

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

Renewal/ Monitoring Visit

	Visit Information	
Visit Date: October 16, 2023	Visit Start Time: 12:00	Visit End Time: 1:15
Name of Licensor: Jessica Ullrich		

	Provider Information		
Program Name: Aim High Early Learning Center			
Provider ID: 33963		License Expiration Date: Novemb 2023	
Email Address: info@aimhighacademy.com		Telepho	one Number: 4018867827
Street Address: 3355 South County Trail			State: RI
City: East Greenwich			Zip Code: 02818
Administrator On-Site			
Education Coordinator Or			
School Age Coordinator O (if applica			
Current License		Total Staff Employed	
I/T:			
T:			
PS:	35		
SA:	17		

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Preschool	3-4	8	2		Lunch
Pre k	4-5	16	3		Lunch
School Age	school aged	0	0		children were at school at the time of visit

Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date	
Lead	Compliant	Expiration Date	
Radon	Compliant	Expiration Date	
Comment	s:		

	Child Care and School Age Program Regulations 218-RICR-70-00-1				
Section	Requirement Description	Compliant Status	Remarks		
1.7 ☑No violatio	ons found				
1.8 Physical ✓No violation					
1.9 Health, S ☑No violatio	afety, and Nutrition ons found				
✓No violatio	Care of Children ons found able as Program does not offer infant/toddler care				
1.11 Enrollm ✓No violatio	ent and Staffing ons found				
1.13 Administration ☑No violations found					
	l.14 Learning and Development ☑No violations found				

	Staff File Requirements Reference: 1.13. F.1	0	
<u>For 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 ☐No violations found	Staff B ☐No violations found	Staff C ☐No violations found	
Non-Compliant Items High Risk: Medium Risk: Low Risk: Training Plan aligned with the Individual Professional Development Plan (i) Proof Professional Development (I)	Non-Compliant Items High Risk: Medium Risk: Low Risk: Training Plan aligned with the Individual Professional Development Plan (i) Proof Professional Development (I)	Non-Compliant Items High Risk: Medium Risk: Low Risk: Training Plan aligned with the Individual Professional Development Plan (i) Proof Professional Development (I)	
Compliant Items: Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2)	Compliant Items: Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2)	Compliant Items: Personnel Sheet (a) Comprehensive Background Checks (c) Job Description (b) Notarized Criminal Record and Employment Record Forms (d) Health records as required by the RIDOH (f) Signed documentation of participation in orientation (j)(Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2)	

Child File Requirements Reference: 1.13. F.7/1.13.F.8.a			
For Non-Compliant Items:			
High Risk - Must be fixed within 24 to 48 hours	S		
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:	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)	
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 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:



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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 Susan cole	Date October 16, 2023
Signature of Licensor Jessica Ullrich	Date October 16, 2023