

Child Care Licensing Program Ongoing Monitoring Checklist

Childcare Center:	Classroom: Check One. <input type="checkbox"/> Infant Room <input type="checkbox"/> Toddler Room <input type="checkbox"/> Pre-School <input type="checkbox"/> School Age	Teacher(s)/Staff Name: List all Teachers /staff assigned to this classroom. 1. _____ 2. _____ 3. _____	
Monitoring Timeline: Check as applied and indicate date, start time and end time.			
<input type="checkbox"/> Initial Monitoring Date: _____ Start Time: _____ End Time: _____	<input type="checkbox"/> Follow-Up 1 Monitoring Date: _____ Start Time: _____ End Time: _____	<input type="checkbox"/> Follow-Up 2 Monitoring Date: _____ Start Time: _____ End Time: _____	
Number of children currently enrolled in this room, as approved: Infant & Toddler _____ K-2 _____ K-3 _____ K-4 _____ K-5 _____ Before/After School Programs _____	Number of children present during observation: _____ Infant & Toddler _____ K-2 _____ K-3 _____ K-4 _____ K-5 _____ Before/After School Programs _____	Room Size: Infant & Toddler _____ K-2 _____ K-3 _____ K-4 _____ K-5 _____ Before/After School Programs _____	Room Capacity Approved at the Moment: Infant & Toddler _____ K-2 _____ K-3 _____ K-4 _____ K-5 _____ Before/After School Programs _____
Facility Type: Check one. <input type="checkbox"/> Part 200 - Day Care Center/Before & After School. <input type="checkbox"/> Part 300 - Family Child Care Home <input type="checkbox"/> Part 400 - Infant & Toddler Child Care Centers		Number of children with disability: _____ Accommodation needs, per IDP: _____ _____ Accommodation Met: Check one. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Completed By: Print Name & Sign		Title:	

Procedures:

1. This form must be completed **in one visit** by a Child Care Licensing Program Inspector or an agent of CCDF (contractor) as authorized by the Child Care Licensing Program Supervisor;
2. The Inspector must provide immediate feedback **written?/oral? (CCLP)** with the Childcare Center Director or assigned staff (*Within how many days?*) (CCLP);
3. The Childcare Center Director or assigned staff must acknowledge and sign the last page after feed-back 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;
5. **A copy is provided to the Childcare Center Director** (*Within how many days after the inspection?*) (CCLP); and
6. Follow-up Monitoring and Inspections are to be completed accordingly.

Checklist Coding:

“O” – Observed

“SH” – Staff Handbook

“PH” – Parent Handbook

“CF” – Child Files

“SF” – Staff Files

“B” – Board

“D” – Other Documents

“HS” - Daily Health and Safety Checklist

ENVIRONMENTAL HAZARDS & PHYSICAL FACILITY STANDARDS:

CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-256 (a) – (c) CCLP §55-40.1-272 (a) - (c) CCLP § 55-40.1-360 (a) – (o)	(1-A) Electrical cords are securely installed, does not cross pathways, and there is no tripping hazard.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “HS”	
	(1-B) Fuse box is covered and out of children’s reach.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “HS”	
	(1- C) Indoor & outdoor outlets at a height of 7 ft. and below are covered or blocked off.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “HS”	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS:
CCLP § 55-40.1-222 (a) – (i) CCLP § 55-40.1-256 (a) – (c) CCLP § 55-40.1-272 (a) – (d)	(2-A) Indoor and outdoor floor space is arranged to accommodate 35 sq. ft. per child during day time care in order to provide areas	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”	

<p>CCLP § 55-40.1-360 (a) – (o)</p> <p>CCLP § 55-40.1-420 (a) – (g)</p>	for active play, quiet, rest, and individual activities during day time care.		
	(2-B) In rooms used for sleeping during Night Time Care, there shall be fifty square feet per child exclusive of lanai area.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”	
	(2-C) Facility’s indoor is furnished with clean age- appropriate and sturdily constructed items (toys, chairs, tables) and equipment that are in good and safe condition and present minimal hazards to children. (No sharp edges)	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “HS”	
	(2-D) A clean and tight-fitted sheet is used for individual beddings or mattresses of infant cribs.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”	
	(2-E) Cribs, mats or pads are available for each child and labeled with each individual child’s name included in the classroom roster.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “B” / “D” (D - Class Roster)	
	(2-F) Infant cribs are clear of soft beddings, pillow, blankets or stuffed toys and mobiles.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”	
	(2-G) Children are positioned in alternate head to feet.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “PH” (PH - Policy Sleeping Positions)	
	(2-H) Cribs, cots, mats, or pads are placed at least 3 feet apart or have a solid barrier between each bedding.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “PH” (PH - Policy Sleeping Positions)	

