



# REACH HIGHER CNMI / CCDF OBSERVATION CHECKLIST

## Renewal Visit



|                                     |                                       |                                |
|-------------------------------------|---------------------------------------|--------------------------------|
| <b>Business Name:</b> DreamPlay LLC | <b>Location:</b> Chalan Kanoa, Saipan | <b>Contact #:</b> 670-287-0358 |
|-------------------------------------|---------------------------------------|--------------------------------|

|                                     |                            |
|-------------------------------------|----------------------------|
| <b>Total Student Enrollment:</b> 22 | <b>Center Capacity:</b> 43 |
|-------------------------------------|----------------------------|

|                          |           |                                |                             |                           |
|--------------------------|-----------|--------------------------------|-----------------------------|---------------------------|
| <b>Observation Type:</b> | Initial   | Date: _____                    | Start Time: _____           | End Time: _____           |
|                          | Renewal   | Date: <u>November 19, 2024</u> | Start Time: <u>2:00 pm</u>  | End Time: <u>4:00 pm</u>  |
|                          | Follow-Up | Date: <u>November 25, 2024</u> | Start Time: <u>11:00 am</u> | End Time: <u>11:30 pm</u> |
|                          | Check-in  | Date: _____                    | Start Time: _____           | End Time: _____           |
|                          | Follow-Up | Date: _____                    | Start Time: _____           | End Time: _____           |

### Ratio Table:

| Age               | Number of Children Per Staff Member |
|-------------------|-------------------------------------|
| 0 – under 24 mos. | 4 or less                           |
| 2-year-old        | 7 or less                           |
| 3-year-old        | 7 or less                           |
| 4 years old       | 10 or less                          |
| 5 years and older | 10 or less                          |

| Name of Rooms  | Infant                   | Toddler                  | Infant & Toddler         | Pre-School               | K-3                      | K-4                      | K-5                      | B/A School               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Approved DPW Room Capacity (counting all bodies)                           |                          | 43<br>shared room        |                          |                          |                          |                          |                          |                          |
| CCLP Occupancy (Only children counted, not adults. Check if any over DPW.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Name of Rooms</b>                  | <b>Infant</b> | <b>Toddler</b>                       | <b>Infant &amp; Toddler</b> | <b>Pre-School</b> | <b>K-3</b> | <b>K-4</b> | <b>K-5</b> | <b>B/A School</b>     |
|---------------------------------------|---------------|--------------------------------------|-----------------------------|-------------------|------------|------------|------------|-----------------------|
| <b># of Staff Present</b>             |               | 1                                    |                             | 1                 |            |            |            | 1                     |
| <b>Names of Teachers/Staff:</b>       |               | Johanna P.<br>Floater - Christine M. |                             | Kristine L.       |            |            |            | Marizel H.<br>Melva M |
| <b># of Children Enrolled:</b>        |               | 5                                    |                             | 5                 |            |            |            | 12                    |
| <b># of Children Present:</b>         |               | 5                                    |                             | 4                 |            |            |            | 3                     |
| <b># of Children w/Special Needs:</b> |               | 0                                    |                             | 1                 |            |            |            | 0                     |
| <b>Age of Youngest Child:</b>         |               | 1 y.o.                               |                             | 3 y.o.            |            |            |            | 21 m.o.               |
| <b>Age of Oldest Child:</b>           |               | 2 y.o.                               |                             | 4 y.o.            |            |            |            | 10 y.o.               |

