

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

Renewal/ Monitoring Visit

	Visit Information			
Visit Date: April 15, 2022	Visit Start Time: 11:00AM	Visit End Time: 12:15PM		
Name of Licensor: Brigitte Haywood				

Provider Information				
Program Name: Creative Child Inc				
Provider ID: 32799		Lice	ense Expira	ation Date: November 24, 2022
Email Address: joyce.ccone@verizon.i	net	Tele	ephone Nui	mber: (401)615-3846
Street Address: 613 Tiogue Avenue				State: RI
City: Coventry			Zip Code: 02816	
Administrator On-Site at Time of Visit:			Joyce Knott	
Education Coordinator On-Site at Time of Visit:			Michelle Rollins	
School Age Coordinator On-Site at Time of Visit:				
(if applicable)				
Current Licen	sed Capacity			Total Staff Employed
I/T:	40			
PS:	34			15
SA:	0			

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Young Toddler		10	2		Free play, diaper change
Older Toddler		7	2		Outside
Preschool 4		18	2		Outside
Preschool 3		10	3		Coming in from outside , hand washing
Yearling		3	1		Napping
Infants		3	1		Napping and floor play

		Inspections 1.7.A.2.a-c
Fire	Compliant	Expiration Date December 21, 2022
Lead	Compliant	Expiration Date August 11, 2023
Radon	Compliant	Expiration Date October 19, 2024
Comments	S:	

	Child Care and School Age Program Regulations 218-RICR-70-00-1		
Section	Requirement Description	Compliant Status	Remarks
.7 Physical Facil			
1.7.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 requires approval by the Department.	Not Applicable	
1.7.C.6 (Medium risk)	Each classroom and activity space has artificial lighting that is intact and in good working order.	Compliant	
1.7.C.7&a. (Medium risk)	The temperature in all classrooms and other spaces used by children is maintained within a range of 65° F $ 74^{\circ}$ F at the children's height. In an infant classroom, the temperature should be a minimum 68° F at the height of the crib.	Compliant	
1.7.C.9 (High Risk)	All classroom and program exits/egresses are: a. clearly identified; and b. free of clutter around the area of the door.	Compliant	
1.7.C.11 (High Risk)	All entrances to the program are kept locked with mechanisms in place for monitoring entry. a. If at any time an entrance to the program is unlocked, a designated staff person is required to directly monitor all entries/exits from the program and is then responsible for re-securing the entrance.	Compliant	
1.7.G.8 (High Risk)	Programs with a pool must comply with the Rhode Island Department of Health Rules and Regulations for Licensing of Aquatic Venues, 216-RICR50-05-4. a. The pool license must be posted in a visible area. b. If a program's pool has been deemed by the Rhode Island Department of Health as a status of "voluntary close" it is not permitted for children's use, until such time that the Rhode Island Department of Health changes the status. c. The use of diving boards is not permitted.	Not Applicable	
1.7.H.1 (High Risk)	Programs are wholly responsible for ensuring that all parts of the licensed facility and program grounds are maintained in a way that ensures health and safety of children, staff, and visitors at all times.	Compliant	
.8 Health, Safety No violations fo			
4000			
1.8.C.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.	Compliant	
	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. 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.	Compliant Compliant	
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(High Risk) 1.8.C.6 (High Risk) 1.8.G.1	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. 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. The facility, equipment, and materials are clean, free of hazards, and kept in good	Compliant	
1.8.C.6 (High Risk) 1.8.G.1 (High Risk) 1.8.G.3	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. 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. The facility, equipment, and materials are clean, free of hazards, and kept in good repair. Toxic substances and any other items of potential danger to children are clearly	Compliant Compliant	
1.8.C.6 (High Risk) 1.8.G.1 (High Risk) 1.8.G.3 (High Risk) 1.8.G.7 (High Risk)	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. 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. The facility, equipment, and materials are clean, free of hazards, and kept in good repair. 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. The program posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	Compliant Compliant Compliant	
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1.8.C.6 (High Risk) 1.8.G.1 (High Risk) 1.8.G.3 (High Risk) 1.8.G.7 (High Risk) 1.8.H.2 & 1.8.H 3 (High Risk)	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. 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. The facility, equipment, and materials are clean, free of hazards, and kept in good repair. 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. The program posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning. Staff wash their hands, and ensure children wash their hands, with liquid soap and warm running water as needed. A daily health check is conducted on each child as soon as possible after the child arrives at the program. If a child presents with symptoms of concern, staff: a. Document the findings; b. Determine the needs of the child and make	Compliant Compliant Compliant Compliant Compliant	