	(2-I) There is adequate padding for safe-floor play.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(2-J) High chairs, safety seats or size-appropriate low seating for individual feedings are available and accessible.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(2-K) Facility is equipped with sufficient number of comfort room (as to the occupant load).	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(2-L) DPW approved floor plan are posted in each enclosed room, specifying that particular room.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-222 (a) – (h) CCLP § 55-40.1-256 (a) – (c) CCLP § 55-40.1-258 (a) – (l) CCLP § 55-40.1-360 (a) – (o) CCLP § 55-40.1-470 (a) – (f)	(3-A) Outdoor playground space and equipment are clean, odor-free, age-appropriate, organized and well maintained.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-B) Outdoor play ground areas are filled with the required protective surfacing to cushion falls and prevent serious injuries.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-C) Grounds for play areas are free from tripping hazards and cleared of open drainage ditches, wells, or holes into which children may fall.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-D) Fall zones are free and cleared of items that children may fall onto or run into.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-E) Fall zones for climbing equipment extends at a minimum of 6 feet on all sides for preschooler’s and school-aged children	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	

	and at least 3 feet on all sides for infants and toddlers.		
	(3-F) Playground is far from the main road.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(3-G) Playground is shaded and enclosed. The outdoor space is fenced or has natural barriers to keep children from getting into unsafe areas.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "HS"	
	(3-H) Outdoor play equipment and toys are sturdily constructed, have no sharp edges or rust, and present minimal hazards to children.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "HS"	
	(3-I) Playground space is arranged to provide areas for active play, quiet, rest, and individual activities.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "HS"	
	(3-J) Non-child-proofed equipment is stored out of the children's sight and reach.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "HS"	
	(3-K) The facility is protected against rodents and insects.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "HS"/ "D" <i>(D- Contract with Pest Management or monthly maintenance log sheet/ report)</i>	
	(3-L) There is adequate drainage to prevent stagnant pools of water from accumulating.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "HS"	

	(3-M) Garbage and trash are stored in covered containers, out of reach of children, and removed frequently.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-N) Lead paint is not used on surfaces that are accessible to children.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-O) Poisonous plants are out of reach of children.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-P) Pets, animals, and fowl are maintained in a safe and sanitary manner.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(3-Q) No lodging/boarding house or any other business are being conducted at the facility or conflicts with the regular operation of the child care facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	

SANITATION STANDARDS

CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-268 (a) – (b) CCLP § 55-40.1-368 (a) – (d) CCLP § 55-40.1-452 (a) – (b) CCLP § 55-40.1-456 (a) – (b)	(4-A) All written policies as indicated below for routine cleaning and maintenance of the facility are accessible, provided and/or visible: <input type="checkbox"/> Policy for Type of Disinfectant/Cleaning Agent <input type="checkbox"/> Policy for Method of Cleaning Indicated <input type="checkbox"/> Policy for Cleaning Schedule <input type="checkbox"/> Policy for Cleaning of Equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"	

	<input type="checkbox"/> Policy for Storage of Cleaning Materials & Utensils <input type="checkbox"/> Policy for Disposal of Soiled Items/Spilled Body Fluids		
	(4-B) All Disinfectant/Cleaning Agent bottles are specified with solution type and labeled with date.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(4-C) A plan for regular cleaning shall be established to protect the health of the children and provider as evident on a cleaning schedule/log accessible to all providers.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "D" <i>(D - Cleaning Schedule/Log)</i>	
	(4-D) Facility's indoor is clean, odor-free and well maintained. Indoor flooring is free from dirt and food crumbs.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(4-E) Garbage and trash are stored in covered containers, out of reach of children, and removed frequently.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(4-F) Storage of all cleaning materials and chemicals and necessary cleaning equipment shall be: <input type="checkbox"/> Available on the premises <input type="checkbox"/> Secured and Stored out of the children's reach.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	
	(4-G) Toiletries (hand-soap, toothbrush, toothpaste, towel/paper towel, toilet tissue, etc.) are replenished, available and accessible.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "HS"	

