



## Rhode Island Department of Human Services

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

#### Complaint Visit

Visit Information		
Visit Date: August 3, 2022	Visit Start Time: 12:45PM	Visit End Time: 1:45PM
Name of Licenser: Brigitte Haywood		

Provider Information		
Program Name: Cadence Academy Preschool NK		
Provider ID: 47511	License Expiration Date: March 31, 2023	
Email Address: nkingstown@cadence-academy.com	Telephone Number: (401)294-2340	
Street Address: 4094 Quaker Lane	State: RI	
City: North Kingstown	Zip Code: 02852	
Administrator On-Site at Time of Visit:	Bianca Macaruso	
Education Coordinator On-Site at Time of Visit:	Bianca Macaruso	
School Age Coordinator On-Site at Time of Visit: (if applicable)		
Current Licensed Capacity	Total Staff Employed	
I/T: 24		
PS: 38		
SA: 0		

Classroom:	Age Group:	# of children	# of staff	# of others	Activities Observed:

Inspections 1.7.A.2.a-c		
Fire	Compliant	Expiration Date March 9, 2023
Lead	Compliant	Expiration Date
Radon	Compliant	Expiration Date January 18, 2023
Comments: Lead Free-		

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 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.		
1.7.C.6 (Medium risk)	Each classroom and activity space has artificial lighting that is intact and in good working order.		
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.		
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.		
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.		
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.		
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.		
<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.		
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.		
1.8.G.1 (High Risk)	The facility, equipment, and materials are clean, free of hazards, and kept in good repair.		
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.		
1.8.G.7 (High Risk)	The program posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.		
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.		
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.		
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.		
1.8.J.5	Injuries are documented on an injury report.		

(Medium Risk)	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.		
1.8.K.1 (Medium Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.		
1.8.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.		
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.		
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.		
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.		
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.		
1.8.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.		
1.8.L.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent 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.		
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 (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		
1.8.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).		
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.		
<b>1.9 Routine Care of Children</b>			
<input type="checkbox"/> No violations found			
<input type="checkbox"/> Not applicable as 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.		
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.		

1.9.C.8 (High Risk)	There are no restraining devices of any type, including swaddles.		
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.		
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.		
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.		
<b>1.10 Enrollment and Staffing</b>			
<input type="checkbox"/> No violations found			
1.10.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.		
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.		
1.10.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.		
1.10.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.		
1.10.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.		
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).		
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.		
<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.		
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.		
1.12.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.		
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.		
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)		
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.		
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.		
<b>1.13 Learning and Development</b>			
<input type="checkbox"/> No violations found			
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.		
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.		

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.		
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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 type="checkbox"/> No violations found	<b>Staff B</b> <input type="checkbox"/> No violations found	<b>Staff C</b> <input type="checkbox"/> No violations found
<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"/> No violations found	<b>Child B</b> <input type="checkbox"/> No violations found	<b>Child C</b> <input type="checkbox"/> No violations found
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<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)
<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?		
If yes, record details of these events below:		



## Rhode Island Department of Human Services

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

#### Additional Discussion Notes

Summary of Complaint: The child abuse hotline received a complaint on 7/1/22 related to behavior management techniques being used in the classroom, and reported a bruise with finger marks on the child's arm. Per the child abuse hotline call it was determined by the child's pediatrician that the child's exam was normal and that the suspected bruise and marks and the child's arm were from ink from markers that the child was using earlier that day at child care, and was removed easily with alcohol. Licensors met with director Bianca to discuss behavior management policies and procedures. Bianca shared they do not restrain children at the center, and will use redirection. On the day this incident occurred the teacher did report that she grabbed the child's upper arm because she was about to run out of the room. This child has had some behavior challenges and will sometimes try to flee from the classroom. If the child is presenting as if she is going to flee the classroom teachers will try to block her from leaving the room, and will also have the director come into the classroom to assist or will have child come sit with her in her office until she is more regulated. When this does occur the staff notify the parent by phone if she is being unsafe and/or will document the incident on a behavior report that is signed by the parent. On this day the parent was called and also received a written behavior report. On 7/5/2022 Bianca, Lauren (Asst Director) and the classroom teacher met with the family to discuss what to do instead of grabbing the child to keep her safe and inside the classroom. The family and center staff discussed blocking the door and calling the director to come into the classroom to assist with redirection in the classroom or having the child come out of the room and sit with the director and color or look at books until the child is calm and can return to the classroom. During the complaint visit licensors reviewed this child's file and was able to read the incident reports, including the one from the incident on 7/1/2022. The child is going to be exiting the program to start Kindergarten

\*As this was a complaint visit, a full monitoring visit was not conducted and thus neither the staff or child files were viewed.

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 licensors 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 Bianca Macaruso	Date August 3, 2022
Signature of Licensors Brigitte Haywood	Date August 3, 2022