

Child Care Licensing Program Monitoring Tool

| | | |
|--|--|--|
| Business Name/Childcare Center: CK-I PSS Early Head Start | Physical Address: Chalan Kanaa, Saipan | Category: C.C. License #: <u>1073</u> Exp. Date: _____ <input type="checkbox"/> Certified |
| Type of Assessment: <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Preliminary <input type="checkbox"/> Renewal <input type="checkbox"/> Monitor/Visit <input type="checkbox"/> Extension <input type="checkbox"/> New Site <input type="checkbox"/> Concerns | | |
| Type of Child Care Services: <input type="checkbox"/> Family C.C. Home <input type="checkbox"/> Group C.C. Home <input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Center Based <input type="checkbox"/> Before/After (B/A) School | | |
| Facility Type: <input type="checkbox"/> Part 200 - Group Child Care Home, Day Care Center, Before & After School Program <input type="checkbox"/> Part 300 - Family Child Care Home <input type="checkbox"/> Part 400 - Infant & Toddler Program | | |
| Contact Person: <u>Lathania Angui</u> Contact Number: _____ Email Address: _____ | | |
| 2nd Authorized Person: <u>Lanessa Lizama</u> Contact Number: _____ Email Address: _____ | | |
| <input type="checkbox"/> Initial Inspection Date: <u>Jan 09, 2025</u> Start Time: <u>9:20am</u> End Time: <u>10:12am</u> | <input type="checkbox"/> Follow-Up 1 Inspection Date: _____ Start Time: _____ End Time: _____ | <input type="checkbox"/> Follow-Up 2 Inspection Date: _____ Start Time: _____ End Time: _____ |
| Conducted by (Printed Name & Sign): <u>Gregoria Almced</u> | | Title: <u>Interim Safety Inspector</u> |

Procedures:

1. This form must be completed in one visit by a Child Care Licensing Program Inspector as authorized by the Child Care Licensing Program Supervisor;
2. The Inspector must provide immediate oral feedback on the day of inspection with the Childcare Center Director or assigned staff and will receive a copy of the outcome results within 10 working days.
3. The Childcare Center Director or assigned staff must acknowledge and sign the last page after feedback is provided and after general recommendations are shared;
4. All sections needing immediate actions must be acknowledged and initialed by the Childcare Center Director or assigned staff and;
5. Follow-up Monitoring and Inspections are to be completed accordingly.

Capacity: Total Occupants: 20 Total Enrollment: 8 Total Enrollment of Students w/Special Needs: 0 Total No. of Staff: 3

Age Group (Per Room – Age Range, Occupant Load, Total enrollment, # of students present, # of children with special needs, # of staff assigned, and # of staff present)

| INFANT ROOM | TODDLER ROOM | PRESCHOOL ROOM | K-3 ROOM | K-4 ROOM | K-5 ROOM | B/A SCHOOL ROOM |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| # of Rooms: _____ | # of Rooms: _____ | # of Rooms: _____ | # of Rooms: _____ | # of Rooms: _____ | # of Rooms: _____ | # of Rooms: _____ |
| a. Age Range: | a. Age Range: | a. Age Range: | a. Age Range: | a. Age Range: | a. Age Range: | a. Age Range: |
| b. Occupant Load: | b. Occupant Load: | b. Occupant Load: | b. Occupant Load: | b. Occupant Load: | b. Occupant Load: | b. Occupant Load: |
| c. Enrollment: | c. Enrollment: | c. Enrollment: | c. Enrollment: | c. Enrollment: | c. Enrollment: | c. Enrollment: |
| d. # of Students: | d. # of Students: | d. # of Students: | d. # of Students: | d. # of Students: | d. # of Students: | d. # of Students: |
| e. # of Children w/Special Needs: | e. # of Children w/Special Needs: | e. # of Children w/Special Needs: | e. # of Children w/Special Needs: | e. # of Children w/Special Needs: | e. # of Children w/Special Needs: | e. # of Children w/Special Needs: |
| f. # of Staff Assigned/Present: | f. # of Staff Assigned/Present: | f. # of Staff Assigned/Present: | f. # of Staff Assigned/Present: | f. # of Staff Assigned/Present: | f. # of Staff Assigned/Present: | f. # of Staff Assigned/Present: |

