed every 3 years for all ongoing providers who have direct**

responsibility for the care of children.

All programs:

- *Safe sleep practices written policy.
- *Policy explains that these practices aim to reduce the risk of SIDS or other injuries and causes of death when an infant is in a crib or asleep.
- *All adults who are allowed to care for infants (i.e. lead teachers, floaters, aides, substitutes, and volunteers) received a copy of the Safe Sleep Policy and additional educational information.
- *Training on Safe Sleep Practices for all adults (i.e. lead teachers, floaters, aides, substitutes, and volunteers) in contact with infants has occurred and is documented.

Programs serving infants birth to 12 months

- *Infants up to 12 months of age are fully flat on their backs to sleep for every sleep time (to place a child in any other position a primary care provider must provide a signed waiver indicating that the child requires an alternative sleep position).
- *Each sleeping infant is put to sleep on a firm crib mattress covered with a tight-fitting sheet in a safety-approved crib (U.S. Consumer Product Safety Commission (CPSC), American Society for Testing Materials (ASTM) and/or Juvenile Product Manufacturer Association (JPMA) Standards).
- *Infants are not left to nap in a car seat. If an infant arrives on site asleep in a car seat s/he is removed immediately and placed on his/her back in his/her assigned crib.
- *Infants that fall asleep outside of their assigned crib are immediately moved to their crib and placed to sleep on their back
- *Only 1 infant sleeps per crib.
- *Bumper pads, pillows, quilts, comforters, sleep positioners, blankets, flat sheets, bibs, toys, mobiles, and other materials are kept out of and off the sides of cribs.
- *Infants may be placed in one-piece sleepers to maintain appropriate temperatures (swaddling infants in child care is not necessary or recommended).
- *The temperature in the room is kept comfortable for a lightly clothed adult.
- *Infants are always held for bottle feedings. Bottles are never placed in a crib with an infant.

Programs serving children of all ages who nap:

- *An individual crib, cot, mat, sleeping bag, or pad is kept for each child who spends more than 4 hours a day in the child care setting.
- *Cribs are placed away from window blinds, draperies, and cords not within reach of the child.
- *Cots and cots are made of washable materials, and pads are covered with washable covers.
- *Bedding that touches a child's skin are cleaned weekly or before use by another child.
- *If a crib, mat, or cot is used by more than one child, the fitted sheets must be changed between use. Each child must have his own assigned fitted bed sheet.
- *Cribs, mats, and pads are placed at least 3 feet apart (if the room cannot

accommodate spacing children 3 feet apart, children must be spaced as far apart as possible and alternated head to foot).

*The sleeping surface of one child's rest equipment is not placed in contact with the sleeping surface of another child's rest equipment.

*Any exposure to second-hand or third-hand smokes avoided (from adult clothing).

*Caregivers are present and directly observe infants, toddlers, and preschoolers by sight and sound during sleep, while going to sleep, and when waking up (lighting in the room allows for caregivers to see the color of each infant's and child's face)

The checklist is found in this link:

<https://www.childcare.gov.mp/wp-content/uploads/2020/01/2020.-Safe-Sleep-Practices-Checklist-.pdf>

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- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training prevention of sudden infant death syndrome and the use of safe sleep practices must be completed within 90 days of being a provider. Completed annually for all providers who have direct responsibility for the care of infants and toddlers. Completed every 3 years for all ongoing providers who have direct responsibility for the care of children.**

All programs:

- *Safe sleep practices written policy.
- *Policy explains that these practices aim to reduce the risk of SIDS or other injuries and causes of death when an infant is in a crib or asleep.
- *All adults who are allowed to care for infants (i.e. lead teachers, floaters, aides, substitutes, and volunteers) received a copy of the Safe Sleep Policy and additional educational information.
- *Training on Safe Sleep Practices for all adults (i.e. lead teachers, floaters, aides, substitutes, and volunteers) in contact with infants has occurred and is documented.

Programs serving infants birth to 12 months

- *Infants up to 12 months of age are fully flat on their backs to sleep for every sleep time (to place a child in any other position a primary care provider must provide a signed waiver indicating that the child requires an alternative sleep position).
- *Each sleeping infant is put to sleep on a firm crib mattress covered with a tight-fitting sheet in a safety-approved crib (U.S. Consumer Product Safety Commission (CPSC), American Society for Testing Materials (ASTM) and/or Juvenile Product Manufacturer Association (JPMA) Standards).
- *Infants are not left to nap in a car seat. If an infant arrives on site asleep in a car seat s/he is removed immediately and placed on his/her back in his/her assigned crib.
- *Infants that fall asleep outside of their assigned crib are immediately moved to their crib and placed to sleep on their back
- *Only 1 infant sleeps per crib.
- *Bumper pads, pillows, quilts, comforters, sleep positioners, blankets, flat sheets, bibs, toys, mobiles, and other materials are kept out of and off the sides of cribs.
- *Infants may be placed in one-piece sleepers to maintain appropriate temperatures (swaddling infants in child care is not necessary or recommended).
- *The temperature in the room is kept comfortable for a lightly clothed adult.
- *Infants are always held for bottle feedings. Bottles are never placed in a crib with an infant.

Programs serving children of all ages who nap:

- *An individual crib, cot, mat, sleeping bag, or pad is kept for each child who spends more than 4 hours a day in the child care setting.
- *Cribs are placed away from window blinds, draperies, and cords not within reach of the child.
- *Cots and cots are made of washable materials, and pads are covered with washable covers.
- *Bedding that touches a child's skin are cleaned weekly or before use by another child.
- *If a crib, mat, or cot is used by more than one child, the fitted sheets must be changed between use. Each child must have his own assigned fitted bed sheet.
- *Cribs, mats, and pads are placed at least 3 feet apart (if the room cannot accommodate spacing children 3 feet apart, children must be spaced as far apart as possible and alternated head to foot).
- *The sleeping surface of one child's rest equipment is not placed in contact with

the sleeping surface of another child's rest equipment.

*Any exposure to second-hand or third-hand smokes avoided (from adult clothing).

*Caregivers are present and directly observe infants, toddlers, and preschoolers by sight and sound during sleep, while going to sleep, and when waking up (lighting in the room allows for caregivers to see the color of each infant's and child's face)

The checklist is found in this link:

<https://www.childcare.gov.mp/wp-content/uploads/2020/01/2020.-Safe-Sleep-Practices-Checklist-.pdf>

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3.**

Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-238 [Admission of Ill Children]** (1) The medication shall be kept in the original container bearing the prescription label which shows the date filled, the physician’s directions for use, and the child’s name; (2) Medication shall be kept out of reach of children and shall be returned to parents or guardians when no longer in use; (3) There shall be an authorization signed by the parent or guardian for the administration of medication by the facility.

Training on the administration of medication, consistent with standards for parent consent must be completed before or within 90 days of employment date for newly hired providers. Completed every 3 years for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-340 [Admission of Ill Children] (b) When medication prescribed by a physician is administered at the facility: (1) The medication shall be kept in the original container bearing the prescription label which shows a current date, the physician’s directions for use, and the child’s name; (2) Medication shall be kept out of reach of children and shall be returned to parents or guardians when no longer in use; (c) When over the counter medication is recommended by the child or family’s doctor, medication shall be administered at the facility as directed by the doctor or parent or guardian in writing.**

CCDF QRIS Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-340 [Admission of Ill Children] (b) When medication prescribed by a physician is administered at the facility: (1) The medication shall be kept in the original container bearing the prescription label which shows a current date, the physician’s directions for use, and the child’s name; (2) Medication shall be kept out of reach of children and shall be returned to parents or guardians when no longer in use; (c) When over the counter medication is recommended by the child or family’s doctor, medication shall be administered at the facility as directed by the doctor or parent or guardian in writing.**

CCDF QRIS Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

CCDF Check-Ins/Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal

of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training on the administration of medication, consistent with standards for parent consent must be completed within 90 days of being a provider.**

CCDF QRIS Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following

topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training on the administration of medication, consistent with standards for parent consent must be completed within 90 days of being a provider.**

CCDF QRIS Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program

(CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-238 [Admission of Ill Children] (1) The medication shall be kept in the original container bearing the prescription label which shows the date filled, the physician’s directions for use, and the child’s name; (2) Medication shall be kept out of reach of children and shall be returned to parents or guardians when no longer in use; (3) There shall be an authorization signed by the parent or guardian for the administration of medication by the facility.**

Training on the administration of medication, consistent with standards for parent consent must be completed before or within 90 days of employment date for newly hired providers. Completed every 3 years for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification

of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-238 [Admission of Ill Children] (3) There shall be an authorization signed by the parent or guardian for the administration of medication by the facility.**

CCDF QRIS Training Content:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service

Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-340 [Admission of Ill Children] (c)** When over the counter medication is recommended by the child or family’s doctor, medication shall be administered at the facility as directed by the doctor or parent or guardian in writing.

CCDF QRIS Training Content:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the

monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-340 [Admission of Ill Children] (c) When over the counter medication is recommended by the child or family’s doctor, medication shall be administered at the facility as directed by the doctor or parent or guardian in writing.**

CCDF QRIS Training Content:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Hand hygiene
- Accepting and administering medication
- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **CCDF QRIS Training Content:**
 - **Standards from CNMI Administrative Code (CCLP), Caring for Our Children.**
 - **Preservice and annual training requirements**
 - **Hand hygiene**
 - **Accepting and administering medication**
 - **Labeling, storage, and disposal of medications**

- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **CCDF QRIS Training Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Hand hygiene
 - Accepting and administering medication

- Labeling, storage, and disposal of medications
- Contents of child records
- Confidentiality
- Obtaining parental consent (with sample written consent form)
- Safe storage

Monitoring:

Although standards for the administration of medication are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note her observations for improper storage of medication (Ex: unlocked cabinets) in the monitoring tool and inform the child care program during feedback. The recommended action step is recorded in the monitoring report, and the QCS will return for a follow-up visit. In most cases, the violation is shared with the QRIS coaches for additional training or technical assistance.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-238 [Admission of Ill Children] (3)** There shall be an authorization signed by the parent or guardian for the administration of medication by the facility.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-266 [Food Protection] (a) Policies and practices shall be developed and carried out in a manner that ensures that all food is protected from contamination during storage, preparation, and service; and (b) Food protection policies shall comply with accepted practices of local sanitary codes and shall be adapted to fit the needs of the program except as indicated in the rules in this subchapter.**

CCDF QRIS Training content:

4. Prevention of and response to emergencies due to food and allergic reactions health and safety standard

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens

- **Planning a response to anaphylaxis**

Training for the prevention of and response to emergencies due to food and allergic reactions must be completed before or within 90 days of employment date for newly hired providers.

Completed annually for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

At star 1, children's allergies must be posted in the classroom.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

Link to monitoring Tool:

https://www.childcare.gov.mp/wp-content/uploads/2024/04/Reach-Higher-CNMI_CCDF-Observation-Checklist-Updated-April-2024-.pdf

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program's Administrative Code Subsection 55-40.1-366 [Food Preparation and Protection] (a) All food shall be protected from contamination during storage, preparation, and service; and (f) Food protection policies shall comply with accepted practices of local sanitary codes and shall be adapted to fit**

the needs of the program except as indicated in the rules in this subchapter.

4. Prevention of and response to emergencies due to food and allergic reactions health and safety standard

CCDF QRIS Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **CCDF QRIS Training Content:**

4. Prevention of and response to emergencies due to food and allergic reactions health and safety standard

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy

- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **4. Prevention of and response to emergencies due to food and allergic reactions health and safety standard**

CCDF QRIS Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of

the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Training for the prevention of and response to emergencies due to food and allergic reactions must be completed within 90 days of being a provider. Completed annually for all ongoing providers who have direct responsibility for the care of children.

CCDF QRIS Training Content:

4. Prevention of and response to emergencies due to food and allergic reactions health and safety standard

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children's exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for

parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: CCDF QRIS Training Content:

4. Prevention of and response to emergencies due to food and allergic reactions health and safety standard

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children's exposure to allergens
- Planning a response to anaphylaxis

Training for the prevention of and response to emergencies due to food and allergic reactions must be completed within 90 days of being a provider. Completed annually for all ongoing providers who have direct responsibility for the care of children.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response

Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CCDF QRIS Training Content:**

4. Prevention of and response to emergencies due to food and allergic reactions health and safety standard

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the

free training and/or technical assistance offered by the CCDF Program.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-234 [Emergency Care Provision] Every facility shall have the following provisions for emergency care of children requiring treatment at a hospital or clinic away from the child care setting and for care of children who become ill after arrival: (1) The responsible individual in the child care setting, director, child care provider, or health-trained caregiver, has obtained the name of the nearest hospital or clinic where such care may be provided and has obtained written permission from each parent or guardian to provide emergency care for the child; (2) The facility’s health consultant has made arrangements for emergency coverage, and written permission from each parent or guardian shall be on file; or (3) Health care shall be provided in the child care setting, and the written permission from the parent or guardian covering all aspects of healthcare shall be on file in the child care setting. (b) An adult shall accompany a child to the source of emergency care. The adult shall stay with the child until the parent or parent’s designee assumes responsibility for the child’s care; and (c) Physical arrangement for the children who become ill after arrival at the facility shall be taken care of and be placed at a resting area away from other children. The parents or guardians shall be notified for alternative arrangements.**

Training for the prevention of and response to emergencies due to food and allergic reactions must be completed before or within 90 days of employment date for newly hired providers.

Training content:

Content:

- Standards from CNMI Administrative Code (CCLP), *Caring for Our Children*.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

Completed annually for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following

topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-336 [Emergency Care Provision]** Every facility shall have the following provisions for emergency care of children requiring treatment at a hospital or clinic away from the child care setting and for care of children who become ill after arrival: (a) The provider shall obtain the name of the physician or the nearest hospital or clinic where such care may be provided to the child; (b) The provider shall obtain written permission from the parents or guardians to allow the child to receive emergency care; (c) An adult shall accompany a child to the source of emergency care. The adult shall stay with the child until the parent or parent’s designee assumes responsibility for the child’s care; and (d) Physical arrangement for the children who become ill after arrival at the facility shall be available for the care of the child until parents or guardians can be notified to provide alternative arrangements.

CCDF Training Content:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care

Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license

exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:: **CCDF Training Content:**
Content:
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Definition of food intolerance versus food allergy
 - Causes, symptoms, and treatment for food and other allergies
 - Reading food labels and preventing children’s exposure to allergens
 - Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First

Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **CCDF Training Content:**

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children's exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **CCDF Training Content:**

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.

- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **CCDF Training Content:**

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases

(including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CCDF Training Content:**

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of food intolerance versus food allergy
- Causes, symptoms, and treatment for food and other allergies
- Reading food labels and preventing children’s exposure to allergens
- Planning a response to anaphylaxis

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the

required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-272 [Building Code and Space Requirements] (a) Child care facilities shall conform to the zoning, building, electrical, and plumbing codes. (b) The facility shall: (1) Be located in a safe and sanitary area; (2) Have a sunny exposure and be well lighted and ventilated; (3) Be located in a reasonably quiet area or employ suitable noise control devices to limit noise exterior to the child care operation. (c) All buildings, building appurtenances, outdoor space, equipment, and all other parts of the facility shall be kept repaired, safe, and sanitary at all times.**

CCDF QRIS Training Content

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

Training for building and physical premises safety must be completed before or within 90 days of employment date for newly hired providers.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of

the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-370 [Swimming Activities and Wading Pools]** (a) When swimming or wading pools are part of the facility, equipment, or program, swimming pools shall be constructed, maintained, and operated in accordance with building and health rules. (b) When swimming or wading activities are included in the child care program, the following safety practices shall be observed: (1) A certified lifeguard, who may be the provider, shall be on duty at all times when swimming pools are in use; (2) Wading pools less than twenty-four inches at the deepest part shall be exempt from the requirements of this section. However, children shall be personally attended by responsible adult at all times and the wading pools shall be emptied immediately after each use; and (3) Legible safety rules for the use of all types of pools shall be posted in a conspicuous location and read and reviewed at regular intervals by the provider responsible for the care of the children.

CCDF QRIS Training Content:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage,

tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **CCDF QRIS Training Content:**
- Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist,

including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **CCDF QRIS Training Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **CCDF QRIS Training Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

Training on building and physical premises safety must be completed within 90 days of being a provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care

Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: CCDF QRIS Training Content:
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

Training on building and physical premises safety must be completed within 90 days of being a provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program

(CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **CCDF QRIS Training Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases

(including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

Training for the identification of and protection from bodies of water is embedded in the building premises safety module and must be completed before or within 90 days of employment date for newly hired providers.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following

topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical

hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be

counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

Training for the identification of and protection from bodies of water is embedded in the building premises safety module and must be completed within 90 days of being a provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.

- Preservice and annual training requirements
- Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

Training for the identification of and protection from bodies of water is embedded in the building premises safety module and must be completed within 90 days of being a provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards

(e.g. poison, barriers, drainages, outdoor play areas, garbage)

- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-216 [Transportation Provision] When transportation is provided by a facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverage as follows: (a) For transportation to and from school the vehicle and driver shall satisfy all relevant school bus and traffic laws. (b) During any field trip or excursion operated or planned by the facility, the staff-child ratios as provided in Subsections 55-40.1-228 shall apply; and (c) Children shall be instructed in safe transportation conduct as appropriate for age and stage of development.**

CCDF Training Content:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-316 [Transportation Provision]** When transportation is provided by a facility, children shall be protected by adequate supervision and safety precautions as follows: (a)

The vehicle and driver providing transportation shall be in compliance with all relevant motor vehicle laws; (b) No more than six children under the age of six years shall be transported when only one adult is in the vehicle; (c) Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and (d) 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. (e) Children shall not be allowed to ride in the back of pick-up trucks.

CCDF Training content:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be

immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no license exempt center in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
- Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist, including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Strategies for minimizing accidental injury from environmental hazards (e.g. poison, barriers, drainages, outdoor play areas, garbage)
 - Compliance with fire prevention codes, water safety, and playground safety requirements

Monitoring:

As part of a site visit, the Quality Care Specialist conducts a routine inspection of both indoor and outdoor play spaces. Any areas of concern (e.g. unsafe drainage, tripping hazards, uncovered electrical outlets) are noted in the observation tool, along with a recommendation for remediation. The QCS conducts follow up visits to verify issues have been addressed. The complete monitoring checklist,

including the recommendations and action steps, are posted on the website for parent knowledge.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Training for the shaken baby syndrome, abusive head trauma and maltreatment must be completed before or within 90 days of employment date for newly hired providers.**

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
- Symptoms and results of SBS/ AHT
- Brain physiology, damage, and resulting disabilities
- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

Completed annually for all child care staff who have direct responsibility for the care of infants and toddlers.

To continue to qualify for CCDF funding, providers must conduct daily health checks for all children upon arrival and afford parents unlimited access to their children during normal hours of provider operation and whenever the children are in the care of the provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Content:**
 - **Standards from CNMI Administrative Code (CCLP), Caring for Our Children.**

- Preservice and annual training requirements
- Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
- Symptoms and results of SBS/ AHT
- Brain physiology, damage, and resulting disabilities
- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
 - Symptoms and results of SBS/ AHT
 - Brain physiology, damage, and resulting disabilities

- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for the shaken baby syndrome, abusive head trauma and maltreatment must be completed within 90 days of being a provider. Completed annually for all providers who have direct responsibility for the care of infants and toddlers.**

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
- Symptoms and results of SBS/ AHT
- Brain physiology, damage, and resulting disabilities
- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for the shaken baby syndrome, abusive head trauma and maltreatment must be completed within 90 days of being a provider. Completed annually for all**

providers who have direct responsibility for the care of infants and toddlers.

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
- Symptoms and results of SBS/ AHT
- Brain physiology, damage, and resulting disabilities
- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps,

day camps, etc.). Provide the standard: **Content:**

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
- Symptoms and results of SBS/ AHT
- Brain physiology, damage, and resulting disabilities
- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing**

Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]

(a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
- Symptoms and results of SBS/ AHT
- Brain physiology, damage, and resulting disabilities
- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care

Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal

of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]** (a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
- Symptoms and results of SBS/ AHT
- Brain physiology, damage, and resulting disabilities
- Strategies for coping with and calming a crying baby
- Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license

exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
 - Symptoms and results of SBS/ AHT
 - Brain physiology, damage, and resulting disabilities
 - Strategies for coping with and calming a crying baby
 - Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe

sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no license exempt care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Content:
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
 - Symptoms and results of SBS/ AHT
 - Brain physiology, damage, and resulting disabilities
 - Strategies for coping with and calming a crying baby
 - Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

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(including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
 - Symptoms and results of SBS/ AHT
 - Brain physiology, damage, and resulting disabilities
 - Strategies for coping with and calming a crying baby
 - Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification

of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Content:**
- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
 - Preservice and annual training requirements
 - Definition of shaken baby syndrome (SBS) and abusive head trauma (AHT)
 - Symptoms and results of SBS/ AHT
 - Brain physiology, damage, and resulting disabilities
 - Strategies for coping with and calming a crying baby
 - Creating a plan to prevent SBS/ AHT

Monitoring:

Although standards for preventing SBS, AHT, and maltreatment are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the Quality Care Specialist (QCS) uses the recommendation section to note any practices not consistent with health and safety standards. She may note in the monitoring tool her observations for how babies are handled and inform the child care program during feedback. The assignment of two staff in a room at all times is not a requirement in the CNMI. However, coaches do encourage programs to have a plan to relieve a teacher who may be experiencing stress.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response

Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-258 [Environmental Hazards]** The indoor and outdoor premises of a child care facility shall be free of environmental hazards, shall be clean and comfortable, and shall provide for adequate space to meet the needs of the children as follows: (a) The facility shall be protected against rodents and insects; (b) The outdoor space shall be fenced or shall have natural barriers to deter children from getting into unsafe areas; (c) There shall be no open drainage ditches, wells, or holes into which children may fall; (d) Drainage shall be adequate to prevent stagnant pools of water from accumulating; (e) Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently; (f) Open fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to the children; (g) Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities; (h) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and shall present minimal hazards to children; (i) Lead based paint shall not be used on surfaces accessible to the children; (j) Poisonous plants shall be out of reach of children on the premises; (k) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times; and (l) If a lodging house, boarding house, or any other business conflicts with the regular operation of the child care facility, the lodging house, or other business shall not be conducted at the facility.

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Identification of hazardous materials and biological contaminants
- Strategies for handling hazardous substances
- Strategies for storing toxic hazards and safely disposing of biological contaminants

Monitoring:

While specific indicators for handling, storing, and disposing of hazardous equipment are not included in the monitoring tool, the Quality Care Specialist’s visit includes a routine inspection of the environment o check for hazards. Deficiencies (such as open trash containers, unlocked cabinets, accessible hazardous containers) are written into the recommendations/ notes section of the monitoring checklist. Programs are required to address the deficiencies. A follow-up visit is conducted to ensure issues are addressed.

Training for the handling and storage of hazardous materials and the appropriate disposal of bio-contaminants must be completed before or within 90 days of employment date for newly hired providers.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program

(CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-360 [Environmental Hazards]** The premises, both indoor and outdoor, in which a child care program is carried out shall be free of environmental hazards, shall be clean and comfortable, and shall provide for adequate space to meet the needs of the children as follows: (a) The provider shall control rodents and insects; (b) The outdoor space shall be fenced or shall have natural barriers or other protective conditions to deter children from getting into unsafe areas; (c) There shall be no open drainage ditches, wells, or holes into which children may fall; (d) Drainage shall be adequate to prevent stagnant pools of water from accumulating; (e) Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently enough to avoid creating a hazard or nuisances; (f) Poisons, drugs, harmful chemicals, and other dangerous articles such as cleaning fluid, matches, firearms, and tools shall be kept in a safe location, out of reach of children; (g) All rooms used for child care shall be lighted and ventilated; (h) Open fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to the children; (i) Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities; (j) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and shall present minimal hazards to children; (k) Lead based paint shall not be used on surfaces accessible to the children; (l) Provision shall be made to illuminate the hazard of electrical outlets; (m) Poisonous plants shall be kept out of reach of children; (n) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times; and (o) If a lodging house, boarding house, or any other business conflicts with the regular operation of the child care facility, the

lodging house, or other business shall not be conducted at the facility.

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Identification of hazardous materials and biological contaminants
- Strategies for handling hazardous substances
- Strategies for storing toxic hazards and safely disposing of biological contaminants

Monitoring:

While specific indicators for handling, storing, and disposing of hazardous equipment are not included in the monitoring tool, the Quality Care Specialist's visit includes a routine inspection of the environment to check for hazards. Deficiencies (such as open trash containers, unlocked cabinets, accessible hazardous containers) are written into the recommendations/ notes section of the monitoring checklist. Programs are required to address the deficiencies. A follow-up visit is conducted to ensure issues are addressed.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program's Administrative Code Subsection 55-40.1-360 [Environmental Hazards]** The premises, both indoor and outdoor, in which a child care program is carried

out shall be free of environmental hazards, shall be clean and comfortable, and shall provide for adequate space to meet the needs of the children as follows: (a) The provider shall control rodents and insects; (b) The outdoor space shall be fenced or shall have natural barriers or other protective conditions to deter children from getting into unsafe areas; (c) There shall be no open drainage ditches, wells, or holes into which children may fall; (d) Drainage shall be adequate to prevent stagnant pools of water from accumulating; (e) Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently enough to avoid creating a hazard or nuisances; (f) Poisons, drugs, harmful chemicals, and other dangerous articles such as cleaning fluid, matches, firearms, and tools shall be kept in a safe location, out of reach of children; (g) All rooms used for child care shall be lighted and ventilated; (h) Open fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to the children; (i) Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities; (j) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and shall present minimal hazards to children; (k) Lead based paint shall not be used on surfaces accessible to the children; (l) Provision shall be made to illuminate the hazard of electrical outlets; (m) Poisonous plants shall be kept out of reach of children; (n) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times; and (o) If a lodging house, boarding house, or any other business conflicts with the regular operation of the child care facility, the lodging house, or other business shall not be conducted at the facility.

TrainingContent:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Identification of hazardous materials and biological contaminants
- Strategies for handling hazardous substances
- Strategies for storing toxic hazards and safely disposing of biological contaminants

Monitoring:

While specific indicators for handling, storing, and disposing of hazardous equipment are not included in the monitoring tool, the Quality Care Specialist's visit includes a routine inspection of the environment o check for hazards. Deficiencies (such as open trash containers, unlocked cabinets, accessible hazardous containers) are written into the recommendations/ notes section of the monitoring checklist. Programs are required to address the deficiencies. A follow-up visit is conducted to ensure issues are addressed.

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[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for the handling and storage of hazardous materials must be completed within 90 days of being a provider.**

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Identification of hazardous materials and biological contaminants
- Strategies for handling hazardous substances
- Strategies for storing toxic hazards and safely disposing of biological contaminants

Monitoring:

While specific indicators for handling, storing, and disposing of hazardous equipment are not included in the monitoring tool, the Quality Care Specialist's visit includes a routine inspection of the environment to check for hazards. Deficiencies (such as open trash containers, unlocked cabinets, accessible hazardous containers) are written into the recommendations/ notes section of the monitoring checklist. Programs are required to address the deficiencies. A follow-up visit is conducted to ensure issues are addressed.

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- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for the handling and storage of hazardous materials must be completed within 90 days of being a provider.**

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Identification of hazardous materials and biological contaminants
- Strategies for handling hazardous substances
- Strategies for storing toxic hazards and safely disposing of biological contaminants

Monitoring:

While specific indicators for handling, storing, and disposing of hazardous equipment are not included in the monitoring tool, the Quality Care Specialist's visit includes a routine inspection of the environment to check for hazards. Deficiencies (such as open trash containers, unlocked cabinets, accessible hazardous containers) are written into the recommendations/ notes section of the monitoring checklist. Programs are required to address the deficiencies. A follow-up visit is conducted to ensure issues are addressed.

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exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-258 [Environmental Hazards]** The indoor and outdoor premises of a child care facility shall be free of environmental hazards, shall be clean and comfortable, and shall provide for adequate space to meet the needs of the children as follows: (a) The facility shall be protected against rodents and insects; (b) The outdoor space shall be fenced or shall have natural barriers to deter children from getting into unsafe areas; (c) There shall be no open drainage ditches, wells, or holes into which children may fall; (d) Drainage shall be adequate to prevent stagnant pools of water from accumulating; (e) Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently; (f) Open fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to the children; (g) Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities; (h) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and shall present minimal hazards to children; (i) Lead based paint shall not be used on surfaces accessible to the children; (j) Poisonous plants shall be out of reach of children on the premises; (k) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times; and (l) If a lodging house, boarding house, or any other business conflicts with the regular operation of the child care facility, the lodging house, or other business shall not be conducted at the facility.

Training for the handling and storage of hazardous materials and the appropriate disposal of bio-contaminants must be completed before or within 90 days of

employment date for newly hired providers.

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Identification of hazardous materials and biological contaminants
- Strategies for handling hazardous substances
- Strategies for storing toxic hazards and safely disposing of biological contaminants

Monitoring:

While specific indicators for handling, storing, and disposing of hazardous equipment are not included in the monitoring tool, the Quality Care Specialist's visit includes a routine inspection of the environment to check for hazards. Deficiencies (such as open trash containers, unlocked cabinets, accessible hazardous containers) are written into the recommendations/ notes section of the monitoring checklist. Programs are required to address the deficiencies. A follow-up visit is conducted to ensure issues are addressed.

