

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

<b>Arrival Time:</b> 10:30AM	<b>Departure Time:</b> 11:45AM	<b>Visit Date:</b> 08/01/2018
<b>Consultant Name:</b> #Error	#Error	<b>Phone #:</b> (770) 357-4919
<b>Program Name:</b>	Camp H2O-Georgia Aquarium	<b>Provider #:</b> EX-43763
<b>Exemption Category:</b>	EX-7 Day camp ✓ <b>CAPS Funded</b>	<b>Category #:</b> EXMT-11294
<b>Street Address:</b>	225 Baker Street	<b>Phone #:</b> (404) 581-4000
<b>City, Zip Code, County:</b>	Atlanta, 30313, Fulton	<b># of CAPS certificates (if applicable):</b>
<b>Administrator/Person-in-charge:</b>	Celeta Thomas	<b>Present during visit:</b> YES
		<b>Is this person typically on-site each day?</b> 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](mailto:CAPS.InformalProvider@dec.al.gov) within 10 days.

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

### General Operating Information

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

### Staff: Child Ratios

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

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

### Indicators

<b><u>Supervision</u></b>	
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• Staff members physically present with the children and properly supervising?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Staff alert and able to intervene to prevent injuries?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	No children present
<b><u>Playgrounds/Equipment</u></b>	<input checked="" 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...	
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Children wash hands after toileting & before eating?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	No children present.
<b><u>Bathrooms</u></b>	
• Number of Toilets:	
• Number of Sinks:	
• 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
• 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...	
<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...	No children present
• 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...	
<b>Physical Plant</b>	
• 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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
• 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...	
<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 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 checked="" type="checkbox"/> No Not receiving CAPS
• Check Sex Offender Registry? If no, explain...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Not receiving CAPS
<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 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 checked="" type="checkbox"/> No
• Staff trained in program policies and procedures? If no, explain...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Does staff receive on-going training? If yes, list type of training:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NOTES/OBSERVATIONS:</b>	This program was a random sampling visit

CCDF Enforcement Points as of this visit:				
Core Points	Non Core Points	Total Points	Severity	Enforcement Action

**Administrator/Person-in-charge** Celeta Thomas **Date** 08/01/2018  
**Consultant Name** \_\_\_\_\_ **Date** 08/01/2018