Arrival Time: 12:00AM	Departure Time: 12:01AM	Visit Date: 12/19/2017		
Consultant Name:	Angelette Anderson	<b>Phone</b> #: (404) 478-4710		
Program Name:	Riverdale Elementary	Provider #: EX-45209		
Exemption Category:	EX-1 Government ✓ CAPS Funded Category #: EXMT-9957			
Street Address:	6253 Garden Walk Boulevard	<b>Phone</b> #: (770) 994-4015		
City, Zip Code, County:	de, County: # of CAPS certificates (if applicate			
Administrator/Person-in-charge:	Shavara London	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 <a href="mailto:CAPS.InformalProvider@decal.ga.gov">CAPS.InformalProvider@decal.ga.gov</a> 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	W-9 □	Enrollment Affidavit	Childcare Provider Agreement	No Docume E	ents Needed I

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.)	
Is program operating at approved location?	⊙ Yes O No Comment:
Are signed parent acknowledgement forms on file for each child?	
Do parents receive a program handbook?	
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?	
Is the program accredited?	
If yes, please list accrediting agency:	SACS

	Staff: Child Ratios							
	Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes		
	Cafeteria	Pre-K - 5th	3	37	Υ	Free play		
Cafeteria Pre-K - 5th  TOTAL  Group Sizes met?		AL	3	37				
(	Group Sizes met?					☐ Yes ☐ No		
Total number of non-care staff present (clerical, janitorial, etc.):				al, janitorial,	0			

Indicators				
Supervision				
<ul> <li>Staff members physically present with the children and properly supervising?</li> </ul>	☑ 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
<ul><li>Outdoor equipment free of serious hazards?</li></ul>	☑ 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	
Bathrooms	
Number of Toilets:	26
Number of Sinks:	6
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
<ul> <li>Each vehicle(s) is in good/safe condition, clean and free of hazardous items?</li> </ul>	☐ Yes ☐ No ☐ Not observed during visit
<ul> <li>Documentation maintained of transportation which indicates that safety procedures are in place?</li> </ul>	☐ Yes ☐ No
<ul> <li>Additional staff provided to maintain adequate supervision during transportation?</li> </ul>	☐ 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
<ul> <li>Notification of parents in the event their child becomes ill while at the facility?</li> </ul>	☑ Yes □ No
<ul> <li>The notification of all parents of enrolled children when a reportable contagious illness is present in the facility?</li> </ul>	☑ Yes □ No
The prevention of and response to food and allergic reactions?	☑ Yes □ No
Emergency preparedness and response?	☑ Yes □ No
<ul> <li>The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding?</li> </ul>	☑ 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 infants) ☐ Not observed during 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?				No				
Each crib has an individual, tight fitting sheet?				No				
Are infants placed on their	r back to sleep in an appropria	ate crib?	☐ Yes ☐ No					
If no, explain								
Criminal Background Che	<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 ☑	No				
(If no, list location of where	e they are kept.)	sta	ff does r	not have			and the administrative C's are run through	
Check Sex Offender Regis	stry?		Yes ☑	No				
If no, explain			The files are kept at the Board of Education and the administrative staff does not have access to them. The CRC's are run through the Board of Education not DECAL.					
Staff Training								
<ul> <li>At least one staff person present on site and on field trips with current first aid and CPR?</li> </ul>			☑ Yes □ No					
0 of 0 employees has current first aid								
0 of 0 employees has curr	ent CPR.							
0 of 0 employees has com	pleted health & safety orienta	ation training						
credential?	n-in-charge meet licensing rec	quirements for	☑ Yes □ No					
If yes, list type of credentia	al:							
Staff trained in program po	olicies and procedures?	$\square$	☑ Yes □ No					
If no, explain								
Does staff receive on-going training?			☑ Yes □ No					
If yes, list type of training:			Child abuse, 1st aide, mandated yearly trainings					
NOTES/OBSERVATIONS:								
<b>CCDF Enforcement Poin</b>	nts as of this visit:							
Core Points	Non Core Points	Total Poir	ts		Severity		Enforcement Action	
Administrator/Person-in-c	harge Shavara London					Date	12/19/2017	
Consultant Name Angele	ette Anderson					Date	12/19/2017	