Arrival Time: 3:30PMDeparture Time: 4:45PMVisit Date: 11/29Consultant Name:Alison BensonPhone #: (860Program Name:Cobb County District ASP − Riverside Primary Elementary SchoolProvider #: EX-Exemption Category:EX-1 Government ✓ CAPS FundedCategory #: EXM	
Program Name: Cobb County District ASP – Riverside Primary Elementary School Provider #: EX-	9/2017
Elementary School	6) 369-6921
Exemption Category: EX-1 Government V CAPS Funded Category #: EXM	42739
	MT-12609
Street Address: 461 South Gordon Road Phone #: (776	0) 819-5851
City, Zip Code, County: Mableton, 30126, Cobb # of CAPS certif	icates <i>(if applicable)</i> : 1
Administrator/Person-in-charge: Annette Dangerfield-Lewis Present during	visit: YES
Is this person ty	pically 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.

Annual Updates W-9 Enrollment Affidavit Childcare Provider No Documents Needed Agreement	Proof of SSN □	Proof of Identification □	Enrollment package for CRC	CRC for all over 17 yrs □	Direct Deposit □	CPR Certificate □
	Annual Updates		Enrollment Affidavit		No Docume E	ents Needed I

General Operating Information	
Is program currently operating?	
Is program operating within approved guidelines? (i.e. ages served, hours/days of operation, etc.)	
Is program operating at approved location?	
Are signed parent acknowledgement forms on file for each child?	
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?	
Is the email we have on file current?	
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 Ratio					os estados esta
Room or Area Age Group # Staff # Children State Ratio Met? (Y/N)				Activities/ Notes	
Cafeteria 5-6 2 22 Y					
TOTAL 2 22					
Group Sizes met?				☑ Yes □ No	
Total number of non-care staff present (clerical, janitorial, etc.):			cal, janitorial,		

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?	☑ 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	
<u>Bathrooms</u>	
• Number of Toilets:	6 Girls, 4 Boys
• Number of Sinks:	2 Girls, 2 Boys
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?	☐ Yes ☐ No
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	
<u>Discipline</u>	
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?	☐ Yes ☐ No
• Sink with warm, running water adjacent to diapering area?	☐ Yes ☐ No
Area not used for food preparation?	☐ Yes ☐ No
If no, explain	

Safe Sleep			☑ N/A (no	o infants)	☐ Not observed duri	ring 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		
If no, explain						
Criminal Background Che	<u>cks</u>					
 Satisfactory Criminal Reco employees 	ords Checks (CRC) on file for	5 of 5				
• CRC results on file for all	staff on-site?		□ Yes 🗹	₫ No		
(If no, list location of where	e they are kept.)				e kept at the Board of etting fingerprint's don	f Education office. They ne with Cogent.
Check Sex Offender Regis	stry?		□ Yes 🗷	₫ No		
If no, explain						
Staff Training						
 At least one staff person present on site and on field trips with current first aid and CPR? 			☑ Yes ☑	₫ No		
• 0 of 5 employees has curr	ent first aid					
• 0 of 5 employees has curr	ent CPR.					
• 0 of 5 employees has com	pleted health & safety orienta	ation training				
Does administrator/persor credential?	n-in-charge meet licensing red	quirements for	☑ Yes □	□No		
If yes, list type of credential:			Master in	Education	nal Tech. 2013.	
Staff trained in program po	olicies and procedures?		☑ Yes □	□No		
If no, explain			The staff is		rientation training at t	the beginning of the
Does staff receive on-going	g training?		☑ Yes □	□No		
If yes, list type of training:			The staff receives orientation training at the beginning of the school year.			
NOTES/OBSERVATIONS:			Per Ms. L Safety Or			completing the Health and
CCDF Enforcement Poi	nts as of this visit:					
Core Points	Non Core Points	Total F	Points		Severity	Enforcement Action
Administrator/Person-in-c	harge Annette Dangerfield	-Lewis			D	Pate 11/29/2017
Consultant Name Alison	Benson				D	ate 11/29/2017