

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

Renewal/ Monitoring Visit

Visit Information			
Visit Date: March 31, 2022	Visit Start Time: 12:15	Visit End Time: 1:45 PM	
Name of Licensor: Allie Detonnancourt			

	Provid	ler Information		
Program Name: St Andrews Preschool				
Provider ID: 38924		License	License Expiration Date: December 31, 2022	
Email Address: standrewpreschoolri@gmail.com		Telephoi	Telephone Number: 401-322-9256	
Street Address: 15 East Beach Road			State: RI	
City: Charlestown			Zip Code: 02813	
Administrator On-Site at Time of Visit:			Kerry Gallup	
Education Coordinator On-Site at Time of Visit:			Jeanne Demelim	
School Age Coordinator On-Site at Time of Visit: (if applicable)				
Current Licensed Capacity			Total Staff Employed	
I/T:				
PS:	18		4	
SA:				

Classroom:	Age Group:	# of children	#of staff	# of others	Activities Observed:
Preschool	3-5	6	2		Lunch

		Inspections 1.7.A.2.a-c
Fire	Compliant	Expiration Date September 3, 2022
Lead	Compliant	Expiration Date
Radon	Compliant	Expiration Date December 9, 2022
Comments	: Lead Free Status.	

	Child Care and School Age Program Regulations 218-RICR-70-00-1		
Section	Requirement Description	Compliant Status	Remarks
1.7 Physical Facili			
✓No violations fo	und		
1.8 Health, Safety,			
✓No violations fo			
1.9 Routine Care of			
No violations for	und is Program does not offer infant/toddler care		
1.10 Enrollment ar	•		
✓No violations fo			
1.12 Administratio	n		
No violations for	und		
1.12.A.1	The program is responsible for immediately notifying the Department, in writing, of	Not Applicable	
(High Risk)	major changes which affect the license.	1 tot / ipplioable	
1.12.C.2	Approved individuals manually or electronically sign the child in at drop off and sign	Commisset	
(High Risk)	the child out at pick up, using a time stamp and a full signature, name, or comparable identifier.	Compliant	
1.12.D.1	If the program chooses to provide transportation, a transportation policy must be		
(Low Risk)	written.	Not Applicable	
		Not Applicable	
1.12.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 b. have a	Not Applicable	
(High Risk)	completed background check on file.	Not Applicable	
1.12.D.4	In addition, vehicles used to transport children must have:		
(Low/Medium/High	a. two-inch lettering on the vehicle (unless leased and then a magnetized sign can		
Risk)	be used), stating the program's name; (Low Risk)	Not Applicable	
	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>)		
1.12.D.8	Attendance and emergency information on each child being transported must be		
(High Risk)	available in the vehicle when transportation is being provided.	Not Applicable	
1.12.F.1	The program maintains program files, and individual files for children and staff that are available on-site at all times.	Compliant	
(Medium Risk)	are avaliable on-site at all times.	Compliant	
1.13 Learning and	Development		
No violations for			
1.13.A.5	Written or electronic documentation of the classroom level curriculum (lesson plans	0 1: 1	
(Medium Risk)	or planning documentation) is easily accessible in each individual classrooms.	Compliant	
1.13.B.4	Television or other screen time is prohibited for infants and limited to no more than		
(Medium Risk)	30 minutes per day for other children.	Not Applicable	
4.40.50			
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	Not Applicable	
(Wedialii Nisk)	routine care.	THO EMPHORDIE	
		1	

	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 Items High Risk: Medium Risk: Health records as required by the RIDOH (g) Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	
Compliant Items: Personnel Sheet (a) Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description (b) Notarized Criminal Record and Employment Record Forms (e) 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 (I)	Compliant Items: Personnel Sheet (a) Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description (b) 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 (I)	Compliant Items: Personnel Sheet (a) Criminal Records Checks (c) Clearance of Agency Activity check (d) Job Description (b) 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)	

	Id File Requirements Reference: 1.12. F.7/1.12.F	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 Items High Risk: Medium Risk: Low Risk:	High Risk: Medium Risk:	Non-Compliant Items High Risk: Medium Risk: Low Risk:	
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)	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)	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)	

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:



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Additional Discussion Notes

Needs a copy of previous report. Is unable to log into early learning and dogs website. Send over child abuse form.

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 Kerry Gallup	Date March 30, 2022
Signature of Licensor Allie Detonnancourt	Date March 30, 2022