



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: March 11, 2024	Visit Start Time: 9:45AM	Visit End Time: 10: 45PM
Name of Licensor: Teresa Castillo-Bakr		

Provider Information	
Program Name: Maria Garcia	
Provider ID: 26191	License Expiration Date: May 31, 2024
Email Address: marialgarciaorado@gmail.com	Telephone Number: 4019460843
Street Address: 58 Terrace Ave	State: RI
City: Providence	Zip Code: 02909
Were any household members there at time of visit? Yes	

Age Group:	# of children	#of staff	# of others	Activities Observed:
I / T	3	2	0	Kiddos playing with EA while provider attended to UMV.

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	June 20, 2024
Lead	Compliant	Expiration Date	June 17, 2024
Radon	Compliant	Expiration Date	March 20, 2026
Comments:			

Family Child Care Home and Group Family Child Care Home Regulations
218-RICR-70-00-2 & 218-RICR-70-00-7

Section	Requirement Description	Compliant Status	Remarks
2.3.1 (7.3.1) Physical Facilities			
<input checked="" type="checkbox"/> No violations found			
2.3.2 (7.3.2) Health, Safety, and Nutrition			
<input checked="" type="checkbox"/> No violations found			
2.3.3 Routine Care of Children			
<input checked="" type="checkbox"/> No violations found			
<input type="checkbox"/> Not applicable as Program does not offer infant/toddler care			
2.3.4 Enrollment and Staffing			
<input type="checkbox"/> No violations found			
2.3.4.B.1/ 7.3.4.B.1 <i>(High Risk)</i>	Providers must group children according to the correct staff/child ratio.	Compliant	
2.3.4.D.1/ 7.3.4.D.1 <i>(High Risk)</i>	Classroom staff provide sight and sound supervision during all aspects of the program.	Compliant	
2.3.4.E.1/ 7.3.4.E.1 <i>(Medium Risk)</i>	The provider must have an individual attendance sheet that lists the first and last names of all children enrolled. This list must: a. Be updated every time that there is a change in enrollment; b. Reflect which children are present at any given time.	Compliant	Corrected Onsite
Description/Observation Provider didn't have the individual attendance sheet that lists the names of all kiddos in attendance.			
2.3.4.G.3/ 7.3.4.G.3 <i>(Low Risk)</i>	All volunteers and visitors must sign in and out of the program on a sign out sheet available at the entrance of the program. a. The sign in and out sheet must include the: (1) Date of visit; (2) Full name of volunteer or visitor/guest; (3) Reason for visit; and (4) Time in and out for the visit.	Compliant	
2.3.6 Administration			
<input checked="" type="checkbox"/> No violations found			
2.3.7 Learning and Development			
<input checked="" type="checkbox"/> No violations found			

Child File Requirements Reference: 1.12.F.7/1.12.F.8.a

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	Child B	Child C
<input checked="" type="checkbox"/> No violations found	<input checked="" type="checkbox"/> No violations found	<input checked="" type="checkbox"/> 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:	Compliant Items:	Compliant Items:
Names of individuals to whom the child can be release (l)	Names of individuals to whom the child can be release (l)	Names of individuals to whom the child can be release (l)
An application form (a)	An application form (a)	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)	Immunization record (d)
Written authorization from the parent/guardian for emergency medical treatment (g)	Written authorization from the parent/guardian for emergency medical treatment (g)	Written authorization from the parent/guardian for emergency medical treatment (g)
Injuries/illnesses/accidents (h)	Injuries/illnesses/accidents (h)	Injuries/illnesses/accidents (h)
A statement authorizing the program to act in an emergency, signed by the parent (m)	A statement authorizing the program to act in an emergency, signed by the parent (m)	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)	Developmental History (infants and toddlers) (1.12.F.8.a)	Developmental History (infants and toddlers) (1.12.F.8.a)
Date of Enrollment (b)	Date of Enrollment (b)	Date of Enrollment (b)
Written authorization for field trips (k)	Written authorization for field trips (k)	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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Child Care Center and School Age Program Monitoring Checklist

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 Maria L Garcia	Date March 11, 2024
Signature of Licensor Teresa Castillo-Bakr	Date March 11, 2024