

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

Renewal/ Monitoring Visit

Visit Information				
Visit Date: March 17, 2022 Visit Start Time: 10:00 Visit End Time: 11:00				
Name of Licensor: Allie Detonnancourt				

Provider Information				
Program Name: Raggedy Ann Nurser	/			
Provider ID: 38836		License Expir	ration Date: December 31, 2022	
Email Address: Paula17@outlook.com	1	Telephone Nu	Telephone Number: 401-247-2087	
Street Address: 210 Metacom Avenue			State: RI	
City: Warren			Zip Code: 02885	
Administrator On-Site at Time of Visit:		Paula Cabral		
Education Coordinator On-Site at Time of Visit:		Paula Cabral		
School Age Coordinator On-Site at Time of Visit: (if applicable)				
Current Licen	,		Total Staff Employed	
I/T:				
PS: 18 2		2		
SA:				

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Preschool	3-5	13	2		Snacks

		Inspections 1.7.A.2.a-c
Fire		Expiration Date
Lead	Compliant	Expiration Date April 22, 2022
Radon		Expiration Date April 2, 2022
Comment	ts:	

Child Care and School Age Program Regulations 218-RICR-70-00-1				
ection	Requirement Description	Compliant Status	Remarks	
7 Physical Faci No violations f				
	y, and Nutrition			
1.8.C.3	A daily log is maintained of every medication administered. This record includes			
(High Risk)	the: a. child's name;			
	b. name and dosage of medication administered;	Compliant		
	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			
1.8.C.6	prescribing the medication.			
(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	Compliant		
	attract children; and c. In a way that does not contaminate play surfaces or food preparation areas.			
1.8.G.1	The facility, equipment, and materials are clean, free of hazards, and kept in good	Compliant		
(High Risk)	repair.	Compliant		
1.8.G.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.	Compliant		
1.8.G.7	The program posts and follows a regular cleaning and sanitation schedule,			
(High Risk)	including provisions for deep cleaning.	Compliant		
1.8.H.2 & 1.8.H 3	3 Staff wash their hands, and ensure children wash their hands, with liquid soap and			
(High Risk)	warm running water as needed.	Not Observed		
1.8.J.1&2	A daily health check is conducted on each child as soon as possible after the child			
(Medium Risk)	arrives at the program. If a child presents with symptoms of concern, staff: a.	Compliant		
	Document the findings; b. Determine the needs of the child and make accommodations as necessary; and c. Notify the parent/guardian, as necessary.			
1.8.J.4	A first aid kit is available in each classroom and outdoor play areas. a. The first aid	Compliant		
(Medium Risk)	kit is restocked after each use.	Compliant		
1.8.J.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.	Compliant		
	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	Compliant		
	program's daily health log.			
1.8.J.6	A choke-saving poster that outlines the Heimlich Maneuver, is prominently			
(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.	Compliant		
1.8.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	Not Applicable		
1.8.K.7	All bedding used on cots must be removed in between uses and safely stored in	Not Applicable		
(Medium Risk)	individual plastic bags, or comparable means, to prevent contamination.			
1.8.K.9 (Medium Risk)	There is one (1) assembled evacuation crib equipped with wheels for every five (5) children under two (2) years of age, accessible in case of emergency.	Not Applicable		
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	Not Applicable		
	children from the facility.			
	b. Evacuation cribs may be utilized for sleeping children at naptime.			
1.8.L.1&2 (High Risk)	The program develops and implements an individualized, written plan to prepare for and respond to potential emergency/disaster situations. This plan is appropriate to			
	support the needs of all children in the program and must be approved by the	Compliant		
4.0.1.4	Department.			
1.8.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	Compliant		
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1.8.L.5	All required emergency phone numbers are posted in a conspicuous place adjacent	Compliant		

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(High Risk)	to the telephone.	
1.8.L.6 (High Risk)	 The program Administrator or designee 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. e. Programs with Night Time Care conduct an additional set of safety drills during the night time hours of operation. 	
1.8.M.7 (Low Risk)	Menus for meals and snacks are planned and are posted weekly.	Compliant
1.8.M.10 & 11 (Medium Risk)	Drinking-water is readily available and offered throughout the day, especially before, during and after outdoor play. Drinking-water supplies are located in or near classrooms and activity rooms.	Compliant
1.8.N.1 (Medium Risk)	For each child with food allergies or special nutritional needs, the program requests that the parent/guardian obtains a care plan from the child's health care provider	Compliant
1.8.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	Compliant
1.8.N.3 (Medium Risk)	The program 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, 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.	Compliant
	und as Program does not offer infant/toddler care	
1.10 Enrollment an ✓No violations for		
1.12 Administratio ✓No violations for		
1.13 Learning and	Development	
No violations fo		
1.13.A.5 (Medium Risk)	Written or electronic documentation of the classroom level curriculum (lesson plans or planning documentation) is easily accessible in each individual classrooms.	Compliant
1.13.B.4 (Medium Risk)	Television or other screen time is prohibited for infants and limited to no more than 30 minutes per day for other children.	Compliant
1.13.F.6 (Medium Risk)	There is a means of written/electronic daily communication between staff and families in Infant/Toddler programs, which includes information about the child's routine care.	Compliant

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	3		
Staff A □No violations found	Staff B □ No violations found	Staff C ✓ No violations found	
<u>Non-Compliant</u> High Risk: Criminal Records Checks (c) Medium Risk: Low Risk:	<u>Non-Compliant</u> High Risk: Medium Risk: Low Risk:	<u>Non-Compliant</u> High Risk: Medium Risk: Low Risk:	
Compliant Items: Personnel Sheet 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) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l)	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) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l)	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) Documentation of participation in orientation (k) (Orientation must include recognition and reporting of child abuse and neglect 1.11.E.2) Proof Professional Development (l)	

Child File Requirements Reference: 1.12. F.7/1.12.F.8.a			
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			
Child A ⊠No violations found	Child B ✓ No violations found	Child C ☑ No violations found	
Non-Compliant	Non-Compliant	Non-Compliant	
High Risk:	High Risk:	High Risk:	
Medium Risk:	Medium Risk:	Medium Risk:	
Low Risk:	Low 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)	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)	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		
Have there been any known arrests, criminal inve work in the facility? No If yes, record details of these events below:	estigations, or criminal charges, that have not been	n reported to licensing involving any persons who	

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 Paula s cabral	Date March 17, 2022
Signature of Licensor Allie Detonnancourt	Date March 17, 2022

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