Arrival Time: 10:00AM	Departure Time: 10:50AM	Visit Date: 06/07/2018
Consultant Name:	Margarita Collier	Phone #: (770) 342-7934
Program Name:	3E Educational Services: STEAM Seekers & Money Minders Summer Camp	Provider #: EX-47379
Exemption Category:	EX-7 Day camp ✓ CAPS Funded	Category #: EXMT-12993
Street Address:	95 Decatur Street	Phone #: (678) 515-7755
City, Zip Code, County:	Atlanta, 30303, Fulton	# of CAPS certificates (if applicable): 2
Administrator/Person-in-charge:	Dr. Chantee Earl	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.

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 Documents 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.)	
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?	⊙ Yes O No
Is the program accredited?	O Yes ⊙ No
If yes, please list accrediting agency:	N/A

Staff: Child Ratios						
Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes	
Six year old to twelve year old 2 6 Y				Free Play		
TOTAL 2 6						
Group Sizes met?				☑ Yes □ No		
Total number of non-care staff present (clerical, janitorial, etc.):				0		

Total number of non-care staff present (clerical, janitorial, etc.):	0					
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					
	☑ 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	
Bathrooms	
Number of Toilets:	10
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
 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:	The program will be participating in a field trip on June 8, 2018. The staff and children will be using Marta transportation services for their field trip to the World of Coca Cola.
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	Program will be conducting a water activity on an undetermined date.
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	
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	All documents are maintained by Georgia State University.
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?				□No		
Area not used for food preparation?				□No		
If no, explain						
Safe Sleep		E	☑ N/A ((no infants) 🛘 Not observed durin	ng visit
CPSC/ASTM Crib in good	repair for each infant?	Γ	□Yes	□ No		
• Cribs clear of objects?			□Yes	□No		
• Each crib has a firm, tight	fitting mattress without gaps?	2	□Yes	□No		
• Each crib has an individua	l, tight fitting sheet?		□Yes	□No		
Are infants placed on their	back to sleep in an appropri	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 8				
• CRC results on file for all s	staff on-site?		□ Yes	☑ No		
(If no, list location of where	they are kept.)		The staff members are pending a final determination letter from Bright from the Start.			
Check Sex Offender Regis	stry?		□Yes	☑ No		
If no, explain				ff member om the St	s are pending a final det art.	ermination letter from
Staff Training						
 At least one staff person present on site and on field trips with current first aid and CPR? 			☑ Yes	□ No		
• 7 of 8 employees has current first aid						
• 7 of 8 employees has current CPR.						
• 0 of 8 employees has com	pleted health & safety orienta	ation training				
• Does administrator/person-in-charge meet licensing requirements for credential?				□ No		
If yes, list type of credential:			Doctoral degree			
• Staff trained in program policies and procedures?			☑ Yes	□ No		
If no, explain						
Does staff receive on-going training?			☑ Yes	□ No		
If yes, list type of training:						
NOTES/OBSERVATIONS:			via DEC determi discuss Consult	CAL KOAL nation lette ed field trip ant emaile	bmitted their criminal red A, but they're currently per from Bright from the So supervision with the pred the provider a transponentation on Thursday, Ju	pending a final Start. Consultant also rovider on this date. ortation checklist and
CCDF Enforcement Poir	nts as of this visit:					
Core Points	Non Core Points	Total Po	oints		Severity	Enforcement Action

Administrator/Person-in-charge Dr. Chantee Earl			Date	06/07/2018
Consultant Name	Margarita Collier		Date	06/07/2018