



Rhode Island Department of Human Services

Child Care Center and School Age Program Monitoring Checklist

Complaint Visit

Visit Information		
Visit Date: August 3, 2022	Visit Start Time: 11:15am	Visit End Time: 12:30pm
Name of Licensor: Sarah Nardolillo		

Provider Information	
Program Name: Pumpkin Patch Child Care Center	
Provider ID: 51476	License Expiration Date: September 30, 2022
Email Address: Pumpkinpatchri@gmail.com	Telephone Number: (401) 946-6700
Street Address: 220 Comstock Parkway	State: RI
City: Cranston	Zip Code: 02921
Administrator On-Site at Time of Visit:	Kerri Fales
Education Coordinator On-Site at Time of Visit:	Amy Rose
School Age Coordinator On-Site at Time of Visit: (if applicable)	N/A
Current Licensed Capacity	Total Staff Employed
I/T: 60	
PS: 110	
SA: 48	

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:

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

Child Care and School Age Program Regulations 218-RICR-70-00-1			
Section	Requirement Description	Compliant Status	Remarks
1.7 Physical Facilities			
<input checked="" type="checkbox"/> No violations found			
1.8 Health, Safety, and Nutrition			
<input checked="" type="checkbox"/> No violations found			
1.9 Routine Care of Children			
<input type="checkbox"/> No violations found			
<input type="checkbox"/> Not applicable as Program does not offer infant/toddler care			
1.9.A.5&6 (Medium Risk)	Bottles are never propped up at any time or placed in a child's crib. A heating unit for warming bottles and food is readily accessible to staff. Microwaves are not used for heating bottles.	Compliant	
1.9.B.7 (High Risk)	The diaper-changing surface is cleaned and sanitized after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.	Compliant	
1.9.C.8 (High Risk)	There are no restraining devices of any type, including swaddles.	Compliant	
Description/Observation One crib had a sleep sack that appeared to have an animal that felt like a beanbag on the front. This was considered a suffocation hazard if the sleep sack were to cover the babies face. The use of this swaddle will be discontinued unless it fits snugly enough on child to not move during rest.			
1.9.C.10 (High Risk)	Infants must sleep in a crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet. Older Infants may sleep on a cot, at the discretion of the program.		
1.9.C.11 (High Risk)	Lighting must allow for staff to view the color of the child's skin and to check for breathing.	Compliant	
1.9.C.15 & 17 (High Risk)	No items are placed in the crib with an Infant except for a pacifier. No additional items are placed on or above the crib.	Compliant	
1.10 Enrollment and Staffing			
<input type="checkbox"/> No violations found			
1.10.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	Compliant	
1.10.D.1 (Medium Risk)	Each classroom has an individual attendance sheet that lists the first and last names of all children in the room.		
1.10.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.		
1.10.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	Non-Compliant	Corrected Onsite
Description/Observation Bathroom in preschool classroom is located outside of the bathroom. Children were observed in the bathroom with a closed door when a staff person entered the bathroom with another child. Those children were considered out of sight and sound supervision during that time. Administrator and owner will ensure that there are always ample staff available to escort children to this bathroom to ensure appropriate supervision moving forward.			
1.10.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.	Compliant	
1.10.G.12 (High Risk)	At least 50% of all staff members on-site, are trained under the most recent guidelines of the American Heart Association in: a. pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and b. pediatric first aid (online training is accepted).		
1.10.G.16 (Medium Risk)	The program must have the consultant services of a licensed physician, physician's assistant, or nurse practitioner, who practices pediatric medicine, readily available.	Compliant	
1.12 Administration			
<input type="checkbox"/> No violations found			
1.12.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.		
1.12.C.2	Approved individuals manually or electronically sign the child in at drop off and sign		