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(Medium Risk)	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.	
1.8.J.6 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	Compliant
1.8.K.1 (Medium Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	Compliant
1.8.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	Compliant
1.8.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
1.8.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
1.8.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
1.8.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
1.8.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	Compliant
1.8.L.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.	Compliant
1.8.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.	Non-Compliant
Timeframe to Corre	ect 24 to 48 hours Resolved 🗹	
1.8.M.7 (Low Risk)	Menus for meals and snacks are planned and are posted weekly.	Compliant
1.8.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
1.8.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
1.8.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant
1.8.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 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.	Compliant
1.9 Routine Care on the Care of the 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.	Not Observed
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	Compliant

1.9.C.8 Th (High Risk)	isinfectant, or disinfectant solution that is prepared daily. There are no restraining devices of any type, including swaddles.		
(High Risk) 1.9.C.10			
		Compliant	
	nfants must sleep in a crib approved by the United States Consumer Product afety Commission Standards, equipped with a firm crib mattress and a tight-fitting heet. Older Infants may sleep on a cot, at the discretion of the program.	Compliant	
	ighting must allow for staff to view the color of the child's skin and to check for reathing.	Compliant	
	lo items are placed in the crib with an Infant except for a pacifier. No additional ems are placed on or above the crib.	Compliant	
1.10 Enrollment and No violations found			
	Programs must group children according to the correct staff/child ratio and	Commisset	
<i>(High Risk)</i> m	naximum group size.	Compliant	
(Medium Risk) na		Compliant	
1.10.D.3 Ev (High Risk)	very classroom has a copy of the emergency information for each child.	Compliant	
	classroom staff provide sight and sound supervision during all aspects of the rogram.	Compliant	
	ach program is required to have individuals in Program Leadership roles as ppropriate.	Compliant	
<i>(High Risk)</i> gu re	It least 50% of all staff members on-site, are trained under the most recent uidelines of the American Heart Association in: a. pediatric cardiopulmonary esuscitation (CPR) (online training is not accepted); and b. pediatric first aid online training is accepted).	Compliant	
	he program must have the consultant services of a licensed physician, physician's ssistant, or nurse practitioner, who practices pediatric medicine, readily available.	Compliant	
1.12 Administration No violations found	nd		
	he program is responsible for immediately notifying the Department, in writing, of najor changes which affect the license.	Not Applicable	
(High Risk) th	pproved individuals manually or electronically sign the child in at drop off and sign ne child out at pick up, using a time stamp and a full signature, name, or omparable identifier.	Compliant	
	the program chooses to provide transportation, a transportation policy must be ritten.	Not Applicable	
(High Risk) Is	Il individuals who provide transportation of children must: a. hold a valid Rhode sland Chauffeur's License or equivalent from another state; and b. have a ompleted background check on file.	Not Applicable	
(Low/Medium/High a. Risk) be b. c.	n addition, vehicles used to transport children must have: . two-inch lettering on the vehicle (unless leased and then a magnetized sign can e used), stating the program's name; (Low Risk) . a fire extinguisher; (High Risk) . first aid, emergency airway and bodily fluid spill kits; and (High Risk) . audible door and back-up alarms (mountable or installed). (Medium Risk)	Not Applicable	
1.12.D.8 At (High Risk) av	ttendance and emergency information on each child being transported must be vailable in the vehicle when transportation is being provided.	Not Applicable	
	he program maintains program files, and individual files for children and staff that re available on-site at all times.	Compliant	
1.13 Learning and De			
	Written or electronic documentation of the classroom level curriculum (lesson plans	Compliant	
	r planning documentation) is easily accessible in each individual classrooms.		i

5/6/22, 11:43 AM

I	(Medium Risk)	30 minutes per day for other children.		
	(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: 1.12. F.10	
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	3	
Staff A ☑No violations found	Staff B ☑No violations found	Staff C ☑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 (I)	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 (I)	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 (I)

Child File Requirements Reference: 1.12. F.7/1.12.F.8.a			
or Non-Compliant Items:			
ligh 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	
✓ 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:	
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)	
Evidence of annual health exam (c)	Evidence of annual health exam (c)	Evidence of annual health exam (c)	
Immunization record (d)		Immunization record (d)	
Written authorization from the parent/guardian		Written authorization from the parent/guardian	
		for emergency medical treatment (g)	
		Injuries/illnesses/accidents (h)	
	A statement authorizing the program to act in an	A statement authorizing the program to act in an	
		emergency, signed by the parent (m)	
	Developmental History (infants and toddlers)	Developmental History (infants and toddlers)	
	(1.12.F.8.a)	(1.12.F.8.a)	
	Date of Enrollment (b)	Date of Enrollment (b)	
		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 Joyce Knott	Date April 15, 2022
Signature of Licensor Brigitte Haywood	Date April 15, 2022