

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 2:30PM	Departure Time: 4:45PM	Visit Date: 08/13/2019
Consultant Name:	Jennifer Roeder	Phone #:
Program Name:	Cobb County District ASP – Pitner Elementary School	Provider #: EX-42734
Exemption Category:	EX-1 Government <input checked="" type="checkbox"/> CAPS Funded	Category #: EXMT-12606
Street Address:	4575 Wade Green Road	Phone #: (678) 594-8320
City, Zip Code, County:	Acworth, 30101, Cobb	# of CAPS certificates (if applicable): 5
Administrator/Person-in-charge:	Ronyell Jones	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 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
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 checked="" type="radio"/> Yes <input type="radio"/> No
Is the email we have on file current?	<input type="radio"/> Yes <input checked="" 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 updated the director's email in Koala Outback.

Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
Cafeteria	6-11	7	101	Y	Snack
Gym	10-11	2	23	Y	Free Play
Classroom	4-5	2	38	Y	Movie
TOTAL		11	162		

Group Sizes met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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...	
<u>Playgrounds/Equipment</u>	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	Specialist observed an open gate with no children present, slight wearing of the resilient surfacing. Possible work order for patching the surface.
<u>Health & Hygiene</u>	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	Specialist observed children entering the cafeteria from the gym and not washing hands before eating snack. Ensure children wash hands with soap and water if available.
<u>Bathrooms</u>	
• Number of Toilets:	9
• Number of Sinks:	4
• Bathrooms in or adjacent to activity areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Transportation</u>	<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:	
<u>Field Trips</u>	<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...	
<u>Swimming and Water-Related Activities</u>	<input checked="" type="checkbox"/> N/A (no pool/no swimming activities)

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• 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 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...	
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...	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	Business license is N/A. Specialist observed brooms, mops, mop bucket with about 5-6 inches of water, and cleaning supplies in the cafeteria, easily accessible to children. Specialist also observed hand sanitizer accessible to children in the classroom. Keep anything that says "Keep out of reach of children" inaccessible to children. Keep the mop bucket, brooms, and cleaning supplies in a locked supply closet or somewhere 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:	
<u>Policies and Procedures - Does the program have a written policy regarding the following?</u>	
• 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

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• 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:	Ensure all of these policies are written.
<u>Diapering</u>	<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...	
<u>Safe Sleep</u>	<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...	
<u>Criminal Background Checks</u>	
• Satisfactory Criminal Records Checks (CRC) on file for 19 of 23 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.)	3 of 19 staff members did not have a DECAL CBC on file. Specialist left the CBC Instructions for these staff members. Staff members must get fingerprinted before coming back to the facility tomorrow, August 14, 2019.
• Check Sex Offender Registry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Staff Training</u>	
• 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
• 15 of 23 employees has current first aid	
• 15 of 23 employees has current CPR.	
• 12 of 23 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

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If yes, list type of training:

6 of 19 staff members did not have CPR/First Aid training. 10 of 19 staff members did not have health and safety training. 1 of 19 staff members is still within his 90 days of hire and will obtain the training needed before this time frame is over. Director will ensure staff members maintain 10 annual hours of training and those staff members that do not have a current CPR/First Aid certification and health and safety training will obtain it.

NOTES/OBSERVATIONS:

Specialist left flyers regarding Health and Safety Training and CBC instructions. Specialist left one-day letter and improvement plan. GAPDS.decal.gov is the training information center on our website.

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
3	5	8	Medium	11 - Corrective action plan

Administrator/Person-in-charge Ronyell Jones

Date 08/13/2019

Consultant Name Jennifer Roeder

Date 08/13/2019