

Rhode Island Department of Human Services

Child Care Center and School Age Program Monitoring Summary

Provider Information

Pro	ogram Name:	AlphaBE	ST- Community						
Visit Information									
Visit Date: 11/2/21		11/2/21 V	Visit Start Time: 4:35pr			sit End Time:	5:15pm		
Na	Name of Licensor: Allie Detonnancourt								
	Non-Compliances Observed During Monitoring Visit ■ Program demonstrated compliance in all regulations assessed during this visit. No violations found. ✓ Program demonstrated partial compliance in the regulations assessed during this visit. Noncompliance found resulted in the following corrective action plan.								
	Corrective Action Plan								
	Non-Compliant Des Regulation		cription/Observation		Corrected Onsite (Check)	nsite		Resolved (Check)	
	1.8.G.7	.8.L.4 An evacuation graph to be posted		posted		24 ho	urs	\checkmark	
	1.8.L.4			posted		1 week		✓	
	1.8.L.6				24 hours for first drill		✓		
	1.8.L.5 No emergency p		phone numbers	posted		24 ho	urs	✓	
	1.8.M.7	1.8.M.7 Menus for meals and snacks		posted		2 weeks to	post	✓	
	1.10.G.12 Only one staff member was CPR certified			1 mor	nth	✓			