



## Rhode Island Department of Human Services

### Child Care Center and School Age Program Monitoring Checklist

Renewal/ Monitoring Visit

#### Visit Information

Visit Date: April 5, 2022	Visit Start Time: 10:30 AM	Visit End Time: 11:30 AM
Name of Licensor: Allie Detonnancourt		

#### Provider Information

Program Name: Head start KB	
Provider ID: 24455	License Expiration Date: July 31, 2022
Email Address: ps@whscda.org	Telephone Number:
Street Address: 204 Warwick Street	State: RI
City: Woonsocket	Zip Code: 02895
Administrator On-Site at Time of Visit:	Mary Varr
Education Coordinator On-Site at Time of Visit:	Erin
School Age Coordinator On-Site at Time of Visit: (if applicable)	
Current Licensed Capacity	Total Staff Employed
I/T:	
PS:	130
SA:	23

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Room 9	4-5	16	4		Centers
Room 6	4-5	17	4		Centers
Room 8	3-5	17	3		Centers
Room 6	3-5	16	3		Outdoor play
Room 5	4-5	13	2		Outdoor
Room 3	4-5	16	2		Exercise
Room 4	3-5	15	3		Circle time

#### Inspections 1.7.A.2.a-c

Fire	Compliant	Expiration Date
Lead	Compliant	Expiration Date June 7, 2023
Radon	Compliant	Expiration Date December 10, 2024
Comments: fire inspection was completed waiting for inspection report.		

Child Care and School Age Program Regulations 218-RICR-70-00-1			
Section	Requirement Description	Compliant Status	Remarks
<b>1.7 Physical Facilities</b>			
	<input checked="" type="checkbox"/> No violations found		
<b>1.8 Health, Safety, and Nutrition</b>			
	<input checked="" type="checkbox"/> No violations found		
<b>1.9 Routine Care of Children</b>			
	<input type="checkbox"/> No violations found		
	<input checked="" type="checkbox"/> Not applicable as Program does not offer infant/toddler care		
<b>1.10 Enrollment and Staffing</b>			
	<input checked="" type="checkbox"/> No violations found		
<b>1.12 Administration</b>			
	<input checked="" type="checkbox"/> No violations found		
<b>1.13 Learning and Development</b>			
	<input checked="" type="checkbox"/> No violations found		

**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**

<b>Staff A</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Staff B</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Staff C</b> <input checked="" type="checkbox"/> <b>No violations found</b>
<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>
<b>Compliant Items:</b> 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)	<b>Compliant Items:</b> 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)	<b>Compliant Items:</b> 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 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**

<b>Child A</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Child B</b> <input checked="" type="checkbox"/> <b>No violations found</b>	<b>Child C</b> <input checked="" type="checkbox"/> <b>No violations found</b>
<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>	<b>Non-Compliant Items</b> <b>High Risk:</b> <b>Medium Risk:</b> <b>Low Risk:</b>
<b>Compliant Items:</b> 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)	<b>Compliant Items:</b> 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)	<b>Compliant Items:</b> 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? 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](mailto: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 Kate Maccio	Date April 5, 2022
Signature of Licensor Allie Detonnancourt	Date April 5, 2022