Arrival Time: 5:30PM	Departure Time: 6:30PM	Visit Date: 10/01/2018
Consultant Name:	Kenyatta Wade	Phone #: (770) 357-1953
Program Name:	Gilbert Elementary	Provider #: EX-49884
Exemption Category:	EX-1 Government - CAPS Funded	Category #: EXMT-15180
Street Address:	87 Burnt Mill Road	Phone #:
City, Zip Code, County:	LaFayette, 30728, Walker	# of CAPS certificates (if applicable): 2
Administrator/Person-in-charge:	Heather Bradley	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 <u>CAPS.InformalProvider@decal.ga.gov</u> 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	₩-9 □	Enrollment Affidavit	Childcare Provider Agreement	No Documents Needed	

General Operating Information

Is program currently operating?	● Yes O No Comment:
Is program operating within approved guidelines? (i.e. ages served, hours/days of operation, etc.)	● Yes O No Comment:
Is program operating at approved location?	● Yes O No Comment:
Are signed parent acknowledgement forms on file for each child?	⊙ Yes O No
Do parents receive a program handbook?	⊙ Yes O No
Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance?	O Yes ⊙ No
Is the email we have on file current?	⊙ Yes O No
Are you receiving communications from the Department?	O Yes ⊙ No
Is the program accredited?	⊙ Yes O No
If yes, please list accrediting agency:	Walker County BOE heatherbradley@walkerschools.org

Staff: Child Ratios						
Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes	
тот	AL					
Group Sizes met?					□Yes □No	
Total number of n	on-care staff pr	esent (cleri	cal, janitorial,	etc.):		

Indicators

Supervision	
 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	
Playgrounds/Equipment	 ☑ 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? 	
 Fence/barrier around outdoor play area? 	□ Yes □ No
If no, explain	
Health & Hygiene	☑ 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	
Bathrooms	
Number of Toilets:	8
Number of Sinks:	4
 Bathrooms in or adjacent to activity areas? 	☑ Yes □ No
If no, explain	
Transportation	☑ 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:	
Field Trips	☑ N/A (no field trips provided)
 Written permission from parent/guardian? 	
List of participants?	□ Yes □ No
• Emergency medical information for each child on vehicle?	□ Yes □ No
If no, explain	
Swimming and Water-Related Activities	☑ N/A (no pool/no swimming activities)
 Pool area adequately fenced & secured? 	□ Yes □ No

 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	
Medication	☑ 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	
Discipline	
 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	
Physical Plant	
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	
Children's Records	
 Are children's records maintained on-site? 	☑ Yes □ No
 Emergency contact information available for each child & readily accessible to staff? 	☑ Yes □ No
Comments/Notes:	
Policies and Procedures - Does the program have a written policy regarding the following?	
 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:	
Diapering	☑ N/A (no diapering) □ Not observed during visit

• Sink with warm, running water adjacent to diapering area? <		
Area not used for food preparation? Yes No Area not used for food preparation? Yes No Safe Sleep V/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 Are infants placed on their back to sleep in an appropriate crib? Yes No Ciffinal Background Checks Cercoresults on file for all staff on-site? Yes No • CRC results on file for all staff on-site? Yes No Cercoresults on file for all staff on-site? • Check Sex Offender Registry? Yes No Cercoresults on file for all staff on-site? Yes No • At least one staff person present on site and on filed trips with current first aid and CPR? Yes No No • Of O employees has current CPR. Yes No No Staff Training Yes No • Of O employees has current first aid <td>Clean, nonporous diapering surface with safety barrier?</td> <td></td>	Clean, nonporous diapering surface with safety barrier?	
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If yes, list type of training:	If no, explain	
	Does staff receive on-going training?	☑ Yes □ No
NOTES/OBSERVATIONS:	If yes, list type of training:	
	NOTES/OBSERVATIONS:	

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action

Administrator/Perso	n-in-charge Heather B	Bradley Da	ate _	10/01/2018
Consultant Name	Kenyatta Wade	Da	ate	10/01/2018