



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: April 10, 2024	Visit Start Time: 9:30AM	Visit End Time: 10:30AM
Name of Licensors: Teresa Castillo-Bakr		

Provider Information	
Program Name: Deanne Zeek	
Provider ID: 24991	License Expiration Date: June 30, 2025
Email Address: dedezeek@yahoo.com	Telephone Number: 4014232419
Street Address: 11 Mercy Weeden Ln	State: RI
City: Jamestown	Zip Code: 02835
Were any household members there at time of visit? No	

Age Group:	# of children	#of staff	# of others	Activities Observed:
I / Pre-K	8	2	0	Free play, Playing in outdoor play area.

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	April 19, 2025
Lead	Compliant	Expiration Date	
Radon	Non-Compliant	Expiration Date	February 25, 2024
Comments: Lead- free date: 02/19/2019.			

Family Child Care Home and Group Family Child Care Home Regulations
218-RICR-70-00-2 & 218-RICR-70-00-7

Section	Requirement Description	Compliant Status	Remarks
2.3.1 (7.3.1) Physical Facilities			
☐ No violations found			
2.3.1.B.1/ 7.3.1.B.1 (Medium risk)	Any construction or large-scale modifications to the home (inside or outside) that changes the measurements, or quality of the space used by children, requires approval by the Department's Licensing Administrator prior to the start of construction.	Not Applicable	
2.3.1.B.4/ 7.3.1.B.4 (Medium risk)	All spaces used for child care must have artificial lighting that is intact and in good working order.	Compliant	
2.3.1.B.5/ 7.3.1.B.5 (High risk)	All exits/egresses are: a. clearly identified; and b. free of clutter around the area of the door.	Compliant	
2.3.1.B.6 & 11/ 7.3.1.B.6 & 11 (Medium Risk)	The residence must have an operational heating system capable of maintaining a minimum temperature of sixty-five degrees Fahrenheit (65° F) in all areas accessible to the children. The provider must ensure that the maximum temperature does not exceed seventy-four degrees Fahrenheit (74° F) in all areas used for child care.	Compliant	
2.3.1.B.12/ 7.3.1.B.12 (High Risk)	All entrances to the FCCH are kept locked when the provider is unable to directly monitor its use. The FCCH must have a mechanism and/or procedure in place for monitoring entry throughout the day.	Compliant	
2.3.1. B.16&17/ 7.3.1.B.16& 17 (High Risk)	Every electrical outlet within the child care area must be covered with a choke proof child resistant device while not in use. Electrical cords must be: a. Securely taped or fastened out of children's reach; and b. In good condition, without any evidence of being frayed or damaged.	Compliant	
2.3.1.B.22/ 7.3.1.B.22 (Medium Risk)	A telephone (landline or cellular) designated for program and business use must be located within the FCCH during business hours and readily available for use in case of an emergency.	Compliant	
2.3.1.B.23/ 7.3.1.B.23 (High Risk)	In addition to meeting the requirements of the applicable Rhode Island Fire Safety Code, the residence must be equipped with a fire extinguisher located in the kitchen area.	Compliant	

2.3.1.D.3/ 7.3.1.D.3 (High Risk)	To prevent children from becoming locked inside the bathroom, the provider must ensure: a. Any locks on bathroom doors should not be within the reach of children; or b. A key is readily accessible outside of the bathroom.	Not Applicable	
2.3.1.F.3/ 7.3.1.F.3 (Medium Risk)	If there are stairways within the area used for child care they must: a. Have a handrail at children's height; b. Be well lit; c. Be kept clear of obstructions; d. Have a gate, which is kept securely fastened at the entry to any stairway accessible to children under age three (3).	Compliant	
2.3.1.G.1&2 / 7.3.1.G.1&2 (High Risk)	Each program has an outdoor play area that is safe, protected and free from hazards that include, but are not limited to: a. Access to the street; b. Debris, trash, broken glass; c. Animal waste; d. Peeling paint; e. Tools and construction materials; f. Holes that present a tripping hazard or contain still water; and g. Open drainage ditches, wells, or other bodies of water. Outdoor area must be surrounded by a fence or clear physical obstacle that prevents movement or access to another area.	Compliant	
2.3.1G9&10 / 7.3.1G9&10 (High Risk)	If the residence has an in-ground pool, the provider must prevent children's access: a. The pool must be separated by a fence that is at least six feet in height, with no openings or protrusions that a child could use to get over, under or through, and b. It must be equipped with a gate that opens out from the pool, and self-close and self-latch at a height where a child can't reach. 10. If the residence has an above ground pool, it must have a four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6').	Non-Compliant	

Description/Observation 2.3.1G9&10 If the residence has an above ground pool, it must have a four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6').

