

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 11:30AM	Departure Time: 11:45PM	Visit Date: 07/12/2018
Consultant Name:	Glecia Carter	Phone #: (470) 316-2591
Program Name:	Higher Endeavors Youth Outreach Honor Society	Provider #: EX-42407
Exemption Category:	EX-7 Day camp ✓ CAPS Funded	Category #: EXMT-4012
Street Address:	1130A Senoia Rd.	Phone #: (770) 217-5223
City, Zip Code, County:	Tyrone, 30290, Fayette	# 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 <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?	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment: no longer at this address
Is program operating within approved guidelines? <i>(i.e. ages served, hours/days of operation, etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No Comment:
Is program operating at approved location?	<input type="radio"/> Yes <input type="radio"/> No Comment:
Are signed parent acknowledgement forms on file for each child?	<input type="radio"/> Yes <input type="radio"/> No
Do parents receive a program handbook?	<input type="radio"/> Yes <input type="radio"/> No
Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance?	<input type="radio"/> Yes <input type="radio"/> No
Is the email we have on file current?	<input type="radio"/> Yes <input type="radio"/> No
Are you receiving communications from the Department?	<input type="radio"/> Yes <input type="radio"/> No
Is the program accredited?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Staff alert and able to intervene to prevent injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Playgrounds/Equipment</u>	<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 type="checkbox"/> Yes <input type="checkbox"/> No
• Outdoor play area free of serious hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Fence/barrier around outdoor play area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Health & Hygiene</u>	<input type="checkbox"/> Not observed during visit
• Sink(s), running water, soap and paper towels available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Staff wash hands after toileting & before eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Children wash hands after toileting & before eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Bathrooms</u>	
• Number of Toilets:	
• Number of Sinks:	
• Bathrooms in or adjacent to activity areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Transportation</u>	<input 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:	
<u>Field Trips</u>	<input 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...	
<u>Swimming and Water-Related Activities</u>	<input type="checkbox"/> N/A (no pool/no swimming activities)
• Pool area adequately fenced & secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Lifeguard certified and present? (if pool is on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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• Enough staff to safely supervise swimmers and non-swimmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Medication	<input 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...	
Discipline	
• Appropriate disciplinary actions observed?	<input type="checkbox"/> None observed <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
• Written discipline policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Appropriate discipline policy? (not physically or emotionally harmful)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Policy communicated to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Physical Plant	
• Certificate of Occupancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Fire Marshal approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Zoning approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Business license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Premises free of serious health & safety hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Children's Records	
• Are children's records maintained on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency contact information available for each child & readily accessible to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Notification of parents in the event their child becomes ill while at the facility?	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
• The prevention of and response to food and allergic reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency preparedness and response?	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
• Recognition and reporting of child abuse and neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	
Diapering	<input type="checkbox"/> N/A (no diapering) <input type="checkbox"/> Not observed during visit
• Clean, nonporous diapering surface with safety barrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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• 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...	
Safe Sleep	<input 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...	
Criminal Background Checks	
• 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Check Sex Offender Registry? If no, explain...	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Training	
• At least one staff person present on site and on field trips with current first aid and CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Staff trained in program policies and procedures? If no, explain...	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does staff receive on-going training? If yes, list type of training:	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTES/OBSERVATIONS:	

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action

Administrator/Person-in-charge _____ **Date** 07/12/2018
Consultant Name Glecia Carter **Date** 07/12/2018