



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information

Visit Date: August 1, 2023	Visit Start Time: 9:15 AM	Visit End Time: 10:35
Name of Licensor: Teresa Castillo-Bakr		

Provider Information

Program Name: Fabiola Burns	
Provider ID: 30154	License Expiration Date: June 30, 2023
Email Address: fabiola815@hotmail.com	Telephone Number: 4014738135
Street Address: 51 Sylvan Ave	State: RI
City: Cranston	Zip Code: 02905
Were any household members there at time of visit? Yes	

Age Group:	# of children	#of staff	# of others	Activities Observed:
I /SA	6	1	0	Holding infant while feeding him. Kiddos being dropped off. Assistant playing with kiddos in the outdoor play area.

Inspections 1.7.A.2.a-c

Fire	Expiration Date	March 27, 2024
Lead	Expiration Date	February 16, 2025
Radon	Compliant	Expiration Date March 3, 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 type="checkbox"/> No violations found			
2.3.1.B.1/ 7.3.1.B.1 <i>(Medium risk)</i>	Any construction or large-scale modifications to the home (inside or outside) that changes the measurements, or quality of the space used by children, requires approval by the Department's Licensing Administrator prior to the start of construction.	Not Applicable	
2.3.1.B.4/ 7.3.1.B.4 <i>(Medium risk)</i>	All spaces used for child care must have artificial lighting that is intact and in good working order.	Compliant	
2.3.1.B.5/ 7.3.1.B.5 <i>(High risk)</i>	All exits/egresses are: a. clearly identified; and b. free of clutter around the area of the door.	Compliant	
2.3.1.B.6 & 11/ 7.3.1.B.6 & 11 <i>(Medium Risk)</i>	The residence must have an operational heating system capable of maintaining a minimum temperature of sixty-five degrees Fahrenheit (65° F) in all areas accessible to the children. The provider must ensure that the maximum temperature does not exceed seventy-four degrees Fahrenheit (74° F) in all areas used for child care.	Compliant	
2.3.1.B.12/ 7.3.1.B.12 <i>(High Risk)</i>	All entrances to the FCCH are kept locked when the provider is unable to directly monitor its use. The FCCH must have a mechanism and/or procedure in place for monitoring entry throughout the day.	Non-Compliant	Corrected Onsite
Description/Observation Provider leaves door unlocked for the convenience of parents dropping off their kiddos. Also, back door of CCFH was open when this writer stepped into the kitchen. Provided to provider TA. - Provider secured both doors. Corrected on-site.			
2.3.1. B.16&17/ 7.3.1.B.16& 17 <i>(High Risk)</i>	Every electrical outlet within the child care area must be covered with a choke proof child resistant device while not in use. Electrical cords must be: a. Securely taped or fastened out of children's reach; and b. In good condition, without any evidence of being frayed or damaged.	Compliant	
2.3.1.B.22/ 7.3.1.B.22 <i>(Medium Risk)</i>	A telephone (landline or cellular) designated for program and business use must be located within the FCCH during business hours and readily available for use in case of an emergency.	Compliant	
2.3.1.B.23/ 7.3.1.B.23 <i>(High Risk)</i>	In addition to meeting the requirements of the applicable Rhode Island Fire Safety Code, the residence must be equipped with a fire extinguisher located in the kitchen area.	Compliant	
2.3.1.D.3/ 7.3.1.D.3 <i>(High Risk)</i>	To prevent children from becoming locked inside the bathroom, the provider must ensure: a. Any locks on bathroom doors should not be within the reach of children; or b. A key is readily accessible outside of the bathroom.	Compliant	
2.3.1.F.3/ 7.3.1.F.3 <i>(Medium Risk)</i>	If there are stairways within the area used for child care they must: a. Have a handrail at children's height; b. Be well lit; c. Be kept clear of obstructions; d. Have a gate, which is kept securely fastened at the entry to any stairway accessible to children under age three (3).	Non-Compliant	Corrected Onsite
Description/Observation Provider is using the living room for tv time and will place a secured gate at stairway that is accessible to the kiddos. Provider will not use the living room area for child care until the gate is securely attached to prevent access.			
Timeframe to Correct 24 to 48 hours		Resolved <input type="checkbox"/>	
2.3.1.G.1&2 / 7.3.1.G.1&2 <i>(High Risk)</i>	Each program has an outdoor play area that is safe, protected and free from hazards that include, but are not limited to: a. Access to the street; b. Debris, trash, broken glass; c. Animal waste; d. Peeling paint; e. Tools and construction materials; f. Holes that present a tripping hazard or contain still water; and g. Open drainage ditches, wells, or other bodies of water. Outdoor area must be surrounded by a fence or clear physical obstacle that prevents movement or access to another area.	Compliant	
2.3.1G9&10 / 7.3.1G9&10 <i>(High Risk)</i>	If the residence has an in-ground pool, the provider must prevent children's access: a. The pool must be separated by a fence that is at least six feet in height, with no openings or protrusions that a child could use to get over, under or through, and b. It must be equipped with a gate that opens out from the pool, and self-close and self-latch at a height where a child can't reach. 10. If the residence has an above	Not Applicable	

