

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 3:00PM	Departure Time: 4:00PM	Visit Date: 08/14/2019
Consultant Name:	Jennifer Roeder	Phone #:
Program Name:	Cobb County District ASP - Milford Elementary School	Provider #: EX-41184
Exemption Category:	EX-1 Government ✓ <b>CAPS Funded</b>	Category #: EXMT-12547
Street Address:	2390 Austell Road	Phone #: (678) 842-6966
City, Zip Code, County:	Marietta, 30008, Cobb	# of CAPS certificates (if applicable): 0
Administrator/Person-in-charge:	Jessica Irving-Stuckey	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](mailto: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?	☉ Yes ☐ No <b>Comment:</b>
Is program operating within approved guidelines? <i>(i.e. ages served, hours/days of operation, etc.)</i>	☉ Yes ☐ No <b>Comment:</b> School year, Monday - Friday, 2:15 pm - 6:00 pm, ages 4-12 years old.
Is program operating at approved location?	☉ Yes ☐ No <b>Comment:</b>
Are signed parent acknowledgement forms on file for each child?	☉ Yes ☐ No
Do parents receive a program handbook?	☉ Yes ☐ No
Is approval letter and exemption notice from the Dept. posted in a prominent place near front entrance?	☐ Yes ☉ No
Is the email we have on file current?	☉ Yes ☐ No
Are you receiving communications from the Department?	☉ Yes ☐ No
Is the program accredited?	☐ Yes ☉ No
If yes, please list accrediting agency:	The exemption certificate was posted but no letter. Specialist emailed the letter to the provider. The provider will post both the certificate and letter where parents/guardians sign out children.

### Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
Computer Lab	5-12	1	19	Y	Computer Learning Games
Homework Room					Not in use
Gym					Not in use
Cafeteria					Not in use
<b>TOTAL</b>		1	19		

Group Sizes met?	☑ Yes ☐ No
Total number of non-care staff present (clerical, janitorial, etc.):	0

## **EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST**

Indicators	
<b><u>Supervision</u></b>	
• 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...	
<b><u>Playgrounds/Equipment</u></b>	
	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	Provider informed specialist of the supervision plan in place since the fence is not enclosed.
<b><u>Health &amp; Hygiene</u></b>	
	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	Not observed but provider informed specialist that staff and children wash hands before eating and after toileting.
<b><u>Bathrooms</u></b>	
• Number of Toilets:	24
• Number of Sinks:	13
• Bathrooms in or adjacent to activity areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Transportation</u></b>	
	<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:	
<b><u>Field Trips</u></b>	
	<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...	

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<b><u>Swimming and Water-Related Activities</u></b>	<input checked="" type="checkbox"/> N/A (no pool/no swimming activities)
• 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...	
<b><u>Medication</u></b>	<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...	
<b><u>Discipline</u></b>	
• 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...	
<b><u>Physical Plant</u></b>	
• 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	Business license is N/A. Keep hand sanitizer and anything that says, "Keep out of reach of children" inaccessible to children.
<b><u>Children's Records</u></b>	
• 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:	
<b><u>Policies and Procedures - Does the program have a written policy regarding the following?</u></b>	
• 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
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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• Recognition and reporting of child abuse and neglect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	
<b><u>Diapering</u></b>	<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...	
<b><u>Safe Sleep</u></b>	<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...	
<b><u>Criminal Background Checks</u></b>	
• Satisfactory Criminal Records Checks (CRC) on file for 2 of 3 employees	
• CRC results on file for all staff on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(If no, list location of where they are kept.)	
• Check Sex Offender Registry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<b><u>Staff Training</u></b>	
• 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
• 2 of 3 employees has current first aid	
• 2 of 3 employees has current CPR.	
• 0 of 3 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
If yes, list type of training:	Provider informed specialist the program just had their director's meeting yesterday (Aug. 13th), so they do not have the Health and Safety Training. 2 of 3 required staff members are still within their 90 days of hire date. Staff members will complete the Health and Safety Training and 10 hours of annual training.
<b><u>NOTES/OBSERVATIONS:</u></b>	Specialist left flyer regarding Health and Safety Training and informed provider about Gapds.decal.ga.gov for training information for future annual training requirements.

**CCDF Enforcement Points as of this visit:**

## **EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST**

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
0	2	2	CCDF non-core	P1 - Technical assistance

**Administrator/Person-in-charge** Jessica Irving-Stuckey

**Date** 08/14/2019

**Consultant Name** Jennifer Roeder

**Date** 08/14/2019