

Rhode Island Department of Human Services Child Care Center and School Age Program Monitoring Checklist

Probationary Visit

	Visit Information	
Visit Date: March 16, 2022	Visit Start Time: 9:00 am	Visit End Time: 10:30 am
Name of Licensor: Stephanie Lutrario	•	

Provider Information				
Program Name: Kid's Quarters LLC				
Provider ID: 43456 License Expiration Date: December 31, 2022		expiration Date: December 31, 2022		
Email Address: kidsquartersri@hotma	il.com	Telephone	e Number: 401-246-0100	
Street Address: 64 Bay Spring Avenue)		State: RI	
City: Barrington			Zip Code: 02806	
Administrator On-Site at Time of Visit:			Nicole Kopka	
Education Coordinator On-Site at Time of Visit:			Melissa Domingues	
School Age Coordinator (if appl				
Current Licen	sed Capacity		Total Staff Employed	
I/T:	33			
PS:	32		10	
SA:				

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Older Infants	12-18 m	4	1		free play/story time
Infants	6w - 12 m	8	2		nap/free play/bottle feeding
Toddlers	18 m - 36 m	11	2		1 staff supervising use of bathroom; other staff preparing for circle time
Pre-School	3-4	10	2		snack time
Pre-K	4-5	9	1		snack time

	Inspections 1.7.A.2.a-c				
Fire	Non-Compliant	Expiration Date	December 2, 2021		
Lead	Compliant	Expiration Date	January 24, 2024		
Radon	Compliant	Expiration Date	February 2, 2023		
Comments:	Comments: Provider reports fire marshal is scheduled to come out the week of March 28th.				

	Child Care and School Age Program Regulations 218-RICR-70-00-1		
ection	Requirement Description	Compliant Status	Remarks
7 Physical Facil			
1.7.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.	Not Applicable	
1.7.C.6 (Medium risk)	Each classroom and activity space has artificial lighting that is intact and in good working order.	Compliant	
1.7.C.7&a. (Medium risk)	The temperature in all classrooms and other spaces used by children is maintained within a range of 65° F $ 74^{\circ}$ 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	
1.7.C.9 (High Risk)	All classroom and program exits/egresses are: a. clearly identified; and b. free of clutter around the area of the door.	Compliant	
1.7.C.11 (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	
1.7.G.8 (High Risk)	Programs with a pool must comply with the Rhode Island Department of Health Rules and Regulations for Licensing of Aquatic Venues, 216-RICR50-05-4. a. The pool license must be posted in a visible area. b. If a program's pool has been deemed by the Rhode Island Department of Health as a status of "voluntary close" it is not permitted for children's use, until such time that the Rhode Island Department of Health changes the status. c. The use of diving boards is not permitted.	Not Applicable	
1.7.H.1 (High Risk)	Programs are wholly responsible for ensuring that all parts of the licensed facility and program grounds are maintained in a way that ensures health and safety of children, staff, and visitors at all times.	Compliant	
8 Health, Safety No violations fo			
1.8.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	Not Applicable	
	prescribing the medication.		
escription/Obser	prescribing the medication. vation Medications are on-site but have not been administered.		
escription/Obser 1.8.C.6 (High Risk)	i -	Compliant	
1.8.C.6	vation Medications are on-site but have not been administered. 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; and	Compliant Non-Compliant	
1.8.C.6 (High Risk) 1.8.G.1 (High Risk) escription/Obser	Addition Medications are on-site but have not been administered. 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; and c. In a way that does not contaminate play surfaces or food preparation areas. The facility, equipment, and materials are clean, free of hazards, and kept in good repair. Vation Cracked tiles in front of Toddler bathroom	·	
1.8.C.6 (High Risk) 1.8.G.1 (High Risk) escription/Obserne of the sinks in	Addition Medications are on-site but have not been administered. 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; and c. In a way that does not contaminate play surfaces or food preparation areas. The facility, equipment, and materials are clean, free of hazards, and kept in good repair. Vation Cracked tiles in front of Toddler bathroom the Infant room is not working properly (low water pressure)	·	
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1.8.C.6 (High Risk) 1.8.G.1 (High Risk) escription/Obserne of the sinks in meframe to Corr 1.8.G.3 (High Risk) 1.8.G.7	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; and c. In a way that does not contaminate play surfaces or food preparation areas. The facility, equipment, and materials are clean, free of hazards, and kept in good repair. Vation Cracked tiles in front of Toddler bathroom the Infant room is not working properly (low water pressure) ect 1 month Resolved 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. The program posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Non-Compliant Compliant	

