

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

Renewal/ Monitoring Visit

<u> </u>		
	Visit Information	
Visit Date: May 11, 2022	Visit Start Time: 11:30am	Visit End Time: 12:20pm
Name of Licensor: Karla Roman		

Provider Information				
Program Name: US Taekwondo Pawt	ucket			
Provider ID: 46333		License	License Expiration Date: May 31, 2022	
Email Address: ustkdpawtucket@gma	il.com	Telepho	Telephone Number: 401-222-0607	
Street Address: 50 Ann Mary Street			State: RI	
City: Pawtucket			Zip Code: 02860	
Administrator On-Site at Time of Visit:			Saron Vongsavang	
Education Coordinator	On-Site at Time of Visit:			
School Age Coordinator (if appl	On-Site at Time of Visit: icable)			
Current Licer	sed Capacity		Total Staff Employed	
I/T:				
PS:			8	
SA:	60			

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
SA	5/13years	28	4	0	School age

		Inspections 1.7.A.2.a-c	
Fire		Expiration Date	
Lead	Compliant	Expiration Date	December 13, 2022
Radon	Compliant	Expiration Date	May 14, 2024
Comments	Comments: Fire Inspection pending. Requested on 3/24/22.		

1/6 about:blank

	Child Care and School Age Program Regulations 218-RICR-70-00-1		
Section	Requirement Description	Compliant Status	Remarks
.7 Physical Faciling No violations for			
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.	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 prescribing the medication.	Compliant	
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.	Compliant	
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.	Not Observed	
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	

about:blank 2/6

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. 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 Compliant				
1.8.K.1 Program furniture must be clean, durable, maintained in good repair and free of (Medium Risk) hazards.				
1.8.K.3 Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.				
Description/Observation N/A. Program licensed for school age kids.				
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. Not Applicable				
1.8.K.9 There is one (1) assembled evacuation crib equipped with wheels for every five (5) (Medium Risk) There is one (1) assembled evacuation crib equipped with wheels for every five (5) Not Applicable				
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. Not Applicable				
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 An individualized graphic evacuation plan identifying alternative escape routes is Compliant				
1.8.L.5 All required emergency phone numbers are posted in a conspicuous place adjacent (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.				
1.8.M.7 (Low Risk) Menus for meals and snacks are planned and are posted weekly. Not Applicable				
Description/Observation Program does not provide food.				
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.				
1.8.N.1 For each child with food allergies or special nutritional needs, the program requests (Medium Risk) that the parent/guardian obtains a care plan from the child's health care provider Compliant				
1.8.N.2 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. Compliant Compliant				
1.9 Routine Care of Children No violations found ▼Not applicable as Program does not offer infant/toddler care				
1.10 Enrollment and Staffing No violations found				
1.10.B.1 Programs must group children according to the correct staff/child ratio and (High Risk) Compliant				

about:blank 3/6

6/1/23, 4:20 PM	about:blank	
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 Administratio		
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.	Compliant
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.	Compliant
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)	Compliant
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.	Compliant
	The program maintains program files, and individual files for children and staff that are available on-site at all times.	Compliant
1.13 Learning and ☐No violations for		·
	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.	Compliant
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

about:blank 4/6

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				
Staff A ☑ No violations found	Staff B ☑No violations found	Staff C ☑No violations found		
Non-Compliant Items	Non-Compliant Items	Non-Compliant Items		
High Risk: Medium Risk:	High Risk: Medium Risk:	High Risk: Medium Risk:		
Low Risk:	Low Risk:	Low Risk:		
Compliant Items:	Compliant Items:	Compliant Items:		
Personnel Sheet (a)	Personnel Sheet (a)	Personnel Sheet (a)		
Criminal Records Checks (c)	Criminal Records Checks (c)	Criminal Records Checks (c)		
Clearance of Agency Activity check (d) Job Description (b)	Clearance of Agency Activity check (d) Job Description (b)	Clearance of Agency Activity check (d) Job Description (b)		
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)		
(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)	reporting of child abuse and neglect 1.11.E.2)	reporting of child abuse and neglect 1.11.E.2)		
Proof Professional Development (I)	Proof Professional Development (I)	Proof Professional Development (I)		

For Non-Compliant Items: High Risk - Must be fixed within 1 week Low Risk - Must be fixed within 1 month Child A Non violations found Non-Compliant Items High Risk: Medium Risk: Low Risk: Low Risk: 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) Child C Non-Compliant Items Non-Compliant Items High Risk: Medium Risk: Low Risk: 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) (112 F.8 a)	Child File Requirements Reference: 1.12. F.7/1.12.F.8.a					
Medium Risk - Must be fixed within 1 week Low Risk - Must be fixed within 1 month						
Low Risk - Must be fixed within 1 month Child A No violations found Non-Compliant Items High Risk: Medium Risk: Low Risk: Low Risk: 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) Child C No violations found Non-Compliant Items High Risk: Medium Risk: Low Risk: Low Risk: 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) Compliant Items High Risk: Medium Risk: Low Risk: Compliant Items: Nane-Compliant Items High Risk: Medium Risk: Low Risk: 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)		.				
Non-Compliant Items						
Non-Compliant Items High Risk: Medium Risk: Low Risk: 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) Non-Compliant Items High Risk: Medium Risk: Low Risk: Medium Risk: Low Risk: 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) Non-Compliant Items High Risk: Medium Risk: Low Risk: 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)	Child A	Child B	Child C			
High Risk: Medium Risk: Low Risk: Medium Risk: Low Risk: 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) High Risk: Medium Risk: Low Risk: Medium Risk: Low Risk: 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) High Risk: Medium Risk: Low Risk: 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)	✓ No violations found	☑No violations found	☑No violations found			
Medium Risk: Low Risk: 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) Medium Risk: Low Risk: 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) Medium Risk: Low Risk: 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)	Non-Compliant Items					
Low Risk: 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) 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) 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)						
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) 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) 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)						
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) 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) 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)	Low Risk:	Low Risk:	Low Risk:			
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) 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) 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)						
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) 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) 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)	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			
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) Evidence of annual health exam (c) Immunization record (d) Written authorization from the parent/guardian for emergencty 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) 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)		\ \ /	()			
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) 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) 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)	An application form (a)	An application form (a)	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) 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) 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)						
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) 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) 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)						
Injuries/illnesses/accidents (h) A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers) Injuries/illnesses/accidents (h) A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers) Injuries/illnesses/accidents (h) A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers)						
A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers) A statement authorizing the program to act in an emergency, signed by the parent (m) Developmental History (infants and toddlers) Developmental History (infants and toddlers)						
emergency, signed by the parent (m) Developmental History (infants and toddlers) emergency, signed by the parent (m) Developmental History (infants and toddlers) emergency, signed by the parent (m) Developmental History (infants and toddlers)	, ,					
Developmental History (infants and toddlers) Developmental History (infants and toddlers) Developmental History (infants and toddlers)						
I/1 12 F8 a) I/1 12 F8 a) I/1 12 F8 a)						
	(1.12.F.8.a)	(1.12.F.8.a)	(1.12.F.8.a)			
Date of Enrollment (b) Date of Enrollment (b) Date of Enrollment (b)						
Written authorization for field trips (k) Written authorization for field trips (k) Written authorization for field trips (k)	1 \ /					
Parental consent form (n) Parental consent form (n) Parental consent form (n)	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:

about:blank 5/6



Rhode Island Department of Human Services

Child Care Center and School Age Program Monitoring Checklist

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 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 Karla Román	Date May 11, 2022
Signature of Licensor Saron Vongsavang	Date May 11, 2022

about:blank 6/6