	(4-H) Children’s toothbrush is covered individually and stored separately in standing position.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”	
	(4-I) All children’s items (toys, tabletops, furniture, and other similar equipment) shall be washed and are disinfected daily or as necessary as evident on a cleaning schedule/log accessible to all providers.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “D” (D - Cleaning Schedule/Log)	
	(4-J) Toys shall not be shared between different groups of children, such as between infants and toddlers.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “SH” (SH- Policy Sanitation and Hygiene)	
	(4-K) Only washable toys shall be used for infants and toddlers in diapers or training pants.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “SH” (SH- Policy Sanitation and Hygiene)	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-249 (a) – (e) CCLP § 55-40.1-251 (a) – (e)	(5-A) The facility has a written policy that specifies when hand washing is required for all children and staff including hand washing procedures to follow.	<input type="checkbox"/> YES <input type="checkbox"/> NO “SH” / “PH” (SH and PH - Policy Sanitation and Hygiene)	
	(5-B) Staff and children perform hand-washing through-out the day: <input type="checkbox"/> Before Entering the Center <input type="checkbox"/> Before Handling Clean Utensils <input type="checkbox"/> Before Handling Food	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”	

	<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		
	<p>(5-C) Procedure of handwashing steps for staff and children are as followed:</p> <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 for 20 seconds. <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 single-use cloth towel.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "D" <i>(D - Proper Handwashing Procedures posted by sinks).</i>	
	<p>(5-D) Liquid soap is used for handwashing and is placed in a pump dispenser and replaced or cleaned as necessary.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-452 (a) - (b)	<p>(6-A) Used disposable diapers and/or, soiled diapers are placed in a plastic bag or a plastic lined receptacle.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "D"	

		(D - Proper Diapering Procedure posted with plastic bag step)	
	(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.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "PH"/ "SH" <i>(PH - Policy Sanitation and Hygiene)</i>	
	(6-C) When dealing with blood, sanitary/disposable gloves are worn at all times when administering aide to a child.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "PH"/ "SH" <i>(PH - Policy Sanitation and Hygiene)</i>	
	(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.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "PH"/ "SH" <i>(PH - Policy Sanitation and Hygiene)</i>	
	(6-E) Soiled sheets, diapers, and training pants, which are transported to a laundry area outside of the facility, are placed in plastic bags ready for transporting from the child care facility to the laundry.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"/ "PH"/ "SH" <i>(PH - Policy Sanitation and Hygiene)</i>	

OPERATIONAL AND SAFETY POLICIES INCLUDING STAFFING REQUIREMENTS

CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCDF § 55-60-601 (a) (1-9)	(7-A) Valid required documents and the preliminary or renewal application is	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CCLP § 55-40.1-204 (a) – (d) CCLP § 55-40.1-208 (a) – (b) CCLP § 55-40.1-308	complete and submitted to the program 60 calendar days prior to its initial opening or to the expiration date of C.C. License.	“D”/ “B” <i>(D - Center Renewal Documentation</i> & <i>B - CCLP Licensed Certification posted)</i>	
	(7-B) Receipt of updated facilities and provider’s updated required documents submitted to the program 30 calendar days prior to its expiration date.	<input type="checkbox"/> YES <input type="checkbox"/> NO “D”/ “B” <i>(D - Center Renewal Documentation</i> & <i>B - CCLP Licensed Certification posted)</i>	
	(7-C) Written notification of changes in services offered by the facility and all updated required facility documents shall be provided to the department, including the Public School System and to parents or guardians 4 weeks prior to the effective date of change and are posted at visitor’s view.	<input type="checkbox"/> YES <input type="checkbox"/> NO “B”	
	(7-D) Provider is subject to the open-door policy.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”/ “SH” / “PH”	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCDF Memo FY19, No. 12 (6.24.19) CCDF § 55-60-201 (a) – (g) CCLP § 55-40.1-226 (a) - (q)	(8-A) All new providers complete the 12 Health & Safety required Pre-Service Trainings within 90 days from the CCLP approving date and updates the program through keeping track of the following	<input type="checkbox"/> YES <input type="checkbox"/> NO “SF”/ “SH”	

