

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

Renewal/ Monitoring Visit

Visit Information			
Visit Date: December 27, 2023	Visit Start Time: 9:00	Visit End Time: 10:25	
Name of Licensor: Jessica Ullrich			

Provider Information			
Program Name: Master Lee's U.S. Taekwondo			
Provider ID: 48642			ense Expiration Date: September 30, 23
Email Address: ustkdcranston@gmail.com		Tele	ephone Number: 4013684450
Street Address: 1400 Oaklawn Ave			State: RI
City: Cranston			Zip Code: 02920
Administrator On-Site at Time of Visit:			
Education Coordinator On-Site at Time of Visit:			
School Age Coordinator On-Site at Time of Visit: (if applicable)			
Current Licensed Capacity			Total Staff Employed
I/T:			
T:			
PS:			
SA:	60		

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Vacation camp	School age	17	2		Morning activities

	Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date September 22, 2024		
Lead	Compliant	Expiration Date		
Radon	Compliant	Expiration Date		
Comments	S:			

	Child Care and School Age Program Regulations 218-RICR-70-00-1				
Section	Requirement Description	Compliant Status	Remarks		
1.7 <mark>⊠No violatio</mark>	ons found				
1.8 Physical I ■No violatio					
1.9 Health, Sa ■No violatio	afety, and Nutrition ons found				
No violatio	Care of Children ons found able as Program does not offer infant/toddler care				
1.11 Enrollment and Staffing ☑No violations found					
1.13 Administration ■No violations found					
1.14 Learning <mark>✓No violatio</mark>	g and Development ons found				

Staff File Requirements Reference: 1.13. 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	Staff C	
<u>Non-Compliant Items</u>	Non-Compliant Items	Non-Compliant Items	
High Risk:	High Risk:	High Risk:	
Medium Risk:	Medium Risk:	Medium Risk:	
Low Risk:	Low Risk:	Low Risk:	
Training Plan aligned with the Individual	Training Plan aligned with the Individual	Training Plan aligned with the Individual	
Professional Development Plan (i)	Professional Development Plan (i)	Professional Development Plan (i)	
Proof Professional Development (I)	Proof Professional Development (I)	Proof Professional Development (I)	
Compliant Items:	Compliant Items:	Compliant Items:	
Personnel Sheet (a)	Personnel Sheet (a)	Personnel Sheet (a)	
Comprehensive Background Checks (c)	Comprehensive Background Checks (c)	Comprehensive Background Checks (c)	
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 (d)	Record Forms (d)	Record Forms (d)	
Health records as required by the RIDOH (f)	Health records as required by the RIDOH (f)	Health records as required by the RIDOH (f)	
Signed documentation of participation in	Signed documentation of participation in	Signed documentation of participation in	
orientation (j)(Orientation must include	orientation (j)(Orientation must include	orientation (j)(Orientation must include	
recognition and reporting of child abuse and	recognition and reporting of child abuse and	recognition and reporting of child abuse and	
neglect 1.11.E.2)	neglect 1.11.E.2)	neglect 1.11.E.2)	

Child File Requirements <i>Reference: 1.13. F.7/1.13.F.8.a</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	
<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	<u>Non-Compliant Items</u> 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 (e) Injuries/illnesses/accidents (f) A statement authorizing the program to act in an emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.F.8.a) Date of Enrollment (b) Written authorization for field trips (k) Parental consent form (n)	emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.F.8.a) Date of Enrollment (b) Written authorization for field trips (k) Parental consent form (n)	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 (e) Injuries/illnesses/accidents (f) A statement authorizing the program to act in ar emergency, signed by the parent (k) Developmental History (infants and toddlers) (1.13.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 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 Vada Alena Carey	Date December 27, 2023
Signature of Licensor Jessica Ullrich	Date December 27, 2023