| | | | | | | |
|--|--|--|--|--|--|--|
| Names of Assigned Staff: <i>List all Teachers /staff assigned to this classroom.</i> 1. _____ 2. _____ 3. _____ | Names of Assigned Staff: <i>List all Teachers /staff assigned to this classroom.</i> 1. _____ 2. _____ 3. _____ | Names of Assigned Staff: <i>List all Teachers /staff assigned to this classroom.</i> 1. _____ 2. _____ 3. _____ | Names of Assigned Staff: <i>List all Teachers /staff assigned to this classroom.</i> 1. _____ 2. _____ 3. _____ | Names of Assigned Staff: <i>List all Teachers /staff assigned to this classroom.</i> 1. _____ 2. _____ 3. _____ | Names of Assigned Staff: <i>List all Teachers /staff assigned to this classroom.</i> 1. _____ 2. _____ 3. _____ | Names of Assigned Staff: <i>List all Teachers /staff assigned to this classroom.</i> 1. _____ 2. _____ 3. _____ |
|--|--|--|--|--|--|--|

Ychel
Josefina
Jonnalyn

Checklist Coding:

“O” – Observed “SH” – Staff Handbook “PH” – Parent Handbook “CF” – Child Files
 “SF” – Staff Files “B” – Board/Posted “D” – Other Documents “HS” – Daily Health and Safety Checklist

ENVIRONMENTAL HAZARDS & PHYSICAL FACILITY STANDARDS

CCLP § 55-40.1-256 (a) – (c) Accidental Injury Precautions

The facility shall ensure that the childcare program staff minimizes the risk of accidental injury in the following manner:

- (a) Childcare activities and premises shall take precautions not to expose children to situations that may be hazardous to the particular age or capacity of the child;
- (b) The program shall help children to increase awareness of safety practices and accident hazards and to teach the children how to avoid such hazards; and
- (c) Accident prevention practices and policies shall be available in writing. The practices and policies shall be reviewed annually and the staff shall become familiar with the policies and practices.

| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
|---|---|---|----------|
| § 55-40.1-222 (a) – (h) Program Materials and Equipment | (1-A) Outdoor playground space and equipment are clean, odor-free, age-appropriate, organized, and well-maintained. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “HS” | |
| § 55-40.1-258 (a) – (l) Environmental Hazards | (1-B) Outdoor playground areas are filled with the required protective surfacing to cushion falls and prevent serious injuries. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “HS” | |
| § 55-40.1-360 (a) – (o) Environmental Hazards | (1-C) Grounds for play areas are free from tripping hazards and cleared of open drainage ditches, wells, or holes in which children may fall. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “HS” | |
| § 55-40.1-470 (a) – (f) Building Codes and Space Requirements | (1-D) Fall zones are free and clear of items that children may fall onto or run into. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “HS” | |
| | (1-F) The playground is far from the main road. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” | |

| | | | |
|--|---|---|-----|
| | (1-G) The playground is shaded and enclosed or has natural barriers to keep children from getting into unsafe areas. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-H) Indoor and Outdoor play equipment and toys are sturdily constructed, have no sharp edges or rust, and present minimal hazards to children. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-I) Playground space is arranged to provide areas for active play, quiet, rest, and individual activities. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-J) Non-child-proofed equipment is stored out of the children's sight and reach. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-K) The facility is protected against rodents and insects. <i>(D- Contract with Pest Management or monthly maintenance log sheet/report)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" "D" | |
| | (1-L) There is adequate drainage to prevent stagnant pools of water from accumulating. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-M) Indoor and outdoor garbage and trash are stored in covered containers, out of reach of children, and removed frequently. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-N) Lead paint is not used on indoor and outdoor surfaces or walls that are accessible to children. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-O) Poisonous plants are out of reach of children and are not planted or situated on the premises. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (1-P) Pets, animals, and fowl are maintained in a safe and sanitary manner. | <input type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | N/A |