<p>CCLP § 55-40.1-252 (a) – (d)</p>	<p>information below to be on file for verification purposes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of Hours per Training <input type="checkbox"/> Date of Each Training <input type="checkbox"/> Title of Training: <ul style="list-style-type: none"> ○ 1. Prevention and Control of Infectious Diseases (including Immunization) ○ 2. Prevention of Sudden 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 & Abusive Head Trauma ○ 7. Emergency Preparedness (& Response Plan) ○ 8. Handling and Storage of Hazardous Materials and The Appropriate Disposal of Bio-Contaminants ○ 9. Pre-cautions in Transporting Children ○ 10. First Aid and Infant/Child Cardiopulmonary Resuscitation ○ 11. Child Development ○ 12. Child Abuse and Neglect <input type="checkbox"/> Name of Facilitator/ CCDF Approved Website <input type="checkbox"/> All Certificates Attached as Evidence of Participation 		
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	(8-B) All child care service staff and providers has met the required training hours through annual participation in at least 15 hours of training as approved and monitored by CCLP as evident in training checklist/summary.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "SH"	
	(8-C) Provider's required documents are valid and posted in a conspicuous area.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "B"	
	(8-D) Center director informed all staff about available scheduled training sessions, workshops, seminars, or courses.	<input type="checkbox"/> YES <input type="checkbox"/> NO "B" / "D" <i>(B - ex: Flyers, Sign-up Sheet for Trainings</i> <i>OR</i> <i>D- Staff Email Announcements, Brochures, etc..)</i>	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCDF § 55-60-201 (a) - (g) CCLP § 55-40.1-226 (a) - (q)	(9-A) All providers are trained and qualified for active supervision to ensure all children (either awake or sleeping) are supervised at all times.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "PH" / "SH" / "D" <i>(PH and SH - Policy Staff Schedule and Supervision</i> <i>&</i> <i>D -Staff Roster)</i>	
	(9-B) Program has a written policy on safe sleep practices aim to reduce SIDS.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"	
	(9-C) All providers are trained and qualified to ensure the use of safe sleep practices of infants by placing each infant on their backs	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "D"	

	to sleep at all times unless documentation is available from the infant's physician directing an alternative sleeping position.	(D - Staff Roster)	
	(9-D) All providers are trained and qualified to ensure the use of safe sleep practices of infants by placing each infant into a crib immediately if fallen asleep elsewhere.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "D" (D - Staff Roster)	
	(9-E) All provider's received training for and are competent in implementing measures for children's allergies and reactions for the prevention of and response to emergencies due to food and allergic reactions.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SF" / "D" (D - Staff Roster)	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCDF § 55-60-201 (a) – (g) CCLP § 55-40.1-130 (a) – (c)	(10-A) Program has a written policy and information on how to report suspected child abuse or child neglect. <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"	
	(10-B) All providers are trained and qualified for the recognition and reporting of Child Abuse & Neglect.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "D" (D - Staff Roster)	
	(10-C) 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"/> YES <input type="checkbox"/> NO "SH" / "PH"	

