



Rhode Island Department of Human Services

Child Care Center/School Age Program Monitoring Checklist

Draft 9/14/2021

Visit Information

Visit Date:		Visit Start Time:		Visit End Time:	
Name of Licenser:					

Provider Information

Program Name:					
Provider ID:			License Expiration Date:		
Email Address:			Telephone Number:		
Street Address:				State:	
City:				Zip:	
Administrator On-Site at Time of Visit:					
Education Coordinator On-Site at Time of Visit:					
School Age Coordinator On-Site at Time of Visit: (if applicable)					
Current Licensed Capacity			Total Staff Employed		
I/T:					
PS:					
SA:					

Classroom:	Age Group:	# of children	# of staff	# of others	Activities Observed:

Inspections 1.7.A.2.a-c

Fire	<input type="checkbox"/> Compliant	Date Completed		Expiration Date	
	<input type="checkbox"/> Non-Compliant				
Lead	<input type="checkbox"/> Compliant	Date Completed		Expiration Date	
	<input type="checkbox"/> Non-Compliant				
Radon	<input type="checkbox"/> Compliant	Date Completed		Expiration Date	
	<input type="checkbox"/> Non-Compliant				



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Section	Requirement Description	Compliant Status	Remarks
1.7 Physical Facilities			
<input type="checkbox"/> No violations found			
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.7.C.6 (Medium risk)	Each classroom and activity space has artificial lighting that is intact and in good working order.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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° F – 74° F at the children's height. In an infant classroom, the temperature should be a minimum 68° F at the height of the crib.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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. b.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8 Health, Safety, and Nutrition			
<input type="checkbox"/> No violations found			
1.8.C.3 (High Risk)	A daily log is maintained of every medication administered. This record includes the: a. child's name;	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite



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	<ul style="list-style-type: none"> 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. 		
1.8.C.6 (High Risk)	Medications are stored: <ul style="list-style-type: none"> 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. 	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.G.1 (High Risk)	The facility, equipment, and materials are clean, free of hazards, and kept in good repair.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.G.7 (High Risk)	The program posts and follows a regular cleaning and sanitation schedule, including provisions for deep cleaning.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.H.2 & 1.8.H.3 (High Risk)	Staff wash their hands, and ensure children wash their hands, with liquid soap and warm running water as needed.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
1.8.J.1&2 (Medium Risk)	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: <ul style="list-style-type: none"> a. Document the findings; b. Determine the needs of the child and make accommodations as necessary; and c. Notify the parent/guardian, as necessary. 	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.J.4 (Medium Risk)	A first aid kit is available in each classroom and outdoor play areas. <ul style="list-style-type: none"> a. The first aid kit is restocked after each use. 	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.J.5 (Medium Risk)	Injuries are documented on an injury report. <ul style="list-style-type: none"> 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. 	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.J.6 (Medium Risk)	A choke-saving poster that outlines the Heimlich Maneuver, is prominently displayed in any area where children eat.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.K.1	Program furniture must be clean, durable, maintained in good repair and free of hazards.	<input type="checkbox"/> Compliant	<input type="checkbox"/> Corrected Onsite



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Section	Requirement Description	Compliant Status	Remarks
(Medium Risk)		<input type="checkbox"/> Non-Compliant	
1.8.K.3 (High Risk)	Programs serving Infants and/or Toddlers have a choke prevention gauge readily available.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.K.7 (Moderate Risk)	All bedding used on cots must be removed in between uses and safely stored in individual plastic bags, or comparable means, to prevent contamination.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.K.10 (Medium Risk)	Evacuation cribs are to remain empty of materials and accessible for use in case of an emergency. a. In the event of an emergency, the evacuation cribs are used to safely remove children from the facility. b. Evacuation cribs may be utilized for sleeping children at naptime.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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 Department.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.L.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted in each classroom.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.L.5 (High Risk)	All required emergency phone numbers are posted in a conspicuous place adjacent to the telephone.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.M.7 (Low Risk)	Menus for meals and snacks are planned and are posted weekly.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite



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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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.8.N.2 (High Risk)	The program makes provisions for protecting children with food allergies from contact with the allergen(s).	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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, in	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
1.9 Routine Care of Children <input type="checkbox"/> No violations found			
1.9.A.5&6 (Medium Risk)	Bottles are never propped up at any time or placed in a child's crib. A heating unit for warming bottles and food is readily accessible to staff. Microwaves are not used for heating bottles.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
1.9.B.7 (High Risk)	The diaper-changing surface is cleaned and sanitized after each use with a disposable towel, United States Environmental Protection Agency registered disinfectant, or disinfectant solution that is prepared daily.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
1.9.C.8 (High Risk)	There are no restraining devices of any type, including swaddles.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite



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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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
1.10 Enrollment and Staffing <input type="checkbox"/> No violations found			
1.10.B.1 (High Risk)	Programs must group children according to the correct staff/child ratio and maximum group size.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.10.D.3 (High Risk)	Every classroom has a copy of the emergency information for each child.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.10.F.1 (High Risk)	Classroom staff provide sight and sound supervision during all aspects of the program.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.10.G.1 (Medium Risk)	Each program is required to have individuals in Program Leadership roles as appropriate.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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).	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.10.G.16 (Medium Risk)	The program must have the consultant services of a licensed physician, physician's assistant, or nurse practitioner, who practices pediatric medicine, readily available.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.12 Administration <input type="checkbox"/> No violations found			
1.12.A.1 (High Risk)	The program is responsible for immediately notifying the Department, in writing, of major changes which affect the license.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.12.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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.12.D.1 (Low Risk)	If the program chooses to provide transportation, a transportation policy must be written.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.12.D.3 (High Risk)	All individuals who provide transportation of children must:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant	<input type="checkbox"/> Corrected Onsite



