

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

## Probationary Visit

Visit Information			
Visit Date: March 10, 2022	Visit Start Time: 12:15 pm	Visit End Time: 1:45 pm	
Name of Licensor: Stephanie Lutrario	-		

Provider Information				
Program Name: Mother's Morning Out	t			
Provider ID: 36068		License Exp	License Expiration Date: November 30, 2022	
Email Address: Pdanyla@hotmail.com	1	Telephone N	Telephone Number: 401-475-2693	
Street Address: 50 Orchard Avenue			State: RI	
City: Providence			Zip Code: 02906	
Administrator On-Site at Time of Visit:			Polly Danyla	
Education Coordinator On-Site at Time of Visit:				
School Age Coordinator On-Site at Time of Visit: (if applicable)				
Current Licensed Capacity			Total Staff Employed	
I/T:	9			
PS:	11		6	
SA:				

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
PS	3-5	10	2		Preparing for circle time/cleaning up for lunch/dismissal When visit started 11 children were present. 1 later dismissed.
Toddler	18 m - 2	5	2		Preparing for nap/dismissal; later observed napping At start of visit, 9 children were present. 4 dismissed shortly after.

	Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date January 27, 2023		
Lead	Compliant	Expiration Date October 25, 2023		
Radon	Compliant	Expiration Date September 30, 2022		
Comments:				

	Child Care and School Age Program Regulations 218-RICR-70-00-1		
Section	Requirement Description	Compliant Status	Remarks
I.7 Physical Facil No violations fo		-	
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 $65^{\circ}$ F $- 74^{\circ}$ F at the children's height. In an infant classroom, the temperature should be a minimum $68^{\circ}$ 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.	Non-Compliant	Corrected Onsite
Description/Obser	vation Mop bucket in front of exit doot door- moved during visit		
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)	<ul> <li>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.</li> <li>a. The pool license must be posted in a visible area.</li> <li>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.</li> <li>c. The use of diving boards is not permitted.</li> </ul>	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	
1.8 Health, Safety ✓No violations for			•
I.9 Routine Care	of Children		
No violations f			
	as Program does not offer infant/toddler care		
I.12 Administrations for the second			
I.13 Learning and ✓No violations f	•		

	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			
Staff A ⊡No violations found	Staff B □ No violations found	Staff C □ No violations found	
Non-Compliant High Risk: Medium Risk: Low Risk: Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) - Resolved ☑	Non-Compliant High Risk: Medium Risk: Low Risk: Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) - Resolved ☑	Non-Compliant High Risk: Medium Risk: Low Risk: Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) - Resolved ☑	
Compliant Items: Personnel Sheet Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Training Plan (j) Proof Professional Development (I)	<b>Compliant Items:</b> Personnel Sheet Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Training Plan (j) Proof Professional Development (I)	<b>Compliant Items:</b> Personnel Sheet Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description Notarized Criminal Record and Employment Record Forms (e) Health records as required by the RIDOH (g) Training Plan (j) Proof Professional Development (I)	

<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			
Child A ⊠No violations found		Child C ☑ No violations found	
<u>Non-Compliant</u> High Risk:		<u>Non-Compliant</u> High Risk:	
Medium Risk:	Medium Risk:	Medium Risk:	
Low Risk:	Low Risk:	Low Risk:	
A statement authorizing the program to act in an emergency, signed by the parent (m)	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)	<b>Compliant Items:</b> Names of individuals to whom the child can be release (I) 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		

If yes, record details of these events below:



## **Rhode Island Department of Human Services**

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**Additional Discussion Notes** 

Licensor discussed with admin need to work with staff on developing plans to complete 20 hours of PD this year as it was not done last year. Licensor suggested admin review trainings being offered through Center for Early Learning and designate trainings for staff based on their individual strengths and needs. Licensor also advised that admin work with assigned TA in this area.

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 Polly Danyla	Date March 10, 2022
Signature of Licensor Stephanie Lutrario	Date March 10, 2022

3/17/22, 2:47 PM