

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

Renewal/ Monitoring Visit

	Visit Information	
Visit Date: April 13, 2022	Visit Start Time: 11:00 am	Visit End Time: 12:15 pm
Name of Licensor: Stephanie Lutrario		

	Provid	ler Information		
Program Name: CCAP Broad Street He	ead Start			
Provider ID: 49440 Licens		License Ex	icense Expiration Date: July 31, 2022	
Email Address: dwilson@comcap.org	o.org Telephone Number: 401-209-6868		Number: 401-209-6868	
Street Address: 1725 Broad Street			State: RI	
City: Cranston			Zip Code: 02905	
Administrator On-Site at Time of Visit:			Donna Lee Wilson	
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:	8			
PS:	36		9	
SA:				

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Infant	6 wk-18 m	4	2		Outside for a walk
PSB2	3-5	12	2		Painting garden rocks for garden study
PSB3	3-5	14	2		Outdoor play

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date June 17, 2022	
Lead	Compliant	Expiration Date June 22, 2023	
Radon	Compliant	Expiration Date January 21, 2024	
Comments	s:		

Child Care and School Age Program Regulations 218-RICR-70-00-1			
Section Requirement Description	Compliant Status	Remarks	
1.7 Physical Facilities ☑No violations found			
1.8 Health, Safety, and Nutrition ☑No violations found			
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			
1.12 Administration ☑No violations found			
1.13 Learning and Development ✓No violations found			

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 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: 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 (I)	Compliant Items: 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 (I)	Compliant Items: 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 (I)	

Child File Requirements Reference: 1.12. F.7/1.12.F.8.a			
For Non-Compliant Items:	For Non-Compliant Items:		
High Risk - Must be fixed within 24 to 48 hours	S		
Medium Risk - Must be fixed within 1 week			
Low Risk - Must be fixed within 1 month			
Child A	Child B	Child 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:	
		Compliant Items:	
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	
release (I)	release (I)	release (I)	
		An application form (a)	
Evidence of annual health exam (c)	Evidence of annual health exam (c)	Evidence of annual health exam (c)	
Immunization record (d)		Immunization record (d)	
Written authorization from the parent/guardian		Written authorization from the parent/guardian	
		for emergency medical treatment (g)	
		Injuries/illnesses/accidents (h)	
	A statement authorizing the program to act in an	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)	
	(1.12.F.8.a)	(1.12.F.8.a)	
	Date of Enrollment (b)	Date of Enrollment (b)	
		Written authorization for field trips (k)	
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:



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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 Donna Lee Wilson	Date April 13, 2022
Signature of Licensor Stephanie Lutrario	Date April 13, 2022