(High Risk)	the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.		
1.12.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.		
1.12.D.3 (High Risk)	All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file.		
1.12.D.4 (Low/Medium/High Risk)	In addition, vehicles used to transport children must have: a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; (Low Risk) b. a fire extinguisher; (High Risk) c. first aid, emergency airway and bodily fluid spill kits; and (High Risk) d. audible door and back-up alarms (mountable or installed). (Medium Risk)		
1.12.D.8 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.		
1.12.F.1 (Medium Risk)	The program maintains program files, and individual files for children and staff that are available on-site at all times.		
1.13 Learning and Development			
<input type="checkbox"/> No violations found			
1.13.A.5 (Medium Risk)	Written or electronic documentation of the classroom level curriculum (lesson plans or planning documentation) is easily accessible in each individual classrooms.		
1.13.B.4 (Medium Risk)	Television or other screen time is prohibited for infants and limited to no more than 30 minutes per day for other children.		
1.13.F.6 (Medium Risk)	There is a means of written/electronic daily communication between staff and families in Infant/Toddler programs, which includes information about the child's routine care.		

Staff File Requirements <i>Reference: 1.12. F.10</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		
Staff A <input type="checkbox"/> No violations found	Staff B <input type="checkbox"/> No violations found	Staff C <input 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: 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 (l)	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 (l)	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 (l)

Child File Requirements <i>Reference: 1.12. F.7/1.12.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 <input type="checkbox"/> No violations found	Child B <input type="checkbox"/> No violations found	Child C <input 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 (g) Injuries/illnesses/accidents (h) 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) 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 (g) Injuries/illnesses/accidents (h) 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) 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 (g) Injuries/illnesses/accidents (h) 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) 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

This visit was the result of several complaints received by both DCYF and DHS. DCYF downgraded the reports to screen outs, meaning that they viewed the reports to be regulatory in nature and not the result of suspected abuse or neglect. The complaints focused on one specific classroom and involved toddler age children. It was reported that several instances of inappropriate care had occurred. This included:

- * a vape pen falling out of a staff persons pocket and being accessible to children
- * a diaper being put on tight enough to leave an "x" mark on a child's hips
- * children with special needs not having their needs appropriately met
- * program being out of ratio during nap time in the infant room
- * staff being dissuaded from calling in suspected abuse or neglect to the Child Abuse and Neglect Hotline
- * An air conditioning system malfunction that led to classrooms being "around 80 degrees" for several days until window units were put
- * Families not being alerted of staffing changes

DHS completed an unannounced visit on this date to the location. During this visit, only the items included on this report were monitored as the program had received a full monitoring visit in June, in which they were found to be fully compliant. While on site, DHS met with both the Administrator and Education Coordinator to discuss systems related to training of staff, communications with family, the tracking and documentation of behaviors and injuries, mandated reporter laws and overall systems of the facility. DHS was told that the AC in one section of the building had broken at the beginning of July. It is reported that the owner arrived within an hour and purchased window units for all the classrooms impacted. One classroom required a different AC system due to the window type. This was put in the following day. Staff does not believe that the temperature went above the regulatory range of 65-74 degrees but understands, should this happen again, they are to alert the DHS to identify a plan to ensure all children are in rooms that do not exceed the regulatory temperature. The staff at the center of the vape pen and diaper incident is no longer employed. Administrator and Education Coordinator denied that staff are being told to not call the child abuse hotline but instead have never had many reasons to do so and may be uneducated on what rises to that level. DHS referred the staff to the online webinar that focusses on child abuse and neglect reporting for child care staff. DHS also offered to provide additional support and training if this would be helpful. At the time of the visit, none of the noncompliance included in the complaints was observed. Additional monitoring will continue to ensure continued compliance. DHS also spoke with the owner who corrected any noncompliance immediately and reports that he understands the importance of reporting abuse and neglect. He has agreed to reach out to DHS and/or DCYF should any other additional issues arise.

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 licenser 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 Kerri Fales	Date August 3, 2022
Signature of Licenser Sarah Nardolillo	Date August 3, 2022