

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

Renewal/ Monitoring Visit

	Visit Information			
Visit Date: April 11, 2022	Visit Start Time: 10:00 am	Visit End Time: 12:30 pm		
Name of Licensor: Stephanie Lutrario				

	Provid	er Informati	ion	
Program Name: Sacred Heart Day Ca	re Center			
Provider ID: 3077		Licer	License Expiration Date: September 30, 2022	
Email Address: tjones@sacredhearter	ori.com	Telep	hone Nur	mber: 401-434-2462
Street Address: 101 Taunton Ave.				State: RI
City: East Providence			Zip Code: 02914	
Administrator On-Site at Time of Visit:			Tracy Jones	
Education Coordinator On-Site at Time of Visit:			Robin Miller	
School Age Coordinator (if appl				
Current Licen	sed Capacity			Total Staff Employed
I/T:	6			
PS:	26			9
SA:	27			

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Toddlers	2-3 year olds	4	1		Free play
PS	3-5	10	2		free play- building; arts and crafts; pretend play
SA	SA	0	0		children not present due to time of visit

	Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	September 16, 2022	
Lead	Compliant	Expiration Date	May 30, 2022	
Radon	Non-Compliant	Expiration Date	March 1, 2022	
	Comments: Provider's previous radon inspector retired and thus provider had difficulty scheduling a new inspection. Provider was granted an			

extension for radon to be completed in October 2022.

Section	218-RICR-70-00-1		
	Requirement Description	Compliant Status	Remarks
.7 Physical Facil			
1.7.B.1	The construction of new buildings or outdoor space for the use of children, or the	I	
(Medium risk)	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.	Non-Compliant	
hildren. In front p	vation Swing set in back playground area is Level 1 safety hazard as is a residential s	structure- can no longer	be used by the
u ucture in rear is	layground area, two items were not anchored to the ground and are items meant for r tilting and can no longer be used. Swing structure needs to be removed. Piece of fe	esidential use (to be rel nce missing and needs	moved). Slide
	tilting and can no longer be used. Swing structure needs to be removed. Piece of fer	residential use (to be rel nce missing and needs	moved). Slide
imeframe to Corronal to Corron	tilting and can no longer be used. Swing structure needs to be removed. Piece of ferect 1 week Resolved ✓ , and Nutrition	residential use (to be reince missing and needs	moved). Slide
imeframe to Corro .8 Health, Safety No violations for 1.8.C.3 (High Risk)	tilting and can no longer be used. Swing structure needs to be removed. Piece of ference to 1 week Resolved Resolved 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	residential use (to be renote missing and needs Not Applicable	moved). Slide
imeframe to Corrossimeframe to Corrossime Indicate Section 1.8.C.3	itilting and can no longer be used. Swing structure needs to be removed. Piece of ference of the extra three of three	nce missing and needs	moved). Slide
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imeframe to Corr. 8 Health, Safety No violations for 1.8.C.3 (High Risk) 1.8.C.6 (High Risk)	itilting and can no longer be used. Swing structure needs to be removed. Piece of ference of the extra tweek Resolved Re	Not Applicable Not Applicable	moved). Slide
imeframe to Corr. 8 Health, Safety No violations for 1.8.C.3 (High Risk) 1.8.C.6 (High Risk) 1.8.G.1 (High Risk) 1.8.G.3	itilting and can no longer be used. Swing structure needs to be removed. Piece of ference of the extra tweek Resolved Re	Not Applicable Not Applicable Compliant	moved). Slide
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15/22, 2.45 PM	Document the findings; b. Determine the needs of the child and make accommodations as necessary; and c. Notify the parent/guardian, as necessary.	
1.8.J.4 (Medium Risk)	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
1.8.J.6 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Compliant
1.8.K.1 (Medium Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Compliant
1.8.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	Compliant
1.8.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.	Compliant
1.8.K.9 (Medium Risk)	children under two (2) years or age, accessible in case or emergency.	Compliant
1.8.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.	Compliant
1.8.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
1.8.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	Compliant
1.8.L.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.	Compliant
1.8.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
1.8.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
1.8.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
1.8.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant
1.8.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
.9 Routine Care o		
Not applicable a	as Program does not offer infant/toddler care Bottles are never propped up at any time or placed in a child's crib. A heating unit	Not Observed
(Medium Risk)	for warming bottles and food is readily accessible to staff. Microwaves are not used	

	for heating bottles.	
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.	Not Applicable
1.9.C.8 (High Risk)	There are no restraining devices of any type, including swaddles.	Not Applicable
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.	Not Observed
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.	Not Observed
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.	Not Observed
I.10 Enrollment ar ☐No violations for		
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
I.12 Administration	n	
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.	Compliant
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 (Medium Risk)	The program maintains program files, and individual files for children and staff that are available on-site at all times.	Compliant
I.13 Learning and	Development	

6/15/22, 2:45 PM

□No violations fo			
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 Items High Risk: Medium Risk: Low Risk: Personnel Sheet (a) - Resolved Job Description (b) - Resolved Training Plan (j) - Resolved Proof Professional Development (I) - Resolved	Non-Compliant Items High Risk: Medium Risk: Low Risk: Personnel Sheet (a) - Resolved Job Description (b) - Resolved ✓	Non-Compliant Items High Risk: Medium Risk: Low Risk: Personnel Sheet (a) - Resolved Job Description (b) - Resolved Notarized Criminal Record and Employment Record Forms (e) - Resolved Training Plan (j) Proof Professional Development (I) - Resolved
Compliant Items: Criminal Records Checks (c) Clearance of Agency Activity check (d) Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2)	Compliant Items: Criminal Records Checks (c) Clearance of Agency Activity check (d) Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Training Plan (j)	Compliant Items: Criminal Records Checks (c) Clearance of Agency Activity check (d) Health records as required by the RIDOH (g) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2)

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	S		
	Child B ☑No violations found	Child C ☑No violations found	
High Risk: Medium Risk:		Non-Compliant Items High Risk: Medium Risk: Low Risk:	
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)	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)	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)	
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
sit also included meeting with Erin Cox from LISC.	

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 Tracy Jones	Date April 11, 2022
Signature of Licensor Stephanie Lutrario	Date April 11, 2022