**CHECKLIST CODING**

O – Observation

SH – Staff handbook

PH – Parent Handbook

CF – Child File

SF – Staff File

BB – Bulletin Board

D – Document

PDT – Professional Development Tracker

GD – Google Drive

HS – Health & Safety Checklist

**ADMINISTRATION**

| CCDF RULES & REGULATIONS / REACH HIGHER CNMI STANDARD AREA   | REQUIREMENT CHECKLIST   | STATUS<br>(Check yes only if all rooms and/or staff are complying)<br><b>O, SH, PH, CF, SF, B, D, HS</b> | COMMENTS<br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance Attach additional pages if needed per regulation comment and indicate "See Attached."</i> |
|--|---|--|--|
|  | (1-A) Program has an approved regular Child Care License Program (CCLP) certificate.<br><br>Date <u>08/31/24</u>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |  |
| §55-40.1-228 Staff Child Ratio   | (1-B) Staff-child ratio complies with the CCLP Administrative Code, for each age level and each room.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O                             |  |
| CCDF Rules & Regulations §55– 60 –201 Eligibility Requirements for Child Care services Section (d) (iii) | (1-C) Complete CCDF application packet<br><br><b>RENEWAL</b><br><input checked="" type="checkbox"/> Reach Higher, CNMI / CCDF Provider Certification application form<br><input checked="" type="checkbox"/> Current DCCA Child Care Provider Certificate<br><input checked="" type="checkbox"/> CCLP License<br><input checked="" type="checkbox"/> Current Business License<br><input checked="" type="checkbox"/> Updated Coaching and QRIS Orientation Certificate for new teachers (including new directors, if applicable).<br><input checked="" type="checkbox"/> CCDF Orientation Certificate for director and/or authorized second contact person<br><input checked="" type="checkbox"/> Inventory of educational<br><br><b>NEW</b><br><input type="checkbox"/> Reach Higher, CNMI / CCDF Provider Certification application form<br><input type="checkbox"/> CCLP license<br><input type="checkbox"/> Current Business License<br><input type="checkbox"/> Map to center<br><input type="checkbox"/> W9<br><input type="checkbox"/> EPRRP<br><input type="checkbox"/> Handbook (current)<br><input type="checkbox"/> TB clearance forms for all staff (including those who may have contact with families)<br><input type="checkbox"/> Daily schedule for all rooms/ age groups<br><input type="checkbox"/> Center rate<br><input type="checkbox"/> CCDF Orientation Certificate for director and/or authorized second contact person | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>SF, D, B, O, GD and/ or PDT   |  |

|   |  |   |  |
|---|--|---|--|
| <p>Section (iii)(E)</p>                   | <p>materials issued per program<br/>(Must include all the materials provided including under the QRIS incentives)</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> EPRRP - highlight changes</li> <li><input checked="" type="checkbox"/> Handbook</li> <li><input checked="" type="checkbox"/> TB test (for new staff, including those who may have contact with families)</li> <li><input checked="" type="checkbox"/> Daily schedule per program/age group</li> <li><input checked="" type="checkbox"/> Center rate</li> </ul> <p>Within 90 days after initial certification date</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health and safety training certificates of all <b>current</b> staff</li> </ul> <p>Within 12 months after initial certification date</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ITERS-3 self-assessment, most current</li> <li><input type="checkbox"/> ECERS-3 self-assessment, most current</li> <li><input type="checkbox"/> SACERS-U self-assessment, most current</li> <li><input type="checkbox"/> Program Administration Scale (PAS) self-assessment, most current</li> <li><input type="checkbox"/> Handbook (CCDF compliant)</li> <li><input type="checkbox"/> EPRRP (CCDF compliant)</li> <li><input type="checkbox"/> QRIS and Coaching Orientation Certificate</li> <li><input type="checkbox"/> Developmental screening training certificate (ASQ)</li> <li><input type="checkbox"/> Safe sleep practices</li> <li><input type="checkbox"/> Daily health checks</li> </ul> <p>Within 90 days of CCLP's approval for employment</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Health and safety training certificates of all <b>new</b> staff hired after initial certification date</li> </ul> |   |  |
| <p>CCDF Memo FY16 No. 4</p> <p>Star 1</p> | <p>(1-D) Complete Handbook</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Refer to appendix A for full list</li> </ul>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PH and/ or SH</p> |  |