Timeframe to Correct Immediate to 24 hours	Resolved ☐
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2.3.1.H.1/ 7.3.1.H.1 (High Risk)	Providers are wholly responsible for ensuring that all parts of the residence and grounds are maintained in a way that ensures health and safety at all times.	Compliant	
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Description/Observation Please note: Above ground swimming pool regulation infraction.

2.3.2 (7.3.2) Health, Safety, and Nutrition

☐ No violations found

2.3.2.D.1/ 7.3.2.D.1 (High Risk)	Prescribed and non-prescribed (over the counter) medication must not be administered to a child without: a. Written permission from the parent/guardian; and b. A written order from a licensed physician, physician's assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child. The medication must be in the original container. (1) The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration.	Compliant	
Description/Observation One kiddo has Epi-Pen in case of needed emergency treatment due to allergen.			
2.3.2.D.3/ 7.3.2.D.3 (High Risk)	A daily log is maintained of every medication administered. This record includes the: a. child's name; b. name and dosage of medication administered; c. date and time administered; d. name and signature of the person who administered the medication; and e. name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.	Compliant	
2.3.2.D.6/ 7.3.2.D.6 (High Risk)	Medications are stored: a. In clearly labeled original containers; b. In spaces secured with child safety locks that are separate from any items that attract children; and c. In a way that does not contaminate play surfaces or food preparation areas.	Compliant	
2.3.2.I.1/ 7.3.2.I.1 (High Risk)	The facility, equipment, and materials are clean, free of hazards, and kept in good repair.	Compliant	
2.3.2.I.3/ 7.3.2.I.3 (High Risk)	Toxic substances and any other items of potential danger to children are clearly labeled and are in an area that is secured by a child safety lock or safely out of the reach of any child.	Compliant	
2.3.2.I.7/ 7.3.2.I.7 (High Risk)	The program posts (in a conspicuous place where all parents and visitors can see) and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Compliant	
2.3.2.J.2 & 2.3.2.J.3/ 7.3.2.J.2 & 7.3.2.J.3 (High Risk)	Provider/substitute(s)/assistant(s) wash their hands with liquid soap and warm running water as needed.	Compliant	
2.3.2.K.1/ 7.3.2.K.1	For each child with food allergies or special nutritional needs, the provider requests that the parent/guardian obtains a care plan from the child's health care provider	Compliant	

(Medium Risk)			
2.3.2.K.2/ 7.3.2.K.2 (Medium Risk)	The provider makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant	
Description/Observation Family Childcare Home is Nut-Free childcare program.			
2.3.2.K.3/ 7.3.2.K.3 (Medium Risk)	The provider asks the parent/guardian of a child with food allergies to give consent for posting information within the program about that child's food allergy. a. If consent for posting is provided, that information is posted in the food preparation area and in the areas of the program the child uses. b. If consent for posting is not provided, then this information is shared verbally with all relevant staff and documented in the file.	Compliant	
2.3.2.L.6/ 7.3.2.L.6 (Low Risk)	Menus for meals and snacks must be planned and posted weekly.	Compliant	
2.3.2.L.9/ 7.3.2.L.9 (Medium Risk)	Drinking water is readily available and offered throughout the day, especially before, during and after outdoor play.	Compliant	
2.3.2.M.1/ 7.3.2.M.1 (Medium Risk)	The provider develops and implements an individualized, written plan to prepare for and respond to potential emergency/disaster situations. This plan is appropriate to support the needs of all children in the program and must be approved by the Department.	Compliant	
2.3.2.M.4/ 7.3.2.M.4 (Medium Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted within the child care area	Compliant	
2.3.2.M.5/ 7.3.2.M.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone or phone base.	Compliant	
2.3.2.M.7/ 7.3.2.M.7 (High Risk)	The provider conducts regular safety drills. a. One (1) fire drill is conducted every month the program is in operation, with no more than three (3) drills delayed for weather. b. Every fourth (4th) drill must be obstructed, by means of not using one (1) of the typical exits/egresses. The other drills may be unobstructed. c. Two (2) shelter-in-place drills are conducted every twelve (12) months. d. A record of all safety drills is maintained.	Compliant	
2.3.2.N.3/ 7.3.2.N.3 (Medium Risk)	A first aid kit is available in each classroom and outdoor play areas. The first aid kit is restocked after each use.	Compliant	
2.3.2.N.5/ 7.3.2.N.5	Injuries are documented on an injury report. a. A parent/guardian must sign the written injury report.	Compliant	

