

## Rhode Island Department of Human Services Group/Family Child Care Home Monitoring Checklist

## Renewal/ Monitoring Visit

Visit Information			
Visit Date: September 27, 2023	Visit Start Time: 2:15	Visit End Time: 02:50 PM	
Name of Licensor: Teresa Castillo-Bakr			

License Expiration Date: October 31, 2023
Telephone Number: 4019438418
State: RI
Zip Code: 02920

Age Group:	# of children	#of staff	# of others	Activities Observed:
Toddlers	3	1	0	Kiddos free playing on rug in the FCCH Livingroom.

Inspections 1.7.A.2.a-c		
Fire	Compliant	Expiration Date
Lead	Compliant	Expiration Date
Radon	Compliant	Expiration Date
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) P ☑No violatio	Physical Facilities ns found		
2.3.2 (7.3.2) Health, Safety, and Nutrition ☑No violations found			
✓ No violatio	Care of Children ns found able as Program does not offer infant/toddler care		
2.3.4 Enrollment and Staffing  ✓No violations found			
2.3.6 Adminis ✓No violatio			
	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:	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	Child B	Child C		
☑No violations found	☑No violations found	☑No violations found		
Non-Compliant Items	Non-Compliant Items	Non-Compliant Items		
High Risk:	High Risk:	High Risk:		
Medium Risk:	Medium Risk:	Medium Risk:		
Low Risk:	Low Risk:	Low Risk:		
Compliant Items:	Compliant Items:	Compliant Items:		
Names of individuals to whom the child can be	Names of individuals to whom the child can be	Names of individuals to whom the child can be		
release (I)	release (I)	release (I)		
An application form (a)	An application form (a)	An application form (a)		
Evidence of annual health exam (c)	Evidence of annual health exam (c)	Evidence of annual health exam (c)		
Immunization record (d)	Immunization record (d)	Immunization record (d)		
Written authorization from the parent/guardian	Written authorization from the parent/guardian	Written authorization from the parent/guardian		
for emergency medical treatment (g)	for emergency medical treatment (g)	for emergency medical treatment (g)		
Injuries/illnesses/accidents (h)	Injuries/illnesses/accidents (h)	Injuries/illnesses/accidents (h)		
A statement authorizing the program to act in an		A statement authorizing the program to act in an		
emergency, signed by the parent (m)	emergency, signed by the parent (m)	emergency, signed by the parent (m)		
Developmental History (infants and toddlers)	Developmental History (infants and toddlers)	Developmental History (infants and toddlers)		
(1.12.F.8.a)	(1.12.F.8.a)	(1.12.F.8.a)		
Date of Enrollment (b)	Date of Enrollment (b)	Date of Enrollment (b)		
Written authorization for field trips (k)	Written authorization for field trips (k)	Written authorization for field trips (k)		
Parental consent form (n)	Parental consent form (n)	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**

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 TCB For Susan Jorge	Date September 27, 2023
Signature of Licensor Teresa Castillo-Bakr	Date September 27, 2023