**FACILITY**

| <p align="center"><b>CCDF RULES &amp; REGULATIONS/<br/>REACH HIGHER CNMI<br/>STANDARD 1 AREA</b></p>                | <p align="center"><b>REQUIREMENT CHECKLIST</b></p>  | <p align="center"><b>STATUS</b><br/><i>(Check yes only<br/>if all rooms<br/>and/or staff are<br/>complying)</i><br/><b>O, SH, PH, CF,<br/>SF, B, D, HS</b></p> | <p align="center"><b>COMMENTS</b><br/><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance<br/>Attach additional pages if needed per regulation comment and indicate "See<br/>Attached."</i></p> |
|---|---|--|--|
| <p>CCDF Rules &amp; Regulations §55– 60 –201 Eligibility Requirements for Child Care services Section (d1) (V)</p>  | <p>(2-A) Meets, at a minimum, 35 square footage of indoor learning space per child.</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>O</p>  |  |
| <p>CCDF Rules &amp; Regulations §55– 60 –201 Eligibility Requirements for Child Care services Section (d1) (VI)</p> | <p>(2-B) Meets, at a minimum, 33% of facility capacity at 75 square footage of outdoor playground space per child.</p>  | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>O</p>  |  |
| <p>CCDF Rules &amp; Regulations §55– 60 –201 Eligibility Requirements for Child Care services Section (e)(4)</p>    | <p>(2-C) Installed smoke detector</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>O</p>  |  |
|   | <p>(2-D) Unobstructed emergency exits</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>O</p>  |  |
|   | <p>(2-E) EPRRP plan that meets the prescribed CCDF requirements.<br/><br/>(Emergency drill logs must be updated and verified onsite.)<br/><br/>Date <u>11/30/24</u></p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>D</p>  |  |
| <p>Section (e)(8)</p>   | <p>(2-F) Working telephone landline within the building. In the absence of a working telephone landline, a working cellular unit with a contract must be available at the child care site during all hours of operation. Pre-paid cellular services shall not be allowed.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>O</p>  |  |

**DEVELOPMENTAL SCREENING**

| <p align="center"><b>CCDF RULES &amp; REGULATIONS/<br/>REACH HIGHER CNMI<br/>STANDARD 1 AREA</b></p>              | <p align="center"><b>REQUIREMENT CHECKLIST</b></p>   | <p align="center"><b>STATUS</b><br/><i>(Check yes only if all rooms and/or staff are complying)</i><br/><b>O, SH, PH, CF, SF, B, D, HS</b></p> | <p align="center"><b>COMMENTS</b><br/><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance Attach additional pages if needed per regulation comment and indicate "See Attached."</i></p> |
|---|--|--|--|
| <p>CCDF Memo FY16 No. 4.14</p>  | <p>(3-A) All teaching staff of children ages 0 to 5 ½ years have been trained on the Ages and Stages Questionnaire, latest edition. Includes non-teaching staff who will be assigned to conduct ASQ.<br/><br/>(Within 12 months from CCLP approval, the new teaching or assigned staff must be trained on the ASQ to align with new provider requirements above, section 1-C.)</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>SF and/ or D</p>   |  |
|   | <p>(3-B) Annual developmental screenings are being conducted for all children in the program (regardless of status as private pay or CCDF subsidized).</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>D and/ or CF</p>   |  |
| <p>CCDF Rules &amp; Regulations §55– 60 –201 Eligibility Requirements for Child Care services Section (e)(11)</p> | <p>(3-C) All providers shall complete a CCDF approved developmental screening (e.g. Ages and Stages Questionnaire, latest edition) within 45 days of a child’s enrollment to the program. All providers shall rescreen/monitor as necessary.</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>D and/ or CF</p>   |  |
|   | <p>(3-D) Developmental screenings are done once annually at a date and time determined by the program.</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>D and/ or CF</p>   |  |
|   | <p>(3-E) Results of the child’s ASQ must be discussed with parents/guardians and get consent to refer if needed.</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/>D and/ or CF</p>   |  |
|   | <p>(3-F) If the child falls on or below the established cutoff the provider must document their referral of the child/family to Early Intervention Services.</p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>D and/ or CF</p>  |  |

**STAFFING**

| <p align="center"><b>CCDF RULES &amp; REGULATIONS/<br/>REACH HIGHER CNMI<br/>STANDARD 1 AREA</b></p> | <p align="center"><b>REQUIREMENT CHECKLIST</b></p> | <p align="center"><b>STATUS</b><br/><i>(Check yes only if all rooms and/or staff are complying)</i><br/><b>O, SH, PH, CF, SF, B, D, HS</b></p> | <p align="center"><b>COMMENTS</b><br/><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance Attach additional pages if needed per regulation comment and indicate "See Attached."</i></p> |
|--|--|--|--|
|  |  |  |  |

