

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 2:30PM	Departure Time: 4:45PM	Visit Date: 02/05/2020
Consultant Name:	Jennifer Roeder	Phone #:
Program Name:	DeKalb County Schools ASED - Idlewood Elementary	Provider #: EX-48583
Exemption Category:	EX-1 Government <input checked="" type="checkbox"/> CAPS Funded	Category #: EXMT-14002
Street Address:	1484 Idlewood Road	Phone #: (678) 874-3202
City, Zip Code, County:	Tucker, 30084, DeKalb	# of CAPS certificates (if applicable): 10
Administrator/Person-in-charge:	Raven Sanders	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 <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 <b>Comment:</b>
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 <b>Comment:</b> School year, Monday – Friday, 2:30 pm – 6:30 pm, ages 4 – 14 years old.
Is program operating at approved location?	<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
Are signed parent acknowledgement forms on file for each child?	<input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> Yes <input 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 type="radio"/> Yes <input checked="" type="radio"/> No
Is the program accredited?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, please list accrediting agency:	Specialist emailed exemption language to school ASP director and county ASP director and informed them they could add the language to an enrollment form or as a separate page. Specialist added ASP director email address to our records.

### Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
Gym	4-11	1	41	N	Snack
<b>TOTAL</b>		1	41		

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

### Indicators

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

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• 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...	Provider informed specialist that every Wednesday, staff members are in a school staff meeting until 3:45 pm, so only one staff member is present with a large number of children during this time. Provider will maintain ratios of 1:25 for children 6+ and possibly speak to the principal and have teachers rotate meetings so 2 can be present and ratios can be met during this time.
<b><u>Playgrounds/Equipment</u></b>	<input checked="" type="checkbox"/> N/A (no playground) <input checked="" 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...	Provider informed specialist that the new principal had the playground torn down in September, 2019 due to hazards. Children play in the gym with equipment. The program is hoping to get a sponsor to build a new playground.
<b><u>Health &amp; Hygiene</u></b>	<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 after toileting and before and after dinner. Children use hand sanitizer before snack. TA: Ensure children are washing hands with soap and water before snack, as well, since it is available.
<b><u>Bathrooms</u></b>	
• Number of Toilets:	5
• 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

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• 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>Swimming and Water-Related Activities</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
• Enough staff to safely supervise swimmers and non-swimmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b>Medication</b>	<input type="checkbox"/> N/A (No medication dispensed)
• Stored medication inaccessible to children?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Written permission from parent/guardian to dispense?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Document in writing when medication is dispensed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	One child has an inhaler. Provider will scan and email the parent permission form, as the clinic was not open to get the paperwork during the visit. The specialist observed the medication stored in the corner of the gym, accessible to children. TA for documentation: The provider indicated the program has not had to dispense any medication. *Specialist emailed medication authorization form. Provider will use the medication authorization form to document parent permission to dispense and when medication is dispensed. Provider will ensure the medication is stored inaccessible to children.
<b>Discipline</b>	
• 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...	PBIS-Positive Behavioral Interventions and Support. Strategies in place for managing behaviors, and discipline actions include redirection, de-escalation strategies, time out, reflection sheet, and parent contact if necessary.
<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 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 at public school. TA: Ensure brooms are kept inaccessible to children. Provider will ask custodians to keep the broom in a locked closet or office.
<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

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Notification of parents in the event their child becomes ill while at the facility?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
• The prevention of and response to food and allergic reactions?	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Recognition and reporting of child abuse and neglect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	Provider will ensure these policies are written.
<b><u>Diapering</u></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
• 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><u>Safe Sleep</u></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><u>Criminal Background Checks</u></b>	
• Satisfactory Criminal Records Checks (CRC) on file for 7 of 7 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 1 of 7 staff members did not have a DECAL Comprehensive Background Check. The staff member will obtain a CBC before returning to the facility within 1 business day, on February 6, 2020.
• Check Sex Offender Registry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Staff Training</u></b>	
• At least one staff person present on site and on field trips with current first aid and CPR?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• 0 of 7 employees has current first aid	
• 0 of 7 employees has current CPR.	
• 0 of 7 employees has completed health & safety orientation training	

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• 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
If yes, list type of training:	Staff members did not have CPR/First Aid training, Health and Safety training, or any ongoing training. *Specialist left Health and safety training flyer on site. Discussed gaps. decal.ga.gov is a website with numerous Bright from the Start certified training opportunities. Provider will ensure staff members obtain CPR/First Aid certification, Health and Safety Training certificate, and maintain 10 annual hours of ongoing training.
<b>NOTES/OBSERVATIONS:</b>	Specialist left CAPS CBC Instructions and Health and Safety Training flyer. One-day letter, affidavit, and CBC script was read aloud to provider. Warning and Corrective Action Plan letters were left.

### CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
6	4	10	Medium	11 - Corrective action plan

**Administrator/Person-in-charge** Raven Sanders **Date** 02/05/2020

**Consultant Name** Jennifer Roeder **Date** 02/05/2020