| | | | |
|--|--|---|----------|
| | (1-Q) No lodging/ boarding house or any other business is being conducted at the facility or conflicts with the regular operation of the childcare facility. | <input type="checkbox"/> YES <input type="checkbox"/> NO "O" | N/A |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| §55-40.1-272 (a) - (c) Building Codes and Space Requirements § 55-40.1-360 (a) - (o) Environmental Hazards | (2-A) Electrical cords are securely installed, do not cross pathways, and are free from tripping hazards. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (2-B) The fuse box is covered and out of children's reach. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (2- C) Indoor & outdoor outlets at a height of 7 ft. and below are properly covered or blocked off. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-360 (a) - (o) Environmental Hazards § 55-40.1-420 (a) - (g) Program Materials and Equipment § 55-40.1-222 (a) - (i) Program Materials and Equipment Subpart G - Physical Facilities Standards § 55-40.1-272 (a) - (d) Building Codes and Space Requirements | (3-A) Indoor floor space is arranged to accommodate 35 sq. ft. per child in order to provide areas for active play, quiet, rest, and individual activities during daytime care. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (3-B) Rooms used for sleeping during Night Time Care provide fifty square feet per child. | <input type="checkbox"/> YES <input type="checkbox"/> NO "O" | N/A |
| | (3-C) The facility indoor is furnished with age-appropriate, and sturdily constructed items (toys, chairs, tables) and items are in good and safe condition and present minimal hazards to children. (No sharp edges). | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (3-D) A Clean sheet is used for individual beddings or mattresses of infant cribs and/or each child's individual bed, cot, or mat. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |

| | | | |
|--|--|--|-----------------|
| § 55-40.1-420 Program Materials and Equipment (a) – (g) (1 – 6) | (3-E) Cribs, mats, or pads are available for each child. <i>(D - Class Roster)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "B" "D" | |
| | (3-F) Infant cribs are clear of soft beddings, pillows, blankets or stuffed toys, and mobiles. <i>(PH - Policy Sleeping Positions)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" | |
| | (3-H) Cribs, cots, mats, or pads are placed at least 3 feet apart or have a solid barrier between each bedding. <i>(PH - Policy Sleeping Positions)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" | |
| | (3 - I) Individual storage spaces are available for children's clothing and personal belongings. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (3-J) There is adequate padding for safe-floor play. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (3-K) High chairs, safety seats, or size-appropriate low seating for individual feedings are available and accessible. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (3-L) The facility is equipped with a sufficient number of comfort rooms (as to the occupant load). | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d) | (4-A) The program has Statement of Operation Policies that reflects the vital information stated in the regulation and is available to the parents/guardians, childcare staff, and the department. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" | |

| | | | |
|---|---|---|--|
| <p>§ 55-40.1-304 Statement of Operation Policies (a)(1) – (11) (b)</p> <p>§ 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3)</p> <p>§ 55-40.1-268 (a) – (b) Cleaning of Premises</p> <p>§ 55-40.1-368 (a) – (d) Cleaning of Premises</p> <p>Subpart F - Sanitation Standards</p> <p>§ 55-40.1-452 (a) - (b) Handling of Diapers, Training Pants, Linen, and Toys</p> <p>§ 55-40.1-456 (a) - (b) Housekeeping</p> | <p>(4-B) All written policies as indicated below for routine cleaning and maintenance of the facility are accessible, provided, and/or visible:</p> <p><input checked="" type="checkbox"/> Policy for Type of Disinfectant/Cleaning Agent</p> <p><input type="checkbox"/> Policy for Method of Cleaning Indicated</p> <p><input type="checkbox"/> Policy for Cleaning Schedule</p> <p><input type="checkbox"/> Policy for Cleaning of Equipment</p> <p><input type="checkbox"/> Policy for Storage of Cleaning Materials & Utensils</p> <p><input type="checkbox"/> Policy for Disposal of Soiled Items/Spilled Body Fluids</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“SH” “PH”</p> | |
| | <p>(4-C) All Disinfectant/Cleaning Agent bottles are labeled with the solution type and the mixture date.</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “HS”</p> | |
| | <p>(4-D) A plan for regular cleaning shall be established to protect the health of the children and staff as evident on a cleaning schedule/log accessible to all providers.</p> <p><i>(D - Cleaning Schedule/Log)</i></p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “D”</p> | |
| | <p>(4-E) The indoor is clean, odor-free, and well-maintained (flooring is free from dirt and food crumbs).</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “HS”</p> | |
| | <p>(4-F) Storage of all cleaning materials and chemicals and necessary cleaning equipment shall be:</p> <p><input checked="" type="checkbox"/> Available on the premises</p> <p><input checked="" type="checkbox"/> Secured and Stored out of the children's reach.</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “HS”</p> | |

