

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

### Renewal/ Monitoring Visit

Visit Information					
Visit Date: August 2, 2022 Visit Start Time: 10:00 am Visit End Time: 12:05 pm					
Name of Licensor: Stephanie Lutrario					

Provider Information		
Program Name: The Early Learning Co	enter of RI- East Providence	
Provider ID: 37062		License Expiration Date: November 30, 2022
Email Address: director.michelle@elco	fri.com; emmapontarelli@gmail.com	Telephone Number: 401-432-7720
Street Address: 676 Warren Avenue		State: RI
City: East Providence		Zip Code: 02914
Administrator On-S	ite at Time of Visit:	Michelle Marandola
Education Coordinator On-Site at Time of Visit:		
School Age Coordinator (if appli		Emma Pontarelli
Current Licen	sed Capacity	Total Staff Employed
I/T:	24	
PS: 29		15
SA:	8	1

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
SA	K-5	1	1		playing independently
PS	3 year olds	8	2		Free play- building; pretend play; trains
Toddler 2	2 year olds	6	2		Outdoor play
Toddler 1	1 year olds	4	1		Outdoor play
РК	3-5 year olds	13	2		Centers of learning play- pretend play; coloring; building; arts and crafts
Infant	7 m - 18 m	5	2		1 preparing for nap; 4 engaging in floor play

	Inspections 1.7.A.2.a-c			
Fire	Compliant	Expiration Date September 9, 2022		
Lead	Compliant	Expiration Date August 7, 2022		
Radon	Compliant	Expiration Date February 2, 2024		
Comments	Comments: Provider reports lead inspector was at the center last week to conduct updated lead inspection.			

Child Care and School Age Program Regulations 218-RICR-70-00-1			
ection	Requirement Description	Compliant Status	Remarks
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.	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	
.o nealth. Safety.	and Nutrition		
<b>No violations fo</b>			
		Compliant	
No violations fo 1.8.C.3	und         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	Compliant Compliant	
No violations fo 1.8.C.3 (High Risk) 1.8.C.6 (High Risk) 1.8.G.1 (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. 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.		
No violations fo 1.8.C.3 (High Risk) 1.8.C.6 (High Risk) 1.8.G.1 (High Risk) 1.8.G.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. 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.	Compliant	
No violations fo 1.8.C.3 (High Risk) 1.8.C.6 (High Risk) 1.8.G.1 (High Risk) 1.8.G.3	und         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.         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	
No violations fo 1.8.C.3 (High Risk) 1.8.C.6 (High Risk) 1.8.G.1 (High Risk) 1.8.G.3 (High Risk) 1.8.G.7 (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. 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,	Compliant Compliant Compliant	
No violations fo 1.8.C.3 (High Risk) 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) 1.8.J.1&2 (Medium Risk)	und         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.         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 accommodations as necessary; and c. Notify the parent/guardian, as necessary.	Compliant Compliant Compliant Compliant	
No violations fo 1.8.C.3 (High Risk) 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) 1.8.J.1&2	und         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.         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 Not Observed	

#### a. A parent/guardian must sign the written injury report. (Medium Risk) 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. A choke-saving poster that outlines the Heimlich Maneuver, is prominently 1.8.J.6 (Medium Risk) displayed in any area where children eat. Compliant 1.8.K.1 Program furniture must be clean, durable, maintained in good repair and free of Compliant (Medium Risk) hazards 1.8.K.3 Programs serving Infants and/or Toddlers have a choke prevention gauge readily Compliant (High Risk) available All bedding used on cots must be removed in between uses and safely stored in 1.8.K.7 Compliant (Medium Risk) individual plastic bags, or comparable means, to prevent contamination There is one (1) assembled evacuation crib equipped with wheels for every five (5) 1.8.K.9 Compliant (Medium Risk) children under two (2) years of age, accessible in case of emergency. 1.8.K.10 Evacuation cribs are to remain empty of materials and accessible for use in case of (Medium Risk) an emergency. a. In the event of an emergency, the evacuation cribs are used to safely remove Compliant children from the facility. b. Evacuation cribs may be utilized for sleeping children at naptime. 1.8.L.1&2 The program develops and implements an individualized, written plan to prepare for and respond to potential emergency/disaster situations. This plan is appropriate to (High Risk) Compliant support the needs of all children in the program and must be approved by the Department 1.8.L.4 An individualized graphic evacuation plan identifying alternative escape routes is (High Risk) posted in each classroom. Compliant 1.8.L.5 All required emergency phone numbers are posted in a conspicuous place adjacent (High Risk) to the telephone. Compliant The program Administrator or designee conducts regular safety drills. 1.8.L.6 (High Risk) 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. Compliant c. Two (2) shelter-in-place drills are conducted every twelve (12) months. 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. 1.8.M.7 Menus for meals and snacks are planned and are posted weekly. Compliant (Low Risk) Drinking-water is readily available and offered throughout the day, especially 1.8.M.10 & 11 (Medium Risk) before, during and after outdoor play. Drinking-water supplies are located in or near Compliant classrooms and activity rooms. 1.8.N.1 For each child with food allergies or special nutritional needs, the program requests (Medium Risk) that the parent/guardian obtains a care plan from the child's health care provider Compliant 1.8.N.2 The program makes provisions for protecting children with food allergies from (High Risk) contact with the allergen(s). Compliant The program asks the parent/guardian of a child with food allergies to give consent 1.8.N.3 (Medium Risk) 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 Compliant 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. 1.9 Routine Care of Children No violations found Not applicable as Program does not offer infant/toddler care Bottles are never propped up at any time or placed in a child's crib. A heating unit 1.9.A.5&6 (Medium Risk) for warming bottles and food is readily accessible to staff. Microwaves are not used Not Observed for heating bottles. 1.9.B.7 The diaper-changing surface is cleaned and sanitized after each use with a (High Risk) disposable towel, United States Environmental Protection Agency registered Not Observed disinfectant, or disinfectant solution that is prepared daily.

