

REACH HIGHER CNMI / CCDF OBSERVATION CHECKLIST Check-in Visit



| Business Name: Loving Hands Daycare Building III | | | | Location: San Antonio, Saipan Contact #: 670-235-0611 | | | | | | |
|-------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|-----|---------------------------------------------------------------|---------|------------|--|
| Total Student Enrollment: 32 | | | | Center Capacity: 47 Total - 146 - 193 | | | | | | |
| Observation Type: In R F C | | nitial Renewal Follow-Up Check-in Follow-Up | Date: Date: Date: Date: Date: | | Start Time:End Time:Start Time:End Time:Start Time:4:05 pmEnd Time:End Time: | | End Time: End Time: End Time: End Time: End Time: | 4:35 pm | | |
| | Ratio Table: | | | | | | | | | |
| | | Age | | | Number of Children Per Staff Member | | | | | |
| 0 – under 24 mos. 2-year-old 3-year-old 4 years old 5 years and older | | | | 4 or less 7 or less 7 or less 10 or less 10 or less | | | | | | |
| Name of Rooms | Infant | Toddler | Infant & Toddler | Pre-Scho | ol | К-3 | K-4 | K-5 | B/A School | |
| Approved DPW Room Capacity (counting all bodies) | Rm. 2 - 11 Rm. 3 - 17 | | | | | | | | Rm. 1 - 19 | |
| CCLP Occupancy (Only children counted, not adults. Check if any over DPW.) | | | | | | | | | | |

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| Name of Rooms | Infant | Toddler | Infant & Toddler | Pre-School | K-3 | K-4 | K-5 | B/A School |
|--------------------------------------|------------------------------------------------------------------|---------|------------------------|------------|-----|-----|-----|------------------------------|
| # of Staff Present | Rm. 2 - 2 Rm. 3 - 2 | | | | | | | Rm. 1 - 2 |
| Names of Teachers/Staff: | Rm. 2 - Alicia E. Blesilda P. Rm. 3 - Joyce G. Michelle | | | | | | | Rm. 1 - Eva P. Laurene V. |
| # of Children Enrolled: | Rm. 2 - 7 Rm. 3 - 8 | | | | | | | Rm. 1- 17 |
| # of Children Present: | Rm. 1 - 4 Rm. 2 - 3 | | | | | | | Rm. 1 - 12 |
| # of Children w/Special Needs: | Rm. 1 - 0 Rm. 2 - 0 | | | | | | | Rm. 1 - 1 |
| Age of Youngest Child: | Rm. 2 - 2 m.o. Rm. 3 - 11 m.o. | | | | | | | Rm. 3 - 6 y.o. |
| Age of Oldest Child: | Rm. 2 - 11 m.o. Rm. 3 - 15 m.o | | | | | | | Rm. 1 - 12 y.o. |

Children were trnsfered to building III due to emergency renovation caused by flooding in some rooms last week,

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End of visit

| # | Area(s) to Address: (e.g. health and safety topic; QRIS star level indicator) | Observation | Recommendation | Action taken |
|---|-------------------------------------------------------------------------------------------|-------------------------------|----------------|--------------|
| | No non-compliance issue | was observed during the visit | | |
| | | | | |
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| | | | | |

☑ In compliance □ Work in progress

Date: November 19, 2024 Targeted date to be finalized:

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

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| Child Care Staff | Topics that must be taken Annually | Topics that must be taken every 2 Years | Topics that must be take every 3 Years | |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| All child care staff who have | 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) | |
| direct responsibility for the care of children Includes: Directors, Teachers, Assistant Teachers, Caregivers, Aides and | ✓ Child Development | | Administration of medication, consistent with Standards for Parental Consent | |
| Floaters) | Recognition and reporting of child abuse and neglect | Note: At least one(1) provider in each group | | |
| In Addition: | | Anno a la deservação de la construcción de la construcción de la construir de la construir de la construir de s | | |
| All child care staff who have | ✓ Prevention of Sudden Infant Death Syndrome and Use of Safe sleep Practices (SIDS) | ✓ Pediatric First Aid and CPR Certification | | |
| DIRECT responsibility for the care of INFANTS and TODDLERS | 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 1 providers within the State."

| Acknowledged By: Director's Printed Name: | Edilberto Javier III | Signature: | \sim | Date:11/21/24 |
|-----------------------------------------------------|----------------------|------------|--------|---------------|
| Conducted By: Quality Care Specialist Printed Name: | Maricar I. Pena | Signature: | Inpena | Date:11/19/24 |
| Reviewed By: CCDF Director Printed Name: | Maribel Loste | Signature: | oppi | Date: 1. 2 |
| | | V | U | |

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