| | | | |
|--|---|--|-----------------|
| | (4-G) Toiletries (hand soap, toothbrush, toothpaste, towel/paper towel, toilet tissue, etc.) are replenished, available and accessible at all times. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (4-H) Children's toothbrush is covered individually and stored separately in a standing position. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "HS" | |
| | (4-I) All children's items (Toys, tabletops, furniture, and other similar equipment) shall be washed and disinfected daily or as necessary as evident on a cleaning schedule/log accessible to all providers | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (4-J) Toys shall not be shared between different groups of children, such as between infants and toddlers. <i>(D - Cleaning Schedule/Log)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" | |
| | (4-K) Only washable toys shall be used for infants and toddlers. <i>(SH- Policy Sanitation and Hygiene)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SH" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3) | (5-A) The facility has a written policy that specifies when hand washing is required for all children and staff including handwashing procedures to follow. <i>(SH and PH - Policy Sanitation and Hygiene)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" | |
| § 55-40.1-249 (a) – (e) Hand Washing Policy for Children | (5-B) Staff and children perform hand-washing throughout the day: | <input type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| § 55-40.1-251 (a) – (e) Hand Washing Policy for Staff | <input type="checkbox"/> Before Entering the Center <input type="checkbox"/> Before Handling Clean Utensils <input type="checkbox"/> Before Handling Food | | |

| | | | |
|--|---|--|---|
| | <input type="checkbox"/> Before/After Meals <input type="checkbox"/> After Using the Toilet <input type="checkbox"/> After Each Diaper Change <input type="checkbox"/> After Contact w/Body Secretions <input type="checkbox"/> After Outdoor Play | | } did not observe - children were exiting room in a formed line, heading out for outdoor activities |
| | (5-C) Handwashing steps (for 20 seconds) for staff and children are thoroughly followed: <input type="checkbox"/> 1. Moisten hands with water and apply liquid soap. <input type="checkbox"/> 2. Rub hands together with soap away from the flow of water. <input type="checkbox"/> 3. Rinse hands, free of soap under running water. <input type="checkbox"/> 4. Dry hands with a clean disposable paper towel or a one-time-use cloth towel, or dry thoroughly with an air dryer. <input type="checkbox"/> 5. If faucets do not shut off automatically, turn faucets off with a disposable paper or individual hand towel. <i>(D - Proper Handwashing Procedures posted by sinks)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> "O" <input type="checkbox"/> "D" | |
| | (5-D) Liquid soap placed in a pump dispenser is used for handwashing and replaced or cleaned as necessary. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> "O" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| Subpart F - Sanitation Standards § 55-40.1-452 (a) - (b) Handling of Diapers, | (6-A) Soiled diapers are placed in a plastic bag or a plastic-lined receptacle. <i>(D - Proper Diapering Procedure posted with plastic bag step)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> "O" <input type="checkbox"/> "D" | |

| | | | |
|---|---|--|--------------|
| Training Pants, Linen, and Toys | (6-B) When cloth diapers or training pants are used, diapers or training pants soiled with stool are not washed at the center; after the stool has been emptied into the toilet, using disposable plastic gloves, the diaper or training pants shall be put in a sealed plastic bag to be picked up by the child's parent or guardian at the end of the day. <i>(PH - Policy Sanitation and Hygiene)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH" | |
| | (6-C) When dealing with blood, sanitary/disposable gloves are worn at all times when administering aid to a child. <i>(PH - Policy Sanitation and Hygiene)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH" | |
| | (6-D) Sheets, diapers, and training pants soiled with blood, body fluids, or waste are handled as little as possible to prevent contamination of the area and of the staff handling the linen. <i>(PH - Policy Sanitation and Hygiene)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" "SH" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-110 Inspection and Issuance of Child Care Licenses § 55-40.1-308 Change in Services § 55-40.1-204 (a) - (d) Statement of Operation Policies | (7-A) The initial or renewal application package is complete with all valid required documents and submitted to the program 60 calendar days prior to its initial opening or to the expiration date of the existing Child Care License. <i>(D - Center Renewal Documentation) & (B - CC license posted)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B" | under review |
| | (7-B) Receipt of facilities and provider's updated required documents or an assessment report with positive results must be submitted to the program within 30 calendar days prior to its expiration date. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B" | |