	ground pool, it must have a four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6').		
2.3.1.H.1/ 7.3.1.H.1 (High Risk)	Providers are wholly responsible for ensuring that all parts of the residence and grounds are maintained in a way that ensures health and safety at all times.	Compliant	
2.3.2 (7.3.2) Health, Safety, and Nutrition			
<input type="checkbox"/> No violations found			
2.3.2.D.1/ 7.3.2.D.1 (High Risk)	Prescribed and non-prescribed (over the counter) medication must not be administered to a child without: a. Written permission from the parent/guardian; and b. A written order from a licensed physician, physician's assistant, or nurse practitioner (which may include the label on the medication) indicating that the medicine is for a specified child. The medication must be in the original container. (1) The written order includes the name of the child, the name of the medication, circumstances under which it may be administered, route, dosage, and frequency of administration.	Not Applicable	
2.3.2.D.3/ 7.3.2.D.3 (High Risk)	A daily log is maintained of every medication administered. This record includes the: a. child's name; b. name and dosage of medication administered; c. date and time administered; d. name and signature of the person who administered the medication; and e. name of the licensed physician, physician's assistant, or nurse practitioner prescribing the medication.	Not Applicable	
Description/Observation Provider stated she no longer administers medications.			
2.3.2.D.6/ 7.3.2.D.6 (High Risk)	Medications are stored: a. In clearly labeled original containers; b. In spaces secured with child safety locks that are separate from any items that attract children; and c. In a way that does not contaminate play surfaces or food preparation areas.	Not Applicable	
2.3.2.I.1/ 7.3.2.I.1 (High Risk)	The facility, equipment, and materials are clean, free of hazards, and kept in good repair.	Compliant	
2.3.2.I.3/ 7.3.2.I.3 (High Risk)	Toxic substances and any other items of potential danger to children are clearly labeled and are in an area that is secured by a child safety lock or safely out of the reach of any child.	Compliant	
2.3.2.I.7/ 7.3.2.I.7 (High Risk)	The program posts (in a conspicuous place where all parents and visitors can see) and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Compliant	
2.3.2.J.2 & 2.3.2.J.3/ 7.3.2.J.2 & 7.3.2.J.3 (High Risk)	Provider/substitute(s)/assistant(s) wash their hands with liquid soap and warm running water as needed.	Compliant	
2.3.2.K.1/ 7.3.2.K.1 (Medium Risk)	For each child with food allergies or special nutritional needs, the provider requests that the parent/guardian obtains a care plan from the child's health care provider	Not Applicable	
2.3.2.K.2/ 7.3.2.K.2 (Medium Risk)	The provider makes provisions for protecting children with food allergies from contact with the allergen(s).	Not Applicable	
2.3.2.K.3/ 7.3.2.K.3 (Medium Risk)	The provider 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 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 and documented in the file.	Not Applicable	
2.3.2.L.6/ 7.3.2.L.6 (Low Risk)	Menus for meals and snacks must be planned and posted weekly.	Compliant	
2.3.2.L.9/ 7.3.2.L.9 (Medium Risk)	Drinking water is readily available and offered throughout the day, especially before, during and after outdoor play.	Compliant	
2.3.2.M.1/ 7.3.2.M.1 (Medium Risk)	The provider 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	

2.3.2.M.4/ 7.3.2.M.4 (Medium Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted within the child care area	Compliant	
2.3.2.M.5/ 7.3.2.M.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone or phone base.	Compliant	
2.3.2.M.7/ 7.3.2.M.7 (High Risk)	The provider 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.	Compliant	
2.3.2.N.3/ 7.3.2.N.3 (Medium Risk)	A first aid kit is available in each classroom and outdoor play areas. The first aid kit is restocked after each use.	Compliant	
2.3.2.N.5/ 7.3.2.N.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. 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	
2.3.2.N.4 7.3.2.N.4 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Compliant	
2.3.2.P.1/ 7.3.2.P.1 (High Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Compliant	
2.3.2.P.4/ 7.3.2.P.4 (High Risk)	Program serving infants and/or Toddlers have a choke prevention gauge readily available.	Compliant	
2.3.2.P.7/ 7.3.2.P.7 (Medium Risk)	A crib, portable crib, cot, or mat must be available for each resting child, depending on the child's age and size. a. Couches and beds used for household members are not permitted for a sleeping surface for children in care. b. Children cannot rest or sleep directly on the floor, bean bag, sheepskins, waterbeds, or comparable surface/material that poses similar risks.	Compliant	
2.3.2.P.8/ 7.3.P.8 (Medium Risk)	All bedding used for children's sleeping surfaces must be laundered weekly.	Compliant	
2.3.2.P.12/ 7.3.2.P.12 (High Risk)	All storage chests, boxes, trunks, or comparable items with hinged lids must be 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 a child inside.	Not Applicable	
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 checked="" type="checkbox"/> No violations found			
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 <input checked="" type="checkbox"/> No violations found	Child B <input checked="" type="checkbox"/> No violations found	Child C <input checked="" 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 (I)	Compliant Items: Names of individuals to whom the child can be release (I)	Compliant Items: Names of individuals to whom the child can be 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 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:



Rhode Island Department of Human Services

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 Fabiola Burns	Date August 1, 2023
Signature of Licensor Teresa Castillo-Bakr	Date August 1, 2023