



## Rhode Island Department of Human Services

### Child Care Center and School Age Program Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: February 21, 2025	Visit Start Time: 11:30	Visit End Time: 1:15
Name of Licensor: Jessica Ullrich		

Provider Information	
Program Name: Liddle Tots II Teen, LTD.	
Provider ID: 3064	License Expiration Date: September 30, 2025
Email Address: info@liddletots2teen.com	Telephone Number: 4017811870
Street Address: 1160 POST ROAD	State: RI
City: Warwick	Zip Code: 02888
Administrator On-Site at Time of Visit:	
Education Coordinator On-Site at Time of Visit:	
School Age Coordinator On-Site at Time of Visit: (if applicable)	
Current Licensed Capacity	Total Staff Employed
I/T:	
T:	
PS:	
SA:	
132	

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Purple group	9-11	9	2		
Blue Group	6-8	15	2		
Green Group	4.6-6	11	1		Lunch

Inspections 1.7.A.2.a-c		
Fire	Compliant	Expiration Date
Lead	Compliant	Expiration Date
Radon	Compliant	Expiration Date
Comments:		

Child Care and School Age Program Regulations 218-RICR-70-00-1			
Section	Requirement Description	Compliant Status	Remarks
<b>1.7</b>			
<input type="checkbox"/> <b>No violations found</b>			
1.7.E 2	The current license must be posted in a conspicuous place in the program.	Compliant	
<b>1.8 Physical Facilities</b>			
<input type="checkbox"/> <b>No violations found</b>			
1.8.B.1 (Medium risk)	The construction of new buildings or outdoor space for the use of children, or the renovation/modification of existing buildings or outdoor space used by children requires approval by the Department.	Compliant	
1.8.C4 (Medium risk)	Each classroom and activity space has artificial lighting that is intact and in good working order.	Compliant	
1.8.C.5 & a (Medium risk)	The temperature in all classrooms and other spaces used by children is maintained within a range of 65° F – 74° F at the children's height. In an infant classroom, the temperature should be a minimum 68° F at the height of the crib.	Compliant	
1.8.C.7 (High Risk)	All classroom and program exits/egresses are: a. clearly identified; and b. free of clutter around the area of the door.	Compliant	
1.8.C.9 (High Risk)	All entrances to the program are kept locked with mechanisms in place for monitoring entry. a. If at any time an entrance to the program is unlocked, a designated staff person is required to directly monitor all entries/exits from the program and is then responsible for re-securing the entrance.	Compliant	
1.8.G.3 (High Risk)	The outdoor play area is required to be surrounded by a permanent structure. If a fence is used, it must be: a. At least four feet (4') in height when measured from the ground; and b. Not prevent the observation of children by staff; and c. Adhere to State building codes	Compliant	
1.8.G.4 (High Risk)	In a program licensed subsequent to the date of these Regulations, fencing must: a. Include at least two (2) exits b. Be equipped with self-closing and self-latching closure mechanisms.	Compliant	
1.8.H.1 (High Risk)	Equipment, materials, furnishings and play areas should be sturdy, safe and in good repair and must be free of the hazards outlined in subsections a-m of this regulation.	Compliant	
1.8.H.3 (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.	Compliant	
<b>1.9 Health, Safety, and Nutrition</b>			
<input type="checkbox"/> <b>No violations found</b>			
1.9.C.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	
1.9.C.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; (Rescue medications for infants, toddlers and preschoolers may be kept unlocked but out of reach of children at all times) c. In a way that does not contaminate play surfaces or food preparation areas. d. School -age children (enrolled in Kindergarten or older) may carry their own rescue medication (prescription inhalers and/or auto-injectable epinephrine).	Non-Compliant	Corrected Onsite
Description/Observation Epi pen on site was not in original packaging. Licensor requested the parents provide the packaging label or the original packaging for the medication.			
1.9.G.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.	Non-Compliant	Corrected Onsite

Description/Observation Large cabinet on site containing all first aid materials and items did not have a lock to secure and ensure children did not have access to the items. Maintenance staff was on site at the time of the visit and reported he had child safety lock in his utility closet and would have it put onto the cabinet.

1.9.G.5 (High Risk)	Garbage receptacles are covered in all areas that are accessible to children, lined and garbage is removed from the program daily.	Compliant	
1.9.G.7 (High Risk)	The program posts in a conspicuous place and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Compliant	
1.9.H.2 & 1.9.H.3 (High Risk)	Staff wash their hands, and ensure children wash their hands, with liquid soap and warm running water as needed.	Compliant	
1.9.J.4 (Medium Risk)	A first aid kit is available in each classroom and outdoor play areas. a. The following first aid supplies should be in all first aid kits: (1) Adhesive bandages (assorted sizes) (2) Cold pack (3) Disposable powder-free, latex-free gloves (4) Plastic bags (for disposing of blood and other bodily fluids) (5) Thermometer – digital or ear – should not contain glass/mercury.	Compliant	
1.9.J.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. (1) Any injury that is head related or an injury that may require medical attention should be an immediate call to the parent/guardian. 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	
1.9.J.6 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Compliant	
1.9.K.1 (Medium Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Compliant	
1.9.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	Compliant	
1.9.K.7 (Medium Risk)	All bedding used on cots must be removed in between uses and safely stored in individual plastic bags, or comparable means, to prevent contamination.	Not Applicable	
1.9.K.9 (Medium Risk)	There is one (1) assembled evacuation crib equipped with wheels for every five (5) children under two (2) years of age, accessible in case of emergency.	Not Applicable	
1.9.K.10 (Medium Risk)	Evacuation cribs are to remain empty of materials and accessible for use in case of an emergency. a. In the event of an emergency, the evacuation cribs are used to safely remove children from the facility. b. Evacuation cribs may be utilized for sleeping children at naptime.	Not Applicable	
1.9.L.1&2 (High Risk)	The program 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	
1.9.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	Compliant	
1.9.L.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.	Compliant	
1.9.L.6 (High Risk)	The program Administrator or designee 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. e. Programs with Night Time Care conduct an additional set of safety drills during the night time hours of operation.	Compliant	
1.9.M.7 (Low Risk)	Menus for meals and snacks are planned and are posted weekly.	Compliant	
1.9.M.10 & 11 (Medium Risk)	Drinking-water is readily available and offered throughout the day, especially before, during and after outdoor play. Drinking-water supplies are located in or near classrooms and activity rooms.	Compliant	
1.9.N.1 (Medium Risk)	For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider	Compliant	
1.9.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant	