	<input type="checkbox"/> Staff Handbook		
	(10-D) All caregivers are trained and qualified to ensure the use of safety practices of all children by being gentle and warm in handling children and do not use physical/corporal abuse.	<input type="checkbox"/> YES <input type="checkbox"/> NO “SH” / “PH” / “SF” / “D” (D - Staff Roster)	
	(10-E) All staff members have read and signed a statement clearly defining child abuse and neglect pursuant to state law outlining personal responsibility to report all incidents of child abuse and neglect within 24 hours.	<input type="checkbox"/> YES <input type="checkbox"/> NO “SF” / “D” (D - Staff Roster)	
	(10-F) All staff are trained and knowledgeable to implement strategies for coping with a crying, fussing, or distraught child; and understanding the development and vulnerabilities.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “SF” / “D” (D - Staff Roster & <i>SF - Training Certificate received on Shaken Baby Syndrome and Abusive Head Trauma)</i>	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCDF § 55-60-201 (a) – (g) CCLP § 55-40.1-204 (a) (1-16) CCLP § 55-40.1-216 (a) – (c) CCLP § 55-40.1-316 (a) – (e) CCLP § 55-40.1-402 (a) – (s)	(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.	<input type="checkbox"/> YES <input type="checkbox"/> NO “SH” / “PH”	
	(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.	<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"/> 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.</p> <p><input type="checkbox"/> Children shall not be allowed to ride in the back of pick-up trucks.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” / “SH” / “PH”</p>	
	<p>(11-D) For transportation to and from school, the vehicle and driver shall be in compliance of all relevant motor vehicle laws and satisfy all relevant school bus and traffic 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>(11-E) During any field trip or excursion operated or planned by the facility, the staff-child ratios as provided in § 55-40.1-228 shall apply.</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"/> 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</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>“O” / “D”</p>	

	during transportation services in which indicates: <input type="checkbox"/> Name of Each Child <input type="checkbox"/> Age of Each Child <input type="checkbox"/> Emergency Contact # <input type="checkbox"/> Date <input type="checkbox"/> Departure Time & Place <input type="checkbox"/> Arrival Time & Place <input type="checkbox"/> Staff-Child Ratio <input type="checkbox"/> Driver's Initial <input type="checkbox"/> Teacher's Initial	<i>(D - Daily Transportation Record or Log).</i>	
	(11-G) Provisions are made available during field trips/ transporting children with allergic reactions.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "D" <i>(D - Medication Consent Form and Sign In/Out Sheet of Medication for transport...etc.)</i>	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCDF § 55-60-201 (a) – (g) CCLP § 55-40.1-244 (a) – (i) CCLP § 55-40.1-442 (a) – (m)	(12-A) Evidence of a written program policy including a written care plan for the requirement of parent notification and contacting EMS once EpiPen is administered regarding children’s food allergy/reactions is indicated in <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"	

	(12-B) All providers are trained and qualified for the Prevention and Response of Food & Allergic Reactions for children.	<input type="checkbox"/> YES <input type="checkbox"/> NO “SF” / “D” <i>(D - Staff Roster)</i>	
	(12-C) Children’s allergy information is posted in discreet area(s). <input type="checkbox"/> Posted in Child’s Classroom <input type="checkbox"/> Posted in Cafeteria/Meal Room (If Applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO “D” <i>(D - Allergy List posted - ex: behind a kitchen cabinet)</i>	
	(12-D) Children are not forced or required, but rather encouraged to eat food provided.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “PH” <i>(PH - Policy Food Handling, Feeding, and Nutrition).</i>	
	(12-E) Provisions are made to secure information from parents regarding families with religious food preferences or children with specific food allergies as evident in the child’s file.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “CF” / “PH” / “SH” <i>(PH - Policy Confidentiality)</i>	
	(12-F) Families with religious food preferences or children with specific food allergies are provided nutritious substitute foods.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “CF”	
	(12-G) 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “CF” / “D” <i>(D - Log Sheet)</i>	

CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
<p>CCLP § 55-40.1-238 (a) – (e)</p> <p>CCLP § 55-40.1-240</p>	<p>(13-A) The program has included a written policy for the allowance and admission of ill children into the facility including a care plan for the administration of medication. Or a non-admission policy and readmission procedure for children who have been absent due to illness is clearly stated.</p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>“SH” / “PH” / “D”</p> <p><i>(D - Medication Authorization Form if applicable).</i></p>	
	<p>(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.</p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>“CF”</p>	
	<p>(13-C) Medicine prescribed by a physician administered in the facility is kept in original container bearing the prescription label which shows the date filled, the physician's direction for use and the child's name.</p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>“O” / “PH”</p>	
	<p>(13-D) Individual medications are properly stored as recommended on the label and kept out of reach of children.</p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>“O” / “PH”</p>	
	<p>(13-E) Empty containers are returned to parents or guardians at the end of the day or when no longer in use.</p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>“O” / “PH”</p>	
	<p>(13-F) If the facility allows children who are ill to be admitted, the facility has a separate comfortable room is provided for enrolled children that are sick.</p>	<p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>“O” / “PH”</p>	

CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-228 (a) – (e) CCLP § 55-40.1-412 (a) – (e) CCLP § 55-40.1-428 (a) – (e) CCLP § 55-40.1-470 (a) – (f)	(14-A) Daily Activities Schedules are posted at visitor’s view, and if differing by age-group, must be posted in each room.	<input type="checkbox"/> YES <input type="checkbox"/> NO “B”	
	(14-B) Alternate staff schedules are posted at the designated room.	<input type="checkbox"/> YES <input type="checkbox"/> NO “B”	
	(14-C) In an event assigned staff had to leave her group of children, a floater staff is available to alternate during his/her absent.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O”	
	(14-D) The staff-child ration shall be met and maintained per classroom/facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “D” <i>(D - Staff Schedule)</i>	
	(14-E) New provider(s) is/are not left alone with a group of children until he/she completed the pre-service requirement and get completion notice from the program.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “SF” / “D” <i>(D - CCLP Clearance to Start Memo)</i>	
	(14-F) Daily, CCDF children enrolled are timed-in and out on their CCDF attendance sheet when being dropped off and picked up.	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “D” <i>(D – CCDF Attendance Sheet)</i>	

HEALTH EVIDENCE & HEALTH STANDARDS FOR CHILDREN & STAFF

CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCDF Memo FY16 No. 3 CCLP § 55-40.1-232 (a) – (c)	(15-A) The facility has a written policy and a set of procedures to complete a Daily Health Check and completion of the developmental	<input type="checkbox"/> YES <input type="checkbox"/> NO “SH” / “PH”	

CCLP § 55-40.1-408 (a) – (b)	ASQ screening tool for all children in their program.		
	<p>(15-B) Daily health check to all enrolled children is performed, recorded and accessible for review by Child Care staff/parents as evident in a log sheet including, but not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs or Symptoms of Illness <input type="checkbox"/> Signs of Altered Physical/Mental State <input type="checkbox"/> Child Abuse & Neglect <input type="checkbox"/> Visible Skin Conditions (Lesions, Boils, Dermatitis) 	<input type="checkbox"/> YES <input type="checkbox"/> NO “O” / “D”	
	<p>(15-C) Enrolled children’s documents and information (registration, health information, screening results, etc.) are complete, obtained, updated and filed individually per child.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children’s emergency contact information is updated and reviewed monthly. <input type="checkbox"/> Immunization Card/Valid Health Certificate for all Children <input type="checkbox"/> TB Test Negative Result for all Children/Clearance of Transferrable Disease for all Children <input type="checkbox"/> All enrolled children are developmentally screened within 45 days of enrollment using the ASQ screening tool (for ages: 0-5.5 yrs.) 	<input type="checkbox"/> YES <input type="checkbox"/> NO “CF” / “D” <i>(D - Children's Roster)</i>	

	(15-D) Developmentally delayed children (that scored in the dark area) are referred to the appropriate agencies.	<input type="checkbox"/> YES <input type="checkbox"/> NO "CF"	
	(15-E) Children scored in the gray area or at risk of developmentally delay are given the opportunities for improvement with their limitation.	<input type="checkbox"/> YES <input type="checkbox"/> NO "CF" / "D" <i>(D - Lesson Plan Modifications)</i>	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-250 (a) - (f) CCLP § 55-40.1-252 (a) - (b)	(16-A) The facility has a written policy regarding requirements of Provider's Health Standards and the Personal Health Habits of Staff.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH"	
	(16-B) All providers and staff in the program have an updated health or food handler certificate and takes appropriate measures to manage stress by maintaining good mental and physical health to perform job duties and responsibilities.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "O" <i>(O - Staff's Mental & Physical Health)</i>	
	(16-C) In the facility, all staff are free from tuberculosis and have the following information evident in each individual's file. <input type="checkbox"/> TB Test Negative Result for all Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO "SF" / "D" <i>(D - Staff Roster)</i>	
	(16-D) Staff with visible skin conditions, such as lesions, boils, or dermatitis, are designated away from food preparation areas and are not allowed to prepare or serve food and handle utensils or feeding equipment.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SH"	
	(16-E) Staff with a fever, other symptoms of illness, or an altered physical or mental state, are not on site or allowed to work.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SH"	

