



## Rhode Island Department of Human Services

### Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: October 12, 2023	Visit Start Time: 9:25A.M.	Visit End Time: 10:15 A.M
Name of Licensor: Teresa Castillo-Bakr		

Provider Information	
Program Name: Rossanna Perez	
Provider ID: 28279	License Expiration Date: November 30, 2023
Email Address: rosihdc211@gmail.com	Telephone Number: 401 489 4772
Street Address: 211 Terrace Ave	State: RI
City: Cranston	Zip Code: 02920
Were any household members there at time of visit? No	

Age Group:	# of children	#of staff	# of others	Activities Observed:
I/T	7	2	0	Art Time, Clean up, and washing hands and preparing for Snack time.

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	October 3, 2023
Lead	Compliant	Expiration Date	
Radon	Compliant	Expiration Date	October 12, 2024
Comments: Lead-Free 02/26/2008, Liability Certificate (8) Expires 02/25/2024.			

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
<b>2.3.1 (7.3.1) Physical Facilities</b> <input checked="" type="checkbox"/> No violations found			
<b>2.3.2 (7.3.2) Health, Safety, and Nutrition</b> <input checked="" type="checkbox"/> No violations found			
<b>2.3.3 Routine Care of Children</b> <input checked="" type="checkbox"/> No violations found <input type="checkbox"/> Not applicable as Program does not offer infant/toddler care			
<b>2.3.4 Enrollment and Staffing</b> <input checked="" type="checkbox"/> No violations found			
<b>2.3.6 Administration</b> <input checked="" type="checkbox"/> No violations found			
<b>2.3.7 Learning and Development</b> <input checked="" type="checkbox"/> No violations found			

Child File Requirements <i>Reference: 1.12. F.7/1.12.F.8.a</i>		
<b>For Non-Compliant Items:</b> 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		
<b>Child A</b> <input checked="" type="checkbox"/> No violations found	<b>Child B</b> <input checked="" type="checkbox"/> No violations found	<b>Child C</b> <input checked="" type="checkbox"/> No violations found
<b>Non-Compliant Items</b> High Risk: Medium Risk: Low Risk:	<b>Non-Compliant Items</b> High Risk: Medium Risk: Low Risk:	<b>Non-Compliant Items</b> High Risk: Medium Risk: Low Risk:
<b>Compliant Items:</b> 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)	<b>Compliant Items:</b> 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)	<b>Compliant Items:</b> 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)
<b>Additional Reporting</b> 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](mailto: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 Rossanna perez	Date October 12, 2023
Signature of Licensor Teresa Castillo-Bakr	Date October 12, 2023