|  |   |   |  |
|--|---|---|--|
| CCDF Rules & Regulation § 55-60-201 - Eligibility Section (D1) (i)   | (4-A) All staff are at least 18 years old.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF                     |  |
| Section (e) (7)  | (4-B) All staff met background check requirements.  | Approved by CCLP<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF |  |
| Star 1: Staffing and Professional Development<br><br>CCDF Rules & Regulation § 55-60-201 - Eligibility Section (e) (6) | (4-C) For ongoing directors: Completion of 30 hours of annual trainings and technical assistance (T& TA) combined. Completion of required health and safety topics, by age groups taught.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF and/ or PDT         |  |
| Star 1: Staffing and Professional Development<br><br>CCDF Memo FY21 No. 7  | (4-D) For ongoing teaching staff: Completion of 30 hours of annual trainings and technical assistance (T& TA) combined.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF and/ or PDT         |  |
| Star 1: Staffing and Professional Development  | (4-E) For ongoing teaching staff: Completion of required health and safety topics, by age groups taught.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF and/ or PDT         |  |
| Star 1: Staffing and Professional Development  | (4-F) For new teaching staff and new directors hired within the fiscal year under review: Completion of preservice health and safety topics within 90 days of date of approval from CCLP.<br><br>Any new staff that is counted in ratio must have completed their required 12 preservice topics within 90 days of approval from CCLP. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF and/ or PDT         |  |
| Star 1: Staffing and Professional Development  | (4-G) For all new providers and staff (including new directors): Completed the CNMI QRIS orientation within 12 months from CCLP approval date.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF and/ or PDT         |  |
| Star 1: Staffing and Professional Development  | (4-H) For all new providers and staff (including new directors): Completed the coaching orientation within-12 months from CCLP approval date.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF and/ or PDT         |  |
| CCDF Rules & Regulation § 55-60-201 - Eligibility Section (e) (4)  | (4-I) For ongoing directors and/or authorized second contact person: Completed the Annual Mandatory CCDF Orientation.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>SF and/ or PDT         |  |

| PARENTS   |  |   |  |
|---|--|---|--|
| CCDF RULES & REGULATIONS/<br>REACH HIGHER CNMI<br>STANDARD 1 AREA         | REQUIREMENT CHECKLIST  | STATUS<br>(Check yes only<br>if all rooms<br>and/or staff are<br>complying)<br><b>O, SH, PH, CF,<br/>SF, B, D, HS</b> | COMMENTS<br><br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance<br/>Attach additional pages if needed per regulation comment and indicate "See<br/>Attached."</i> |
| CCDF Rules & Regulation<br>§ 55-60-201 - Eligibility<br>Section (d1) (ii) | (5-A) Afford parents unlimited access to their children during normal hours of provider operation and whenever the children are in the care of the provider;   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>D, O and/ or PH                            |  |
| HEALTH AND SAFETY   |  |   |  |
| CCDF RULES & REGULATIONS/<br>REACH HIGHER CNMI<br>STANDARD 1 AREA         | REQUIREMENT CHECKLIST  | STATUS<br>(Check yes only<br>if all rooms<br>and/or staff are<br>complying)<br><b>O, SH, PH, CF,<br/>SF, B, D, HS</b> | COMMENTS<br><br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance<br/>Attach additional pages if needed per regulation comment and indicate "See<br/>Attached."</i> |
| CCDF Memo FY 16 No. 3   | (6-A) Daily health checks are conducted for all children upon arrival.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O and D                                    |  |
| Star 1: Health and Safety   | (6-B) Most current ITERS-3 self-assessment completed for each infant and toddler room (renewal)<br><br>Most current ITERS-3 self-assessment submitted no later than 12 months from date of CCDF certificate approval (new)<br>Date | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>D and/ or GD                               |  |
| Star 1: Health and Safety   | (6-C) Most current ECERS-3 self-assessment completed for each preschool room (renewal)<br><br>Most current ECERS-3 self-assessment submitted no later than 12 months from date of CCDF certificate approval (new)<br>Date          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>D and/ or GD                               |  |
| Star 1: Health and Safety   | (6-D) Most current SACERS-U self-assessment completed for each afterschool room (renewal)<br><br>SACERS-U self-assessment submitted no later than 12 months from date of CCDF certificate approval (new)<br>Date                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>D and/ or GD                               |  |



