

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 2:30PM	Departure Time: 4:30PM	Visit Date: 11/03/2017
Consultant Name:	Karyn Presley	Phone #: (770) 342-7904
Program Name:	Cherokee County - Little River Elementary School ASP	Provider #: EX-43637
Exemption Category:	EX-1 Government <input checked="" type="checkbox"/> <b>CAPS Funded</b>	Category #: EXMT-8026
Street Address:	3170 Trickum Road	Phone #: (770) 926-7566
City, Zip Code, County:	Woodstock, 30188, Cherokee	# of CAPS certificates (if applicable): 1
Administrator/Person-in-charge:	Laura Akers	Present during visit: YES
		Is this person typically on-site each day? YES

### 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](mailto:CAPS.InformalProvider@decal.ga.gov) within 10 days.

Proof of SSN <input type="checkbox"/>	Proof of Identification <input type="checkbox"/>	Enrollment package for CRC <input type="checkbox"/>	CRC for all over 17 yrs <input type="checkbox"/>	Direct Deposit <input type="checkbox"/>	CPR Certificate <input type="checkbox"/>
Annual Updates	W-9 <input type="checkbox"/>	Enrollment Affidavit <input type="checkbox"/>	Childcare Provider Agreement <input type="checkbox"/>	No Documents Needed <input type="checkbox"/>	

### General Operating Information

Is program currently operating?	☉ Yes ○ No <b>Comment:</b>
Is program operating within approved guidelines? <i>(i.e. ages served, hours/days of operation, etc.)</i>	☉ Yes ○ No <b>Comment:</b>
Is program operating at approved location?	☉ Yes ○ No <b>Comment:</b>
Are signed parent acknowledgement forms on file for each child?	○ Yes ☉ No
Do parents receive a program handbook?	☉ Yes ○ No
Is approval letter <u>and</u> 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:	SACS/ Advance Education

### Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
Transitioning	1st graders	1	13	y	transitioning
Playground 1	Kindergarten and 1st grade	4	26	y	playground
playground 2	2nd graders	2	27	y	playground
transitioning	3rd graders	2	21	y	transitioning
Soccer field	4th and 5h graders	5	57	y	soccer field
<b>TOTAL</b>		14	144		

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

### Indicators

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<b><u>Supervision</u></b>	
• Staff members physically present with the children and properly supervising?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Staff alert and able to intervene to prevent injuries?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Playgrounds/Equipment</u></b>	
	<input type="checkbox"/> N/A (no playground) <input type="checkbox"/> N/A (no equipment) <input type="checkbox"/> Not observed during visit
• Outdoor equipment free of serious hazards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Outdoor play area free of serious hazards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Fence/barrier around outdoor play area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Health &amp; Hygiene</u></b>	
	<input type="checkbox"/> Not observed during visit
• Sink(s), running water, soap and paper towels available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Staff wash hands after toileting & before eating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Children wash hands after toileting & before eating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Bathrooms</u></b>	
• Number of Toilets:	48
• Number of Sinks:	40
• Bathrooms in or adjacent to activity areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Transportation</u></b>	
	<input checked="" type="checkbox"/> N/A (no transportation provided)
• Written permission to transport from parent/guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency medical information for each child on vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Proper restraints used when transporting children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit
• Procedures in place to transport children safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Each vehicle(s) has an annual safety inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit
• Each vehicle(s) is in good/safe condition, clean and free of hazardous items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit
• Documentation maintained of transportation which indicates that safety procedures are in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Additional staff provided to maintain adequate supervision during transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	
<b><u>Field Trips</u></b>	
	<input checked="" type="checkbox"/> N/A (no field trips provided)
• Written permission from parent/guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• List of participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency medical information for each child on vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Swimming and Water-Related Activities</u></b>	
	<input checked="" type="checkbox"/> N/A (no pool/no swimming activities)
• Pool area adequately fenced & secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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• Clean, nonporous diapering surface with safety barrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Sink with warm, running water adjacent to diapering area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Area not used for food preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b>Safe Sleep</b>	
	<input checked="" type="checkbox"/> N/A (no infants) <input type="checkbox"/> Not observed during visit
• CPSC/ASTM Crib in good repair for each infant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Cribs clear of objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Each crib has a firm, tight fitting mattress without gaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Each crib has an individual, tight fitting sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are infants placed on their back to sleep in an appropriate crib?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b>Criminal Background Checks</b>	
• Satisfactory Criminal Records Checks (CRC) on file for 0 of 36 employees	
• CRC results on file for all staff on-site? (If no, list location of where they are kept.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No They keep board of education records online but do not have Bright from the Start Fingerprints
• Check Sex Offender Registry? If no, explain...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Staff Training</b>	
• At least one staff person present on site and on field trips with current first aid and CPR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• 0 of 36 employees has current first aid	
• 0 of 36 employees has current CPR.	
• 0 of 36 employees has completed health & safety orientation training	
• Does administrator/person-in-charge meet licensing requirements for credential? If yes, list type of credential:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Education Specialist
• Staff trained in program policies and procedures? If no, explain...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Does staff receive on-going training? If yes, list type of training:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Staff have onsite training from management but do not complete any DECAL trainings
<b>NOTES/OBSERVATIONS:</b>	

### CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action

**Administrator/Person-in-charge** Laura Akers **Date** 11/03/2017  
**Consultant Name** Karyn Presley **Date** 11/03/2017