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	Document the findings; b. Determine the needs of the child and make accommodations as necessary; and c. Notify the parent/guardian, as necessary.	
	A first aid kit is available in each classroom and outdoor play areas. a. The first aid kit is restocked after each use.	Compliant
1.8.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. 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
	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Compliant
	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Non-Compliant
Description/Observa	tion Fitted sheet in evacuation crib appeared to have been used and needs to be w	ashed.
Timeframe to Correc		
1.8.K.3	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	Compliant
1.8.K.7	All bedding used on cots must be removed in between uses and safely stored in individual plastic bags, or comparable means, to prevent contamination.	Compliant
1.8.K.9	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.	Compliant
(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.	Compliant
(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
	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	Compliant
	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.	Compliant
(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
1.8.M.7 (Low Risk)	Menus for meals and snacks are planned and are posted weekly.	Not Applicable
1.8.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
	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
	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant
(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
1.9 Routine Care of No violations fou		
applicable as	7 Togram 4000 not oner imanutodaler care	

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1.9.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.	Compliant	
1.9.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	
1.9.C.8 (High Risk)	There are no restraining devices of any type, including swaddles.		
1.9.C.10 (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. Older Infants may sleep on a cot, at the discretion of the program.	Compliant	
1.9.C.11 (High Risk)	Lighting must allow for staff to view the color of the child's skin and to check for breathing.	Compliant	
1.9.C.15 & 17 (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.	Compliant	
1.10 Enrollment a			
1.10.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	Compliant	
1.10.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	
1.10.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.	Compliant	
1.10.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	Compliant	
1.10.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.	Compliant	
1.10.G.12 (High Risk)	At least 50% of all staff members on-site, are 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).	Compliant	
1.10.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	
1.12 Administration No violations fo			
1.12.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.	Not Applicable	
1.12.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.	Non-Compliant	Corrected Onsite
Description/Observ this area.	ation Sign in/sign-out sheet continues to contain "mom" and "dad" in area for signatu	re. Discussed with pro	vider regulations in
1.12.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.	Not Applicable	
1.12.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.	Not Applicable	
1.12.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)	Not Applicable	
1.12.D.8 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.	Not Applicable	
1.12.F.1	The program maintains program files, and individual files for children and staff that	Compliant	

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(Medium Risk)	are available on-site at all times.		
1.13 Learning and ☐No violations fo	und		
1.13.A.5 (Medium Risk)	Written or electronic documentation of the classroom level curriculum (lesson plans or planning documentation) is easily accessible in each individual classrooms.	Compliant	
1.13.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.	Not Applicable	
1.13.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 Reference: 1.12. 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	3	
Staff A □No violations found	Staff B No violations found	Staff C No violations found
Non-Compliant	Non-Compliant	Non-Compliant
High Risk:	High Risk:	High Risk:
Medium Risk:	Medium Risk:	Medium Risk:
Low Risk:	Low Risk:	Low Risk:
Compliant Items:	Compliant Items:	Compliant Items:
Personnel Sheet	Personnel Sheet	Personnel Sheet
Criminal Records Checks (c)	Criminal Records Checks (c)	Criminal Records Checks (c)
Clearance of Agency Activity check (d)	Clearance of Agency Activity check (d)	Clearance of Agency Activity check (d)
Job Description	Job Description	Job Description
Notarized Criminal Record and Employment	Notarized Criminal Record and Employment	Notarized Criminal Record and Employment
Record Forms (e)	Record Forms (e)	Record Forms (e)
Health records as required by the RIDOH (g)	Health records as required by the RIDOH (g)	Health records as required by the RIDOH (g)
Training Plan (j)	Training Plan (j)	Training Plan (j)
Documentation of participation in orientation (k)	Documentation of participation in orientation (k)	Documentation of participation in orientation (k)
(Orientation must include recognition and	(Orientation must include recognition and	(Orientation must include recognition and
reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (I)	reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (I)	reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (I)

Chi	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		Child C		
No violations found		<u></u>		
— Ito Violationo Ioana	No violations found	No violations found		
Non-Compliant		Non-Compliant		
High Risk:		High Risk:		
Medium Risk:		Medium Risk:		
Low Risk:	Low Risk:	Low Risk:		
		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)		
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		
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)		
		Developmental History (infants and toddlers)		
(1.12.F.8.a)		(1.12.F.8.a)		
Date of Enrollment (b)		Date of Enrollment (b)		
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
Staff files were not looked at during this visit.	

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 Melissa Domingues	Date March 16, 2022
Signature of Licensor Stephanie Lutrario	Date March 16, 2022