### CHILD CARE PRACTICES

| CCDF RULES & REGULATIONS/<br>REACH HIGHER CNMI<br>STANDARD 1 AREA | REQUIREMENT CHECKLIST   | STATUS<br><i>(Check yes only<br/>if all rooms<br/>and/or staff are<br/>complying)</i><br><b>O, SH, PH, CF,<br/>SF, B, D, HS</b> | COMMENTS<br><br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance<br/>Attach additional pages if needed per regulation comment and indicate "See<br/>Attached."</i> |
|---|---|---|--|
| Star 1: Child Growth and Development                              | (7-A) A daily schedule is posted and current lesson is easily accessible for all age groups.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O and/ or B  |  |
| Star 1: Children with Disabilities                                | (7-B) Information on resources in the community are current and available for parents.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O and/ or B  |  |
| Star 1: Family Engagement and Family Strengthening                | (7-C) Program communicates with families, minimum 2 different ways.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/ or D  |  |
| Star 1: Family Engagement and Family Strengthening                | (7-D) Program conducts a parent orientation to the program  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/ or D  |  |
| Star 1: Family Engagement and Family Strengthening                | (7-E) The program must have a system for signing in/ out children at the beginning and end of care to account for all children in the care space.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/ or D  |  |
| Star 1: Family Engagement and Family Strengthening                | (7-F) The program must add the language in their written open-door policy that states parents have the choice to visit the care space at any time. Parents should not be restricted to a time or space/ area for their visit. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/ or PH   |  |
| Star 1: Leadership and Management                                 | (7-G) Directors complete Program Administration Scale (PAS) self-assessment annually.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>D and/ or GD   |  |

### SAFE SLEEP PRACTICES

| CCDF RULES & REGULATIONS/<br>REACH HIGHER CNMI<br>STANDARD 1 AREA | REQUIREMENT CHECKLIST | STATUS<br><i>(Check yes only<br/>if all rooms<br/>and/or staff are<br/>complying)</i><br><b>O, SH, PH, CF,<br/>SF, B, D, HS</b> | COMMENTS<br><br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance<br/>Attach additional pages if needed per regulation comment and indicate "See<br/>Attached."</i> |
|---|-----------------------|---|--|
|   |                       |   |  |

| Star 1: Health and Safety  | (8-A) Safe Sleep Practices Written Policy  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>PH   |  |
|--|--|---|--|
| Star 1: Health and Safety  | (8-B) 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.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>PH   |  |
| Star 1: Health and Safety  | (8-C) 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.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>D and/ or SF                                   |  |
| Star 1: Health and Safety  | (8-D) 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.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>D and/ or PDT                                  |  |
| <b>SAFE SLEEP PRACTICES<br/>(Birth to 12 months only)</b>            |  |   |  |
| CCDF RULES &<br>REGULATIONS/<br>REACH HIGHER CNMI<br>STANDARD 1 AREA | REQUIREMENT CHECKLIST  | STATUS<br>(Check yes only<br>if all rooms<br>and/or staff are<br>complying)<br><b>O, SH, PH, CF,<br/>SF, B, D, HS</b> | COMMENTS<br><br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance<br/>Attach additional pages if needed per regulation comment and indicate "See<br/>Attached."</i> |
| Star 1: Health and Safety  | (9-A) 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).                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/or D                                     |  |
| Star 1: Health and Safety  | (9-B) 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). | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O  |  |
| Star 1: Health and Safety  | (9-C) 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.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O  |  |
| Star 1: Health and Safety  | (9-D) Infants that fall asleep outside of their assigned crib are immediately moved to their crib and placed to sleep on their back  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O  |  |

|                           |  |  |  |
|---------------------------|--|--|--|
| Star 1: Health and Safety | (9-E) Only 1 infant sleeps per crib.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O |  |
| Star 1: Health and Safety | (9-F) 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. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O |  |
| Star 1: Health and Safety | (9-G) Infants may be placed in one-piece sleepers to maintain appropriate temperatures (swaddling infants in child care is not necessary or recommended).                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O |  |
| Star 1: Health and Safety | (9-H) The temperature in the room is kept comfortable for a lightly clothed adult.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O |  |
| Star 1: Health and Safety | (9-I) Infants are always held for bottle feedings. Bottles are never placed in a crib with an infant.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O |  |