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- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Training for the**

disposal of bio-contaminants must be completed before or within 90 days of employment date for newly hired providers.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-360 [Environmental Hazards] The premises, both indoor and outdoor, in which a child care program is carried out shall be free of environmental hazards, shall be clean and comfortable, and shall provide for adequate space to meet the needs of the children as follows: (a) The provider shall control rodents and insects; (b) The outdoor space shall be fenced or shall have natural barriers or other protective conditions to deter children from getting into unsafe areas; (c) There shall be no open drainage ditches, wells, or holes into which children may fall; (d) Drainage shall be adequate to prevent stagnant pools of water from accumulating; (e) Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently enough to avoid creating a hazard or nuisances; (f) Poisons, drugs, harmful chemicals, and other dangerous articles such as cleaning fluid, matches, firearms, and tools shall be kept in a safe location, out of reach of children; (g) All rooms used for child care shall be lighted and ventilated; (h) Open fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to the children; (i) Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities; (j) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges,**

and shall present minimal hazards to children; (k) Lead based paint shall not be used on surfaces accessible to the children; (l) Provision shall be made to illuminate the hazard of electrical outlets; (m) Poisonous plants shall be kept out of reach of children; (n) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times; and (o) If a lodging house, boarding house, or any other business conflicts with the regular operation of the child care facility, the lodging house, or other business shall not be conducted at the facility.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-360 [Environmental Hazards]** The premises, both indoor and outdoor, in which a child care program is carried out shall be free of environmental hazards, shall be clean and comfortable, and shall provide for adequate space to meet the needs of the children as follows: (a) The provider shall control rodents and insects; (b) The outdoor space shall be fenced or shall have natural barriers or other protective conditions to deter children from getting into unsafe areas; (c) There shall be no open drainage ditches, wells, or holes into which children may fall; (d) Drainage shall be adequate to prevent stagnant pools of water from accumulating; (e) Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently enough to avoid creating a hazard or nuisances; (f) Poisons, drugs, harmful chemicals, and other dangerous articles such as cleaning fluid, matches, firearms, and tools shall be kept in a safe location, out of reach of children; (g) All rooms used for child care shall be lighted and ventilated; (h) Open

fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to the children; (i) Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities; (j) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and shall present minimal hazards to children; (k) Lead based paint shall not be used on surfaces accessible to the children; (l) Provision shall be made to illuminate the hazard of electrical outlets; (m) Poisonous plants shall be kept out of reach of children; (n) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times; and (o) If a lodging house, boarding house, or any other business conflicts with the regular operation of the child care facility, the lodging house, or other business shall not be conducted at the facility.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for the disposal of bio-contaminants must be completed within 90 days of being a provider.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care

Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for the disposal of bio-contaminants must be completed within 90 days of being a provider.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be

immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-258 [Environmental Hazards]** The indoor and outdoor premises of a child care facility shall be free of environmental hazards, shall be clean and comfortable, and shall provide for adequate space to meet the needs of the children as follows: (a) The facility shall be protected against rodents and insects; (b) The outdoor space shall be fenced or shall have natural barriers to deter children from getting into unsafe areas; (c) There shall be no open drainage ditches, wells, or holes into which children may fall; (d) Drainage shall be adequate to prevent stagnant pools of water from accumulating; (e) Garbage and trash shall be stored in covered containers out of reach of the children and shall be removed frequently; (f) Open fireplaces shall not be used. Floor heaters and all heating elements including hot water pipes shall be insulated or installed in a manner which makes the pipes inaccessible to the children; (g) Floor space shall be arranged to provide areas for active play, quiet rest, and individual activities; (h) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and shall present minimal hazards to children; (i) Lead based paint shall not be used on surfaces accessible to the children; (j) Poisonous plants shall be out of reach of children on the premises; (k) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times; and (l) If a lodging house, boarding house, or any other business conflicts with the regular operation of the child care facility, the lodging house, or other business shall not be conducted at the facility.

Training for the handling and storage of hazardous materials and the appropriate disposal of bio-contaminants must be completed before or within 90 days of employment date for newly hired providers.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First

Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-216 [Transportation Provision]** When transportation is provided by a facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverage as follows: (a) For transportation to and from school the vehicle and driver shall satisfy all relevant school bus and traffic laws. (b) During any field trip or excursion operated or planned by the facility, the staff-child ratios as provided in Subsections 55-40.1-228 shall apply; and (c) Children shall be instructed in safe transportation conduct as appropriate for age and stage of development.

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definitions and terms for infectious diseases
- Identification and prevention of hazards around vehicles
- Child seat safety requirements
- Written authorization forms for transporting children
- Emergency preparedness during transport of children

Monitoring:

Specific indicators for transporting children are not included in the Reach Higher CNMI/ QRIS monitoring checklist. However, the Quality Care Specialist (QCS) will note any deficiencies in health and safety practices that are found during her observation. These will be included in the recommendation/ notes section of the checklist, along with a follow up to verify the program has addressed a deficiency. The recommendation/ notes section is included in the website posting and available to parents and the community.

Training for precautions in transporting children must be completed before or within 90 days of employment date for newly hired providers.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program

(CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-316 [Transportation Provision]** When transportation is provided by a facility, children shall be protected by adequate supervision and safety precautions as follows: (a) The vehicle and driver providing transportation shall be in compliance with all relevant motor vehicle laws; (b) No more than six children under the age of six years shall be transported when only one adult is in the vehicle; (c) Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and (d) 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. (e) Children shall not be allowed to ride in the back of pick-up trucks.

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definitions and terms for infectious diseases
- Identification and prevention of hazards around vehicles
- Child seat safety requirements
- Written authorization forms for transporting children
- Emergency preparedness during transport of children

Monitoring:

Specific indicators for transporting children are not included in the Reach Higher CNMI/ QRIS monitoring checklist. However, the Quality Care Specialist (QCS) will note any deficiencies in health and safety practices that are found during her

observation. These will be included in the recommendation/ notes section of the checklist, along with a follow up to verify the program has addressed a deficiency. The recommendation/ notes section is included in the website posting and available to parents and the community.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-316 [Transportation Provision] When transportation is provided by a facility, children shall be protected by adequate supervision and safety precautions as follows: (a) The vehicle and driver providing transportation shall be in compliance with all relevant motor vehicle laws; (b) No more than six children under the age of six years shall be transported when only one adult is in the vehicle; (c) Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and (d) 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. (e) Children shall not be allowed to ride in the back of pick-up trucks.**

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definitions and terms for infectious diseases
- Identification and prevention of hazards around vehicles
- Child seat safety requirements

- Written authorization forms for transporting children
- Emergency preparedness during transport of children

Monitoring:

Specific indicators for transporting children are not included in the Reach Higher CNMI/ QRIS monitoring checklist. However, the Quality Care Specialist (QCS) will note any deficiencies in health and safety practices that are found during her observation. These will be included in the recommendation/ notes section of the checklist, along with a follow up to verify the program has addressed a deficiency. The recommendation/ notes section is included in the website posting and available to parents and the community.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for precautions in transporting children must be completed within 90 days of being a provider.**

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.

- Preservice and annual training requirements
- Definitions and terms for infectious diseases
- Identification and prevention of hazards around vehicles
- Child seat safety requirements
- Written authorization forms for transporting children
- Emergency preparedness during transport of children

Monitoring:

Specific indicators for transporting children are not included in the Reach Higher CNMI/ QRIS monitoring checklist. However, the Quality Care Specialist (QCS) will note any deficiencies in health and safety practices that are found during her observation. These will be included in the recommendation/ notes section of the checklist, along with a follow up to verify the program has addressed a deficiency. The recommendation/ notes section is included in the website posting and available to parents and the community.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for precautions in transporting children must be completed within 90 days of being a provider.**

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements

- Definitions and terms for infectious diseases
- Identification and prevention of hazards around vehicles
- Child seat safety requirements
- Written authorization forms for transporting children
- Emergency preparedness during transport of children

Monitoring:

Specific indicators for transporting children are not included in the Reach Higher CNMI/ QRIS monitoring checklist. However, the Quality Care Specialist (QCS) will note any deficiencies in health and safety practices that are found during her observation. These will be included in the recommendation/ notes section of the checklist, along with a follow up to verify the program has addressed a deficiency. The recommendation/ notes section is included in the website posting and available to parents and the community.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-216 [Transportation Provision] When transportation is provided by a facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverage as follows: (a) For transportation to and from school the vehicle and driver shall satisfy all relevant school bus and traffic laws. (b) During any field trip or excursion operated or planned by the facility, the staff-child ratios as provided in**

Subsections 55-40.1-228 shall apply; and (c) Children shall be instructed in safe transportation conduct as appropriate for age and stage of development.

Training Content:

- Standards from CNMI Administrative Code (CCLP), Caring for Our Children.
- Preservice and annual training requirements
- Definitions and terms for infectious diseases
- Identification and prevention of hazards around vehicles
- Child seat safety requirements
- Written authorization forms for transporting children
- Emergency preparedness during transport of children

Monitoring:

Specific indicators for transporting children are not included in the Reach Higher CNMI/ QRIS monitoring checklist. However, the Quality Care Specialist (QCS) will note any deficiencies in health and safety practices that are found during her observation. These will be included in the recommendation/ notes section of the checklist, along with a follow up to verify the program has addressed a deficiency. The recommendation/ notes section is included in the website posting and available to parents and the community.

Training for precautions in transporting children must be completed before or within 90 days of employment date for newly hired providers.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40-236 [First Aid and Rescue Breathing]** (a) There shall be at least one adult caregiver with a current certificate in first aid and rescue breathing at the facility when children are present. (b) A first aid kit shall be available at the facility at all times.

Training for the pediatric first aid/ CPR must be completed before or within 90 days of employment date for newly hired providers. Recertification must be completed every two years. At least one provider in each age group must be certified.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-338 [First Aid and Rescue Breathing]** (a) There shall be at least one adult provider who is trained in observation of symptoms of illness and with a current certificate in first aid and rescue breathing. (b) The provider may be trained through a community health aide program or a program developed or endorsed by the American Red Cross, Department of Public Health, or nursing or medical agency in the community. (c) A first aid kit shall be available in the child care setting at all times.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-338 [First Aid and Rescue Breathing]** (a) There shall be at least one adult provider who is trained in observation of symptoms of illness and with a current certificate in first aid and rescue breathing. (b) The provider may be trained through a community health aide program or a program developed or endorsed by the American Red Cross, Department of Public Health, or nursing or medical agency in the community. (c) A first aid kit shall be available in the child care setting at all times.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response

Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for pediatric first aid/ CPR must be completed within 90 days of being a provider. Recertification must be completed every two years.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for pediatric first aid/ CPR must be completed within 90 days of being a provider. Recertification must be completed every two years.**
CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program

(CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40-236 [First Aid and Rescue Breathing] (a)** There shall be at least one adult caregiver with a current certificate in first aid and rescue breathing at the facility when children are present. **(b)** A first aid kit shall be available at the facility at all times.

Training for the pediatric first aid/ CPR must be completed before or within 90 days of employment date for newly hired providers. Recertification must be completed every two years. At least one provider in each age group must be certified.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response

Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.-236 [First Aid and Rescue Breathing]** (a) There shall be at least one adult caregiver with a current certificate in first aid and rescue breathing at the facility when children are present. (b) A first aid kit shall be available at the facility at all times.

Training for the pediatric first aid/ CPR must be completed before or within 90 days of employment date for newly hired providers. Recertification must be completed every two years. At least one provider in each age group must be certified.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-338 [First Aid and Rescue Breathing]** (a) There shall be at least one adult provider who is trained in observation of symptoms of illness and with a current certificate in first aid and rescue breathing. (b) The provider may be trained through a community health aide program or a program developed or endorsed by the American Red Cross, Department of Public Health, or nursing or medical agency in the community. (c) A first aid kit shall be available in the child care setting at all times.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-338 [First Aid and Rescue Breathing]** (a) There shall be at least one adult provider who is trained in observation of symptoms of illness and with a current certificate in first aid and rescue breathing. (b) The provider may be trained through a community health aide program or a program developed or endorsed by the American Red Cross, Department of Public Health, or nursing or medical agency in the community. (c) A first aid kit shall be available in the child care setting at all times.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of

the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for pediatric first aid/ CPR must be completed within 90 days of being a provider. Recertification must be completed every two years.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the

required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for pediatric first aid/ CPR must be completed within 90 days of being a provider. Recertification must be completed every two years.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.-236 [First Aid and Rescue Breathing] (a) There shall be at least one adult caregiver with a current certificate in first aid and rescue breathing at the facility when children are present. (b) A first aid kit shall be available at the facility at all times.**

Training for the pediatric first aid/ CPR must be completed before or within 90 days of employment date for newly hired providers. Recertification must be completed every two years. At least one provider in each age group must be certified.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service

Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]**
(a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

Training for the identification of child abuse and neglect must be completed before or within 90 days of employment date for newly hired providers.

Completed annually for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

To continue to qualify for CCDF funding, providers must conduct daily health checks for all children upon arrival and afford parents unlimited access to their children during normal hours of provider operation and whenever the children are in their care of the provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]** (a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program

(CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]**
- (a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical

hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for the identification of child abuse and neglect must be completed within 90 days of being a provider. Completed annually for all ongoing providers who have direct responsibility for the care of children.**

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for**

the identification of child abuse and neglect must be completed within 90 days of being a provider. Completed annually for all ongoing providers who have direct responsibility for the care of children.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]** (a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

Training for the identification of child abuse and neglect must be completed before or within 90 days of employment date for newly hired providers.

Completed annually for all ongoing child care staff who have direct responsibility

for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

To continue to qualify for CCDF funding, providers must conduct daily health checks for all children upon arrival and afford parents unlimited access to their children during normal hours of provider operation and whenever the children are in their care of the provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]**
(a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

Training for the reporting of child abuse and neglect must be completed before or within 90 days of employment date for newly hired providers.

Completed annually for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

To continue to qualify for CCDF funding, providers must conduct daily health checks for all children upon arrival and afford parents unlimited access to their children during normal hours of provider operation and whenever the children are in their care of the provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]** (a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made

of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child's parent or guardian information that explains how to report suspected child abuse or child neglect.

