Arrival Time: 2:25PM	Departure Time: 3:00PM	Visit Date: 12/13/2017
Consultant Name:	Alison Benson	Phone #: (866) 369-6921
Program Name:	Cobb County District ASP - Clay Elementary School	Provider #: EX-42711
Exemption Category:	EX-1 Government - CAPS Funded	Category #: EXMT-12504
Street Address:	730 Boggs Road	Phone #: (770) 819-2430
City, Zip Code, County:	Mableton, 30126, Cobb	# of CAPS certificates (if applicable): 0
Administrator/Person-in-charge:	Linda Wilkerson	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 Docume I	ents 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?	O Yes ⊙ No
Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance?	⊙ Yes O No
Is the email we have on file current?	⊙ Yes O No
Are you receiving communications from the Department?	⊙ Yes O No
Is the program accredited?	⊙ Yes O No
If yes, please list accrediting agency:	

Staff: Child Ratios						
Room or Area	Age Group	# Staff	# Children	State Rati Met? (Y/N	tio Activities/ Notes	
Cafe	K-5th Grade	4	29	Y	Snack	
TOTAL 4 29						
Group Sizes met?					☑ Yes □ No	
Total number of non-care staff present (clerical, janitorial, etc.):						
Indicators						
Supervision						
 Staff members physically present with the children and properly supervising? 				erly 🗹	IYes □No	
 Staff alert and able to intervene to prevent injuries? 				V	IYes □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? 	☑ Yes □ No
• 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	Hand washing was not observed during the visit.
Bathrooms	
Number of Toilets:	16
Number of Sinks:	8
 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?	
• Emergency medical information for each child on vehicle?	
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?	
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
Clean, nonporous diapering surface with safety barrier?	
• Sink with warm, running water adjacent to diapering area?	□ Yes □ No
 Area not used for food preparation? 	
If no, explain	

Safe Sleep			☑ N/A (no in	fants)	□ Not observed durin	ıg visit		
CPSC/ASTM Crib in good	CPSC/ASTM Crib in good repair for each infant?			□ Yes □ No				
Cribs clear of objects?	Cribs clear of objects?			lo				
• Each crib has a firm, tight	• Each crib has a firm, tight fitting mattress without gaps?			lo				
• Each crib has an individua	P Each crib has an individual, tight fitting sheet?			lo				
• Are infants placed on their	back to sleep in an appropria	ate crib?	□Yes □N	lo				
If no, explain								
Criminal Background Chee	<u>cks</u>							
 Satisfactory Criminal Reco employees 	ords Checks (CRC) on file for	0 of 0						
• CRC results on file for all s	staff on-site?		□Yes ☑N	lo				
(If no, list location of where	e they are kept.)		Board of Education criminal records are kept at the central office.					
Check Sex Offender Registry?			□ Yes Ø No					
If no, explain			Per director,	fingerp	prints have not been co	mpleted.		
Staff Training								
• At least one staff person present on site and on field trips with current first aid and CPR?			⊠Yes □N	lo				
• 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?			□Yes ☑N	lo				
If yes, list type of credentia	al:							
• Staff trained in program po	licies and procedures?		🗹 Yes 🗆 N	10				
If no, explain								
Does staff receive on-going training?			🗆 Yes 🗹 N	10				
If yes, list type of training:			Consultant emailed director information for the Health and Safety Orientation Training.					
NOTES/OBSERVATIONS:			Consultant e	mailed	ogram does not current director requesting a v ot to accept CAPS child	vritten request if the		
CCDF Enforcement Points as of this visit:								
Core Points	Non Core Points	Total F	Points		Severity	Enforcement Action		

Administrator/Pers	on-in-charge	Linda Wilkerson		Date	12/13/2017	
Consultant Name	Alison Benson			Date	12/13/2017	