**SAFE SLEEP ENVIRONMENT**  
**(All ages who nap)**

| <b>CCDF RULES &amp; REGULATIONS/<br/>REACH HIGHER CNMI<br/>STANDARD 1 AREA</b> | <b>REQUIREMENT CHECKLIST</b>   | <b>STATUS</b><br><i>(Check yes only if all rooms and/or staff are complying)</i><br><b>O, SH, PH, CF, SF, B, D, HS</b> | <b>COMMENTS</b><br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance Attach additional pages if needed per regulation comment and indicate "See Attached."</i> |
|--|--|--|---|
| Star 1: Health and Safety  | (10-A) 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.                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O   |   |
| Star 1: Health and Safety  | (10-B) Cribs are placed away from window blinds, draperies, and cords not within reach of the child.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O   |   |
| Star 1: Health and Safety  | (10-C) Pads and cots are made of washable materials, and pads are covered with washable covers.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O   |   |
| Star 1: Health and Safety  | (10-D) Bedding that touches a child's skin are cleaned weekly or before use by another child.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/or D                                      |   |
| Star 1: Health and Safety  | (10-E) 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. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O   |   |

|                           |   |   |  |
|---------------------------|---|---|--|
| Star 1: Health and Safety | (10-F) 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).   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O        |  |
| Star 1: Health and Safety | (10-G) The sleeping surface of one child's rest equipment is not placed in contact with the sleeping surface of another child's rest equipment.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O        |  |
| Star 1: Health and Safety | (10-H) Any exposure to second-hand or third-hand smokes avoided (from adult clothing).  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O and PH |  |
| Star 1: Health and Safety | (10-I) 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). | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O        |  |

### USE OF PACIFIERS

| CCDF RULES & REGULATIONS/<br>REACH HIGHER CNMI<br>STANDARD 1 AREA | REQUIREMENT CHECKLIST   | STATUS<br>(Check yes only<br>if all rooms<br>and/or staff are<br>complying)<br>O, SH, PH, CF,<br>SF, B, D, HS | COMMENTS<br><br><i>If no, indicate which classrooms and/or staff is <b>NOT</b> in compliance<br/>Attach additional pages if needed per regulation comment and indicate "See<br/>Attached."</i> |
|---|---|---|--|
| Star 1: Health and Safety   | (11-A) Written policy describes rationale and protocols for use of pacifiers.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>D, O and/ or PH                    |  |
| Star 1: Health and Safety   | (11-B) Pacifiers are kept away from places near mobile infants and toddlers.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O and/or PH                        |  |
| Star 1: Health and Safety   | (11-C) Parent/ guardian has given written permission, including any instructions or preferences, on the use of pacifiers. written permission must be on file. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>CF                                 |  |
| Star 1: Health and Safety   | (11-D) Staff inspect each pacifier for tears or cracks and unknown fluid in the nipple before each use.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O and/or PH                        |  |
| Star 1: Health and Safety   | (11-E) Staff clean each pacifier with soap and water before each use.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>O and/ or PH                       |  |

|                           |   |  |  |
|---------------------------|---|--|--|
| Star 1: Health and Safety | (11-F) Pacifiers with attachments (including pins, clips, or ties) are not allowed.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/or PH |  |
| Star 1: Health and Safety | (11-G) If an infant refuses a pacifier s/he is not forced to take it.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/or PH |  |
| Star 1: Health and Safety | (11-H) If the pacifier falls out of the infant's mouth during sleep, the pacifier is removed from the crib.                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/or PH |  |
| Star 1: Health and Safety | (11-I) Pacifiers are not coated in any sweet solution.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/or PH |  |
| Star 1: Health and Safety | (11-J) Pacifiers are cleaned, stored open to air, and kept separate from the diapering area, diapering items, or other children's personal items. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>O and/or PH |  |

DreamPlay LLC  
 Areas for Recommendations (11.19.24, 11.25.24)

