



Rhode Island Department of Human Services

Child Care Center and School Age Program Monitoring Checklist

Renewal/ Monitoring Visit

| Visit Information | | |
|-----------------------------------|------------------------|----------------------|
| Visit Date: July 7, 2023 | Visit Start Time: 1:30 | Visit End Time: 3:00 |
| Name of Licensor: Jessica Ullrich | | |

| Provider Information | |
|---|---|
| Program Name: Master Lee's U.S. Taekwondo | |
| Provider ID: 48642 | License Expiration Date: September 30, 2023 |
| Email Address: ustkdcranston@gmail.com | Telephone Number: 4013684450 |
| Street Address: 1400 Oaklawn Ave | State: RI |
| City: Cranston | Zip Code: 02920 |
| Administrator On-Site at Time of Visit: | Vada Carrey |
| 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: |
|-----------------|------------|---------------|-----------|-------------|----------------------|
| School age camp | 5-13 | 33 | 6 | | Free play |

| Inspections 1.7.A.2.a-c | | |
|-------------------------|-----------|-----------------|
| Fire | Compliant | Expiration Date |
| Lead | Compliant | Expiration Date |
| Radon | Compliant | Expiration Date |
| Comments: | | |

Child Care and School Age Program Regulations
218-RICR-70-00-1

| Section | Requirement Description | Compliant Status | Remarks |
|-----------------------------------|--|------------------|---------|
| 1.7 | <input checked="" type="checkbox"/> No violations found | | |
| 1.8 Physical Facilities | <input checked="" type="checkbox"/> No violations found | | |
| 1.9 Health, Safety, and Nutrition | <input checked="" type="checkbox"/> No violations found | | |
| 1.10 Routine Care of Children | <input checked="" type="checkbox"/> No violations found <input type="checkbox"/> Not applicable as Program does not offer infant/toddler care | | |
| 1.11 Enrollment and Staffing | <input checked="" type="checkbox"/> No violations found | | |
| 1.13 Administration | <input checked="" type="checkbox"/> No violations found | | |
| 1.14 Learning and Development | <input checked="" type="checkbox"/> No violations 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 <input type="checkbox"/> No violations found | Staff B <input checked="" type="checkbox"/> No violations found | Staff C <input checked="" type="checkbox"/> No violations found |
| Non-Compliant Items High Risk: Comprehensive Background Checks (c) Medium Risk: Low Risk: | Non-Compliant Items High Risk: Medium Risk: Low Risk: | Non-Compliant Items High Risk: Medium Risk: Low Risk: |
| Compliant Items: Personnel Sheet (a) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Training Plan aligned with the Individual Professional Development Plan (i) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l) | Compliant Items: Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Training Plan aligned with the Individual Professional Development Plan (i) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l) | Compliant Items: Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Training Plan aligned with the Individual Professional Development Plan (i) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l) |

Child File Requirements Reference: 1.13. F.7/1.13.F.8.a

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|---|---|---|
| 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 <input checked="" type="checkbox"/> No violations found | Child B <input checked="" type="checkbox"/> No violations found | Child C <input checked="" type="checkbox"/> No violations found |
| Non-Compliant Items High Risk: Medium Risk: Low Risk: | Non-Compliant Items High Risk: Medium Risk: Low Risk: | Non-Compliant Items High Risk: Medium Risk: Low Risk: |
| Compliant Items: 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 (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) | Compliant Items: 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 (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) | Compliant Items: 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 (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) |
| 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? | | |
| If yes, record details of these events below: | | |



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| Additional Discussion Notes |
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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.

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|---------------------------------------|-------------------|
| Signature of Provider Vada Carey | Date July 7, 2023 |
| Signature of Licensor Jessica Ullrich | Date July 7, 2023 |