(Medium Risk)	b. Parents/guardians are notified of injuries on the same day of the injury. c. A copy of this report is placed in the child's file. d. The injury, first aid and parent/guardian communication are recorded in the program's daily health log.		
2.3.2.N.4 7.3.2.N.4 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Compliant	
2.3.2.P.1/ 7.3.2.P.1 (High Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Compliant	
2.3.2.P.4/ 7.3.2.P.4 (High Risk)	Program serving infants and/or Toddlers have a choke prevention gauge readily available.	Compliant	
2.3.2.P.7/ 7.3.2.P.7 (Medium Risk)	A crib, portable crib, cot, or mat must be available for each resting child, depending on the child's age and size. a. Couches and beds used for household members are not permitted for a sleeping surface for children in care. b. Children cannot rest or sleep directly on the floor, bean bag, sheepskins, waterbeds, or comparable surface/material that poses similar risks.	Compliant	
2.3.2.P.8/ 7.3.P.8 (Medium Risk)	All bedding used for children's sleeping surfaces must be laundered weekly.	Compliant	
2.3.2.P.12/ 7.3.2.P.12 (High Risk)	All storage chests, boxes, trunks, or comparable items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside.	Not Applicable	
2.3.3 Routine Care of Children			
☐ No violations found			
☐ Not applicable as Program does not offer infant/toddler care			
2.3.3.A.5&6/ 7.3.3.A.5&6 (Medium Risk)	Bottles are never propped up at any time or placed in a child's crib. A heating unit for warming bottles and food is readily accessible to staff. Microwaves are not used for heating bottles.	Non-Compliant	Corrected Onsite
Description/Observation Please Note: 2.3.3.A.4 regulation infraction observed during UMV: Licensing specialist observed FCCH assistant feeding an infant for approximately thirty seconds while not holding infant in her arms; infant was still strapped in infant seat/stroller. Licensing specialist kindly and respectfully provided TA to both the FCCH provider and her assistant; Both persons became argumentative as assistant stated, and provider repeated while pouring the infants formula out into the sink, assistant was just "checking" to see if infant was still hungry.			
Timeframe to Correct Immediate to 24 hours		Resolved ☒	
2.3.3.B.7/ 7.3.3.B.7	The diaper-changing surface is cleaned and sanitized after each use with a disposable towel, United States Environmental Protection Agency registered	Not Observed	

(High Risk)	disinfectant, or disinfectant solution that is prepared daily.		
2.3.3.C.6/ 7.3.3.C.6 (High Risk)	There are no restraining devices of any type, including swaddles.	Not Observed	
2.3.3.C.8/ 7.3.3.C.8 (High Risk)	Infants must sleep in a crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.	Not Observed	
2.3.3.C.9/ 7.3.3.C.9 (High Risk)	Lighting must allow for staff to view the color of the child's skin and to check for breathing.	Not Observed	
2.3.3.C.13/15 / 7.3.3.C.13/15 (High Risk)	No items are placed in the crib with an Infant except for a pacifier. No additional items are placed on or above the crib.	Not Observed	
2.3.3.C.17/ 7.3.3.C.17 (High Risk)	Children must rest/sleep in a location in the residence where they can be in both sight and sound supervision by the provider/substitute(s)/assistant(s) at all times. a. During hours of operation, no child may rest/sleep behind a closed door.	Not Observed	
2.3.4 Enrollment and Staffing			
☐ No violations found			
2.3.4.B.1/ 7.3.4.B.1 (High Risk)	Providers must group children according to the correct staff/child ratio.	Non-Compliant	Corrected Onsite
Description/Observation <u>Provider was observed out-of-ratio</u>			
<u>Provider was in the outdoor play area with all of the 8 kiddos in attendance, FCCH assistant was inside the FCCH.</u>			
Timeframe to Correct Immediate to 24 hours		Resolved ☒	
2.3.4.D.1/ 7.3.4.D.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	Compliant	Corrected Onsite
2.3.4.E.1/ 7.3.4.E.1 (Medium Risk)	The provider must have an individual attendance sheet that lists the first and last names of all children enrolled. This list must: a. Be updated every time that there is	Compliant	

