EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 8:00AM	**Departure Time:** 4:30PM	**Visit Date:** 12/22/2017
Consultant Name:	Maranda Powell	**Phone #:** (770) 357-9953
Program Name:	Arbor Station Elementary (Douglas County School ASP)	**Provider #:** EX-42894
Exemption Category:	EX-1 Government ✔ **CAPS Funded**	**Category #:** EXMT-4837
Street Address:	9999 Parkway South	**Phone #:** (770) 651-3000
City, Zip Code, County:	Douglasville, 30135, Douglas	**# of CAPS certificates *(if applicable)*:**
Administrator/Person-in-charge:		**Present during visit:**
		Is this person typically on-site each day?

CAPS Missing Exemption Provider Documents

The following information is needed to complete the caregiver's record with the CAPS program.
Please send to CAPS.InformalProvider@decal.ga.gov within 10 days.

Proof of SSN ☐	**Proof of Identification** ☐	**Enrollment package for CRC** ☐	**CRC for all over 17 yrs** ☐	**Direct Deposit** ☐	**CPR Certificate** ☐
Annual Updates	**W-9** ☐	**Enrollment Affidavit** ☐	**Childcare Provider Agreement** ☐	**No Documents Needed** ☐	

General Operating Information

Is program currently operating?	○ Yes ○ No **Comment:**
Is program operating within approved guidelines? *(i.e. ages served, hours/days of operation, etc.)*	○ Yes ○ No **Comment:**
Is program operating at approved location?	○ Yes ○ No **Comment:**
Are signed parent acknowledgement forms on file for each child?	○ Yes ○ No
Do parents receive a program handbook?	○ Yes ○ No
Is approval letter and exemption notice from the Dept. posted in a prominent place near front entrance?	○ Yes ○ No
Is the email we have on file current?	○ Yes ○ No
Are you receiving communications from the Department?	○ Yes ○ No
Is the program accredited?	○ Yes ○ No
If yes, please list accrediting agency:	

Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
TOTAL					

Group Sizes met?	☐ Yes ☐ No
Total number of non-care staff present (clerical, janitorial, etc.):	

Indicators

Supervision

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• Staff members physically present with the children and properly supervising?	☐ Yes ☐ No
• Staff alert and able to intervene to prevent injuries?	☐ Yes ☐ No
If no, explain...	
Playgrounds/Equipment	☐ N/A (no playground) ☐ N/A (no equipment) ☐ Not observed during visit
• Outdoor equipment free of serious hazards?	☐ Yes ☐ No
• Outdoor play area free of serious hazards?	☐ Yes ☐ No
• Fence/barrier around outdoor play area?	☐ Yes ☐ No
If no, explain...	
Health & Hygiene	☐ Not observed during visit
• Sink(s), running water, soap and paper towels available?	☐ Yes ☐ No
• Staff wash hands after toileting & before eating?	☐ Yes ☐ No
• Children wash hands after toileting & before eating?	☐ Yes ☐ No
If no, explain...	
Bathrooms	
• Number of Toilets:	
• Number of Sinks:	
• Bathrooms in or adjacent to activity areas?	☐ Yes ☐ No
If no, explain...	
Transportation	☐ N/A (no transportation provided)
• Written permission to transport from parent/guardian?	☐ Yes ☐ No
• Emergency medical information for each child on vehicle?	☐ Yes ☐ No
• Proper restraints used when transporting children?	☐ Yes ☐ No ☐ Not observed during visit
• Procedures in place to transport children safely?	☐ Yes ☐ No
• Each vehicle(s) has an annual safety inspection?	☐ Yes ☐ No ☐ Not observed during visit
• Each vehicle(s) is in good/safe condition, clean and free of hazardous items?	☐ Yes ☐ No ☐ Not observed during visit
• Documentation maintained of transportation which indicates that safety procedures are in place?	☐ Yes ☐ No
• Additional staff provided to maintain adequate supervision during transportation?	☐ Yes ☐ No
• Comments/Notes:	
Field Trips	☐ N/A (no field trips provided)
• Written permission from parent/guardian?	☐ Yes ☐ No
• List of participants?	☐ Yes ☐ No
• Emergency medical information for each child on vehicle?	☐ Yes ☐ No
If no, explain...	
Swimming and Water-Related Activities	☐ N/A (no pool/no swimming activities)
• Pool area adequately fenced & secured?	☐ Yes ☐ No
• Lifeguard certified and present? (if pool is on site)	☐ Yes ☐ No

