

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

|                                 |   |  |
|---------------------------------|---|--|
| Arrival Time: 2:10PM            | Departure Time: 3:15PM  | Visit Date: 12/04/2017                         |
| Consultant Name:                | Cresia Jackson  | Phone #: (229) 238-2958                        |
| Program Name:                   | Mitchell County School System Early Learning Center             | Provider #: EX-45805                           |
| Exemption Category:             | EX-1 Government <input checked="" type="checkbox"/> CAPS Funded | Category #: EXMT-11686                         |
| Street Address:                 | 50 griffin Road   | Phone #: (229) 336-8250                        |
| City, Zip Code, County:         | Camilla, 31730, Mitchell  | # of CAPS certificates (if applicable):        |
| Administrator/Person-in-charge: | Teresa Thomas   | 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@decal.ga.gov](mailto:CAPS.InformalProvider@decal.ga.gov) within 10 days.

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

### General Operating Information

|  |                     |
|--|---------------------|
| Is program currently operating?  | ☉ Yes ○ No Comment: |
| Is program operating within approved guidelines?<br><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:  |                     |

### Staff: Child Ratios

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

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

### Indicators

|                    |  |
|--------------------|--|
| <u>Supervision</u> |  |
|--------------------|--|

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|   |  |
|---|--|
| • 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...   |  |
| <b><u>Playgrounds/Equipment</u></b>   | <input type="checkbox"/> N/A (no playground) <input type="checkbox"/> N/A (no equipment)<br><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 checked="" 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 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...   |  |
| <b><u>Bathrooms</u></b>   |  |
| • Number of Toilets:  | 2  |
| • Number of Sinks:  | 2  |
| • 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...  |  |
| • 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...  |  |
| <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 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:  |  |
| <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?<br>(If no, list location of where they are kept.)                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| • Check Sex Offender Registry?<br>If no, explain...   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Background performed by Board of Education |
| <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?<br>If yes, list type of credential: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| • Staff trained in program policies and procedures?<br>If no, explain...  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| • Does staff receive on-going training?<br>If yes, list type of training:   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>NOTES/OBSERVATIONS:</b>  |   |

### CCDF Enforcement Points as of this visit:

| Core Points | Non Core Points | Total Points | Severity | Enforcement Action |
|-------------|-----------------|--------------|----------|--------------------|
|             |                 |              |          |                    |

**Administrator/Person-in-charge** Teresa Thomas **Date** 12/04/2017  
**Consultant Name** Cresia Jackson **Date** 12/04/2017