	a change in enrollment; b. Reflect which children are present at any given time.		
2.3.4.G.3/ 7.3.4.G.3 (Low Risk)	All volunteers and visitors must sign in and out of the program on a sign out sheet available at the entrance of the program. a. The sign in and out sheet must include the: (1) Date of visit; (2) Full name of volunteer or visitor/guest; (3) Reason for visit; and (4) Time in and out for the visit.	Compliant	
2.3.6 Administration			
☐ No violations found			
2.3.6.A.1/ 7.3.6.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.	Not Applicable	
2.3.6.C.2/ 7.3.6.C.2 (High Risk)	Approved individuals manually or electronically sign the child in at drop off and sign the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.	Compliant	
2.3.6.D.1/ 7.3.6.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.	Not Applicable	
2.3.6.D.3/ 7.3.6.D.3 (High Risk)	All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file.	Not Applicable	
2.3.6.D.6/ 7.3.6.D.6 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.	Not Applicable	
2.3.6.F.1/ 7.3.6.F.1 (Medium Risk)	The provider must maintain all required inspections, a copy of all paperwork and individual files for children and staff that are always available on-site during the hours of operation.	Non-Compliant	
Description/Observation 1. Required Fire-Safety inspection expired 03/24/2024. Provider requesting inspection appointment. 2. Required Radon inspection expired 02/25/2024. Provider requesting inspection appointment.			
Timeframe to Correct 1 week		Resolved ☐	

2.3.7 Learning and Development☒ **No violations found****Child File Requirements** *Reference: 1.12.F.7/1.12.F.8.a***For Non-Compliant Items:****High Risk - Must be fixed within 24 to 48 hours****Medium Risk - Must be fixed within 1 week****Low Risk - Must be fixed within 1 month**

Child A ☒ No violations found	Child B ☒ No violations found	Child C ☒ No violations found
<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:
<u>Compliant Items:</u> Names of individuals to whom the child can be release (l) An application form (a) Evidence of annual health exam (c) Immunization record (d) Written authorization from the parent/guardian for emergency medical treatment (g) Injuries/illnesses/accidents (h) A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers) (1.12.F.8.a) Date of Enrollment (b) Written authorization for field trips (k) Parental consent form (n)	<u>Compliant Items:</u> Names of individuals to whom the child can be release (l) An application form (a) Evidence of annual health exam (c) Immunization record (d) Written authorization from the parent/guardian for emergency medical treatment (g) Injuries/illnesses/accidents (h) A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers) (1.12.F.8.a) Date of Enrollment (b) Written authorization for field trips (k) Parental consent form (n)	<u>Compliant Items:</u> Names of individuals to whom the child can be release (l) An application form (a) Evidence of annual health exam (c) Immunization record (d) Written authorization from the parent/guardian for emergency medical treatment (g) Injuries/illnesses/accidents (h) A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers) (1.12.F.8.a) Date of Enrollment (b) Written authorization for field trips (k) Parental consent form (n)

Additional Reporting

Have there been any known arrests, criminal investigations, or criminal charges, that have not been reported to licensing involving any persons who work in the facility? No

If yes, record details of these events below:



Rhode Island Department of Human Services

Child Care Center and School Age Program Monitoring Checklist

Additional Discussion Notes

Please Note: 2.3.3.A.4 infraction observed:

Licensing specialist observed FCCH assistant feeding an infant for approximately thirty seconds while not holding infant in her arms; infant was still strapped in infant seat/stroller. Licensing specialist provided TA to both the FCCH provider and her assistant; Both became argumentative as assistant stated, and provider repeated while pouring the infants formula out into the sink, assistant was just "checking" to see if infant was still hungry. -NFA

Based on today's visit, the items identified as areas of non-compliance with the Child Care Center and School Age Program Regulations for Licensure must be corrected as outlined in the Corrective Action Plan. Failure to correct a non-compliance may result in the revocation of the license or denial of the application, as applicable. Please contact your licensor with any questions or concerns related to resolving the Corrective Action Plan. Additionally, you may contact the Child Care Licensing Office at DHS.ChildCareLicensing@dhs.ri.gov regarding today's visit.

I understand that by signing this monitoring report, I am also granting permission for Child Care Licensing to share my provider information with the designated Technical Assistance provider, where TA Referral(s) were made. I am aware that these agencies will both give and receive information related to my progress in addressing any item on the Corrective Action Plan.

Signature of Provider	Date
Signature of Licensor Teresa Castillo-Bakr	Date December 20, 2024