

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 2:10PM	Departure Time: 3:20PM	Visit Date: 09/27/2018
Consultant Name:	Isha Barrie	Phone #: (706) 497-6768
Program Name:	Jefferson Elementary School	Provider #: EX-49883
Exemption Category:	EX-1 Government ✓ CAPS Funded	Category #: EXMT-15179
Street Address:	415 Hoschton Street	Phone #: (706) 367-8242
City, Zip Code, County:	Jefferson, 30549, Jackson	# of CAPS certificates (if applicable): 0
Administrator/Person-in-charge:	Carla Truelove	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@dec.al.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>(i.e. ages served, hours/days of operation, etc.)</i>	☉ 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 <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:	Public school system

Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
Room 1	4+	0	0	Y	
Room 2	4+	0	0	Y	
Room 3	4+	0	0	Y	
Room 4	4+	0	0	Y	
Gym	4+	3	25	Y	Free play
Room 5	4+	3	25	Y	Watching movie
TOTAL		6	50		

Group Sizes met?	☑ Yes ☐ No
Total number of non-care staff present (clerical, janitorial, etc.):	0

Indicators

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

<u>Supervision</u>	
• 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...	
<u>Playgrounds/Equipment</u>	☐ 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...	
<u>Health & Hygiene</u>	☒ 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...	
<u>Bathrooms</u>	
• Number of Toilets:	11
• Number of Sinks:	7
• Bathrooms in or adjacent to activity areas?	☒ Yes ☐ No
If no, explain...	
<u>Transportation</u>	☒ 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:	
<u>Field Trips</u>	☒ 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...	
<u>Swimming and Water-Related Activities</u>	☒ N/A (no pool/no swimming activities)
• Pool area adequately fenced & secured?	☐ Yes ☐ No

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• Lifeguard certified and present? (if pool is on site)	☐ Yes ☐ No
• Enough staff to safely supervise swimmers and non-swimmers?	☐ Yes ☐ No
If no, explain...	
<u>Medication</u>	☒ 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...	
<u>Discipline</u>	
• 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...	
<u>Physical Plant</u>	
• 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...	
<u>Children's Records</u>	
• Are children's records maintained on-site?	☒ Yes ☐ No
• Emergency contact information available for each child & readily accessible to staff?	☒ Yes ☐ No
• Comments/Notes:	
<u>Policies and Procedures - Does the program have a written policy regarding the following?</u>	
• 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:	
<u>Diapering</u>	☐ N/A (no diapering) ☒ Not observed during visit

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• Clean, nonporous diapering surface with safety barrier?	☒ Yes ☐ No
• Sink with warm, running water adjacent to diapering area?	☒ Yes ☐ No
• Area not used for food preparation?	☒ Yes ☐ No
If no, explain...	
<u>Safe Sleep</u>	☒ 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...	
<u>Criminal Background Checks</u>	
• Satisfactory Criminal Records Checks (CRC) on file for 0 of 0 employees	
• CRC results on file for all staff on-site? (If no, list location of where they are kept.)	☐ Yes ☒ No
• Check Sex Offender Registry? If no, explain...	☐ Yes ☒ No
<u>Staff Training</u>	
• At least one staff person present on site and on field trips with current first aid and CPR?	☒ Yes ☐ No
• 0 of 0 employees has current first aid	
• 0 of 0 employees has current CPR.	
• 0 of 0 employees has completed health & safety orientation training	
• Does administrator/person-in-charge meet licensing requirements for credential? If yes, list type of credential:	☒ Yes ☐ No Specialist Degree in administration
• Staff trained in program policies and procedures? If no, explain...	☒ Yes ☐ No
• Does staff receive on-going training? If yes, list type of training:	☐ Yes ☒ No
<u>NOTES/OBSERVATIONS:</u>	

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action

Administrator/Person-in-charge Carla Truelove

Date 09/27/2018

Consultant Name Isha Barrie

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