



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Draft 9/14/2021

Visit Information

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

Provider Information

Program Name:		
Provider ID:	License Expiration Date:	
Email Address:	Telephone Number:	
Street Address:	State:	
City:	Zip:	
Were any household members there at time of visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list names:

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

Inspections 1.7.A.2.a-c

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

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
2.3.1 (7.3.1) Physical Facilities			
<input type="checkbox"/> No violations found			
2.3.1.B.1/ 7.3.1.B.1 (Medium risk)	Any construction or large-scale modifications to the home (inside or outside) that changes the measurements, or quality of the space used by children, requires approval by the Department's Licensing Administrator prior to the start of construction	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.1.B.4/ 7.3.1.B.4 (Medium risk)	All spaces used for child care must have artificial lighting that is intact and in good working order.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.1.B.5/ 7.3.1.B.5 (High Risk)	All 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



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Section	Requirement Description	Compliant Status	Remarks
2.3.1.B.6 & 11/ 7.3.1.B.6 & 11 <i>(Medium risk)</i>	The residence must have an operational heating system capable of maintaining a minimum temperature of sixty-five degrees Fahrenheit (65° F) in all areas accessible to the children. The provider must ensure that the maximum temperature does not exceed seventy-four degrees Fahrenheit (74° F) in all areas used for child care.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite
2.3.1.B.12/ 7.3.1.B.12 <i>(High Risk)</i>	All entrances to the FCCH are kept locked when the provider is unable to directly monitor its use. The FCCH must have a mechanism and/or procedure in place for monitoring entry throughout the day.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite
2.3.1.B.16&17/ 7.3.1.B.16& 17 <i>(High Risk)</i>	Every electrical outlet within the child care area must be covered with a choke proof child resistant device while not in use. Electrical cords must be: a. Securely taped or fastened out of children's reach; and b. In good condition, without any evidence of being frayed or damaged.	<input type="checkbox"/> Complaint <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite
2.3.1.B.22/ 7.3.1.B.22 <i>(Medium risk)</i>	A telephone (landline or cellular) designated for program and business use must be located within the FCCH during business hours and readily available for use in case of an emergency.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite
2.3.1.B.23/ 7.3.1.B.23 <i>(High Risk)</i>	In addition to meeting the requirements of the applicable Rhode Island Fire Safety Code, the residence must be equipped with a fire extinguisher located in the kitchen area.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite
2.3.1.D.3/ 7.3.1.D.3 <i>(High Risk)</i>	To prevent children from becoming locked inside the bathroom, the provider must ensure: a. Any locks on bathroom doors should not be within the reach of children; or b. A key is readily accessible outside of the bathroom.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite
2.3.1.F.3/ 7.3.1.F.3 <i>(Medium risk)</i>	If there are stairways within the area used for child care they must: a. Have a handrail at children's height; b. Be well lit; c. Be kept clear of obstructions; d. Have a gate, which is kept securely fastened at the entry to any stairway accessible to children under age three (3).	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite
2.3.1.G.1&2/ 7.3.1.G.1&2 <i>(High Risk)</i>	Each program has an outdoor play area that is safe, protected and free from hazards that include, but are not limited to: a. Access to the street; b. Debris, trash, broken glass; c. Animal waste; d. Peeling paint; e. Tools and construction materials; f. Holes that present a tripping hazard or contain still water; and g. Open drainage ditches, wells, or other bodies of water. Outdoor area must be surrounded by a fence or clear physical obstacle that prevents movement or access to another area.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected <input type="checkbox"/> Onsite



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Section	Requirement Description	Compliant Status	Remarks
2.3.1G9&10/ 7.3.1G9&10 (High Risk)	If the residence has an in-ground pool, the provider must prevent children's access: a. The pool must be separated by a fence that is at least six feet in height, with no openings or protrusions that a child could use to get over, under or through, and b. It must be equipped with a gate that opens out from the pool, and self-close and self-latch at a height where a child can't reach. 10. If the residence has an above ground pool, it must have a four foot (4') fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six feet (6').	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.1.H.1/ 7.3.1.H.1 (High Risk)	Providers are wholly responsible for ensuring that all parts of the residence and grounds are maintained in a way that ensures health and safety at all times.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.2 / 7.3.2 Health, Safety, and Nutrition <input type="checkbox"/> No violations found			
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite



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Section	Requirement Description	Compliant Status	Remarks
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
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	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
2.3.2.K.2/ 7.3.2.K.2 (High Risk)	The provider 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"/>	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
2.3.2.L.6/ 7.3.2.L.6 (Low Risk)	Menus for meals and snacks must be planned and posted weekly.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.2.M.1/ 7.3.2.M.1 (High Risk)	The provider 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
2.3.2.M.4/ 7.3.2.M.4 (High Risk)	An individualized graphic evacuation plan identifying alternative escape routes is posted within the child care area	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	<input type="checkbox"/> Corrected Onsite
2.3.2.M.7/ 7.3.2.M.7	The provider conducts regular safety drills.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	Corrected Onsite



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Section	Requirement Description	Compliant Status	Remarks
(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. c. Two (2) shelter-in-place drills are conducted every twelve (12) months. d. A record of all safety drills is maintained.		
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
2.3.2.P.1/ 7.3.2.P.1 (Medium Risk)	Program furniture must be clean, durable, maintained in good repair and free of hazards.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.2.P.4/ 7.3.2.P.4 (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
2.3.2.P.7/ 7.3.2.P.7 (High 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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.2.P.8/ 7.3.P.8 (Moderate Risk)	All bedding used for children's sleeping surfaces must be laundered weekly.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/>	<input type="checkbox"/> Corrected Onsite <input type="checkbox"/>
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.3 Routine Care of Children <input type="checkbox"/> No violations found			