Training Content:

- Training content for the identification and reporting of child abuse and neglect was provided by the CNMI's Division of Youth Services (DYS), which serves as the territory's agency for child protective services.
- CNMI laws on child abuse and neglect
- Definitions and indicators (physical and behavioral) of child abuse (i.e. emotional, physical, sexual) and neglect (i.e. physical, emotional, medical)
- Disclosure guidelines and reporting responsibility

Monitoring:

Although standards for the child abuse and neglect are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the tool does require classroom staff to conduct daily health checks and maintain records. The Quality Care Specialist (QCS) verifies this practice in all classrooms that are visited and will note deficiencies in the recommendation section of the tool. If a corrective action plan is warranted for repeat violations, programs may be required to connect with coaches for further training or technical assistance. Conducting daily health checks is a CNMI CCDF requirement for funding eligibility.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Child Care Licensing**

Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]

(a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

Training Content:

- Training content for the identification and reporting of child abuse and neglect was provided by the CNMI’s Division of Youth Services (DYS), which serves as the territory’s agency for child protective services.
- CNMI laws on child abuse and neglect
- Definitions and indicators (physical and behavioral) of child abuse (i.e. emotional, physical, sexual) and neglect (i.e. physical, emotional, medical)
- Disclosure guidelines and reporting responsibility

Monitoring:

Although standards for the child abuse and neglect are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the tool does require classroom staff to conduct daily health checks and maintain records. The Quality Care Specialist (QCS) verifies this practice in all classrooms that are visited and will note deficiencies in the recommendation section of the tool. If a corrective action plan is warranted for repeat violations, programs may be required to connect with coaches for further training or technical assistance. Conducting daily health checks is a CNMI CCDF requirement for funding eligibility.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal

of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **There is no CCDF-eligible license-exempt center care in the CNMI.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Training for the identification of child abuse and neglect must be completed within 90 days of being a provider. Completed annually for all ongoing providers who have direct responsibility for the care of children.**

Training Content:

- Training content for the identification and reporting of child abuse and neglect was provided by the CNMI's Division of Youth Services (DYS), which serves as the territory's agency for child protective services.
- CNMI laws on child abuse and neglect
- Definitions and indicators (physical and behavioral) of child abuse (i.e. emotional, physical, sexual) and neglect (i.e. physical, emotional, medical)
- Disclosure guidelines and reporting responsibility

Monitoring:

Although standards for the child abuse and neglect are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the tool does require classroom staff to conduct daily health checks and maintain records. The Quality Care Specialist (QCS) verifies this practice in all classrooms that are visited and will note deficiencies in the recommendation section of the tool. If a corrective action plan is warranted for repeat violations, programs may be required to connect with coaches for further training or technical assistance. Conducting daily health checks is a CNMI CCDF requirement for funding eligibility.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and

allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Training for the identification of child abuse and neglect must be completed within 90 days of being a provider. Completed annually for all ongoing providers who have direct responsibility for the care of children.**

Training Content:

- Training content for the identification and reporting of child abuse and neglect was provided by the CNMI's Division of Youth Services (DYS), which serves as the territory's agency for child protective services.
- CNMI laws on child abuse and neglect
- Definitions and indicators (physical and behavioral) of child abuse (i.e. emotional, physical, sexual) and neglect (i.e. physical, emotional, medical)
- Disclosure guidelines and reporting responsibility

Monitoring:

Although standards for the child abuse and neglect are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the tool does require classroom staff to conduct daily health checks and maintain records. The Quality Care Specialist (QCS) verifies this practice in all classrooms that are visited and will note deficiencies in the recommendation section of the tool. If a corrective action plan is warranted for repeat violations, programs may be required to connect with coaches for further training or technical assistance. Conducting daily health checks is a CNMI CCDF requirement for funding eligibility.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe

sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child Care Licensing Program’s Administrative Code Subsection 55-40.1-130 [Reporting Child Abuse]** (a) A child care facility must require each staff member of the facility to read and sign a statement clearly defining child abuse and neglect pursuant to state law and outlining the staff member’s personal responsibility to report all incidents of abuse or neglect according to state law. (b) Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must be reported within 24 hours or cause a report to be made of such fact to the Division of Youth Service or local law enforcement agency. (c) At the time of admission, the facility must give the child’s parent or guardian information that explains how to report suspected child abuse or child neglect.

Training for the reporting of child abuse and neglect must be completed before or within 90 days of employment date for newly hired providers.

Training Content:

- Training content for the identification and reporting of child abuse and neglect was provided by the CNMI’s Division of Youth Services (DYS), which serves as the territory’s agency for child protective services.
- CNMI laws on child abuse and neglect
- Definitions and indicators (physical and behavioral) of child abuse (i.e. emotional, physical, sexual) and neglect (i.e. physical, emotional, medical)
- Disclosure guidelines and reporting responsibility

Monitoring:

Although standards for the child abuse and neglect are not explicitly stated in the Reach Higher CNMI/ QRIS monitoring checklist, the tool does require classroom staff to conduct daily health checks and maintain records. The Quality Care

Specialist (QCS) verifies this practice in all classrooms that are visited and will note deficiencies in the recommendation section of the tool. If a corrective action plan is warranted for repeat violations, programs may be required to connect with coaches for further training or technical assistance. Conducting daily health checks is a CNMI CCDF requirement for funding eligibility.

Completed annually for all ongoing child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters).

To continue to qualify for CCDF funding, providers must conduct daily health checks for all children upon arrival and afford parents unlimited access to their children during normal hours of provider operation and whenever the children are in their care of the provider.

CCDF Rules and Regulations: Section 55-60-201 Requirements for Child Care Services (d)(e)(6) All new providers and directors shall complete all 12 Pre-Service Training topics within 90 days of approval from the Child Care Licensing Program (CCLP) for licensed program and once receipt of approval to operate for license exempt home based providers. The CCDF Program may allow for replacements of the training topics, but replacements shall be approved by CCDF. The following topics must be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect. While the provider is completing the training, he/she is not allowed to be left alone with the children and shall not be counted in ratio and assigned an age group. Any provider who does not meet the required Pre-Service Training Topics within the prescribed time frame shall be immediately removed from the classroom and shall not be allowed to access the free training and/or technical assistance offered by the CCDF Program.

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. **Nutrition. Describe: Child Care Licensing Program’s Administrative Code Subsection 55-40.1-244 [Daily Nutritional Needs] (a) Meals and snacks of a quantity to supplement food served at home shall be available to meet the daily nutritional needs of the child. Food related to the cultural and ethnic background of the children in the program and locality shall be part of the meal planning. (b) The child care facility shall have access to nutritional information provided by a qualified nutritionist, dietitian, or other community resources approved by the Department of Health. (c) To the extent possible, information provided by the parents or guardians concerning the child’s eating habits, food preferences, or special needs shall be considered in child care feeding schedules and menus. Children shall be encouraged but shall not be required to eat the food offered by the facility. (d) In a facility providing meal service, the minimum meal components and food amounts required by the United States Department of Agriculture (USDA) child care food program shall be met. The facility shall offer and provide the following combination of meals and snacks for the children in care: (1) Two to four hours ☐ one snack; (2) Four to eight hours ☐ one snack or breakfast and lunch or supper; (3) Eight hours or more ☐ one snack or breakfast and lunch or supper and one additional snack (unless the eight hours or more extend into the evening hours when the child may be asleep); (4) When two snacks are required as in subsection (d)(3) above, at least one of those snacks shall include the provision and offering of milk or its calcium equivalent; and (5) Local ethnic foods may be added or substituted for quantity (for allowable food reimbursement, facilities shall consult with the USDA). (e) In a facility where parents or guardians are allowed to provide food (i.e. sack lunches or snacks) the facility, in addition to food the child brings, shall provide the minimum amounts required by the USDA child food**

program by offering and providing children in care: (1) Four to eight hours ☐ morning snack or breakfast or afternoon snack; (2) Eight hours or more ☐ morning snack or breakfast and afternoon snack (unless the eight hours or more extends into the evening hours when the child may be asleep); (3) When two snacks are required as in subsection (e)(2) above, at least one of those snacks shall include the provision and offering of milk or its calcium equivalent; and (4) Local ethnic foods may be added or substituted for quantity (for allowable food reimbursement, facilities shall consult with the USDA). (f) Children shall not be offered food to which they are allergic or, to which they object for religious reasons. Provision shall be made to secure such information from parents or guardians and that the facility shall arrange for nutritious substitute foods. (g) School aged children in after school care for two to four hours shall be offered a nutritious snack which may be provided by the facility or brought from home. (h) Food Shall not be used as a punishment or reward. (i) A qualified nutrition consultant engaged by the center or provided by an appropriate community resource shall review the facility's food service annually.

ii. Access to physical activity. Describe: **None.**

iii. Caring for children with special needs. Describe: **For QRIS, the following standards apply:**

Star 1

***Information on resources in the community is current and available for parents.**

Star 2

***Information on resources in the community is current and available for parents. The information comes from at least three (3) different sources.**

***An IEP/IFSP and/ or medical/ health care plan (e.g., for allergies, asthma, diabetes) for the child is available on site and followed by the staff.**

***Staff who is/ are working with child(ren) with special needs is trained in inclusive practices annually.**

(4) Staff assigned to work with a child with a medical/ health care plan is trained to meet the needs of the child.

Star 3

***Infant/ toddler care teachers must make minimal provisions for children with disabilities. (ITERS-R minimum rating of 2)**

***Preschool care teachers must make minimal provisions for children with disabilities. (ECERS-R minimum rating of 2)**

***School age teachers must make minimal provisions for exceptional children, individualization, multiple opportunities for learning and practicing skills, engagement, interacting with peers, promoting communication (SACERS-U Minimum rating of 2 for item Special Needs Supplementary)**

Items:

***All teaching staff are trained in inclusive practices annually.**

Star 4

***Infant/ toddler care teachers must make increasing provisions for children with disabilities. (ITERS-R minimum rating of 3)**

***Preschool care teachers must make increasing provisions for children with disabilities. (ECERS-R minimum rating of 3)**

***School age teachers must make increasing provisions for exceptional children, individualization, multiple opportunities for learning and practicing skills, engagement, interacting with peers, promoting communication (SACERS-U Minimum rating of 3 for item Special Needs Supplementary)**

Items:

***All teaching staff, including director, is trained in inclusive practices annually.**

***Inclusive practices are evident and program is applying IEP or medical/ health care plan of the child.**

Star 5

***Infant/ toddler care teachers must make quality provisions for children with disabilities. (ITERS-R minimum rating of 4)**

***Preschool care teachers must make quality provisions for children with disabilities. (ECERS-R minimum rating of 4)**

***School age teachers must make quality provisions for exceptional children, individualization, multiple opportunities for learning and practicing skills, engagement, interacting with peers, promoting communication (SACERS-U Minimum rating of 4 for item Special Needs Supplementary) Items:**
***All teaching staff, including director, is trained in inclusive practices annually. (5) Inclusive practices are evident and program is applying IEP or medical/ health care plan of the child.**

- iv. Any other areas determined necessary to promote child development or to protect children’s health and safety. Describe: **None**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers’ training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]

c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[x]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[x]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The Lead Agency does certify that it has implemented all health and safety pre-service/orientation training requirements under Section 55-60-201**

Eligibility Requirements for Child Care Services.

- n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **The Health and Safety Inspector completes the Health and Safety Checklist as prescribed.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Child Care Licensing Program**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family

child care homes addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **The Health and Safety Inspector will complete the Health and Safety Checklist as prescribed.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Child Care Licensing Program**

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

No.

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Not applicable.**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - Annually.
 - More than once a year. If more than once a year, describe:
[x] Other. If other, describe: The CNMI does not have license exempt CCDF center based providers
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - [x] No.**
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **The CNMI does not have a license exempt CCDF Center based providers.**
- b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - [x] Annually.**
 - More than once a year. If more than once a year, describe:
 - Other. If other, describe:
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - [x] No.**
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Inspections or what we call "Check-Ins" for license exempt family child care providers are completed by a CCDF consultant/contractor.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential

monitoring procedures are used. For CCDF license exempt in-home providers, "check ins" are done at least once annually. For any observed deficiencies or non-compliance, the provider is informed and provided a timeframe to address non-compliance (ranges from a few days to several weeks-depending on the issue.) A follow up visit unannounced will be completed if the issue has been addressed.

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **The check ins are done by CCDF's consultant/contractor for the System of Support.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **The monitoring checklist is completed and describes the violations. These monitoring inspections and/or check-ins are posted in the child care website.**
 - iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Corrective action plans are described in the document and posted on**

the website.

- iv. A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: **None.**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted: **for Licensing Reports: <https://www.childcare.gov.mp/ccdp/2023-inspection-report/>**

For QRIS Check In Reports: <https://www.childcare.gov.mp/ccdf/qriscdf/>

- ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The inspection report should be posted within 30 days. The Child Care Licensing Program considers this to be a reasonable amount of time.**

For QRIS reports, these are posted within 10 days from the completion of all signatures (Provider, Quality Care Specialist, and CCDF Program)

- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 Yes.
 No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The Child Care Licensing Program Safety Inspectors have gone through and completed the following: 1. National Association for Regulatory Administration Professional Writing Course; 2. Introduction to Enforcement; 3. The Licensing Process; 4. Investigation and Evidence; 5. Balance**

Use of Authority, Managing Complaint, and Suppression; 6. History, Concepts, Ethics, and Rule-Making in Human Care Regulation; 7. Prevention of Shaken Baby Syndrome and Abusive Head Trauma Training; 8. Handling and Storage of Hazardous Materials and Appropriate Disposal of Bio Contaminants Training; 9. Building and Physical Premises Safety, Including Identification of and Protection from Hazards that Can Cause Bodily Injury Training; 10. Prevention and Response to Emergencies Due to Food and Allergic Reactions Training 11. Prevention of Sudden Infant Death Syndrome (SIDS), and the use of Safe Sleep Practices training; 12. Prevention and Control of Infectious Diseases including immunization training; 13. Precaution in Transporting children; 14. Administration of Medication, Consistent with Standards for Parental Consent; 15. Webinars conducted by the National Center on Early Childhood Quality Assurance-Early Childhood National Centers; 16. Webinars conducted by the Office of Head Start; 17. Webinars conducted by the National Center on Health, Behavioral Health, and Safety; 18. Webinars conducted by the National Center on Parents, Family and Community Engagement; 19. Webinars conducted by the National Center on Early Childhood Health and Wellness; 20. Webinars conducted by the Child Care State Capacity Building Center; and 21. CCLP Safety Inspectors continue to develop professionally by availing of training dealing directly with human care licensing and early care.

