

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

Renewal/ Monitoring Visit

Visit Information				
Visit Date: October 6, 2023	Visit Start Time: 10:30AM	Visit End Time: 12:00PM		
Name of Licensor: Brigitte Haywood				

	Provider Information				
Program Name: Pumpkin Patch Child Center					
Provider ID: 51476		Lice 2024	nse Expiration Date: September 30, 4		
Email Address: Pumpkinpatchri@gmail.com		Tele	phone Number: 4019466700		
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:					
	On-Site at Time of Visit: licable)				
Current Licer	nsed Capacity		Total Staff Employed		
I/T:	60				
T:			40		
PS:	110		40		
SA:	48				

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Yellow Ducklings	Infant	2	1		Playing on the rug with teacher
Pink Piglets	Infants	6	3		Eating and playing on the rug
Blue Birds	Infant	7	2		eating lunch
Purple Dino's	Infant/toddler mix	4	2		Outside playing
Green Frogs	Toddler	8	2		Outside
Starfish	Toddler	11	2		Outside
Gray elephants	Toddler/PS mix	7	3		Outside
Brown Bears	Preschool	9	2		Outside
White Tigers	Preschool	10	2		circle time on the rug listening to the teacher reading a book
Snuggly Sloths	Preschool	7	2		getting to go outside
Wise Owls	Pre K	18	2		Outside
Honey Bees	Preschool	12	2		gross motor play

	Inspections 1.7.A.2.a-c				
Fire	Compliant	Expiration Date October 19, 2023			
Lead	Compliant	Expiration Date			
Radon	Compliant	Expiration Date March 25, 2024			
Comments	Comments: Lead- Full Lead Safe				

Child Care and School Age Program Regulations 218-RICR-70-00-1				
ection	Requirement Description	Compliant Status	Remarks	
7 No violations fo	bund			
1.7.E 2	The current license must be posted in a conspicuous place in the program.	Compliant		
8 Physical Faci				
No violations for				
1.8.B.1 (Medium risk)	The construction of new buildings or outdoor space for the use of children, or the renovation/modification of existing buildings or outdoor space used by children	Not Applicable		
(Wealan hok)	requires approval by the Department.	NotApplicable		
1.8.C4	Each classroom and activity space has artificial lighting that is intact and in good			
(Medium risk)	working order.	Compliant		
1.8.C.5 & a	The temperature in all classrooms and other spaces used by children is maintained			
(Medium risk)	within a range of 65° F – 74° F at the children's height. In an infant classroom, the	Compliant		
	temperature should be a minimum 68° F at the height of the crib.			
1.8.C.7	All classroom and program exits/egresses are: a. clearly identified; and b. free of	Compliant		
(High Risk)	clutter around the area of the door.	Compliant		
1.8.C.9 (High Risk)	All entrances to the program are kept locked with mechanisms in place for monitoring entry.			
(1.19111101)	a. If at any time an entrance to the program is unlocked, a designated staff person	Compliant		
	is required to directly monitor all entries/exits from the program and is then responsible for re-securing the entrance.			
1.8.G.3 (High Risk)	The outdoor play area is required to be surrounded by a permanent structure. If a fence is used, it must be:			
(HIGH RISK)	a. At least four feet (4') in height when measured from the ground; and	Compliant		
	b. Not prevent the observation of children by staff; and	Compliant		
	c. Adhere to State building codes			
1.8.G.4	In a program licensed subsequent to the date of these Regulations, fencing must:			
(High Risk)	a. Include at least two (2) exits b. Be equipped with self-closing and self-latching closure mechanisms.	Not Applicable		
	b. De equipped with sen-closing and sen-latening closure mechanisms.			
1.8.H.1	Equipment, materials, furnishings and play areas should be sturdy, safe and in			
(High Risk)	good repair and must be free of the hazards outlined in subsections a-m of this regulation.	Compliant		
1.8.H.3	All storage chests, boxes, trunks, or comparable items with hinged lids must be			
(High Risk)	equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap	Not Applicable		
	a child inside.			
9 Health, Safety	and Nutrition			
No violations for				
1.9.C.3	A daily log is maintained of every medication administered. This record includes			
(High Risk)	the: a. child's name;			
	b. name and dosage of medication administered; c. date and time administered;	Compliant		
	d. name and signature of the person who administered the medication; and			
	e. name of the licensed physician, physician's assistant, or nurse practitioner			
1.9.C.6	prescribing the medication. Medications are stored:			
(High Risk)	a. In clearly labeled original containers;			
	b. In spaces secured with child safety locks that are separate from any items that attract children; (Rescue medications for infants, toddlers and preschoolers may be			
	kept unlocked but out of reach of children at all times)	Compliant		
	c. In a way that does not contaminate play surfaces or food preparation areas.			
	d. School -age children (enrolled in Kindergarten or older) may carry their own rescue medication (prescription inhalers and/or auto-injectable epinephrine).			
1.9.G.3	Toxic substances and any other items of potential danger to children are clearly	Compliant		
(High Risk)	labeled and are in an area that is secured by a child safety lock.			
1.9.G.5 (High Risk)	Garbage receptacles are covered in all areas that are accessible to children, lined and garbage is removed from the program daily.	Compliant		