	(16-F) Staff's appearance reflects good grooming habits and personal hygiene, including clean and neat hair and nails, appropriate clothing, and good oral hygiene.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SH"	
	(16-G) Smoking and the consumption of alcohol is not evident and is not maintained in the presence of children; nor in any parts of the building facility, which are used for child care at any time.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SH"	
	(16-H) "No Smoking" signs are posted within view and at an appropriate area.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "PH" <i>(PH - Policy No Smoking Policy)</i>	

FIRST-AID/CPR & DISASTER PLAN FOR EMERGENCIES

CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-204 (a) - (d) CCLP § 55-40.1-232 (a) - (c) CCLP § 55-40.1-254 (a) - (c) CCLP § 55-40.1-356 (a) - (c)	(17-A) Providers have a written policy and Emergency Preparedness Response Plan (EPRP) approved by the Child Care Program for emergency medical care as evident in the following documents: <input type="checkbox"/> Staff Handbook <input type="checkbox"/> Parent Handbook The policy and plan shall include and cover all of the following: <input type="checkbox"/> Alternative and Designed Evacuation Sites <input type="checkbox"/> Fire Emergencies	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH" / "D" <i>(D - Emergency Preparedness and Response Plan Booklet)</i>	

	<input type="checkbox"/> Flood Emergencies <input type="checkbox"/> Natural Disaster Emergencies		
	(17-B) EPRP/Disaster Plan is posted in the facility for viewing.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "B"	
	(17-C) Provider submits revised EPRP within 5 calendar days after the changes and follow-up for approval.	<input type="checkbox"/> YES <input type="checkbox"/> NO "SH" / "PH" / "D"	
	(17-D) All caregivers are well-informed of their EPRP and their responsibilities in an event of an emergency/disaster.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "SH" / "D" <i>(D - Acknowledgment sign off sheet)</i>	
	(17-E) Families are informed with the provider's EPRP procedures and a signed consent form authorizing providers to call a physician or health resource of care in case parents or guardians cannot be reached is available and on file in case of emergency.	<input type="checkbox"/> YES <input type="checkbox"/> NO "PH" / "CF"	
	(17-F) Emergency drills are practiced and conducted monthly at regular intervals and are recorded and on file for verification purposes. <input type="checkbox"/> Evacuation (Exit) Plan Drill <input type="checkbox"/> Lockdown/Shelter-In-Place Drill	<input type="checkbox"/> YES <input type="checkbox"/> NO "D" <i>(D - Drill Log Sheets)</i>	
	(17-G) Disaster drills are performed every six months and recorded in which are accessible for visitor's review. <input type="checkbox"/> Fire Drill	<input type="checkbox"/> YES <input type="checkbox"/> NO "D" <i>(D - Drill Log Sheets)</i>	

	<input type="checkbox"/> Earthquake Drill <input type="checkbox"/> Tsunami Drill		
	(17-H) Extinguishers are securely placed in a safe and convenient space.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-I) Facility is furnished with workable smoke alarms and detectors that are properly installed at each needed area.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-J) The facility has installed an underwriter's laboratory listed fire warning device or system that is operational in case of an emergency.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-K) In an event of an emergency evacuation, provider is readily equipped with all necessary items and contact information.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O" / "B" / "D" <i>(D - List of Contact Information and Materials)</i>	
	(17-L) Emergency Evacuation Exit Plan is posted at every exit door within view at appropriate areas and if relevant, at child's eye level.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	
	(17-M) Emergency contact numbers are posted near a working telephone (land-line).	<input type="checkbox"/> YES <input type="checkbox"/> NO "B"	
CNMI ADMINISTRATIVE CODE:	HEALTH & SAFETY	STATUS	COMMENTS
CCLP § 55-40.1-236 (a) - (b)	(18-A) First-Aid Kit is available in the facility and is accessible at all times.	<input type="checkbox"/> YES <input type="checkbox"/> NO "O"	

