

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

Renewal/ Monitoring Visit

	Visit Information		
/isit Date: June 15, 2022 Visit Start Time: 1:30 pm Visit End Time: 3:30 pm			
Name of Licensor: Stephanie Lutrario			

Provider Information			
Program Name: Western Cranston Lea	arning Center		
Provider ID: 24320 License Expiration Date: August 31, 2022		License Expiration Date: August 31, 2022	
Email Address: debmiraglia@gmail.com Telephone Number: 401-946-6505		Telephone Number: 401-946-6505	
Street Address: 140 Natick Avenue		State: RI	
City: Cranston Zip Code: 02921		Zip Code: 02921	
Administrator On-Site at Time of Visit:			
Education Coordinator On-Site at Time of Visit:		Lauren Gardiner	
School Age Coordinator On-Site at Time of Visit: (if applicable)			
Current Licen	sed Capacity	Total Staff Employed	
I/T:	12		
PS:	39	10	
SA: 9			

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
РК	4-5	14	2		Centers of learning play- pretend play; arts and crafts; legos
Toddler	18-36 m	13	1		Napping
PS 1	3 year olds	9	2		Napping
PS 2	3-4 year olds	6	1		Napping

	Inspections 1.7.A.2.a-c				
Fire	Non-Compliant	Expiration Date	June 2, 2022		
Lead	Compliant	Expiration Date	April 18, 2024		
Radon	Compliant	Expiration Date	October 19, 2024		
Comments: Center is aware that fire inspection is expired and has submitted a request for a new inspection.					

	Child Care and School Age Program Regulations 218-RICR-70-00-1		
ection	Requirement Description	Compliant Status	Remarks
7 Physical Faci			
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 f			
		Non-Compliant	
No violations f 1.8.C.3 (High Risk) escription/Obser ot contain the na formed this med censor observed nly the epi-pens.	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. vation Medication (cold medicine) is being administered with only parental consent ar me of the prescribing physician. This medication was administered the day of the visit cation could not be administered moving forward without a prescription and it needed Benadryl in medication bags for two children prescribed epi-pens but did not see an a	nd thus medication admit and throughout the we to be returned to the ch	ek. Provider was iild's parents.
No violations f 1.8.C.3 (High Risk) escription/Obser ot contain the na formed this med icensor observed nly the epi-pens. imeframe to Corr	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. vation Medication (cold medicine) is being administered with only parental consent ar me of the prescribing physician. This medication was administered the day of the visit cation could not be administered moving forward without a prescription and it needed Benadryl in medication bags for two children prescribed epi-pens but did not see an a meter Immediate to 24 hours Resolved Resolved Reso	nd thus medication admit and throughout the we to be returned to the ch	ek. Provider was iild's parents.
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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.	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	

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□Not applicable a	s Program does not offer infant/toddler care			
1.9.A.5&6 (Medium Risk)	Bottles are never propped up at any time or placed in a child's crib. A heating unit for warming bottles and food is readily accessible to staff. Microwaves are not used for heating bottles.	Not Observed		
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.	Compliant		
1.9.C.8 (High Risk)	There are no restraining devices of any type, including swaddles.	Compliant		
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.	Compliant		
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.	Compliant		
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.	Non-Compliant	Corrected Onsite	
Description/Observa child's age blankets	ation Licensor observed a child sleeping in a crib with a blanket in the Toddler room. cannot be in a crib.	Provider was informed	d that regardless of a	
1.10 Enrollment an	nd Staffing			
1.10.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	Non-Compliant	Corrected Onsite	
Description/Observa	ation Toddler room contained 13 children and thus was over capacity by 1 child. Pro Il soon be transitioning to their summer program schedule. Licensor reviewed attend			
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.	Non-Compliant	Corrected Onsite	
Description/Observa present vs absent.	ation Licensor observed that sheets did not contain last names. Licensor also review	ved taking attendance b	oy marking children	
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)	(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 Administration No violations found				
1.12.A.1 (High Risk)	The pregram is responsible for immediately patifying the Department, in writing, of	Compliant		
1.12.C.2 (High Risk)	Approved individuals manually or electronically sign the child in at drop off and sign	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; (<i>Low Risk</i>)	Not Applicable		

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	b. a fire extinguisher; <i>(High Risk)</i> c. first aid, emergency airway and bodily fluid spill kits; and <i>(High Risk)</i> d. audible door and back-up alarms (mountable or installed). <i>(Medium Risk)</i>	
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
1.13 Learning and	•	
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.	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

Staff File Requiremer	ts Reference: 1.12. F.10
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	Stan The Requirements Melerence. 1.12.1.10			
<u>For Non-Compliant Items:</u> 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	Staff B	Staff C		
✓No violations found	□No violations found	✓No violations found		
Non-Compliant Items	Non-Compliant Items	Non-Compliant Items		
High Risk:	High Risk:	High Risk:		
Medium Risk:	Medium Risk:	Medium Risk:		
Low Risk:	Low Risk:	Low Risk:		
	Proof Professional Development (I) - Resolved			
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)	Clearance of Agency Activity check (d)	Clearance of Agency Activity check (d)		
Job Description (b)	Job Description (b)	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)	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) Proof Professional Development (I)	reporting of child abuse and neglect 1.11.E.2)	reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (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			
Child A □No violations found	Child B □No violations found	Child C □No violations found	
Non-Compliant Items High Risk: Medium Risk: Low Risk: Parental consent form (n) - Resolved ⊠	High Risk: Medium Risk: Low Risk: Parental consent form (n) - Resolved ⊠	Non-Compliant Items High Risk: Medium Risk: Evidence of annual health exam (c) - Resolved ✓ Low Risk: Parental consent form (n) - Resolved ✓	
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)	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)	Compliant Items: Names of individuals to whom the child can be release (I) An application form (a) 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)	
	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			



Rhode Island Department of Human Services

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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 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 Lauren Gardiner	Date June 15, 2022
Signature of Licensor Stephanie Lutrario	Date June 15, 2022