| | | | |
|---|---|--|----------|
| § 55-40.1-208 (a) – (b) Change in Services | (D - Center Renewal Documentation) & (B - CC license posted) | | |
| | (7-C) Written notification of changes in services shall be provided to the parents/guardians of enrolled children and the department at least 4 weeks after the effective date of the change. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" "B" | |
| | (7-D) Childcare services are subject to the Open-door policy. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SH" "PH" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| Subpart C - Staffing Requirements § 55-40.1-226 (a) – (q) Staff Training, Experience, and Personal Qualifications | (8-A) Each childcare staff is qualified through training, experience, and personal qualities with the assigned age group. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" "SH" | |
| | (8-B) Each childcare staff is required to accrue 15 hours of training annually (w/in a fiscal year) as approved and monitored by CCLP. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" "SH" | |
| | (8-C) Each staff completed training is monitored and submitted to the department on a quarterly basis, as follows: <input type="checkbox"/> 1st qtr.: Jan. 31 (training completed in Oct.-to-Dec.) <input type="checkbox"/> 2nd qtr.: Apr. 30 (training completed in Jan.-to-Mar.) <input type="checkbox"/> 3rd qtr.: Jul. 31 (training completed in Apr.-to-Jun.) <input type="checkbox"/> 4th qtr.: Oct. 31 (training completed in Jul.-to-Sept.) | <input type="checkbox"/> YES <input type="checkbox"/> NO "SF" "SH" | Non-CCDF |
| | (8-D) Childcare staff credentials, training completed, and required documents are filed individually per staff. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SF" | |

| | | | |
|--|---|--|----------|
| | (8-E) The director notifies and encourages staff of the available scheduled training sessions, workshops, seminars, or courses. <i>(B – training announcements, schedule, flyers,) and/or (D- pre-registration, notice sent via email, etc.)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B" "D" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| Subpart 001 - General Provisions § 55-40.1-001 Definitions (a) – (z) | (9-A) All providers are trained and qualified for active supervision to ensure all children are supervised at all times (either awake or sleeping). <i>(PH and SH - Policy Staff Schedule and Supervision)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SF" "PH" "SH" | |
| Subpart A - Administration Requirements | (9-B) The program has a written policy on safe sleep practices. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" | |
| § 55-40.1-201 Supervision of Children § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d) | (9-C) All providers are trained and qualified to ensure the use of safe sleep practices for infants. <i>(D - Staff Roster)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SF" "D" | |
| § 55-40.1-420 Program Materials and Equipment (a) – (g) (1) – (6) § 55-40.1-474 Program Modifications for Night Care (a) – (h) Subpart C - Staffing Requirements | (9-D) All providers are trained and qualified to ensure the use of safe sleep practices for infants by placing each infant into a crib immediately if fallen asleep elsewhere. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SF" | |

| § 55-40.1-226 (a)-(q) Staff Training, Experience, and Personal Qualifications | | | |
|--|---|---|----------|
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d) § 55-40.1-130 (a) – (c) Reporting Child Abuse part 200 | (10-A) The program has a written policy and information on how to report suspected child abuse or child neglect. <input type="checkbox"/> Parent Handbook <input checked="" type="checkbox"/> Staff Handbook | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “SH” “PH” | |
| Subpart B - Program Requirements | (10-B) All providers are trained and qualified for the recognition and reporting of Child Abuse & Neglect. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “SF” | |
| § 55-40.1-218 Program Requirements (a) – (l) Subpart C - Staffing Requirements § 55-40.1-226 (a)-(q) Staff Training, Experience, and Personal Qualifications | (10-C) The program has a written policy and information on Shaken Baby Syndrome, including procedures for preventing shaken baby syndrome/abusive head trauma and recognizing potential signs and symptoms of shaken baby syndrome/abusive head trauma. <input type="checkbox"/> Parent Handbook <input type="checkbox"/> Staff Handbook | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “SH” “PH” | |
| | (10-D) All caregivers are trained and qualified to ensure the use of safety practices by being gentle and warm in handling children and do not use physical/ corporal abuse. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “SH” “PH” “SF” | |
| | (10-E) All staff members have read and signed a statement clearly defining child abuse and neglect, and are subject to report suspected child abuse and neglect within 24 hours. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “SF” | |
| | (10-F) All staff members are trained and knowledgeable to implement strategies in handling crying, fussing, or distraught child; and understanding | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO “O” “SF” | |

