

Rhode Island Department of Human Services

FCCH/GFCCH Monitoring Summary

Final 9/27/202

Provider Information					
Provider Name:	Marleny Lizardo				

Visit Information						
Visit Date:	2/3/22	Visit Start Time:	9:00am	Visit End Time:	10:00am	
Name of Licensor:	T	eresa Castillo-Bakr				

Compliance and Corrective Action Plans

Non-Compliances Observed During Monitoring Visit									
Program demonstrated compliance in all regulations assessed during this visit. No violations found.									
Program demonstrated partial compliance in the regulations assessed during this visit. Noncompliance found resulted in the following corrective action plan.									
Corrective Action Plan									
Non-Compliant Regulation	Description/Observation	Corrected Onsite (Check)	Timeframe to resolve	Resolved (Check)					
2.3.2.P.4	Choke prevention gauge was not available.			✓					



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