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Section	Requirement Description	Compliant Status	Remarks
2.3.3.A.5&6/ 7.3.3.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
2.3.3.B.7/ 7.3.3.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
2.3.3.C.6/ 7.3.3.C.6 (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
2.3.3.C.8/ 7.3.3.C.8 (High Risk)	Infants must sleep in a crib or portable crib approved by the United States Consumer Product Safety Commission Standards, equipped with a firm crib mattress and a tight-fitting sheet.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
2.3.3.C.9/ 7.3.3.C.9 (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
2.3.3.C.13/15/ 7.3.3.C.13/15 (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
2.3.3.C.17/ 7.3.3.C.17 (High Risk)	Children must rest/sleep in a location in the residence where they can be in both sight and sound supervision by the provider/substitute(s)/assistant(s) at all times. a. During hours of operation, no child may rest/sleep behind a closed door.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Not Observed	<input type="checkbox"/> Corrected Onsite
2.3.4 Enrollment and Staffing			
<input type="checkbox"/> No violations found			
2.3.4.B.1/ 7.3.4.B.1 (High Risk)	Providers must group children according to the correct staff/child ratio.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.4.D.1/ 7.3.4.D.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
2.3.4.E.1/ 7.3.4.E.1 (Medium Risk)	The provider must have an individual attendance sheet that lists the first and last names of all children enrolled. This list must: a. Be updated every time that there is a change in enrollment; b. Reflect which children are present at any given time.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite



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Section	Requirement Description	Compliant Status	Remarks
2.3.4.G.3/ 7.3.4.G.3 (Low Risk)	All volunteers and visitors must sign in and out of the program on a sign out sheet available at the entrance of the program. a. The sign in and out sheet must include the: (1) Date of visit; (2) Full name of volunteer or visitor/guest; (3) Reason for visit; and (4) Time in and out for the visit.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.6 Administration			
<input type="checkbox"/> No violations found			
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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 b. have a completed background check on file.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
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.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.7 Learning and Development			
<input type="checkbox"/> No violations found			
2.3.7.A.3/ 7.3.7.A.3 (Medium Risk)	The weekly curriculum plan must include: a. A list of activities and opportunities available to children throughout the week; b. Materials and equipment that are needed to support activities and opportunities; and c. Relevant Rhode Island Early Learning and Development Standards for Infant, Toddler, and Preschool programs.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
2.3.7.B.4/ 7.3.7.B.4 (Medium Risk)	Television or other screen time is: a. Prohibited for children under eighteen (18) months old; b. Prohibited during scheduled meal and snack times; c. Limited to no more than thirty (30) minutes per day; except in situations including: (1) Activities (not to exceed one (1) event per month, per group) such as watching a movie,	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite



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	provided that alternate supervised activities remain available; and (2) School Age children's use of electronic media or e-readers for homework, reading, or hands on learning activities. d. Related to planned activities; and e. Age appropriate for all children in care.		
2.3.7.F.3/ (Medium Risk)	Families must be kept informed through communication including the Family Child Care Home Handbook, periodic newsletters, and ongoing contact with provider and substitute(s)/assistant(s).	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite

Child File Requirements Reference: 1.12. F.7/1.12.F.8.a		
<input type="checkbox"/> No violations found		
Child A File must include: (Check if non-compliant) <input type="checkbox"/> An application form (a) <input type="checkbox"/> Date of Enrollment (b) <input type="checkbox"/> Evidence of annual health exam (c) <input type="checkbox"/> Immunization record (d) <input type="checkbox"/> Written authorization from the parent/guardian for emergency medical treatment (g) <input type="checkbox"/> Injuries/illnesses/accidents (h) <input type="checkbox"/> Written authorization for field trips (k) <input type="checkbox"/> Names of individuals to whom the child can be release (l) <input type="checkbox"/> A statement authorizing the program to act in an emergency, signed by the parent (m) <input type="checkbox"/> Parental consent form (n) <input type="checkbox"/> Developmental History (infants and toddlers)	Child B File must include: (Check if non-compliant) <input type="checkbox"/> An application form (a) <input type="checkbox"/> Date of Enrollment (b) <input type="checkbox"/> Evidence of annual health exam (c) <input type="checkbox"/> Immunization record (d) <input type="checkbox"/> Written authorization from the parent/guardian for emergency medical treatment (g) <input type="checkbox"/> Injuries/illnesses/accidents (h) <input type="checkbox"/> Written authorization for field trips (k) <input type="checkbox"/> Names of individuals to whom the child can be release (l) <input type="checkbox"/> A statement authorizing the program to act in an emergency, signed by the parent (m) <input type="checkbox"/> Parental consent form (n) <input type="checkbox"/> Developmental History (infants and toddlers)	Child C File must include: (Check if non-compliant) <input type="checkbox"/> An application form (a) <input type="checkbox"/> Date of Enrollment (b) <input type="checkbox"/> Evidence of annual health exam (c) <input type="checkbox"/> Immunization record (d) <input type="checkbox"/> Written authorization from the parent/guardian for emergency medical treatment (g) <input type="checkbox"/> Injuries/illnesses/accidents (h) <input type="checkbox"/> Written authorization for field trips (k) <input type="checkbox"/> Names of individuals to whom the child can be release (l) <input type="checkbox"/> A statement authorizing the program to act in an emergency, signed by the parent (m) <input type="checkbox"/> Parental consent form (n) <input type="checkbox"/> Developmental History (infants and toddlers)
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?	<input type="checkbox"/> No <input type="checkbox"/> 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 Family Child Care 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): _____



Rhode Island Department of Human Services

Group/Family Child Care Home Monitoring Checklist

Draft 9/14/2021

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Internal Notes