



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: August 9, 2023	Visit Start Time: 10:48 AM	Visit End Time: 12:30
Name of Licensors: Teresa Castillo-Bakr		

Provider Information	
Program Name: Librada Rosa De Perez	
Provider ID: 44406	License Expiration Date: December 31, 2022
Email Address: mayrarosaperez@gmail.com	Telephone Number: 7328249948
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:
I / T	4	1	0	Free Play

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	September 9, 2023
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 type="checkbox"/> 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.	Non-Compliant	Corrected Onsite
Description/Observation Provider gave Tylenol to a child in her FCCH program last week with the consent of the parent. Provider stated, the child had a very high fever of 100.4, but didn't have the dr's order in the child's file. The parent was called, and picked the child up from the FCCH.			
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.	Non-Compliant	Corrected Onsite
Description/Observation Provider was handed the medication administration form and is in agreement to remain in compliance in regards to this regulation going forward.			
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 (Medium Risk)	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	Not Applicable	
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).	Not Applicable	
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.	Not Applicable	
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.	Non-Compliant	
Description/Observation D. Provider stated she conducts the fire drills but cannot locate the log at this time. Provider will email photo to this writer for compliance confirmation.			
Timeframe to Correct 24 to 48 hours		Resolved <input type="checkbox"/>	
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 (Medium Risk)	Injuries are documented on an injury report. a. A parent/guardian must sign the written injury report. 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.	Compliant	
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			
<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.	Non-Compliant	Corrected Onsite
Description/Observation Attendance sheet created On-site.			
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;	Compliant	

	and (4) Time in and out for the visit.		
2.3.6 Administration			
<input type="checkbox"/> 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.	Compliant	
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.	Non-Compliant	
Description/Observation Provider has the forms available for parent/guardian but they don't always sign in / out. Provider stated they are always in a rush. Provider will confirm parents sign the drop off /pick up form at every drop off / pick up Starting at pick up today.			
Timeframe to Correct Immediate to 24 hours		Resolved <input type="checkbox"/>	
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.	Compliant	
Description/Observation Provider has all but the staff files. Provider stated she submitted all originals at last renewal.			
2.3.7 Learning and Development			
<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No violations found Non-Compliant Items High Risk: Medium Risk: Low Risk:	Child B <input checked="" type="checkbox"/> No violations found Non-Compliant Items High Risk: Medium Risk: Low Risk:	Child C <input checked="" type="checkbox"/> No violations found 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 August 9, 2023

Signature of Licensor Teresa Castillo-Bakr

Date August 9, 2023