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• Enough staff to safely supervise swimmers and non-swimmers?	☐ Yes ☐ No
If no, explain...	
Medication	☐ N/A (No medication dispensed)
• Stored medication inaccessible to children?	☐ Yes ☐ No
• Written permission from parent/guardian to dispense?	☐ Yes ☐ No
• Document in writing when medication is dispensed?	☐ Yes ☐ No
If no, explain...	
Discipline	
• Appropriate disciplinary actions observed?	☐ None observed ☐ Yes ☐ No
If no, explain...	
• Written discipline policy?	☐ Yes ☐ No
• Appropriate discipline policy? (not physically or emotionally harmful)	☐ Yes ☐ No
• Policy communicated to staff?	☐ Yes ☐ No
If no, explain...	
Physical Plant	
• Certificate of Occupancy?	☐ Yes ☐ No
• Fire Marshal approval?	☐ Yes ☐ No
• Zoning approval?	☐ Yes ☐ No
• Business license?	☐ Yes ☐ No
• Premises free of serious health & safety hazards?	☐ Yes ☐ No
If no, explain...	
Children's Records	
• Are children's records maintained on-site?	☐ Yes ☐ No
• Emergency contact information available for each child & readily accessible to staff?	☐ Yes ☐ No
• Comments/Notes:	
Policies and Procedures - Does the program have a written policy regarding the following?	
• The exclusion of children with contagious illness?	☐ Yes ☐ No
• Notification of parents in the event their child becomes ill while at the facility?	☐ Yes ☐ No
• The notification of all parents of enrolled children when a reportable contagious illness is present in the facility?	☐ Yes ☐ No
• The prevention of and response to food and allergic reactions?	☐ Yes ☐ No
• Emergency preparedness and response?	☐ Yes ☐ No
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding?	☐ Yes ☐ No
• Recognition and reporting of child abuse and neglect?	☐ Yes ☐ No
• Comments/Notes:	
Diapering	☐ N/A (no diapering) ☐ Not observed during visit
• Clean, nonporous diapering surface with safety barrier?	☐ Yes ☐ No

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• Sink with warm, running water adjacent to diapering area?	☐ Yes ☐ No
• Area not used for food preparation?	☐ Yes ☐ No
If no, explain...	
Safe Sleep	☐ N/A (no infants) ☐ Not observed during visit
• CPSC/ASTM Crib in good repair for each infant?	☐ Yes ☐ No
• Cribs clear of objects?	☐ Yes ☐ No
• Each crib has a firm, tight fitting mattress without gaps?	☐ Yes ☐ No
• Each crib has an individual, tight fitting sheet?	☐ Yes ☐ No
• Are infants placed on their back to sleep in an appropriate crib?	☐ Yes ☐ No
If no, explain...	
Criminal Background Checks	
• Satisfactory Criminal Records Checks (CRC) on file for 11 of 16 employees	
• CRC results on file for all staff on-site?	☐ Yes ☐ No
(If no, list location of where they are kept.)	
• Check Sex Offender Registry?	☐ Yes ☐ No
If no, explain...	
Staff Training	
• At least one staff person present on site and on field trips with current first aid and CPR?	☐ Yes ☐ No
• 0 of 16 employees has current first aid	
• 0 of 16 employees has current CPR.	
• 0 of 16 employees has completed health & safety orientation training	
• Does administrator/person-in-charge meet licensing requirements for credential?	☐ Yes ☐ No
If yes, list type of credential:	
• Staff trained in program policies and procedures?	☐ Yes ☐ No
If no, explain...	
• Does staff receive on-going training?	☐ Yes ☐ No
If yes, list type of training:	
NOTES/OBSERVATIONS:	

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action

Administrator/Person-in-charge _____ **Date** 12/22/2017

Consultant Name Maranda Powell **Date** 12/22/2017