| | | | |
|---|--|---|-------------------------------|
| | <p>the child's social-emotional needs and development as well as vulnerabilities.</p> <p><i>(SF -Training Certificate received on Shaken Baby Syndrome and Abusive Head Trauma)</i></p> | | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| <p>§ 55-40.1-204 (a) (1-16) Statement of Operation Policies</p> <p>§ 55-40.1-216 (a) – (c) Transportation Provisions part 200</p> <p>§ 55-40.1-316 (a) – (e) Transportation Provisions</p> <p>§ 55-40.1-402 (a) – (s) Statement of Operation Policies</p> <p>§ 55-40.1-414 Transportation Provisions</p> | <p>(11-A) The facility has a written operation policy specifically regarding transportation arrangements available to the department, caregiver staff, and parents or guardians of children.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" | } Transportation not provided |
| | <p>(11-B) A written parental consent to transport each individual child is signed, available and accessible in the child's file for trips and related activities outside of the facility.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO "CF" | |
| | <p>(11-C) When transportation is provided by a facility, children shall be protected by adequate supervision and safety precautions as follows:</p> <p><input type="checkbox"/> Children shall be instructed in safe transportation conduct as appropriate for age and stage of development; and</p> <p><input type="checkbox"/> No more than six children under the age of six years shall be transported when only one adult is in the vehicle.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Children shall not be allowed to ride in the back of pick-up trucks.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO "O" "SH" "PH" | |

| | | | |
|--|--|--|-------------------|
| | <p>(11-D) For transportation to and from school, the vehicle and driver shall be in compliance with the CNMI motor vehicle laws.</p> <p><input type="checkbox"/> Driver is at least 21 years old.</p> <p><input type="checkbox"/> Driver must have a valid driver's license that permits them to operate the type of vehicle being used.</p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SF" "SH"</p> | <p>} See 11-A</p> |
| | <p>(11-E) During any field trip or excursion operated or planned by the facility, the staff-child ratios shall be followed.</p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "SH" "PH"</p> | |
| | <p>(11-F) A daily transportation record or log is available and accessible on-site and at hand during transportation services which indicates:</p> <p><input type="checkbox"/> Name of Each Child</p> <p><input type="checkbox"/> Age of Each Child</p> <p><input type="checkbox"/> Emergency Contact #</p> <p><input type="checkbox"/> Date</p> <p><input type="checkbox"/> Departure Time & Place</p> <p><input type="checkbox"/> Arrival Time & Place</p> <p><input type="checkbox"/> Staff-Child Ratio</p> <p><input type="checkbox"/> Driver's Initial</p> <p><input type="checkbox"/> Teacher's Initial</p> <p><i>(D - Daily Transportation Record or Log)</i></p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "D"</p> | |
| | <p>(11-G) Provisions are made available during field trips/transporting children with allergic reactions.</p> <p><i>(D - Medication Consent Form and Sign In/Out Sheet of Medication for transport, etc.)</i></p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "D"</p> | |

| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
|--|---|---|----------|
| <p>§ 55-40.1-204 (a) (1-16) (b) – (d) Statement of Operation Policies</p> <p>Part 400 - Infant and Toddler Child Care Centers Subpart A - Administration Requirements</p> <p>§ 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3)</p> <p>§ 55-40.1-442 (a) – (m) Daily Nutritional Needs</p> <p>§ 55-40.1-244 (a) – (i) Daily Nutritional Needs</p> | <p>(12-A) Evidence of a written program policy including a written care plan for the administration of medication is indicated in:</p> <p><input type="checkbox"/> Staff Handbook</p> <p><input type="checkbox"/> Parent Handbook</p> <p><input type="checkbox"/> If applicable: the requirement and notification through contacting EMS once EpiPen is administered regarding children's food allergies/reactions.</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SH" "PH"</p> | |
| | <p>(12-B) All providers are trained and qualified for the prevention of and response to emergencies due to food & allergic reactions for children.</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"SF" "D"</p> | |
| | <p>(12-C) Children's allergy information is posted in a discreet area(s).</p> <p><input checked="" type="checkbox"/> Posted in Child's Classroom</p> <p><input checked="" type="checkbox"/> Posted in Cafeteria/Meal Room (If Applicable)</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"D"</p> | |
| | <p>(12-D) Children are not forced or required, but rather encouraged to eat the food provided.</p> <p><i>(PH - Policy Food Handling, Feeding, and Nutrition)</i></p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "PH"</p> | |
| | <p>(12-E) Provisions are made to secure the information from parents regarding families with religious food preferences or children with specific food allergies as evident in the child's file.</p> <p><i>(PH - Policy Confidentiality)</i></p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>"O" "CF"</p> <p>"PH" "SH"</p> | |

