



Rhode Island Department of Human Services

Child Care Center and School Age Program Monitoring Checklist

Complaint Visit

| Visit Information | | |
|--------------------------------------|----------------------------|-------------------------|
| Visit Date: March 30, 2022 | Visit Start Time: 11:15 am | Visit End Time: 1:30 pm |
| Name of Licensor: Stephanie Lutrario | | |

| Provider Information | |
|---------------------------------------------------------------------|-------------------------------------------|
| Program Name: Children's Friend @ Friendship | |
| Provider ID: 36778 | License Expiration Date: October 31, 2022 |
| Email Address: rdeschamps@cfsri.org | Telephone Number: 401-752-7627 |
| Street Address: 350 Point Street | State: RI |
| City: Providence | Zip Code: 02903 |
| Administrator On-Site at Time of Visit: | Sharon Gilbody |
| Education Coordinator On-Site at Time of Visit: | |
| School Age Coordinator On-Site at Time of Visit: (if applicable) | |
| Current Licensed Capacity | Total Staff Employed |
| I/T: | |
| PS: | 196 |
| SA: | 32 |

| Classroom: | Age Group: | # of children | #of staff | # of others | Activities Observed: |
|-----------------|------------|---------------|-----------|-------------|---------------------------------------------------------|
| 1 | 3-5 | 15 | 4 | | Centers of learning- building; singing, dancing |
| 2 | 3-5 | 11 | 4 | | Story time; preparing for lunch |
| 3 (State Pre-K) | 4-5 | 0 | 0 | | closed due to Covid |
| 4 (State Pre-K) | 4-5 | 14 | 2 | | Preparing for outdoor play |
| 5 (State Pre-K) | 4-5 | 13 | 2 | | Centers of learning- arts and crafts; marble run; legos |
| 6 | 3-5 | 13 | 2 | | Centers of learning play- building; arts and crafts |
| 11 | 3-5 | 15 | 2 | | Lunch time |
| 8 | 3-5 | 16 | 2 | | Preparing for lunch; washing hands; bathroom |

| Inspections 1.7.A.2.a-c | | | |
|-------------------------------------------------------------------------------------------------------------------|-----------|-----------------|------------------|
| Fire | Compliant | Expiration Date | January 13, 2023 |
| Lead | Compliant | Expiration Date | June 3, 2040 |
| Radon | Compliant | Expiration Date | April 2, 2022 |
| Comments: Center is Lead Free. Updated radon inspection completed 2 weeks ago- center is awaiting the results. | | | |

| Child Care and School Age Program Regulations 218-RICR-70-00-1 | | | |
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| Section | Requirement Description | Compliant Status | Remarks |
| 1.7 Physical Facilities | | | |
| <input type="checkbox"/> No violations found | | | |
| 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° 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 | |
| Description/Observation In outdoor play area, one of the planters has missing piece of wood and other pieces of wood are loose. One of the drums in outdoor area has missing top piece and tape around broken areas is coming undone. | | | |
| Timeframe to Correct 1 week | | Resolved <input checked="" type="checkbox"/> | |
| 1.8 Health, Safety, and Nutrition | | | |
| <input checked="" type="checkbox"/> No violations found | | | |
| 1.9 Routine Care of Children | | | |
| <input type="checkbox"/> No violations found | | | |
| <input checked="" type="checkbox"/> Not applicable as Program does not offer infant/toddler care | | | |
| 1.10 Enrollment and Staffing | | | |
| <input checked="" type="checkbox"/> No violations found | | | |
| 1.12 Administration | | | |
| <input checked="" type="checkbox"/> No violations found | | | |
| 1.13 Learning and Development | | | |
| <input checked="" type="checkbox"/> No violations found | | | |

| Staff File Requirements <i>Reference: 1.12. F.10</i> | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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) Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description (b) Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Training Plan (j) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l) | Compliant Items: Personnel Sheet (a) Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description (b) Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Training Plan (j) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l) | Compliant Items: Personnel Sheet (a) Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description (b) Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Training Plan (j) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l) |

| Child File Requirements <i>Reference: 1.12. F.7/1.12.F.8.a</i> | | |
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| 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 (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) | 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 (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) | 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 (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? Yes | | |
| If yes, record details of these events below: An arrest of an employee during non-work hours occurred in October 2021 but was not reported to DHS. The charges were not a disqualifier to maintaining employment. Program Administrator informed that any arrest, criminal investigation or criminal charges need to be reported to DHS even if not a disqualifier for employment. | | |



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Additional Discussion Notes

Visit was an unannounced full monitoring visit in response to a complaint received in early February 2022. Licensor reviewed complaint with admin and response to the complaint. The response included relocation of involved staff, intensive training and supervision, and daily observation to ensure that tools learned in the assigned trainings are being applied to the classroom setting.

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.

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| Signature of Provider Sharon Gilbody | Date March 30, 2022 |
| Signature of Licensor Stephanie Lutrario | Date March 30, 2022 |