The Quality Care Specialist tasked with monitoring health and safety requirements and other practices for the QRIS has earned the National Regulatory Professional Credential certificate from the National Association for Regulatory Administration.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **1:18**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Each caregiver shall be qualified through training, experience, and personal qualities for the age group for which the person works. All child care service staff must annually participate in at least 15 hours of training as approved and monitored by the Child Care Licensing Program.**

All child care staff who have direct responsibility for the care of children (includes directors, teachers, assistant teachers, caregivers, aides, and floaters) must complete: Annually - (a) Prevention of and response to emergencies due to food and allergic reactions, (b) Child Development, and (c) Recognition and reporting of child abuse and neglect

Every 2 years - Pediatric first aid/ CPR certification

Every 3 years (a) Prevention and control of infectious diseases (including immunization) and (b) Administration of medication, consistent with standards for parental consent

In addition, all child care staff who have direct responsibility for the care of infants and toddlers must complete:

Annually - (a) Prevention of sudden infant death syndrome and use of safe sleep practices and (b) Prevention of shaken baby syndrome and abusive head trauma

Every 2 years - Pediatric first aid/ CPR certification

CCDF Rules and Regulations: Section 55-60-201 Eligibility Requirements for Child Care Services (d)(e)(5) Shall attend training and technical assistance activities as condition of receipt of funds to enhance their personal growth and professional development in order to improve the quality of child care services. All licensed child care service providers must annually participate in at least 30 hours of training and technical assistance. All license exempt family home based programs must complete at least 15 hours of annual training and technical assistance as approved by the Child Care Program. This may include workshops, seminars, conference on health and safety, nutrition, first aid, child abuse detection, and caring for children with special needs as scheduled and approved by the Child Care Program. All providers must meet the required annual health and safety training topics specific to their roles and the required occurrence, whether yearly, every other year, etc.

- b. License-exempt child care centers: **The CNMI does not have license exempt child care centers.**
- c. Licensed family child care homes: **Each caregiver shall be qualified through training, experience, and personal qualities for the age group for which the person works. All child care service staff must annually participate in at least 15 hours of training as approved and monitored by the Child Care Licensing Program.**

For CCDF Program, all CCDF providers must complete annually 30 hours of Health and Safety training and technical assistance topics. The following topics may be included: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of

infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect.

- d. License-exempt family child care homes:
CCDF Rules and Regulations: Section 55-60-201 Eligibility Requirements for Child Care Services (d)(e)(5) Shall attend training and technical assistance activities as condition of receipt of funds to enhance their personal growth and professional development in order to improve the quality of child care services. All licensed child care service providers must annually participate in at least 30 hours of training and technical assistance. All license exempt family home based programs must complete at least 15 hours of annual training and technical assistance as approved by the Child Care Program. This may include workshops, seminars, conference on health and safety, nutrition, first aid, child abuse detection, and caring for children with special needs as scheduled and approved by the Child Care Program. All providers must meet the required annual health and safety training topics specific to their roles and the required occurrence, whether yearly, every other year, etc.

The required annual health and safety topics are the same health and safety training topics completed at the pre-service point. These many include: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect.

- e. Regulated or registered in-home child care:
CCDF Rules and Regulations: Section 55-60-201 Eligibility Requirements for Child Care Services (d)(e)(5) Shall attend training and technical assistance activities as condition of receipt of funds to enhance their personal growth and professional development in order to improve the quality of child care services. All licensed child care service providers must annually participate in at least 30 hours of training and technical assistance. All license exempt family home based programs must complete at least 15 hours of annual training and technical assistance as approved by the Child Care Program. This may include workshops, seminars, conference on health and safety, nutrition, first aid, child abuse detection, and caring for children with special needs as scheduled and approved by the Child Care Program. All providers must meet the required annual health and safety

training topics specific to their roles and the required occurrence, whether yearly, every other year, etc.

Topics may include: 1. Prevention and control of infectious diseases (including immunization); 2. Prevention of infant death syndrome and use of safe sleeping practices; 3. Administration of medication, consistent with standards for parental consent; 4. Prevention of and response to emergencies due to food and allergic reactions; 5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic; 6. Prevention of shaken baby syndrome and abusive head trauma; 7. Emergency Preparedness and Response Plan; 8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; 9. Pre-cautions in transporting children; 10. Pediatric First Aid and Pediatric Infant/Child Cardiopulmonary Resuscitation; 11. Child development; 12. Child Abuse and Neglect.

- f. Non-regulated or registered in-home child care: **The CNMI does not have non-regulated or registered in-home child care.**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints. **The CNMI does not have the capability to conduct an in-state criminal history**

background check with fingerprints. The CNMI can only conduct a name based check. This is known as a Police Clearance issued by the CNMI Superior Court's Clerk of Court.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints. **The CNMI does not have the capability to conduct an in-state criminal history background check with fingerprints. The CNMI can only conduct a name based check. This is known as a Police Clearance issued by the CNMI Superior Court's Clerk of Court.**

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints. **The CNMI does not have the capability to conduct an in-state criminal history background check with fingerprints. The CNMI can only conduct a name based check. This is known as a Police Clearance issued by the CNMI Superior Court's Clerk of Court.**

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks. **The CNMI currently does not have an In-State CAN registry.**

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks. **The CNMI currently does not have an In-State CAN registry.**

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check. **The CNMI currently does not have an In-State CAN registry.**

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff

member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?
- Yes.
- No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.
- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?
- Yes.
- No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.
- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?
- Yes.
- No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
 - Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe:

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **The CNMI will disqualify employment for all substantiated cases of child abuse and neglect.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's

background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe: **Prospective staff goes through the following checks before being allowed to work with children:**

1. CNMI Superior Court Police Clearance (name based only)

2. Department of Public Safety's Sex Offender Registry Unit clearance which covers all states and Indian countries.

- b. In-state criminal background check with fingerprints.
 Yes.
 No. If no, describe: **The CNMI can only provide name based check (Police Clearance)**
- c. In-state Sex Offender Registry.
 Yes.
 No. If no, describe:
- d. In-state child abuse and neglect registry.
 Yes.
 No. If no, describe: **The CNMI does not have a child abuse and neglect registry.**
- e. Name-based national Sex Offender Registry (NCIC NSOR).
 Yes.
 No. If no, describe: **The CNMI does not do this check for purposes of provisional hiring.**
- f. Interstate criminal background check, as applicable.
 Yes.
 No. If no, describe: **The CNMI does not do this check for purposes of provisional hiring.**
- g. Interstate Sex Offender Registry check, as applicable.
 Yes.
 No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.
 Yes.
 No. If no, describe: **The CNMI does not do this check for purposes of provisional hiring.**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
 Yes.
 No. If no, describe: **Before receiving the FBI results, child care provider undergo the following checks: 1. CNMI Superior Court Police Clearance (This is a name-based check only); and 2. The Department of Public Safety's Sex Offender Registry Unit clearance which covers all states and Indian countries.**

The CNMI CCLP regulations allow providers to work with children unsupervised before receiving the FBI results.

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days. **The timeline is out of the hands of the Child Care Licensing Program as this is dependent on the FBI side. The prospective provider(s) will obtain from the Child Care Licensing Program two fingerprint cards and an FBI prepaid envelope. Once everything is processed and mailed, we just await the result from the FBI. The results will be mailed to the CNMI Department of Public Safety. From there, the Child Care Licensing Program will be notified by the Department of Public Safety at which time, a staff member from the licensing office will proceed and retrieve the documents**

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy: **The CNMI is composed of 14 island archipelagos of which, three are permanently inhabited. They are Sa'ipan, Tini'an, and Luta. The workforce is contained within each respective island. They are treated as one (CNMI) in the same. Because of that, no additional check is necessary.**

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **When the Child Care Licensing Program is contacted by other regulatory agencies in the Continental United States, the Child Care Licensing Program directs them to the proper local CNMI agencies.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: <https://www.childcare.gov.mp/wp-content/uploads/2021/05/INTERIM-CBC-CONSENT-AND-RELEASE-FORM-FOR-PROVIDERS-5-18-2021.pdf>

The CNMI CBC Consent Form describe instructions on how child care providers may initiate the background check request.

However it does not contain information on how other States and Territories request background checks in the CNMI.

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:
- i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe: **The CNMI is not an NFF State/territory or a National Crime Prevention and Privacy Compact State.**

- c. Interstate sex offender registry (SOR) check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email

- v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe: **The CNMI does not post the required elements on the Lead Agency's consumer education website.**
- d. Interstate child abuse and neglect (CAN) registry check:
- i. Agency name
 - ii. Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. Address
 - iv. Phone number
 - v. Email
 - vi. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe: **The CNMI currently does not have a CAN registry check.**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component? **The CNMI is conducting some of the components of the background check every 7 years.**

We are currently amending the child care licensing regulations to align with the 5 year recheck requirement under the CCDF.

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
For relative care, CCDF exempts them from licensing requirements and criminal background checks. Although, a police clearance is still required during the initial application and during the certification renewal process.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
- i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe: **All training and technical assistance/coaching are free through the Quality Recognition and Improvement System -Reach Higher CNMI. Imbedded in the QRIS and Star Levels are incentives for specific to staff.**

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The CNMI will continue to use the Narrow Cost Analysis and use the data gathered to improve compensation to child care providers. These additional compensations or bonuses will be coursed through the incentive programs under the Reach Higher, CNMI Quality Recognition and Improvement System starting at Star 2.**

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The CNMI will continue to use the Narrow Cost Analysis (NCA) and use the data gathered to improve compensation to child care providers. These additional compensations or bonuses will be coursed through the incentive programs under the Reach Higher, CNMI Quality Recognition and Improvement System.**

Through the Covid funds, the CNMI was able to support some benefits in particular health insurance and retirement benefits. However, Covid funds are now gone and so the CNMI will look at the data on the recently concluded NCA to identify support for health insurance or retirement benefits. We will look at the budget and availability of funding to support health insurance and retirement benefits first for lead teachers in the infant, toddler, preschool, and afterschool classrooms. All these additional incentives will be coursed through the QRIS incentive program.

The CNMI is also looking at conducting an Alternative Methodology Study to look more closely on child care expense and look into additional compensation for the child care

employees. Again, any additional compensation/incentives/benefits will be coursed through the QRIS incentive program.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The CCDF Lead Agency will continue to offer free training and technical assistance to support the mental health and well-being of the child care workforce. Training and access to available mental health supports will be considered a priority to the child care workforce to the extent possible and funding availability.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **The CNMI will continue to use the Narrow Cost Analysis and use the data gathered to improve compensation to child care providers. These additional compensations or bonuses will be coursed through the incentive programs under the Reach Higher, CNMI Quality Recognition and Improvement System.**

For center-based care, the lead agency has entered into a partnership with the CNMI Department of Labor Workforce Investment Agency (DOLWIA) to implement a training initiative to entice US-qualified workers to enter the child care workforce. The pre-apprenticeship program trains and certifies participants on the required 12 health and safety preservice topics. Upon completion of the training, participants serve 6 months as apprentices in child care centers. During their apprenticeship, they receive a stipend from DOL WIA. Participants may choose an additional 12 months to continue working in the child care program. DOL and CCDF are currently developing plans to support a career pathway for apprentices to pursue higher education and job-specific professional development in the child care field. For home-based care, CCDF implemented a System of Support (SOS) to recruit and increase the number of licensed and licensed-exempt family, friend, and neighbor providers. The SOS guides potential providers through the business and CCDF certification application process. The system assists providers in setting up and sustaining their child care business.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The CNMI's System of Support for Home based providers offers free training on Strengthening Business Practices and the Business Administration Scale or BAS. Center based providers are also offered training and coaching in Strengthening Business Practices and the Program Administration Scale (PAS) through the Reach Higher, CNMI QRIS initiative.**
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
 - i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.

- v. Risk management.
- vi. Community relationships.
- vii. Marketing and public relations.
- viii. Parent-provider communications.
- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **CCDF contracts with consultants who are fluent speakers of the predominant languages of the providers and families in the CNMI (i.e., Chamorro, Carolinian, and Tagalog). Providers are informed that they may speak in their home languages to coaches and trainers, if needed. Training in the Science of Early Learning (e.g. Mind in the Making) has been offered in Tagalog, and some resource materials were translated to Tagalog, Chamorro, and Carolinian to facilitate learning.**
- b. Providers and staff who have disabilities: **Accommodations during trainings are provided to staff with disabilities.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?
 - Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:
 - No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **consulted primarily with the Northern Mariana College**

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Availability of degree programs in ECE, school-aged or youth development and related fields. The VS in Education with a concentration in ECE focuses on birth to 8 years of age, concentration in Elementary Education, Special Education, and Rehabilitation & Human Services. Trainings provided by the Childcare Development Fund (CCDF) program in partnership with the Northern Marianas College (NMC) Community Development Institute (CDI) with the assistance of School of Education (SOE). SOE holds high standards reflective of the National Council of Accreditation of Teacher Education (NCATE) and offers a curriculum which has been reviewed and is approved through the Western Association of School and Colleges (WASC) Senior College and University Commission. The program is also reviewed by the institution's Program Review and Outcomes Assessment Committee in 6-years cycle. The most recent cycle review of SOE was completed last year. NMC also has articulation agreements with peer institutions such as University of Guam, University of Hawaii Manoa, Rio Salado College and is a member of the Western Interstate Commission for Higher Education (WICHE) alliance.**
- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **With successful fulfillment of courses and professional development and student program learning outcomes, it is the program's hope that caregivers, teachers, and all its students become career-ready and be confident-competent service providers, offering the high quality of performance, which will lead to high academic achievement and successes of the school's student population.**
- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **Prior to the pandemic in 2020, the School of Education has a Program Advisory Council (PAC) which meets bi-weekly and led by a faculty. The Program Advisory Council includes three to four representatives for each concentration. SOE plans to reactivate PAC in the future. The School of Education hold high standards reflective of the National Council of Accreditation of Teacher Education (NCATE) and offers a curriculum**

which has been reviewed and approved through the Western Association of School and Colleges (WASC) Senior College and University Commission. The program is also reviewed by the institution's Program Review and Outcomes Assessment Committee in 6 years cycle cycles.

- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **NMC has articulation agreements with peer institutions such as University of Guam (UOG), University of Hawaii Manoa, Rio Salado College, and is a member of the Western Interstate Commission on Higher Education (WICHE) alliance.**
- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Commonwealth of the Northern Mariana Islands' Public School System is currently the School of Education's largest employment agency for graduates, as the agency continues to experience a large need for classroom teachers. The School of Education continues to provide child care with implementation of ECE Certificate program both degree and non-degree. These certificate programs can address and are applicable to answer the need for skilled workers in childcare centers throughout the Commonwealth.**

For center-based care, the lead agency has entered into a partnership with the CNMI Department of Labor Workforce Investment Agency (DOLWIA) to implement a pre-apprenticeship initiative to entice US-qualified workers to enter the child care workforce. The training program trains and certifies participants on the required 12 health and safety preservice topics. Upon completion of the training, participants serve 6 months as apprentices in child care centers. During their apprenticeship, they receive a stipend from DOL WIA. Participants may choose an additional 12 months to continue working in the child care program. DOL and CCDF are currently developing plans to support a career pathway for apprentices to pursue higher education and job-specific professional development in the child care field.