| | | | |
|---|---|--|----------|
| | (12-F) Signs of food sensitivity or allergy are recorded and reported to the parent or guardian on the day it has been observed and is evident in a log sheet. <i>(D - Log Sheet)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "CF" "D" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-402 Statement of Operation Policies (a) – (s) (1) – (3) § 55-40.1-238 (a) – (e) Admission of Ill Children § 55-40.1-240 Non-admission of Ill Children | (13-A) The program has included a written policy for the allowance and admission of ill children into the facility. Or A non-admission policy and readmission procedure for children who have been absent due to illness is clearly stated. <i>(D - Medication Authorization Form if applicable)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" "D" | |
| | (13-B) The program has an authorization form signed by the parent/guardian for the administration of medication by the facility and is included in the child's file. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "CF" | |
| | (13-C) Medicine prescribed by a physician, and administered in the facility is kept in its original container bearing the prescription label which shows the date filled, the physician's direction for use, and the child's name. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" | |
| | (13-D) Individual medications are properly stored as recommended on the label and kept out of children's reach. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" | |
| | (13-E) Empty medicine containers are returned to parents or guardians at the end of the day or when no longer in use. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" | |

| | | | |
|---|--|--|-----------------------------|
| | (13-F) If the facility allows enrolled children who are ill to be admitted, a separate room is provided for the sick child. | <input type="checkbox"/> YES <input type="checkbox"/> NO "O" "PH" | Encourage to recover @ home |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-412 (a) – (e) Information and Records on Facility | (14-A) Daily Activities Schedule is posted at visitor's view, and if different by age group, must be posted in each room. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B" | |
| § 55-40.1-228 (a) – (e) Staff- child Ratio | (14-B) Schedule for alternate staff is posted in the designated room. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B" | |
| § 55-40.1-412 (a) – (e) Information and Records on Facility | (14-C) In the event an assigned staff had to leave her group of children, a floater staff is available to alternate during his/her absence. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| § 55-40.1-428 (a) – (e) Staffing Patterns | (14-D) The staff-child ratio shall be met and maintained during the operation of childcare services. <i>(D - Staff Schedule)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" | |
| § 55-40.1-470 (a) – (f) Building Codes and Space Requirements | | | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-204 Statement of Operation Policies (a) (1) – (16) (b) – (d) Subpart B - Program Requirements | (15-A) The facility has a written policy and a set of procedures to complete a Daily Health Check and completion of the developmental ASQ screening tool for all children in their program. <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "SH" "PH" | |

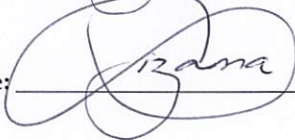
| | | | |
|--|--|--|--|
| <p>§ 55-40.1-218 Program Requirements (a) – (c) (1) – (3) (k)</p> <p>§ 55-40.1-408 (a) – (b) Information and Records on Each Child</p> <p>§ 55-40.1-232 (a) – (c) Evidence of Child’s Health with CCLP § 55-40.1-432</p> | <p>15-B) Daily health check of all enrolled children is performed, recorded, and accessible for review by Child Care staff, parents, or legal guardians.</p> <p><i>(D – ASQ-3 Student Form)</i></p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “CF” “D”</p> | |
| | <p>(15-C) Developmentally delayed children (that scored in the dark area) are referred to the appropriate agencies.</p> <p><i>(D – Parent Conference Log Sheet)</i></p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“CF” “D”</p> | |
| | <p>(15-D) Children scored in the gray area or at risk of developmental delay are given opportunities for improvement with their limitations.</p> <p><i>(D – Lesson Plan Modifications)</i></p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“CF” “D”</p> | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| <p>Subpart E-Health Standards for Staff</p> <p>§ 55-40.1-250 (a) – (f) Providers’ Health Standards</p> <p>§ 55-40.1-252 (a) – (b) Personal Health Habits of Staff</p> | <p>(16-A) The facility has a written policy regarding the requirements of providers’ Health Standards and the Personal Health Habits of all staff and volunteers in the center.</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“SH” “PH”</p> | |
| | <p>(16-B) “No Smoking” signs are posted within view and at an appropriate area.</p> <p><i>(PH - No Smoking Policy)</i></p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” “PH”</p> | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| <p>Subpart F - Environmental Health Standards</p> | <p>(17-A) Providers have a written policy and Emergency Preparedness, Response, and Recovery Plan (EPRRP) approved by the Child Care Program for emergency medical care as evident in the following documents:</p> | <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“SH” “PH” “D”</p> <p><i>(D - Emergency Preparedness, Response,</i></p> | <p><i>under review (email informed EPRRP in progress for updating)</i></p> |