8/19/22, 1:36 PM

## 8/19/22, 1:36 PM

1.9.C.8 (High Risk)	There are no restraining devices of any type, including swaddles.	Not Observed
1.9.C.10 (High Risk)	Infants must sleep in a crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet. Older Infants may sleep on a cot, at the discretion of the program.	Compliant
1.9.C.11 (High Risk)	Lighting must allow for staff to view the color of the child's skin and to check for breathing.	Compliant
1.9.C.15 & 17 (High Risk)	No items are placed in the crib with an Infant except for a pacifier. No additional items are placed on or above the crib.	Compliant
.10 Enrollment a No violations fo	-	
1.10.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	Compliant
1.10.D.1 (Medium Risk)	Each classroom has an individual attendance sheet that lists the first and last names of all children in the room.	Compliant
1.10.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.	Compliant
1.10.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	Compliant
1.10.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.	Compliant
1.10.G.12 (High Risk)	At least 50% of all staff members on-site, are trained under the most recent guidelines of the American Heart Association in: a. pediatric cardiopulmonary resuscitation (CPR) (online training is not accepted); and b. pediatric first aid (online training is accepted).	Compliant
1.10.G.16	The program must have the consultant services of a licensed physician, physician's	
(Medium Risk)	assistant, or nurse practitioner, who practices pediatric medicine, readily available.	Compliant
	assistant, or nurse practitioner, who practices pediatric medicine, readily available. n	Compliant
(Medium Risk) .12 Administratio No violations fo 1.12.A.1	assistant, or nurse practitioner, who practices pediatric medicine, readily available. n und The program is responsible for immediately notifying the Department, in writing, of	Compliant Compliant
(Medium Risk) .12 Administratio No violations fo	assistant, or nurse practitioner, who practices pediatric medicine, readily available. n und	Compliant
(Medium Risk) .12 Administration No violations for 1.12.A.1 (High Risk) 1.12.C.2	assistant, or nurse practitioner, who practices pediatric medicine, readily available.  n und The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license. 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	Compliant
(Medium Risk) .12 Administration No violations for 1.12.A.1 (High Risk) 1.12.C.2 (High Risk) 1.12.D.1	assistant, or nurse practitioner, who practices pediatric medicine, readily available.  n und The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license. 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. If the program chooses to provide transportation, a transportation policy must be	Compliant Compliant Compliant
(Medium Risk) .12 Administration No violations for 1.12.A.1 (High Risk) 1.12.C.2 (High Risk) 1.12.D.1 (Low Risk) 1.12.D.3 (High Risk) 1.12.D.4	assistant, or nurse practitioner, who practices pediatric medicine, readily available.  n und The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license. 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. If the program chooses to provide transportation, a transportation policy must be written. All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a	Compliant Compliant Compliant Not Applicable
(Medium Risk) 12 Administration No violations for 1.12.A.1 (High Risk) 1.12.C.2 (High Risk) 1.12.D.1 (Low Risk) 1.12.D.3 (High Risk) 1.12.D.4 Low/Medium/High	assistant, or nurse practitioner, who practices pediatric medicine, readily available. <b>In und</b> The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.  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.  If the program chooses to provide transportation, a transportation policy must be written.  All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file.  In addition, vehicles used to transport children must have: a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; (Low Risk) b. a fire extinguisher; (High Risk) c. first aid, emergency airway and bodily fluid spill kits; and (High Risk)	Compliant Compliant Compliant Not Applicable Not Applicable
(Medium Risk) .12 Administration No violations for 1.12.A.1 (High Risk) 1.12.C.2 (High Risk) 1.12.D.1 (Low Risk) 1.12.D.3 (High Risk) 1.12.D.4 Low/Medium/High Risk) 1.12.D.8	assistant, or nurse practitioner, who practices pediatric medicine, readily available. <b>In und</b> The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license. 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. If the program chooses to provide transportation, a transportation policy must be written. All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file. In addition, vehicles used to transport children must have: a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; (Low Risk) b. a fire extinguisher; (High Risk) c. first aid, emergency airway and bodily fluid spill kits; and (High Risk) d. audible door and back-up alarms (mountable or installed). (Medium Risk) Attendance and emergency information on each child being transported must be	Compliant Compliant Compliant Not Applicable Not Applicable Not Applicable
(Medium Risk) .12 Administration No violations for 1.12.A.1 (High Risk) 1.12.C.2 (High Risk) 1.12.D.1 (Low Risk) 1.12.D.3 (High Risk) 1.12.D.4 Low/Medium/High Risk) 1.12.D.4 Low/Medium/High Risk) 1.12.D.4 Low/Medium/High Risk) 1.12.D.8 (High Risk) 1.12.F.1 (Medium Risk) 1.12.F.1 (Medium Risk)	assistant, or nurse practitioner, who practices pediatric medicine, readily available. In addition, reading a series of the license. 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. If the program chooses to provide transportation, a transportation policy must be written. All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file. In addition, vehicles used to transport children must have: a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; ( <i>Low Risk</i> ) b. a fire extinguisher; ( <i>High Risk</i> ) c. first aid, emergency airway and bodily fluid spill kits; and ( <i>High Risk</i> ) d. audible door and back-up alarms (mountable or installed). ( <i>Medium Risk</i> ) Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided. The program maintains program files, and individual files for children and staff that are available on-site at all times.	Compliant Compliant Compliant Not Applicable Not Applicable Not Applicable Not Applicable
(Medium Risk) .12 Administration No violations for 1.12.A.1 (High Risk) 1.12.C.2 (High Risk) 1.12.D.1 (Low Risk) 1.12.D.3 (High Risk) 1.12.D.4 Low/Medium/High Risk) 1.12.D.8 (High Risk) 1.12.F.1 (Medium Risk)	assistant, or nurse practitioner, who practices pediatric medicine, readily available. In addition, reading a series of the license. 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. If the program chooses to provide transportation, a transportation policy must be written. All individuals who provide transportation of children must: a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file. In addition, vehicles used to transport children must have: a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can be used), stating the program's name; ( <i>Low Risk</i> ) b. a fire extinguisher; ( <i>High Risk</i> ) c. first aid, emergency airway and bodily fluid spill kits; and ( <i>High Risk</i> ) d. audible door and back-up alarms (mountable or installed). ( <i>Medium Risk</i> ) Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided. The program maintains program files, and individual files for children and staff that are available on-site at all times.	Compliant Compliant Compliant Not Applicable Not Applicable Not Applicable Not Applicable