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	a. hold a valid Rhode Island Chauffeur's License or equivalent from another state; and b. have a completed background check on file.	<input type="checkbox"/> Non-Compliant	
1.12.D.4 (Low/Medium/High Risk)	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). (Moderate Risk)	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Corrected Onsite
1.12.D.8 (High Risk)	Attendance and emergency information on each child being transported must be available in the vehicle when transportation is being provided.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.12.F.1 (Medium Risk)	The program maintains program files, and individual files for children and staff that are available on-site at all times.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
1.13 Learning and Development			
<input type="checkbox"/> No violations found			
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite

Staff File Requirements Reference: 1.12. F.10		
<input type="checkbox"/> No violations found		
Staff file must include (check if non-compliant): <input type="checkbox"/> Personnel Sheet (a) <input type="checkbox"/> Job Description (b) <input type="checkbox"/> Criminal Records Checks (c) <input type="checkbox"/> Clearance of Agency Activity check (d) <input type="checkbox"/> Notarized Criminal Record and Employment Record Forms (e)	Staff file must include (check if non-compliant): <input type="checkbox"/> Personnel Sheet (a) <input type="checkbox"/> Job Description (b) <input type="checkbox"/> Criminal Records Checks (c) <input type="checkbox"/> Clearance of Agency Activity check (d) <input type="checkbox"/> Notarized Criminal Record and Employment Record Forms (e)	Staff file must include (check if non-compliant): <input type="checkbox"/> Personnel Sheet (a) <input type="checkbox"/> Job Description (b) <input type="checkbox"/> Criminal Records Checks (c) <input type="checkbox"/> Clearance of Agency Activity check (d) <input type="checkbox"/> Notarized Criminal Record and Employment Record Forms (e)



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Staff File Requirements Reference: 1.12. F.10

☐ No violations found

- ☐ 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)

- ☐ 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)

- ☐ 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

☐ No violations found

Child A File must include (Check if non-compliant):

- ☐ An application form (a)
- ☐ Date of Enrollment (b)
- ☐ Evidence of annual health exam (c)
- ☐ Immunization record (d)
- ☐ Written authorization from the parent/guardian for emergency medical treatment (g)
- ☐ Injuries/illnesses/accidents (h)
- ☐ Written authorization for field trips (k)
- ☐ Names of individuals to whom the child can be release (l)
- ☐ A statement authorizing the program to act in an emergency, signed by the parent (m)
- ☐ Parental consent form (n)
- ☐ Developmental History (infants and toddlers) (1.12.F.8.a)

Child B File must include (Check if non-compliant):

- ☐ An application form (a)
- ☐ Date of Enrollment (b)
- ☐ Evidence of annual health exam (c)
- ☐ Immunization record (d)
- ☐ Written authorization from the parent/guardian for emergency medical treatment (g)
- ☐ Injuries/illnesses/accidents (h)
- ☐ Written authorization for field trips (k)
- ☐ Names of individuals to whom the child can be release (l)
- ☐ A statement authorizing the program to act in an emergency, signed by the parent (m)
- ☐ Parental consent form (n)
- ☐ Developmental History (infants and toddlers) (1.12.F.8.a)

Child C File must include (Check if non-compliant):

- ☐ An application form (a)
- ☐ Date of Enrollment (b)
- ☐ Evidence of annual health exam (c)
- ☐ Immunization record (d)
- ☐ Written authorization from the parent/guardian for emergency medical treatment (g)
- ☐ Injuries/illnesses/accidents (h)
- ☐ Written authorization for field trips (k)
- ☐ Names of individuals to whom the child can be release (l)
- ☐ A statement authorizing the program to act in an emergency, signed by the parent (m)
- ☐ Parental consent form (n)
- ☐ Developmental History (infants and toddlers) (1.12.F.8.a)

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
- ☐ Yes

If yes, record details of these events below:



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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)



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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 by 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 at DHS.ChildCareLicensing@dhs.ri.gov with any questions related to resolving the Corrective Action Plan.

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		Date	
Signature of Licensor		Date	

As a licensed child care provider, DHS thanks you for your commitment to providing safe and healthy care to the children of Rhode Island. DHS also values your feedback from the visit you experienced today. Please visit: <https://www.surveymonkey.com/r/OfficeofChildCareCustomerFeedbackSurvey> to complete a short survey on today's visit. Your feedback will help us better understand the needs and experiences of the workforce in order to provide stronger support in the future.

Office Use Only		
Signature of Supervisor upon review		
Date Reviewed by Supervisor		
<input type="checkbox"/> Copy Left with Provider	Date:	Completed by (Initials): _____
<input type="checkbox"/> Mailed to Provider	Date:	Completed by (Initials): _____
<input type="checkbox"/> Data entered RICHIST	Date:	Completed by (Initials): _____



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Internal Notes