

Rhode Island Department of Human Services Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information			
Visit Date: August 9, 2023	Visit Start Time: 12:55 PM	Visit End Time: 1:56 PM	
Name of Licensor: Teresa Castillo-Bakr			

Provider Information		
Program Name: Maria Garcia		
Provider ID: 26191	License Expiration Date: May 31, 2024	
Email Address: marialgarciacorado@gmail.com	Telephone Number: 4019460843	
Street Address: 58 Terrace Ave	State: RI	
City: Providence	Zip Code: 02909	
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 SA	3	1	1	Two kiddos were playing with Lego's and one toddler was
1/1 SA	1/1 SA 5 1	I	napping.	

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 November 25, 2023
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) P ☑No violatio	Physical Facilities ons found		
2.3.2 (7.3.2) H <mark>⊠No violatio</mark>	lealth, Safety, and Nutrition ns found		
✓No violatio	e Care of Children ons found able as Program does not offer infant/toddler care		
	ent and Staffing		
2.3.6 Adminis ✓No violatio			
2.3.7 Learning ✓No violatio	g and Development ns 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	S		
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:	Compliant Items:	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)	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	Written authorization from the parent/guardian	Written authorization from the parent/guardian	
for emergency medical treatment (g)	for emergency medical treatment (g)	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)	emergency, signed by the parent (m)	emergency, signed by the parent (m)	
Developmental History (infants and toddlers)	Developmental History (infants and toddlers)	Developmental History (infants and toddlers)	
(1.12.F.8.a)	(1.12.F.8.a)	(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			
vork in the facility? No			

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

Provider will submit a current FP results for her daughter Christine. Christine was an EA and her FP results expired.

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 I Garcia	Date August 9, 2023
Signature of Licensor Teresa Castillo-Bakr	Date August 9, 2023