



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: March 11, 2024	Visit Start Time: 11:50 AM	Visit End Time: 12:25PM
Name of Licensors: Teresa Castillo-Bakr		

Provider Information	
Program Name: Librada Rosa De Perez	
Provider ID: 44406	License Expiration Date: December 31, 2024
Email Address: mayrarosaperez@gmail.com	Telephone Number: 4017328249948
Street Address: 63 Terrace Avenue	State: RI
City: Providence	Zip Code: 02909
Were any household members there at time of visit? No	

Age Group:	# of children	#of staff	# of others	Activities Observed:
Toddlers (2-4 year old)	4	1	0	

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	January 29, 2025
Lead	Compliant	Expiration Date	October 4, 2024
Radon	Compliant	Expiration Date	September 16, 2025
Comments:			

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 <input checked="" type="checkbox"/> No violations found			
2.3.2 (7.3.2) Health, Safety, and Nutrition <input checked="" type="checkbox"/> No violations found			
2.3.3 Routine Care of Children <input checked="" type="checkbox"/> No violations found <input type="checkbox"/> Not applicable as Program does not offer infant/toddler care			
2.3.4 Enrollment and Staffing <input type="checkbox"/> 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.	Compliant	
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	
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 a change in enrollment; b. Reflect which children are present at any given time.	Compliant	
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.	Non-Compliant	Corrected Onsite
2.3.6 Administration <input checked="" type="checkbox"/> No violations found			
2.3.7 Learning and Development <input checked="" type="checkbox"/> No violations found			

Child File Requirements <i>Reference: 1.12, F.7/1.12.F.8.a</i>			
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 <input checked="" type="checkbox"/> No violations found	Child B <input checked="" type="checkbox"/> No violations found	Child C <input checked="" type="checkbox"/> No violations found	
Non-Compliant Items High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	
Compliant Items: 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)	Compliant Items: 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)	Compliant Items: 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:			



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Child Care Center and School Age Program Monitoring Checklist

Additional Discussion Notes

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	Librada Rosa de Perez	Date	March 11, 2024
Signature of Licensor	Teresa Castillo-Bakr	Date	March 11, 2024