



# Rhode Island Department of Human Services

## Group/Family Child Care Home Monitoring Checklist

Renewal/ Monitoring Visit

Visit Information		
Visit Date: February 5, 2024	Visit Start Time: 9:48 AM	Visit End Time: 11:29 AM
Name of Licensor: Teresa Castillo-Bakr		

Provider Information	
Program Name: Marlenny Lizardo	
Provider ID: 36829	License Expiration Date: June 30, 2024
Email Address: Aaronchay@me.com	Telephone Number: 4013834909
Street Address: 419 Laurel Hill Ave	State: RI
City: Cranston	Zip Code: 02920
Were any household members there at time of visit?	

Age Group:	# of children	#of staff	# of others	Activities Observed:
Toddler	3	1	0	2 kiddos free playing getting ready for snack time. One (1) kiddo (provider's child) was napping.

Inspections 1.7.A.2.a-c		
Fire	Non-Compliant	Expiration Date
Lead	Non-Compliant	Expiration Date
Radon	Compliant	Expiration Date March 15, 2024
Comments: Provider will email inspection reports.		

**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
<b>2.3.1 (7.3.1) Physical Facilities</b>			
<input checked="" type="checkbox"/> <b>No violations found</b>			
<b>2.3.2 (7.3.2) Health, Safety, and Nutrition</b>			
<input type="checkbox"/> <b>No violations found</b>			
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	
Description/Observation Provider does not administer medication			
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	
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.	Non-Compliant	Corrected Onsite
Description/Observation Gave a Cleaning schedule form to provider.			
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	The provider develops and implements an individualized, written plan to prepare for and respond to potential emergency/disaster situations. This plan is appropriate to	Compliant	

(Medium Risk)	support the needs of all children in the program and must be approved by the Department.		
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	
Description/Observation Provider will restock the first aid kit			
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	
<b>2.3.3 Routine Care of Children</b>			
<input checked="" type="checkbox"/> <b>No violations found</b>			
<input type="checkbox"/> <b>Not applicable as Program does not offer infant/toddler care</b>			
<b>2.3.4 Enrollment and Staffing</b>			
<input checked="" type="checkbox"/> <b>No violations found</b>			
<b>2.3.6 Administration</b>			
<input type="checkbox"/> <b>No violations found</b>			
2.3.6.A.1/ 7.3.6.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.	Not Applicable	
2.3.6.C.2/ 7.3.6.C.2 (High Risk)	Approved individuals manually or electronically sign the child in at drop off and sign the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.	Compliant	
2.3.6.D.1/ 7.3.6.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.	Not Applicable	
Description/Observation Program does not offer transportation.			
2.3.6.D.3/ 7.3.6.D.3 (High Risk)	All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and	Not Applicable	

	b. have a completed background check on file.		
2.3.6.D.6/ 7.3.6.D.6 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.	Not Applicable	
2.3.6.F.1/ 7.3.6.F.1 (Medium Risk)	The provider must maintain all required inspections, a copy of all paperwork and individual files for children and staff that are always available on-site during the hours of operation.	Non-Compliant	
Description/Observation Provider will email the inspection reports to licensing asap.			
Timeframe to Correct 1 week		Resolved <input type="checkbox"/>	
<b>2.3.7 Learning and Development</b>			
<input checked="" type="checkbox"/> No violations found			

Child File Requirements Reference: 1.12. F.7/1.12.F.8.a		
<b>For Non-Compliant Items:</b>		
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		
<b>Child A</b> <input type="checkbox"/> No violations found	<b>Child B</b> <input type="checkbox"/> No violations found	<b>Child C</b> <input checked="" type="checkbox"/> No violations found
<b>Non-Compliant Items</b> High Risk: Medium Risk: Low Risk:	<b>Non-Compliant Items</b> High Risk: Medium Risk: Low Risk:	<b>Non-Compliant Items</b> High Risk: Medium Risk: Low Risk:
<b>Compliant Items:</b> Names of individuals to whom the child can be release (l) 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)	<b>Compliant Items:</b> Names of individuals to whom the child can be release (l) 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)	<b>Compliant Items:</b> Names of individuals to whom the child can be release (l) 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		
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

Provider is preparing for Renewal of FCCH license.

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](mailto: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	Marlenny Lizardo	Date	May 20, 2024
Signature of Licensor	Teresa Castillo-Bakr	Date	May 20, 2024