

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 2:30PM	Departure Time: 6:00PM	Visit Date: 01/21/2020
Consultant Name:	Jennifer Roeder	Phone #:
Program Name:	Cobb County District ASP – Dowell School Elementary	Provider #: EX-42714
Exemption Category:	EX-1 Government <input checked="" type="checkbox"/> CAPS Funded	Category #: EXMT-12501
Street Address:	2121 West Sandtown Road	Phone #: (678) 594-8059
City, Zip Code, County:	Marietta, 30064, Cobb	# of CAPS certificates (if applicable): 13
Administrator/Person-in-charge:	Glenda White	Present during visit: NO
		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 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 checked="" type="radio"/> Yes <input type="radio"/> No Comment:
Is program operating within approved guidelines? <i>(i.e. ages served, hours/days of operation, etc.)</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No Comment: School year, Monday – Friday, 2:15 pm – 6:00 pm, ages 4 – 12 years old.
Is program operating at approved location?	<input checked="" type="radio"/> Yes <input type="radio"/> No Comment:
Are signed parent acknowledgement forms on file for each child?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do parents receive a program handbook?	<input checked="" 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 checked="" type="radio"/> No
Is the email we have on file current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are you receiving communications from the Department?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is the program accredited?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, please list accrediting agency:	The certificate was posted but no letter. Specialist emailed approval letter to provider.

Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
Health Room	5	3	27	Y	Circle Time
Classroom	6	2	18	Y	Homework
Gym	7	4	30	Y	Free Play
Cafeteria	8-9	4	34	Y	Homework
Hallway	10	1	6	Y	Transition
TOTAL		14	115		

Group Sizes met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total number of non-care staff present (clerical, janitorial, etc.):	0

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Indicators	
Supervision	
• 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...	
Playgrounds/Equipment	
	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	A fence did not fully enclose the playground, but program is located at a public school.
Health & Hygiene	
	<input checked="" 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...	Provider informed specialist that children and staff wash hands before snack and after toileting.
Bathrooms	
• Number of Toilets:	13
• Number of Sinks:	8
• Bathrooms in or adjacent to activity areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Transportation	
	<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:	
Field Trips	
	<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...	

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Swimming and Water-Related Activities		<input checked="" 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
• 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Written permission from parent/guardian to dispense?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Document in writing when medication is dispensed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...		Provider informed specialist that they only dispense emergency medication if necessary. This medication is stored in the clinic, inaccessible to children. They have written permission from parents as well as documentation if dispensed.
Discipline		
• Appropriate disciplinary actions observed?		<input type="checkbox"/> None observed <input checked="" 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...		Provider informed specialist that staff will speak with the child, complete a warning sheet, and maintain communication with parents. Suspension and/or removal from the program if necessary.
Physical Plant		
• Certificate of Occupancy?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Fire Marshal approval?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Zoning approval?		<input checked="" type="checkbox"/> Yes <input 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...		Business license is N/A. Ensure hand sanitizer and cleaning wipes are kept inaccessible to children. Items that say, "Keep out of reach of children" will be kept inaccessible to children.
Children's Records		
• 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:		
Policies and Procedures - Does the program have a written policy regarding the following?		
• 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

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• 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:	
Diapering	<input checked="" 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
• 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 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...	
Criminal Background Checks	
• Satisfactory Criminal Records Checks (CRC) on file for 21 of 21 employees	
• CRC results on file for all staff on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If no, list location of where they are kept.)	4 of 22 staff members did not have a comprehensive background check completed through DECAL. Specialist left CAPS CBC instructions as TA. Affidavit was left on site and script was read aloud to provider. 4 staff members will be fingerprinted before returning to the facility, no later than 1 business day on January 22, 2020.
• Check Sex Offender Registry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Staff Training	
• 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
• 14 of 21 employees has current first aid	
• 14 of 21 employees has current CPR.	
• 19 of 21 employees has completed health & safety orientation training	
• Does administrator/person-in-charge meet licensing requirements for credential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list type of credential:	
• Staff trained in program policies and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
• Does staff receive on-going training?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

If yes, list type of training:	8 of 22 staff members did not have a current CPR/First Aid certificate. 2 of those 8 staff members are still within their 90 days of hire date. 3 of 22 staff members did not have a Health and Safety Training certificate. 2 of those 3 staff members are still within their 90 days of hire date. Not all staff members have record of 10 annual hours of ongoing training. *Gapds.decal.ga.gov is a website with numerous Bright from the Start certified training opportunities. The staff members without the required trainings they need will complete these trainings in a timely manner.
<u>NOTES/OBSERVATIONS:</u>	1 staff member needs her background check to be ported from another facility, as noted on the spreadsheet. Specialist left CAPS CBC instructions for staff members who still need to complete background checks. Specialist read Criminal Records Check script and left affidavit and One-Day letter on site.

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
2	3	5	Medium	P2 - Plan of improvement

Administrator/Person-in-charge Renee Wooton **Date** 01/21/2020
Consultant Name Jennifer Roeder **Date** 01/21/2020