1.13.F.6	There is a means of written/electronic daily communication between staff and	Compliant
(Medium Risk)	families in Infant/Toddler programs, which includes information about the child's	
	routine care.	

Staff File Requirements Reference: 1.12. F.10			
<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	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:	
Personnel Sheet (a)	Personnel Sheet (a)	Personnel Sheet (a)	
Criminal Records Checks (c)	Criminal Records Checks (c)	Criminal Records Checks (c)	
Clearance of Agency Activity check (d)	Clearance of Agency Activity check (d)	Clearance of Agency Activity check (d)	
Job Description (b)	Job Description (b)	Job Description (b)	
Notarized Criminal Record and Employment	Notarized Criminal Record and Employment	Notarized Criminal Record and Employment	
Record Forms (e)	Record Forms (e)	Record Forms (e)	
Health records as required by the RIDOH (g)	Health records as required by the RIDOH (g)	Health records as required by the RIDOH (g)	
Training Plan (j)	Training Plan (i)	Training Plan (j)	
Documentation of participation in orientation (k)	Documentation of participation in orientation (k)	Documentation of participation in orientation (k)	
(Orientation must include recognition and	(Orientation must include recognition and	(Orientation must include recognition and	
reporting of child abuse and neglect 1.11.E.2)	reporting of child abuse and neglect 1.11.E.2)	reporting of child abuse and neglect 1.11.E.2)	
Proof Professional Development (I)	Proof Professional Development (I)	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 B ☑No violations found	Child C ☑No violations found	
<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	<u>Non-Compliant Items</u> High Risk: Medium Risk: Low Risk:	
Compliant Items: 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)	for emergency medical treatment (g)	Compliant Items: 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 estigations, or criminal charges, that have not beer		

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 Michelle Marandola	Date August 3, 2022
Signature of Licensor Stephanie Lutrario	Date August 3, 2022