| | | | | |
|--|--|---|---------------------------|--|
| <p>§ 55-40.1-204 (a) – (d) Statement of Operation Policies</p> <p>§ 55-40.1-232 (a) - (c) Evidence of Child’s Health</p> <p>Subpart F - Environmental Health Standards</p> <p>§ 55-40.1-254 (a) – (c) Disaster Plan for Emergencies</p> <p>§ 55-40.1-356 (a) – (c) Disaster Plan for Emergencies</p> | <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook <p>The policy and plan shall include and cover all of the following:</p> <input type="checkbox"/> Alternative and Designed Evacuation Sites <input type="checkbox"/> Fire Emergencies <input type="checkbox"/> Flood Emergencies <input type="checkbox"/> Natural Disaster Emergencies | <p>and Recovery Plan Booklet)</p> | <p>} See 17-A Comment</p> | |
| | <p>(17-B) Provider submits revised EPRRP within 5 calendar days after the changes and follow-up for approval.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <p>“SH” “PH” “D”</p> | | |
| | <p>(17-D) All caregivers are well-informed of their EPRRP and their responsibilities in an event of an emergency/disaster. <i>(D - Acknowledgment sign-off sheet)</i></p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <p>“O” “SH” “D”</p> | | |
| | <p>(17-E) Families are informed of the provider’s EPRRP procedures and have signed a consent form authorizing providers to call a physician or health resource in case parents or guardians cannot be reached and is available and on file in case of emergency.</p> | <input type="checkbox"/> YES <input type="checkbox"/> NO <p>“PH”/ “CF”</p> | | |
| | <p>(17-F) Emergency drills are practiced and conducted monthly at regular intervals and are recorded and on file for verification purposes.</p> <input type="checkbox"/> Evacuation (Exit) Plan Drill <input type="checkbox"/> Lockdown/Shelter-In-Place Drill | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <p>“D”</p> | | |

| | | | |
|---|--|--|-----------------|
| | (17-G) Disaster drills are performed and recorded every six months and reports are accessible for visitor's review. <input type="checkbox"/> Earthquake Drill <input type="checkbox"/> Tsunami Drill <input type="checkbox"/> Other | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "D" | |
| | (17-H) Extinguishers are securely placed in a safe and accessible space. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (17-J) The facility has installed operational fire detectors in all needed areas in case of an emergency. <input checked="" type="checkbox"/> Centralize System <input checked="" type="checkbox"/> Battery Operated Device | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (17-K) In an event of an emergency evacuation, the provider is readily equipped with all necessary items and contact information. <i>(D - List of Contact Information and Materials)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "B" "D" | |
| | (17-L) Emergency Evacuation Exit Plan is posted at every exit door. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" | |
| | (17-M) Emergency contact numbers are posted near a working telephone (landline). | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "B" | |
| CNMI ADMINISTRATIVE CODE REGULATIONS | CCLP HEALTH & SAFETY CHECKLIST | STATUS | COMMENTS |
| § 55-40.1-236 (a) – (b) First Aid and Rescue Breathing § 55-40.1-338 (a) – (c) First Aid and Rescue Breathing part 200 | (18-A) First-Aid Kit is placed in an accessible area and filled with updated medical items. <i>(D - First Aid Checklist)</i> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "D" | |
| | (18-D) At least one adult provider who is trained in first aid and rescue breathing is available and on-site at all times. | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO "O" "SF" | |

§ 55-40.1-436 (a) - (c) First
Aid and Rescue Breathing

Director's Name: (Print) Diana, Lasso

Director's Signature:  Date: 01/09/2025

Reviewed and concurred by: Gordon B. Salas, CCLP Supervisor  2/4/2025