1.9.G.7 (High Risk)	The program posts in a conspicuous place and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Compliant
1.9.H.2 & 1.9.H 3 (High Risk)	Staff wash their hands, and ensure children wash their hands, with liquid soap and warm running water as needed.	Not Observed
1.9.J.4 (Medium Risk)	 A first aid kit is available in each classroom and outdoor play areas. a. The following first aid supplies should be in all first aid kits: (1) Adhesive bandages (assorted sizes) (2) Cold pack (3) Disposable powder-free, latex-free gloves (4) Plastic bags (for disposing of blood and other bodily fluids) (5) Thermometer – digital or ear – should not contain glass/mercury. 	Compliant
1.9.J.5 (Medium Risk)	 Injuries are documented on an injury report. a. A parent/guardian must sign the written injury report. b. Parents/guardians are notified of injuries on the same day of the injury. (1) Any injury that is head related or an injury that may require medical attention should be an immediate call to the parent/guardian. c. A copy of this report is placed in the child's file. d. The injury, first aid and parent/guardian communication are recorded in the program's daily health log. 	Compliant
1.9.J.6 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Compliant
1.9.K.1 (Medium Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Compliant
1.9.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	Compliant
1.9.K.7 (Medium Risk)	All bedding used on cots must be removed in between uses and safely stored in individual plastic bags, or comparable means, to prevent contamination.	Compliant
1.9.K.9 (Medium Risk)	There is one (1) assembled evacuation crib equipped with wheels for every five (5) children under two (2) years of age, accessible in case of emergency.	Compliant
1.9.K.10 (Medium Risk)	Evacuation cribs are to remain empty of materials and accessible for use in case of an emergency. a. In the event of an emergency, the evacuation cribs are used to safely remove children from the facility. b. Evacuation cribs may be utilized for sleeping children at naptime.	Compliant
1.9.L.1&2 (High Risk)	The program develops and implements an individualized, written plan to prepare for and respond to potential emergency/disaster situations. This plan is appropriate to support the needs of all children in the program and must be approved by the Department.	Compliant
1.9.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	Compliant
1.9.L.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.	Compliant
1.9.L.6 (High Risk)	The program Administrator or designee conducts regular safety drills. a. One (1) fire drill is conducted every month the program is in operation, with no more than three (3) drills delayed for weather. b. Every fourth (4th) drill must be obstructed, by means of not using one (1) of the typical exits/egresses. The other drills may be unobstructed. c. Two (2) shelter-in-place drills are conducted every twelve (12) months. d. A record of all safety drills is maintained. e. Programs with Night Time Care conduct an additional set of safety drills during the night time hours of operation.	Compliant
1.9.M.7 (Low Risk)	Menus for meals and snacks are planned and are posted weekly.	Not Applicable
1.9.M.10 & 11 (Medium Risk)	Drinking-water is readily available and offered throughout the day, especially before, during and after outdoor play. Drinking-water supplies are located in or near classrooms and activity rooms.	Compliant
1.9.N.1 (Medium Risk)	For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider	Compliant
1.9.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant
1.9.N.3 (Medium Risk)	The program asks the parent/guardian of a child with food allergies to give consent for posting information within the program about that child's food allergy. a. If consent for posting is provided, that information is posted in the food preparation	Compliant

