



Rhode Island Department of Human Services

Child Care Center and School Age Program Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: January 18, 2024	Visit Start Time: 1:30 PM	Visit End Time: 2:51 PM
Name of Licensor: Teresa Castillo-Bakr		

Provider Information	
Program Name: David Isenberg Family ECC	
Provider ID: 3028	License Expiration Date: July 31, 2024
Email Address: mcicchitelli@jewishallianceri.org	Telephone Number: 4014214111
Street Address: 401 ELMGROVE AVENUE	State: RI
City: Providence	Zip Code: 02906
Administrator On-Site at Time of Visit:	Michelle Cicchitelli
Education Coordinator On-Site at Time of Visit:	Michelle Cicchitelli
School Age Coordinator On-Site at Time of Visit: (if applicable)	Rachel Accetturo
Current Licensed Capacity	Total Staff Employed
I/T: 77	18
T:	
PS: 36	
SA: 56	

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Infant Rm 7	Infants	8	2		Napping
Toddler 2 Rm 5	Toddlers	11	2	0	Napping
Toddler Rm 9	Toddler	12	3	0	Napping
Pre-K Room . 3	Preschool	12	2	0	Napping
Preschool 3s Room 1	Preschool	9	1	0	Nap time
Infant Room 8	Infant	4	2	0	Napping
J Space	SA	0	0	0	After school program

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	February 17, 2024
Lead	Compliant	Expiration Date	January 20, 2025
Radon	Compliant	Expiration Date	March 9, 2024
Comments:			

**Child Care and School Age Program Regulations
218-RICR-70-00-1**

Section	Requirement Description	Compliant Status	Remarks
1.7	<input checked="" type="checkbox"/> No violations found		
1.8 Physical Facilities	<input checked="" type="checkbox"/> No violations found		
1.9 Health, Safety, and Nutrition	<input checked="" type="checkbox"/> No violations found		
1.10 Routine Care of Children	<input checked="" type="checkbox"/> No violations found <input type="checkbox"/> Not applicable as Program does not offer infant/toddler care		
1.11 Enrollment and Staffing	<input checked="" type="checkbox"/> No violations found		
1.13 Administration	<input checked="" type="checkbox"/> No violations found		
1.14 Learning and Development	<input checked="" type="checkbox"/> No violations found		

Staff File Requirements Reference: 1.13. F.10

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		
Staff A <input checked="" type="checkbox"/> No violations found	Staff B <input checked="" type="checkbox"/> No violations found	Staff C <input checked="" type="checkbox"/> No violations found
Non-Compliant Items High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:
Compliant Items: 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)	Compliant Items: 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)	Compliant Items: 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 Reference: 1.13. F.7/1.13.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	Child B <input checked="" type="checkbox"/> No violations found	Child C <input checked="" type="checkbox"/> No violations found
Non-Compliant Items High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	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 (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)	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 (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)	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 (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)

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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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 Michelle Cicchitelli	Date January 18, 2024
Signature of Licensor Teresa CAstillo-Bakr	Date January 18, 2024