1.9.N.3 (Medium Risk)	The program 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, including substitutes, and is documented in the child's file. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file.	Compliant	
<b>1.10 Routine Care of Children</b>			
<input type="checkbox"/> No violations found			
<input checked="" type="checkbox"/> Not applicable as Program does not offer infant/toddler care			
<b>1.11 Enrollment and Staffing</b>			
<input type="checkbox"/> No violations found			
1.11.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	Compliant	
1.11.D.1 (Medium Risk)	Each classroom has an individual attendance sheet that lists the first and last names of all children in the room.	Compliant	
1.11.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.	Compliant	
1.11.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	Compliant	
1.11.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.	Compliant	
1.11.G.14 (High Risk)	Every staff member, within ninety (90) days of employment, must be trained under the most recent guidelines of the American Heart Association in: a. Pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and b. Pediatric first aid (online training is accepted). c. Renewal certification must occur within ninety (90) days of expiration for both Pediatric CPR and Pediatric First Aid. (1) Renewal certification for both Pediatric CPR and Pediatric First Aid may be done either in person or online.	Compliant	
1.11.G.16 (Medium Risk)	The program must have the consultant services of a licensed physician, physician's assistant, or nurse practitioner, who practices pediatric medicine, readily available.	Compliant	
<b>1.13 Administration</b>			
<input type="checkbox"/> No violations found			
1.13.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.	Compliant	
1.13.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	
1.13.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.	Compliant	
1.13.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.	Compliant	
1.13.D.4 (Low/Medium/High Risk)	In addition, vehicles used to transport children must have: a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; (Low Risk) b. a fire extinguisher; (High Risk) c. first aid, emergency airway and bodily fluid spill kits; and (High Risk) d. audible door and back-up alarms (mountable or installed). (Medium Risk)	Compliant	
1.13.D.8 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.	Compliant	
1.13.F.1 (Medium Risk)	The program maintains program files, and individual files for children and staff that are available on-site at all times. a. If these files are stored electronically, there must be someone on site at all times who can access these records in a timely fashion.	Compliant	
<b>1.14 Learning and Development</b>			
<input type="checkbox"/> No violations found			

1.14.A.5 (Medium Risk)	Written or electronic documentation of the classroom level curriculum (lesson plans or planning documentation) is easily accessible in each individual classroom.	Compliant	
1.14.B.4 (Medium Risk)	Television or other screen time is prohibited for infants and limited to no more than 30 minutes per day for other children.	Compliant	
1.14.F.6 (Medium Risk)	There is a means of written/electronic daily communication between staff and families in Infant/Toddler programs, which includes information about the child's routine care.	Compliant	

Staff File Requirements <i>Reference: 1.13. F.10</i>		
<b>For Non-Compliant Items:</b> <b>High Risk - Must be fixed within 24 to 48 hours</b> <b>Medium Risk - Must be fixed within 1 week</b> <b>Low Risk - Must be fixed within 1 month</b>		
<b>Staff A</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Staff B</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Staff C</b> <input checked="" type="checkbox"/> <b>No violations found</b>
<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>
<b>Compliant Items:</b> Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Training Plan aligned with the Individual Professional Development Plan (i) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l)	<b>Compliant Items:</b> Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Training Plan aligned with the Individual Professional Development Plan (i) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l)	<b>Compliant Items:</b> Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Training Plan aligned with the Individual Professional Development Plan (i) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l)

Child File Requirements <i>Reference: 1.13. F.7/1.13.F.8.a</i>		
<b>For Non-Compliant Items:</b> <b>High Risk - Must be fixed within 24 to 48 hours</b> <b>Medium Risk - Must be fixed within 1 week</b> <b>Low Risk - Must be fixed within 1 month</b>		
<b>Child A</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Child B</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Child C</b> <input checked="" type="checkbox"/> <b>No violations found</b>
<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>
<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 (e) Injuries/illnesses/accidents (f) A statement authorizing the program to act in an emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.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 (e) Injuries/illnesses/accidents (f) A statement authorizing the program to act in an emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.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 (e) Injuries/illnesses/accidents (f) A statement authorizing the program to act in an emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.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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#### 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 Ariella McCormick	Date February 21, 2025
Signature of Licensor Jessica Ullrich	Date February 21, 2025