For home-based care, CCDF implemented a System of Support (SOS) to recruit and increase the number of licensed and licensed-exempt family, friend, and neighbor providers. The SOS guides potential providers through the business and CCDF certification application process. The system assists providers in setting up and sustaining their child care business.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **For center-based care, the lead agency has entered into a partnership with the CNMI Department of Labor Workforce Investment Agency (DOLWIA) to implement a pre-apprenticeship initiative to entice US-qualified workers to enter the child care**

workforce. The pre-apprenticeship program trains and certifies participants on the required 12 health and safety preservice topics. Upon completion of the training, participants serve 6 months as apprentices in child care centers. During their apprenticeship, they receive a stipend from DOL WIA. Participants may choose an additional 12 months to continue working in the child care program. DOL and CCDF are currently developing plans to support a career pathway for apprentices to pursue higher education and job-specific professional development in the child care field. For home-based care, CCDF implemented a System of Support (SOS) to recruit and increase the number of licensed and licensed-exempt family, friend, and neighbor providers. The SOS guides potential providers through the business and CCDF certification application process. The system assists providers in setting up and sustaining their child care business.

Currently, the CCDF Program as a current contract with the Northern Mariana College to offer a Specialized Early Childhood Education Certificate Program.

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe:
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe:
- iii. Other. Describe:

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The professional standards and competencies developed by the Northern Mariana Islands does reflect the diversity of providers - there are degree programs that span from birth to 8 years old (school aged to youth developments). There are also available concentrations in Elementary Education, Special Education and Rehabilitation and Human Services.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and

credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **None currently.**

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **Currently, there is no identified advisory structure that focuses on goals for the child care workforce compensation.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Articulation agreements are done at the community college's level.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **There is an annual Wage Salary Survey conducted by the Department of Labor. Child Care workforce wage salary is included in the report. The Lead Agency does not monitor the child care workforce wages. However, child care workforce wages and benefits are requested through the Narrow Cost Analysis survey conducted by the Lead Agency.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **None at the moment. The Lead agency does not subsidize staff compensation.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Licensing Program Requirement: Annual 15 hours**
CCDF Program Requirement: Annual 30 hours
- b. License-exempt child care centers: **There are no license-exempt child care centers in the CNMI.**
- c. Licensed family child care homes: **Licensing Program Requirement: Annual 15 hours**
CCDF requirement for Family child care homes: annual 15 hours

- d. License-exempt family child care homes: **There are no license exempt family child care homes.**
- e. Regulated or registered in-home child care: **CCDF Program: 15 hours**
- f. Non-regulated or registered in-home child care: **There are no non-regulated in-home child care in the CNMI.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency’s training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The CNMI does not have Indian tribes or Tribal organizations.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The CCDF training and professional development requirements are appropriate as they address different age groups, abilities, and cultural and language diversity of the children they serve. These trainings are based on best practices, researched-based information and are catered to adult learners. CCDF information is provided in simple language. CCDF staff are bilingual and speak the language of the primary providers, directors, and families. Information on the website may be translated into different languages. Training specialists speak at least one of the primary languages in the CNMI. Announcements and flyers are shared with partners who support persons with disabilities. If and when needed, large prints are available upon request.**

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **All providers who serve children ages 0 to 5 are required, within a year of hire, to complete the Ages and Stages Questionnaire training (CCDF’s adopted developmental screening tool). For QRIS teachers who work with children with special needs (at star 2) and all teaching staff (at star 3), must be trained in inclusive practices. During this training, existing resources for conducting**

developmental screenings and the referral system are shared. Coaches are also available to meet with providers to offer onsite support.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? **The most recent update was 2021. The last update prior to that was 2014.**
- d. Provide the Web link to the Lead Agency’s early learning and developmental guidelines.
<https://www.childcare.gov.mp/wp-content/uploads/2024/05/CNMI-ELDG-2021-Final-reduced.pdf>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **In the QRIS, teaching staff are required to align their lesson plan activities to the ELDGs. Coaches provide training and technical assistance to support providers' application of the ELDGs in their interactions and activities with children, ages 0 to 5.**

The ELDGs are embedded in the QRIS standards:

Star 3 - (1) New teaching staff and new directors are trained in the Early Learning and Development

Guidelines within one year of date of approval from CCLP, and (2) Providers use the CNMI Early

Learning and Development Guidelines (ELDGs) to inform the program's activities and curriculum.

Stars 4 and 5 - For infant/ toddler and preschool programs, the domains of development are addressed and evident in the activities in which infants and toddlers are currently engaged.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.

3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **The CNMI uses the QRIS full observations activities to gather data and information to improve the quality of child care services. These assessments are currently scheduled annually, but schedule may be changed as appropriate. Assessment tools include the Environment Rating Scales, the Program Administration Scale, and the CCDF-developed QRIS Standards Verification Checklist and QRIS Observation Tool. The QRIS Observation Tool is used at new and renewal certification and for ongoing monitoring of quality practices and continued compliance to QRIS standards.**

CCDF also conducted a parent survey and led focus groups for parents and partners targeted specifically and the community's understanding of quality and what additional expectations CCDF should have in ensuring children receive quality care. The primary purpose of both data-gathering activities were to inform changes to the QRIS standards

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **As CCDF moved from implementing a pilot to a full QRIS, one overarching goal for quality improvement has been to ensure the QRIS standards appropriately convey and recognize the improvements child care providers have made in their facilities and care practices. One key takeaway from the most recent program assessments conducted in March to June 2023, was the need to align the QRIS standards with this goal of better recognizing providers' efforts in quality improvements. While there were marked improvements in ERS scores, the QRIS standard indicators failed to convey those changes and were overly restrictive. For example, setting a goal for meeting individual items (e.g., space for privacy, meals/ snacks, math/ number activities) scores in the ERS did not allow for lapses in practice. Instead, gains in improvement were more evident when subscales (e.g. language and books, activities, personal care routines) were analyzed. In realizing these findings, CCDF renamed the "Rating" in QRIS from "rating" to "recognition" and began the process of revising the standards to better recognize improvements in child care practices. Another overarching goal has been to align and incorporate parent, provider, and community expectations for quality with the QRIS standards. To this end, CCDF also led**

focus groups for parents and providers and conducted surveys for parents to gauge the community’s understanding and definition of quality. The focus group further solicited feedback from partners who reviewed the QRIS standards. Based on contributions from both the survey and focus groups, revisions to the standards were made to incorporate contributions from parents, partners, and providers.

1. Limits set on ratio and mixed age grouping especially for infants and toddlers;
2. Additional training and technical assistance requirements for directors and administrators - specific to strengthening business practices and leadership/management.
3. Inclusion of children with medical and health care plans in CCDF's definition of children with special needs and training requirements for caregivers.
4. Parent orientation to policies, including those that are quality oriented (e.g. safe sleep practices, developmental screening)
5. Limits to how long a program should be allowed to stay at stars 1 and 2 (maximum 3 years).

The focus group and survey activities also highlighted the need for parents to become more knowledgeable about quality child care practices. Thus, the third overarching goal identified is to increase parent knowledge about health and safety practices, the meaning of star levels, and how to better support their children and providers in improving quality care.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **CCDF utilized its website to post all announcements and reports. The link is childcare.gov.mp**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **All trainings and technical assistance of CCDF providers are free of charge.**
 - ii. Developing, maintaining, or implementing early learning and developmental guidelines.
 No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **All trainings, coaching, and technical assistance related to the implementation of the early learning and developmental guidelines will be free of charge.**

iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **All activities related to the development, implementation or enhancement of the QRIS (e.g. training, technical assistance, incentives, program assessments) are funded by CCDF funds.**

iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **All activities related to the development, implementation or enhancement of the QRIS (e.g. training, technical assistance, incentives, program assessments) are funded by CCDF funds. There are specific standards related to infants and toddlers in the QRIS.**

v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **CCDF Program will establish a CCR&R that will assist parents, providers, and the community in accessing quality child care services, provide outreach and information related to child care as well as best practices.**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **CCDF will support, but limited, in compliance with the child care licensing program activities.**

Licensing activities funded by CCDF funds:

- 1. travel of 2 licensing staff to NARA**
- 2. Travel of 2 Licensing Staff to Rota and Tinian for inspections (4 round trips)**
- 3. Travel of licensing supervisor to Rota and Tinian for implementation of CCLP regulations**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **Evaluation and assessment is coursed through the QRIS as well as any Community Needs Assessment that is needed for purposes of data gathering. CCDF will continue funding the QRIS and all its activities related to the quality and effectiveness of**

the child care services in the CNMI.

- viii. Accreditation support.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. **CCDF will fund, but with limits, efforts towards program standards focusing on health, mental health, nutrition, physical activity and physical development.**
- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The CNMI does not have a State Advisory Council, however, partners that serve the same population do meet at least once annually to share information and updates, get support from each other and coordinate activities . The goal of these meetings include sharing of information as well as data relevant to families and children. These meetings are also opportunities to make referrals if needed. The result of these meetings will ensure that programs are aware of activities happening between the agencies, their initiatives, and if appropriate share with the families, child care providers, and the general community.**

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The CCDF sits as a member of the Interagency Coordinating Council or ICC. Through this membership CCDF is able to provide input, feedback, comments to services and activities provided by the Early Intervention Program the PSS Sped Program. The goal is to coordinate services to ensure smooth transition of children and families between programs and referral process for children and families who access child care services and services for children with special needs. The partnership also allows for the Early Intervention Program to coordinate activities with the CCDF Program in all three islands related to Child Find and Developmental Screening.**

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Child Care Program and the Head Start Program do collaborate in many activities. Several examples include: Head Start's participation as a partner in grants that the CCDF Program has applied for. These grants include the Impact Project. As a results of the work of partners such as Head Start in this grant opportunity, the CNMI was able to receive local funding to support the recruitment and retention of local employees. Another grant opportunity that the CCDF applied for was the Preschool Development Grant Birth to Five (PDG B-5). As a result of this grant and partnership, the CCDF Program was able to complete a Needs Assessment as well as secure additional grant funding to build a child care center in Rota.**

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **Partners that serve the same population do meet at least once annually to share information and updates, get support from each other and coordinate activities . The goal of these**

meetings include sharing of information as well as data relevant to families and children. These meetings are also opportunities to make referrals if needed. The result of these meetings will ensure that programs are aware of activities happening between the programs and if appropriate share with the families, child care providers, and the general community.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Department of Labor Workforce Investment Agency (DOL-WIA) is a partner in a recently established partnership for the Pre-Apprenticeship Program. CCDF Program will make referrals to the DOL-WIA for any families interested in the Pre-Apprenticeship Program.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The CCDF Program participates in meetings and activities that support activities related to public education. Coordination goals include a smooth transition for families and children from child care setting to school age setting. Sharing of information may be conducted through meetings, flyers, brochures, announcements. If and when needed, aggregate data may be shared.**
- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Child Care Licensing Program (CCLP) and the CCDF Program are under the same department. At a minimum quarterly meetings are scheduled to discuss opportunities and challenges related to licensed child care providers. Coordination goals include information/data shared related to health and safety requirements so that families are aware of these requirements. Listing of approved licensed child care providers are also made available between the programs to be shared with families and the general public.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The CNMI does not have the CACFP program, but does have the Child Nutrition Program. Coordination includes information shared regarding application and eligibility requirements. Through the coordination, families at child care sites are provided information regarding the application process as well as eligibility. Accessibility to the program by eligible families are readily available.**
- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **CNMI does not have McKinney-Vento State Coordinator or liaisons.**

However, CCDF does have other organizations that assist in the outreach and consumer education about the CCDF Program.

One private organization that the CCDF Program work with is DICE Pacific, which

implements the System of Support for home based providers. Our consultants at DICE Pacific conducts outreach efforts and consumer education in the islands of Saipan, Tinian, and Rota. An example of outreach efforts include quarterly radio talk shows where in the consultants share information about the System of Support Initiative. Another private organization that CCDF works with related to improving the quality of child care is Evergreen Learning. Evergreen Learning implements the CCDF Program's Reach Higher, CNMI, a quality improvement and recognition system. This organization provides information related to QRIS requirements.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The CNMI does not have TANF.**

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **Information regarding Medicaid is available in the CCDF Offices. Application forms as well as informational flyers are available. When and if needed, families seeking assistance will be referred by the Subsidy staff.**

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **Mental health services are offered through the Commonwealth Healthcare Corporation Community Guidance Center (CHC-CGC). Recently, CHC-CGC launched the Pediatric Mental Healthcare Access Program which addresses the critical needs for mental health services for young children in the CNMI. This program offers three primary services: Care coordination, training, and direct service. Through this partnership and coordination, families and children, including their child care providers will have access to needed supports and training in addressing the mental health services needs of these young children.**

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The CCDF Program will implement a small scale child care and resource and referral program to assist families related to child care and other support services. The CCDF Program will work with providers of ECE training and professional development such as the NMC to support the professional development needs of child care providers. When appropriate, some of these professional developments will also be made available to families and the general public, such as the preservice training topics. Through this coordination, providers and the community will have better access to training services to address requirements or to improve their knowledge and skills related to ECE.**

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Youth Affairs Office (YAO) under the Governor's Office are invited to the once a year meeting coordinated by the CCDF Office. Through this meeting, the (YAO) and CCDF Office are**

updated on activities, as well as opportunities made available such as grants. Data may also be shared between agencies to identify gaps of services.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The CCDF Office works closely with the local emergency management and response agency for the execution and planning of its Emergency Preparedness Plan. The goal is to ensure continuity of services for families and children in the event of declared emergencies and disasters. Trainings and or Technical assistance may also be requested from the emergency management office for providers.**
- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:
 - ii. State/Territory institutions for higher education, including community colleges. Describe: **The Northern Marianas College (NMC) is the only community college of the CNMI. CCDF Program works with NMC to offer training and professional development opportunities to CCDF providers. Currently an MOA is in place between CCDF and NMC to offer the Early Childhood Certificate program. This program is offered free of charge to providers. This coordination addresses and makes accessible the trainings and professional development needs of providers.**
 - iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
 - iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The CCDF Program coordinates and works in partnership with MIECHV to assist in the dissemination of information related to best practices in ECE - such as Back to Sleep information. The Early Learning and Development Guidelines (ELDGs) are also shared with partners so they can also share this document with parents. Trainings on the ELDGs are also offered to partners on the use of the ELDGs.**
 - v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:
 - vi. State/Territory agency responsible for child welfare. Describe: **The Division of Youth Service, DYS, is housed under the same department as CCDF. CCDF continues to partner with DYS to ensure coordination of services especially for those children needing child care services.**
 - vii. Child care provider groups or associations. Describe:
 - viii. Parent groups or organizations. Describe:
 - ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:

- x. **[x] Other. Describe: The CNMI QRIS is administered and implemented through a contract with a consulting organization to provide the training, professional development, and technical assistance support needed by the CCDF providers. These trainings may include but is not limited to: the preservice training topics, workshop topics specific to program improvement, developmental screening, family engagement and strengthening, leadership development and management and any additional topics addressing the QRIS standards. A team of coaches work with administrators and teaching staff to provide support for improving infant/toddler, preschool, and school age care. Under the QRIS, programs receiving CCDF funds are required to participate. Some of these professional development activities are also offered to non-CCDF Programs. The System of Support is the arm that supports the unique needs of home based providers. Some of these support services include orientation activities, preservice training, check ins/observation visits, meeting ongoing health and safety training requirements, and meeting CCDF provider requirements.**

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:
 - Title XX (Social Services Block Grant, SSBG)
 - Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)
 - State- or Territory-only child care funds
 - TANF direct funds for child care not transferred into CCDF
 - Title IV-B funds (Social Security Act)
 - Title IV-E funds (Social Security Act)
 - Other. Describe:
- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?
 - Yes. If yes, describe which funds are used:
 - No.
- b. Does the Lead Agency use donated funds to meet match requirements?
 - Yes. If yes, identify the entity(ies) designated to receive donated funds:
 - i. Donated directly to the state.
 - ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
 - No.
- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the State and submit the information to the Lead Agency.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care

services in the State and, as appropriate, coordinate their activities with the activities of the Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The CNMI Child Care Program received a grant through the Early Childhood Governance and Financing Project (ECDFP) Grant to support partly its System of Support Initiative. The funds received from this grant supported home based providers initial fees to open their business, trainings, and technical support, fund a narrow cost analysis survey for home based provides, and pay for the salary of the Quality Activities Coordinator.**

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **The CCDF Program wanted to ensure that the CNMI CCDF Disaster Plan is current and continues to meet the requirements. The update to the document was made through a contract and the CNMI is anticipating completion before the end of 2024.**

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
- i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
 - vi. The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe: **The CNMI does not have currently a CCR&R.**

The CNMI does not have a State Advisory Council.
 - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **EP-and-RP-CNMI-REVISED-JUNE-2019.pdf**

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The Child Care Licensing Program does not have a hotline in place. The reporting process can be found at the following link: <https://www.childcare.gov.mp/cclp/cclp-complaint-process/>**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The website contains a translation feature for the following languages: 1. English; 2. Filipino; 3. French; 4. German; 5. Greek; 6. Hawaiian; 7. Hindi; 8. Indonesian; 9. Italian; 10. Japanese; 11. Javanese; 12. Korean; 13. Lao; 14. Latin; 15. Malay; 16. Maori; 17. Mongolian; 18. Portuguese; 19. Russian; 20. Samoan; 21. Spanish; 22. Swedish; 23. Thai; and 24. Vietnamese.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The website contains an accessibility feature for the following: 1. Text Reader; 2. Magnifier; 3. Readable Font; 4. Image Description; 5. Highlight Links; 6. Highlight Headers; 7. Enlarge Button; 8. Readable Mode; 9. Text Magnifier; 10. Page Structure; 11. Virtual Keyboard; 12. Monochrome; 13. Dark High-Contrast; 14. Bright High-Contrast; 15. Cursor Enlargement; 16. Font Sizing; and 17. Custom Color.**

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

Yes. If yes, describe: **Child Care Licensing Program Safety Inspectors conduct the investigation. They are experienced and have foundational working knowledge and understanding of CNMI laws and the regulatory requirements of a program. The following are two possible outcomes:**

Substantiated Complaint a complaint that has been investigated by the licensing staff and as a result of the investigation, a violation of the administrative code or statute has been found.

Unsubstantiated Complaint is determined when insufficient evidence exists to fully determine whether a violation occurred or there was no violation of the administrative code or the statute.

An investigation is concluded by providing a copy of the investigation report to the Complainant. If the investigative report includes non-compliance of the CCLP Administrative Code, the Licensee will be asked to submit a written Corrective Action Plan to CCLP describing how the non-compliance will be addressed or corrected.

Once CCLP's Safety Inspectors have determined that the non-compliance has been addressed accordingly, the investigation concludes. However, if the investigative report does not contain any non-compliance, the investigation concludes when the investigative report is provided.

The length of the investigation is dependent on the simplicity or complexity of the matter being investigated. In addition to that, at times, CCLP must also wait for other regulatory agencies to conduct and conclude their investigations. Other agencies may include the Division of Youth Services' Child Protection Unit, the Department of Public Safety, etc. All in all, CCLP strives to complete the investigative process within 30 days at the earliest and 60 days at the latest.

No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Child Care Licensing Program**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Absent any information barred by the confidentiality clause, the report will be posted on the Consumer Education Website.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency’s consumer education website homepage:
childcare.gov.mp
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://www.childcare.gov.mp/cclp/licensing-process/>**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
<https://www.childcare.gov.mp/cclp/licensing-process/>
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **<chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.childcare.gov.mp/wp-content/uploads/2021/08/BACKGROUND-CHECK-PROCEDURES-8-16-2021.pdf>**
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **<chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.childcare.gov.mp/w>**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

Yes.

No. If no, describe: **The list of providers is found within the Consumer Education Website. <https://www.childcare.gov.mp/cclp/day-care-centers/>**

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **The provider listing is not searchable using a ZIP code. It can be found at the following link: <https://www.childcare.gov.mp/cclp/day-care-centers/>**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. All licensed providers. Describe: <https://www.childcare.gov.mp/cclp/day-care-centers/>
 - ii. License-exempt CCDF center-based providers. Describe:
 - iii. License-exempt CCDF family child care providers. Describe:
 - iv. License-exempt, non-CCDF providers. Describe:
 - v. Relative CCDF providers. Describe:
 - vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.

- viii. Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: **Center star levels; QRIS check-in/ observation reports which include issues of non-compliance to standards and how the program has addressed them.**
 - ii. Licensed non-CCDF providers. Describe the quality information:
 - iii. License-exempt center-based CCDF providers. Describe the quality information:
 - iv. License-exempt FCC CCDF providers. Describe the quality information:
 - v. License-exempt non-CCDF providers. Describe the quality information:
 - vi. Relative child care providers. Describe the quality information:
 - vii. Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Child Care providers**

submits reports to the Child Care Licensing Program or CCLP. System of Support consultant will compile reports on serious injuries and deaths of children occurring in license exempt home base settings. Reports from CCLP and System of Support will be submitted to the CCDF Office to be reviewed and then posting made to the CNMI child care website.

Report for the license exempt home based providers on serious injuries and deaths may be found here:
<https://www.childcare.gov.mp/wp-content/uploads/2024/07/Aggregate-Data-related-to-Serious-Injuries.pdf>

Report for the licensed center based providers on serious injuries and deaths may be found here:
<https://www.childcare.gov.mp/cclp/injuries-in-the-child-care-settings/>
<https://www.childcare.gov.mp/cclp/death-in-the-child-care-settings/>

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated child abuse in child care setting defined - is any physical or sexual abuse, neglect, or maltreatment that was investigated and found to be true.**
- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **Serious injury in child care setting defined - is an injury to a child or staff member that requires emergency medical attention by a health care professional or admission to a hospital.**

Serious injury is also defined as a child that was left without adult supervision for a prolong period of time-whether within or outside the care facility.

- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://www.childcare.gov.mp/cclp/three-years-of-monitoring-data/>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 - Yes.
 - No.
 - Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information:

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

b. Provide the direct URL/website link to this information: <https://www.childcare.gov.mp/>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

b. Provide the direct URL/website link to the sliding fee scale.

<https://www.childcare.gov.mp/wp-content/uploads/2024/02/FINAL-Updated-Income-Guidelines.pdf>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **There are many ways that the CNMI child care program shares information with eligible parents, the general public, and child care providers. Typically, there's the sharing of print information—such as flyers, brochures, and newsletters—are made readily available in the CCDF Offices as well as included in the parent orientation packets. These print materials may include but are not**

limited to application forms (parents and providers), income guidelines, rates, and CCDF Certified provider directory. Information about quality activities are also included. The childcare.gov.mp website also contains similar as well as other information related to child care. Parents, the general public and child care providers also may contact the CCDF Office directly for any information or inquiries. Quarterly, scheduled radio talk shows are also available to talk about the programs, activities related to the CCDF Program.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **Information on research and best practices concerning children’s development is shared through direct communication, flyers, procures, and newsletters. Information is also shared through a public access facebook page. Specifically, the CNMI Brain Builders page shares numerous and helpful information related to best practices concerning children’s development. Tips are shared with parents, for example, turning diaper changing into a brain building session. Tips describe what a parent may do to support brain development and describes what the child is learning as the parent does the activity. Print materials, such as the Early Learning Development Guidelines are made readily available in the CCDF Office and training facilities for parents and the general public. ELDGs have also been shared with partners and child care providers.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **CCDF currently funds the Science of Early Learning initiative, where parents, providers, and the community can avail of training (i.e., Mind in the Making, The Growing Brain, CNMI Brain Builders) and written resources on helping children develop life skills (around executive functions and social-emotional development). QRIS coaches also provide training and technical assistance on positive discipline and developmentally appropriate behavior management.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children

from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **The CCDF policy on prevention of suspension and expulsion indicates that all CCDF providers should not expel, suspend, or otherwise limit the amount of services provided to a child or family on the basis of challenging behaviors. This policy is shared with parents and providers during orientation and shared with the general public.**

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:
Similar policy applies for school-age children

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
 Yes.
 No. If no, describe:
- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
 Yes.
 No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Developmental screening information is provided to parents as part of the orientation packet. It is also shared during outreach opportunities to the different islands.**

No. If no, describe:

- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Commonwealth of the Northern Mariana Islands Department of Community and Cultural Affairs' Child Care and Development Fund (CNMI DCCA-CCDF) as the Lead Agency, through its financial control, manages funds received from DHHS, and the CNMI Department of Finance - Federal Accounting Section oversees the accounting control of all federal funded accounts. Once the grantor agency approves and sends the grant award letter, an advice of allotments is prepared by CNMI DCCA-CCDF and has it submitted to the Office of Grants Management for approval then forwarded to CNMI Department of Finance (DOF)- Federal Accounting Section for account set up and to the CNMI Office of Management and Budget for entry and posting of the particular grant award. Once the account is set up and reviewed that the amount matches with the approved grant, then the program or the lead agency starts the procurement process using CNMI's Procurement Services' Rules and Regulations. In obligating operational costs, purchase requisitions are prepared by Administrative Specialist and being scrutinized and certified by the CCDF Accountant to make sure that items or services being procured are in compliance within the uniform administrative requirements and cost principles based on OMB's circulars. This process is done through MUNIS, a system currently used by the**

CNMI Government and the approval goes with the flow, from the Lead Agency expenditure authority which is the Secretary for the Department of Community and Cultural Affairs, then to Finance Federal Section Staff, Supervisor, and Department of Finance Director then to Procurement Services staff and finally the Procurement Services Director. This process will not materialize if there is no certification of fund availability. After this process, the Division of Procurement Services prepares a purchase order, which is the basis for payment. Once the purchase order is prepared, the lead agency advises the vendors to deliver the goods with the corresponding invoices. Once goods and invoices are received, the lead agency submits to DOF Financial Services-Accounts Payable Section for payment processing. After entry and posting of such documents, DOF-Treasury Division processes the checks and informs the lead agency or vendors that payments are ready for pick-up or being mailed or electronic fund transfer if the vendor preferred to. For personnel wages and benefits' obligation, a bi-weekly timesheet is prepared and scrutinized by the official timekeeper and has it submitted to the DOF- Payroll Section for payment processing. For contracts, the lead agency prepares Scope of Work and requests DOF-Procurement Services for Request for Proposal Announcement or Invitation for Bid. DOF-Procurement Services is in charge of this process and once DOF-Procurement Services receives the proposal or bid from different vendors, such proposals/bids are forwarded to the lead agency for review and evaluation. The lead agency requires only one (1) evaluator from the CNMI-CCDF and other evaluators are from outside the lead agency in order to avoid conflicts if there will be any. Once the review and evaluation are completed and found the right vendor, a Contract is prepared by the lead agency to be approved and signed by the Expenditure Authority, Procurement Services Director, DOF Secretary, CNMI Attorney General, and the CNMI Governor. Once completed, DOF-Procurement Services returns the approved contract to the lead agency and requires to prepare a Notice to Proceed to the vendor. After this process, the vendor submits an invoice to the lead agency and the lead agency prepares a request for payment to DOF-Financial Services and the DOF-Treasury Division prepares the check. Consistent monitoring and reconciliation of accounts with DOF-Financial Services regarding fund balance status through MUNIS, ensures the program that obligations do not exceed available funds. With close coordination between DCCA- Child Care and Development Fund and DOF-Federal Accounting Section, tight budget control is implemented and timely financial reporting is met. The Lead Agency assures that effective internal control; transparency and accountability will be in place. It will include in exercising its internal control the plan of organization, methods and procedures adopted by management to meet our goals. The DCCA-CCDF further assures that three objectives of internal control will be maintained, such as: 1) effectiveness and efficiency of operations; 2) reliability of financial reporting; and 3) compliance with applicable rules and regulations.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Fiscal oversight of the CNMI DCCA-CCDF funds, including grants and contracts includes multiple levels of scrutiny and approval from inception, execution and reporting. It involves collaboration with CNMI Department of Finance’s Procurement Services division and Financial Services division to make sure that items or services being procured are in compliance within the uniform administrative requirements and cost principles and within the approved allocated budget. DCCA-CCDF as the lead agency tracks all payments made to vendors, grantees, and contractors to ensure that payments are made in a timely manner and complete. CNMI-DOF Financial Services division is the responsible unit for the mandatory ACF-696 reporting.**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **On the DCCA-CCDF program side, the Administrative Data Specialist verifies with the system whether the eligibility amount for each family receiving the subsidy corresponds to their approved certificate. CCDF Accountant verifies accuracy of the total amount and makes sure funding is available. And on the CNMI Department of Finance part, it has the total control of funds as it is this agency that does the obligation and liquidation of funds received from the federal grantor. It makes sure that obligations do not exceed the allotted budget. The lead agency, through its Co-Administrator/CCDF Accountant makes sure that earmarking required for each activity is being complied with.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Federal Fiscal Reports for CNMI DCCA-CCDF are being prepared by CNMI-Department of Finance-Financial Services Federal Section in collaboration with DCCA-CCDF.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The DCCA-CCDF as the lead agency uses MUNIS as the financial system for the entire Commonwealth to provide control, accountability and transparency for fiscal matters. Its goal is to maintain a good internal control that complies with applicable laws, policies and procedures. It must accomplish the federal requirements to ensure that reports are accurate and in compliance with the federal grant requirements.**