	area and in the areas of the program the child uses. b. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file. If consent for posting is not provided, then this information is shared verbally with all relevant staff, including substitutes, and is documented in the child's file.		
.10 Routine Care No violations fo			
1.10.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	
1.10.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.	Not Observed	
1.10.C.5 (High Risk)	Lighting must allow for staff to view the color of the child's skin and to check for breathing.	Compliant	
1.10.C.6.c (High Risk)	There are no restraining devices of any type, including swaddles.	Compliant	
1.10.C.6.e.1 (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.	Compliant	
1.10.C.6.f (High Risk)	Children cannot sleep in a car safety seat, bean bag chair, bouncy seat, Infant seat, swing, jumping chair, highchair, or in comparable equipment/furniture.	Compliant	
1.10.C.6.i & k (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	
.11 Enrollment a No violations fo		L	
1.11.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	Compliant	
1.11.D.1 (Medium Risk)	Each classroom has an individual attendance sheet that lists the first and last names of all children in the room.	Compliant	
1.11.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.	Compliant	
1.11.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	Compliant	
1.11.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.	Compliant	
1.11.G.14 (High Risk)	 c. Renewal certification must occur within ninety (90) days of expiration for both Pediatric CPR and Pediatric First Aid. (1) Renewal certification for both Pediatric CPR and Pediatric First Aid may be done either in person or online. 	Compliant	
1.11.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	
.13 Administratio	on		
1.13.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.	Compliant	
1.13.C.2 (High Risk)	Approved individuals manually or electronically sign the child in at drop off and sign the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.	Compliant	
1.13.D.1 (Low Risk)		Not Applicable	

1.13.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.	Not Applicable
1.13.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; <i>(Low Risk)</i> b. a fire extinguisher; <i>(High Risk)</i> c. first aid, emergency airway and bodily fluid spill kits; and <i>(High Risk)</i> d. audible door and back-up alarms (mountable or installed). <i>(Medium Risk)</i>	Not Applicable
1.13.D.8 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.	Not Applicable
1.13.F.1 (Medium Risk)	The program maintains program files, and individual files for children and staff that are available on-site at all times. a. If these files are stored electronically, there must be someone on site at all times who can access these records in a timely fashion.	Compliant
1.14 Learning and		
1.14.A.5 (Medium Risk)	N/vitten er electronic decumentation of the electrony level eveniculum (lector plane	Compliant
1.14.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.	Compliant
1.14.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.	Compliant

	Staff File Requirements Reference: 1.13. F.10			
F <u>or Non-Compliant Items:</u> 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	Staff B	Staff C		
☑No violations found	■No violations found	☑No violations found		
<u>Non-Compliant Items</u>	<u>Non-Compliant Items</u>	<u>Non-Compliant Items</u>		
High Risk:	High Risk:	High Risk:		
Medium Risk:	Medium Risk:	Medium Risk:		
Low Risk:	Low Risk:	Low Risk:		
Compliant Items:	Compliant Items:	Compliant Items:		
Personnel Sheet (a)	Personnel Sheet (a)	Personnel Sheet (a)		
Comprehensive Background Checks (c)	Comprehensive Background Checks (c)	Comprehensive Background Checks (c)		
Job Description (b)	Job Description (b)	Job Description (b)		
Notarized Criminal Record and Employment	Notarized Criminal Record and Employment	Notarized Criminal Record and Employment		
Record Forms (d)	Record Forms (d)	Record Forms (d)		
Health records as required by the RIDOH (f)	Health records as required by the RIDOH (f)	Health records as required by the RIDOH (f)		
Training Plan aligned with the Individual	Training Plan aligned with the Individual	Training Plan aligned with the Individual		
Professional Development Plan (i)	Professional Development Plan (i)	Professional Development Plan (i)		
Signed documentation of participation in	Signed documentation of participation in	Signed documentation of participation in		
orientation (j)(Orientation must include	orientation (j)(Orientation must include	orientation (j)(Orientation must include		
recognition and reporting of child abuse and	recognition and reporting of child abuse and	recognition and reporting of child abuse and		
neglect 1.11.E.2)	neglect 1.11.E.2)	neglect 1.11.E.2)		
Proof Professional Development (I)	Proof Professional Development (I)	Proof Professional Development (I)		

Chi	Child File Requirements Reference: 1.13. F.7/1.13.F.8.a				
<u>For Non-Compliant Items:</u> High Risk - Must be fixed within 24 to 48 hours	or Non-Compliant Items:				
Medium Risk - Must be fixed within 24 to 48 hours	5				
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 (e)	for emergency medical treatment (e)	for emergency medical treatment (e)			
	Injuries/illnesses/accidents (f)	Injuries/illnesses/accidents (f)			
		A statement authorizing the program to act in an			
emergency, signed by the parent (k)	emergency, signed by the parent (k)	emergency, signed by the parent (k)			
Developmental History (infants and toddlers)	Developmental History (infants and toddlers)	Developmental History (infants and toddlers)			
(1.13.F.8.a)	(1.13.F.8.a)	(1.13.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 inve	estigations, or criminal charges, that have not beer	n reported to licensing involving any persons who			

Have there been any known arrests, criminal inve work in the facility? No If yes, record details of these events below: ions, or criminal rges, t iga epo ng involving any p



Rhode Island Department of Human Services

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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 Kerri Fales	Date October 6, 2023
Signature of Licensor Brigitte Haywood	Date October 6, 2023