



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information

Visit Date: July 31, 2023	Visit Start Time: 1:05 PM	Visit End Time: 2:15 PM
Name of Licensor: Teresa Castillo-Bakr		

Provider Information

Program Name: Cheryl Lally	
Provider ID: 43144	License Expiration Date: July 31, 2023
Email Address: CheryIN11@verizon.net	Telephone Number: 4016268688
Street Address: 202 Marlow Street	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	Nap Time

Inspections 1.7.A.2.a-c

Fire	Compliant	Expiration Date
Lead	Compliant	Expiration Date
Radon	Compliant	Expiration Date February 1, 2026
Comments: Lead Free FCC Dated: 5/2/15		

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) Physical Facilities <input checked="" type="checkbox"/> No violations found			
2.3.2 (7.3.2) Health, Safety, and Nutrition <input checked="" type="checkbox"/> No violations found			
2.3.3 Routine Care of Children <input type="checkbox"/> No violations found <input type="checkbox"/> Not applicable as Program does not offer infant/toddler care			
2.3.3.A.5&6/ 7.3.3.A.5&6 (Medium Risk)	Bottles are never propped up at any time or placed in a child's crib. A heating unit for warming bottles and food is readily accessible to staff. Microwaves are not used for heating bottles.	Not Observed	
2.3.3.B.7/ 7.3.3.B.7 (High Risk)	The diaper-changing surface is cleaned and sanitized after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.	Compliant	
2.3.3.C.6/ 7.3.3.C.6 (High Risk)	There are no restraining devices of any type, including swaddles.	Compliant	
2.3.3.C.8/ 7.3.3.C.8 (High Risk)	Infants must sleep in a crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.	Compliant	
2.3.3.C.9/ 7.3.3.C.9 (High Risk)	Lighting must allow for staff to view the color of the child's skin and to check for breathing.	Compliant	
2.3.3.C.13/15 / 7.3.3.C.13/15 (High Risk)	No items are placed in the crib with an Infant except for a pacifier. No additional items are placed on or above the crib.	Non-Compliant	Corrected Onsite
Description/Observation 12 month old needs to hold a sippy cup in one hand while sucking his finger in order to fall asleep. Provider removed the zippy cup from the crib and agrees to ask parent for a note from doctor stating the child needs this.			
Timeframe to Correct 24 to 48 hours		Resolved <input type="checkbox"/>	
2.3.3.C.17/ 7.3.3.C.17 (High Risk)	Children must rest/sleep in a location in the residence where they can be in both sight and sound supervision by the provider/substitute(s)/assistant(s) at all times. a. During hours of operation, no child may rest/sleep behind a closed door.	Compliant	
2.3.4 Enrollment and Staffing <input checked="" type="checkbox"/> No violations found			
2.3.6 Administration <input checked="" type="checkbox"/> No violations found			
2.3.7 Learning and Development <input checked="" type="checkbox"/> No violations found			

Child File Requirements Reference: 1.12.F.7/1.12.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 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: Evidence of annual health exam (c) Low Risk:
Compliant Items: Names of individuals to whom the child can be release (I)	Compliant Items: Names of individuals to whom the child can be release (I)	Compliant Items: Names of individuals to whom the child can be release (I)

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)	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)	An application form (a) 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)
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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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Child Care Center and School Age Program Monitoring Checklist

Additional Discussion Notes

Child's Physical exam expired 6/2023. Provider will reach out to parent for an updated form.
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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 Cheryl Lally	Date July 31, 2023
Signature of Licensor Teresa Castillo-Bakr	Date July 31, 2023