



## Rhode Island Department of Human Services

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

Renewal/ Monitoring Visit

Visit Information		
Visit Date: July 21, 2022	Visit Start Time: 12:30 PM	Visit End Time: 1:45 PM
Name of Licensuror: Allie Detonnancourt		

Provider Information		
Program Name: Tiger Lily Montessori School		
Provider ID: 45363	License Expiration Date: September 30, 2022	
Email Address: Info@Tigerlilymontessori.org	Telephone Number: (401) 270-6969	
Street Address: 400 Hope Street	State: RI	
City: Providence	Zip Code: 02906	
Administrator On-Site at Time of Visit:	Brittney Powell	
Education Coordinator On-Site at Time of Visit:	Emily Braunhardt	
School Age Coordinator On-Site at Time of Visit: (if applicable)		
Current Licensed Capacity	Total Staff Employed	
I/T: 20	8	
PS:		
SA:		

Classroom:	Age Group:	# of children	# of staff	# of others	Activities Observed:
Toddlers	1.5-3	10	3		Lunch
Infants	1-1.5	2	2		Lunch

Inspections 1.7.A.2.a-c		
Fire	Compliant	Expiration Date July 12, 2022
Lead	Compliant	Expiration Date
Radon	Compliant	Expiration Date October 29, 2020
Comments:		

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 type="checkbox"/> No violations found			
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 prescribing the medication.	Not Applicable	
1.8.C.6 (High Risk)	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.	Not Applicable	
1.8.G.1 (High Risk)	The facility, equipment, and materials are clean, free of hazards, and kept in good repair.	Compliant	
1.8.G.3 (High Risk)	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.	Compliant	
1.8.G.7 (High Risk)	The program posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Compliant	
1.8.H.2 & 1.8.H.3 (High Risk)	Staff wash their hands, and ensure children wash their hands, with liquid soap and warm running water as needed.	Compliant	
1.8.J.1&2 (Medium Risk)	A daily health check is conducted on each child as soon as possible after the child arrives at the program. If a child presents with symptoms of concern, staff: a. Document the findings; b. Determine the needs of the child and make accommodations as necessary; and c. Notify the parent/guardian, as necessary.	Compliant	
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)	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.	Non-Compliant	Corrected Onsite
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	All required emergency phone numbers are posted in a conspicuous place adjacent	Non-Compliant	Corrected Onsite

(High Risk)	to the telephone.		
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	
<b>1.9 Routine Care of Children</b>			
<input checked="" type="checkbox"/> No violations found			
<input 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 type="checkbox"/> No violations found			
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	
Description/Observation Provider reported staff are signing children in and out. And parents/guardians are not identified.			
Timeframe to Correct 24 to 48 hours		Resolved <input checked="" type="checkbox"/>	
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	
<b>1.13 Learning and Development</b>			
<input checked="" type="checkbox"/> No violations found			

Staff File Requirements <i>Reference: 1.12. F.10</i>		
<b>For Non-Compliant Items:</b> <b>High Risk - Must be fixed within 24 to 48 hours</b> <b>Medium Risk - Must be fixed within 1 week</b> <b>Low Risk - Must be fixed within 1 month</b>		
<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 <i>Reference: 1.12. F.7/1.12.F.8.a</i>		
<b>For Non-Compliant Items:</b> <b>High Risk - Must be fixed within 24 to 48 hours</b> <b>Medium Risk - Must be fixed within 1 week</b> <b>Low Risk - Must be fixed within 1 month</b>		
<b>Child A</b> <input 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> Evidence of annual health exam (c) Immunization record (d) <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) 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)
<b>Additional Reporting</b>		
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 Brittney Powell	Date July 21, 2022
Signature of Licensor Allie Detonnancourt	Date July 21, 2022