The DCCA CCDF fiscal management is effective because of the new CNMI financial system

called "MUNIS", all processes go to the workflow, from payroll to contracts and purchase requisitions/purchase orders and that all documents required are attached for transparency and accountability. In this system there is check and balance as all the agencies involved are in the approval workflow. And because the check and balance are in place, the audit citations on Allowable Costs/Cost Principles and Matching/Level of Efforts/ Earmarking categories are avoided.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Through the collaboration with different agencies within the CNMI Government such as Office of Grants Management, Office of Management and Budget, Department of Finance (Financial Services and Procurement Services) and the Lead Agency, a tight financial control is maintained through check and balance and transparency.**
- c. How the results inform implementation. Describe: **CNMI CCDF program and financial staff review and scrutinize monthly operations expenditure. Lead Agency financial staff and CNMI DOF staff reconcile records each month for check and balance.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The CNMI DCCA-CCDF regularly assesses the risk of its policies and procedures both for program and financial aspects. The CNMI CCDF Director/Administrator is responsible to consistently assess and revise policies as needed. All CCDF staff regularly meet to discuss policy issues and implement a practice of meeting when its policies and procedures are brought into question.**
- b. The frequency of each risk assessment. Describe: **Risk assessment is conducted semi-annually.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Based on the data received from the risk assessment, the CCDF Administrator may update policies and/or procedures by way of a memorandum. If needed, forms may also be updated. Once an update is provided, training and/or TA will be provided to the staff to ensure understanding of the updates.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The risk assessment process is identified as effective when similar mistakes are no longer evident.**
- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **CCDF Program implements a quarterly staff meeting wherein there are opportunities to train staff regarding program requirements and integrity. When opportunities for off island training are made available (such as the Regional Meeting and STAM) program staff are encouraged to attend. Participants will then share the information gathered from the meetings back to the other staff members**
 - ii. Describe how staff training is evaluated for effectiveness: **The Subsidy Eligibility Supervisor checks on files to ensure that policies and procedures are followed. Staff may also provide feedback on the training provided to ensure that training offered is supportive of staff needs. Based on the feedback, the Administrator may update the training.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Data on program integrity will shape ongoing staff training. We will use the data to identify the type of information that needs to be provided as well as what to prioritize when training staff.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and program integrity: **New providers as well as ongoing providers are required to participate in an annual orientation. At these orientations, CCDF program requirements are shared such as but not limited to: payment practices, requirements, etc.**
 - ii. Describe how provider training is evaluated for effectiveness: **At the end of each training/orientation, an evaluation form is completed. Providers indicate how effective the training/orientation was and ways to improve the training/orientation. Evaluations are used to update the orientation program.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Data gathered will assist in shaping ongoing training programs for providers; what information to share, how it is shared, etc.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The CNMI does not participate in the triennial error rate review.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are shared with all CCDF staff through a staff meeting. The information gathered from the audits will shape the effectiveness of CCDF's internal controls.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **CCDF Program identified weaknesses in its internal controls through the audit findings. Based on the information, current processes will be updated to strengthen controls.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice::
 - b. Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
 - c. Review enrollment documents and attendance or billing records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CNMI DCCA-CCDF's Eligibility Workers/Specialists conduct reviews of all documents related to subsidy recipients. Rigorous reviews are being handled to prevent intentional program violations and have the documents crossed checked with CCDF Administrative Data Specialist of its completeness. With this activity, data on all subsidy recipients are readily available, complete, and accurate.**

The Eligibility Supervisor or designee reviews at a minimum 10 case files on a monthly basis. Any discrepancies are noted and corrected. Also, these discrepancies are discussed with the subsidy team to ensure that these are not repeated.
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CNMI DCCA-CCDF's Eligibility Workers/Specialists conduct reviews of all documents related to subsidy recipients. Rigorous reviews are being handled to prevent unintentional program violations and have the documents crossed checked with CCDF Administrative Data Specialist of its completeness. With this activity, data on all subsidy recipients are readily available, complete, and accurate.**

The Eligibility Supervisor or designee reviews at a minimum 10 case files on a monthly basis. Any discrepancies are noted and corrected. Also, these discrepancies are discussed with the subsidy team to ensure that these are not repeated.
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
 - d. Conduct supervisory staff reviews or quality assurance reviews.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Subsidy Eligibility Supervisor conducts a review at a minimum of 10 case files on a monthly basis by pulling random samples of case files from each case workers/eligibility specialists**

in order to identify intentional program violations. If discrepancies are found, the Eligibility Workers/Specialists involved are already informed to rectify the discrepancies.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The CCDF Eligibility Supervisor conducts a review at a minimum of 10 case files on a monthly basis by pulling random samples of case files from each case workers/eligibility specialists in order to identify unintentional program violations. If discrepancies are found, the Eligibility Workers/Specialists involved are already informed to rectify the discrepancies.**
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- e. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Subsidy section scrutinizes all invoices and attendance sheets submitted by care providers on a monthly basis and improper payments are checked if there are any.**

When a Subsidy Staff discovers discrepancies, these are noted and the provider is informed so that same discrepancies are corrected and avoided in the future.
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **CCDF Subsidy section scrutinizes all invoices and attendance sheets submitted by care providers on a monthly basis and improper payments are checked if there are any.**

When a Subsidy Staff discovers discrepancies, these are noted and the provider is informed so that same discrepancies are corrected and avoided in the future.
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Based on the result of the Single Audit on a yearly basis, if there is an audit finding, a corrective action plan is prepared and implemented.**
- f. Train staff on policy and/or audits.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Additional training, either one on one or as a team are offered to address discrepancies and provide clarifications related to polices and procedures.**

Opportunities for staff to be trained on policies and/or audits are afforded once training announcements are available on island or off-island. Afforded training opportunities for staff enhances their knowledge on policies, procedures, and

regulations of the program.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Additional training, either one on one or as a team are offered to address discrepancies and provide clarifications related to policies and procedures.**

Opportunities for staff to be trained on policies and/or audits are afforded once training announcements are available on island or off-island. Afforded training opportunities for staff enhances their knowledge on policies, procedures, and regulations of the program.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Based on the result of the Single Audit on a yearly basis, if there is an audit finding, a corrective action plan is prepared and implemented.**

g. Other. Describe the activity(ies):

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **CNMI Attorney General Office**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **All improper payments caused by fraud are recovered regardless of dollar amount. No case yet found of improper payment.**

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Improper payments due to fraud are referred to CNMI Attorney General Office. No case yet of fraud referred to the Attorney General Office.**
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Repayment plans are offered to the parents or care providers to recoup improper payments that are the result of fraud or intentional program violations. There is no activity encountered on this recovery through repayment plans.**
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Improper payments are recovered from care providers by reducing payments in subsequent months until improper payments are paid in full.**
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **To be coordinated with CNMI Revenue and Taxation and inform CNMI Division of Treasury to hold issuance of checks until a clearance from CCDF is issued.**

There is no activity encountered yet on this.

- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Payments are recovered through lump sum payment, reduce subsequent payment or payment plans by sending Demand Notice letters on overpayments or improper payments with the option to set up a repayment plan. There is no activity encountered yet on this**
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **The CNMI DCCA-CCDF as the lead agency refers any cases of suspected fraud to the CNMI Attorney General Office to investigate and determine if the fraud allegation is substantiated and if any improper payments have occurred. The public can also refer suspected fraud to the lead agency. The CNMI DCCA-CCDF works with the CNMI Attorney General Office for provider and client improper payments. If the referral is substantiated by the Attorney General Office, then the payment recovery proceeds and/or may result in possible prosecution.**

viii. Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **All improper payments regardless of any cause are recovered regardless of dollar amount. No activity encountered yet on this.**
- ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Improper payments recoupment will be handled by the Lead Agency but in the event that it cannot be resolved by the lead agency it will be referred to the CNMI Attorney General Office. No activity encountered yet on this.**
- iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Repayment plans are offered to parents or care providers to recoup improper payments that are the result of unintentional program violations. No activity encountered yet on this.**
- iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Improper payments are recovered from care providers by reducing payments in subsequent months until improper payments are paid in full. No activity encountered yet on this.**
- v. **[x]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **To be coordinated with CNMI Revenue and Taxation and inform CNMI Division of Treasury to hold issuance of checks until a clearance from CCDF is issued. No activity encountered yet on this.**
- vi. **[x]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **Payments are recovered through lump sum payment, reduce subsequent payment or payment plans by sending Demand Notice letters on overpayments or improper payments with the option to set up a repayment plan. No activity encountered yet on this.**
- vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Improper payments recoupment will be handled by the Lead Agency but in the event that it cannot be resolved by the**

lead agency it will be referred to the CNMI Attorney General Office. No activity encountered yet on this.

viii. Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **If a client has committed intentional violation, such as non-payment of monthly co-payment, the Child Care and Development Fund (CCDF) rules and regulations indicated in Section 55-60-305 Child Care Payments (c) The parent's co-payments shall be established by the current Sliding Fee Scale as set forth in the current State Plan and (h) all parents will pay their co-payments directly to the CNMI Treasury. If parents failed to pay their monthly co-payments it is considered committing an**

Intentional Program Violation and the following procedures will be applied: 1) A first warning letter will be sent to the parent with a subject - Intentional Program Violation with the attachment of the Payment Invoice; 2) A second warning letter requesting for a face to face meeting with parents on the matter; 3) A third and last warning letter will indicate of the next instance of non-payment of a monthly co-payment, a letter of Termination will be received by the parent. When a Letter of Termination is prepared, it should be accompanied by information on the CCDF appeal process - Administrative Appeal Request. The description of the Administrative Appeal Process requests are as follows: 1) A parent may file a written request for an administrative appeal when the family is dissatisfied with the Child Care Program's adverse action of denying, reducing, terminating, and suspending assistance. The family shall have an opportunity to: a) Examine the case record as well as all documents and records to be used at the appeal hearing at a reasonable time before the date of the hearing as well as during the hearing; b) Present the case independently or with the aid of legal counsel; c) Bring witnesses, including an interpreter if non-English speaking; d) Establish all pertinent facts and circumstances; e) Advance any arguments appropriate to the issue being heard without undue interference; and f) Question or refute any testimony if evidence, and to confront and cross-examine any witness. 2) The appeal request shall be in writing delivered to the Department of Community and Cultural Affairs Office of the Secretary within 10 calendar days of the date on which the notice informing the family of a child care program's decision was delivered to the family and shall refer to the following: a) The request is for an administrative appeal; b) The specific action identified in the notice that is being appealed; and c) Whether continuation of benefits at the current level are being requested with the understanding that the family will be required to pay back the total value of benefits (received pending the decision) if the DCCA decision is upheld. 2) If the request is not filed within the 10 calendar days of the date the notice was provided to the family, the request shall be denied and the Office of the Secretary shall provide notice of denial to the family. 3) A hearing officer appointed by the Secretary shall preside over a hearing within 30 days of timely appeal request which: a) A hearing officer appointed by the Secretary shall preside over a hearing within 30 days of timely appeal request; b) The family and the Child Care Program shall have an opportunity to present evidence, including witness testimony and documents. Each party shall also have the right of cross-examination; c) The hearing shall be audio-recorded; and d) The hearing officer shall issue a written decision to the Child Care Program and the family within 30 days after the hearing.

There is no activity encountered yet on this.

- ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **The disqualification of the provider is based on the following reasons:**
 - A. The conditions for denial, suspension, or revocation of a child care license application and the action to be taken by the Department are as follows: (1) The Department may deny, suspend, or revoke the child care license, if an applicant or

licensee does not comply with the rules of the Department respecting child care facilities; (2) The Department shall suspend registration if the violation of the minimum requirement is the first violation of the provider does not warrant revocation; (3) The Department may revoke child care license application if the provider has violated any minimum requirement to such an extent or of a nature that the provider is unfit to be trusted with the care of children, or if the provider's application has been suspended at least once previously; (4) An applicant or licensee whose child care license is about to be denied, suspended, or revoked shall be given written notice by certified or registered mail addressed to the location shown on the child care license application; (5) The notice shall contain a statement of the reasons for the proposed action and shall inform the applicant of the right to appeal the decision to the Office of the Secretary, Department of Community & Cultural Affairs, no later than ten working days after acknowledgment of the notice of the proposed action; (6) The applicant has twenty days from receipt to make a written request for a hearing; the Secretary of the Department shall give written notice to the applicant of a time and place for a hearing before a hearing officer. On the basis of the evidence adduced at the hearing, the hearing officer shall make the final decision of the Department as to whether the application or child care license shall be denied, suspended, or revoked; and; (7) If no timely written request for a hearing is made, processing of the application shall and or the child care license shall be suspended or revoked as of the termination of the ten-day period. B. The immediate suspension of the child care license shall be ordered if conditions exist which the Department determines constitute an imminent danger to the health, welfare, or safety of the children. The Department shall take the following actions: a) Provide the applicant written notice of the order by personal service or by certified or registered mail addressed to the location shown on the child care license application; b) Provide a statement of the reasons for the suspension in the notice and inform the applicant of the right to petition the Department to reconsider the order not later than ten working days after mailing of the notice; c) Declare that all operations shall cease as of the date of receipt of the notice, give the applicant reasonable notice upon receiving a written petition, and provide an opportunity for a prompt hearing before a hearing officer with respect to the order of suspension of the child care license application. On the basis of the evidence adduced at the hearing, the hearing officer shall make the final decision of the Department as to whether the order of suspension shall be affirmed or reversed; and d) Notify the parent or legal guardian of each child who is provided care in the family child care home of the suspension or revocation. C. At any hearing provided for by this section, the applicant or licensee may be represented by counsel and has the right to call, examine, and cross-examine witnesses. Evidence may be received even though inadmissible under rules of evidence applicable under court procedures. Hearing officer decisions shall be in writing, shall contain findings of fact and conclusions of law, and shall be mailed to the parties to the proceedings by certified or registered mail to the last known address as may be shown in the application, on the child care license, or otherwise. The Administrative Procedure Act [1 CMC§ 9101, et seq.] shall also be applicable at any hearing. There is no activity encountered yet on this.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **The CNMI DCCA-CCDF refers to the Attorney General Office for any possible fraud cases. If the referral is substantiated by AGO this may result in payment recovery or for possible prosecution. Investigations with findings of criminal fraud in billing or benefits are referred to AGO for criminal prosecution. No case of fraud yet referred to the AGO.**

- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		