| # | Area(s) to Address:<br>(e.g. health and safety topic;<br>QRIS star level indicator)  | Observation  | Recommendation  | Action taken  |
|---|--|--|---|---|
| 1 | <p><b>(3-B) Annual developmental screenings are being conducted for all children in the program (regardless of status as private pay or CCDF subsidized)</b></p> <p><b>(3-E) Results of the child's ASQ should be discussed with parents/guardians and get consent to refer if needed.</b></p> | <p>Initial screening was conducted for the toddlers and preschoolers but not for the children ages 5 and under who are enrolled in the afterschool program (6 children).</p> <p>Based on the ASQ log presented, a date showing that some results were discussed with parents. No additional document presented showing that activity took place. A scheduled PTC was offered to interested parents from Dec.03 – 13, 2024.</p> | <p>Conduct the screening for the all children (both CCDF and non-CCDF) who are ages 5 and under as soon as possible. This will be checked onsite during the follow-up visit. No need to have ASQ for drop-in children.</p> <p>Gather evidence showing ASQ results were discussed with parents (e.g., sign-in sheet, agenda, photos, letter to parents, etc.). Evidence will be checked onsite during the follow-up visit.</p> | <p>Evidence provided for one child who is in the process of being evaluated by special education. The other five are walk-in/drop-in children.</p> <p>Based on the evidence presented during the follow-up visit, the ASQ results were discussed with parents/guardians during the PTC conducted on November 21 and 22, 2024.</p> |
| 2 | <p><b>Building and Physical Premises safety</b></p>  | <p>Peeled/chipping paint on the walls by the receiving area, play area, and diapering area (same from May 01, 2024, visit)</p> <p>Protruding screw from the cover of the electrical panel in the play area.</p>  | <p>Repair and repaint or cover the area with adhesive to prevent children from touching it.</p> <p>Mount the screw properly to prevent accidental injury.</p>   | <p>Areas were temporarily covered with stickers. Admin will look into a long-term solution on how to address the problem.</p> <p>Screw was adjusted and mounted without visible protrusion.</p>   |

**DreamPlay LLC**  
**Areas for Recommendations (11.19.24, 11.25.24)**

|  |  |   |                    |                         |
|--|--|---|--------------------|-------------------------|
|  |  | Peeled paint, chipped cement on the wall holding the tile in the restroom. (same from August 02, 2024, visit) | Repair and repaint | Repaired and repainted. |
|--|--|---|--------------------|-------------------------|

**STATUS**

**In compliance**

**Date: November 25, 2024**

**Work in progress**

**Targeted date to be finalized:**

**Completion of 30 hours of Annual Trainings and Technical Assistance (T & TA) Combined**

| Child Care Staff  | Topics that must be taken Annually  | Topics that must be taken every 2 Years       | Topics that must be taken every 3 Years  |
|---|---|---|--|
| All child care staff who have direct responsibility for the care of children Includes: Directors, Teachers, Assistant Teachers, Caregivers, Aides and Floaters) | ✓ Prevention of and response to emergencies due to food and allergic reactions      | ✓ Pediatric First Aid and CPR Certification   | ✓ Prevention and control of infectious diseases (including immunization)       |
|   | ✓ Child Development   |   | ✓ Administration of medication, consistent with standards for Parental Consent |
|   | ✓ Recognition and reporting of child abuse and neglect                              | Note: At least one (1) provider in each group |  |
| <i>In Addition:</i>   |   |   |  |
| All child care staff who have DIRECT responsibility for the care of INFANTS and TODDLERS  | ✓ Prevention of Sudden Infant Death Syndrome and Use of Safe Sleep Practices (SIDS) | ✓ Pediatric First Aid and CPR Certification   |  |
|   | ✓ Prevention of Shaken Baby Syndrome and Abusive Head Trauma (SBS)                  |   |  |

\*\*Only CCDF approved trainings and approved replacements will count towards meeting the Annual Health and Safety Training requirements\*\*

"I understand this report will be posted on the CNMI Child Care website in compliance with the consumer education provision of the federal CCDBG Act of 2014 for Results of Monitoring and Inspection Reports (website): (658E(c)(2)(D)) State must make public by electronic means, in a consumer-friendly and easily accessible format, organized by the provider, the results of monitoring and inspection reports, including those due to major substantiated complaints about failure to comply with CCDF requirements and State child care policies, as well as the number of deaths, serious injuries, and instances of substantiated child abuse that occurred in the child care settings each year, for eligible child care providers within the State."

Acknowledged By: Director's Printed Name: Assistant Maricar I. Pena Signature: [Signature] Date: 11/25/24.

Conducted By: Quality Care Specialist Printed Name: Maricar I. Pena Signature: [Signature] Date: 11/25/24

Reviewed By: CCDF Director Printed Name: Marimar Leste Signature: [Signature] Date: 11.25.24