

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

<b>Arrival Time:</b> 2:00PM	<b>Departure Time:</b> 4:40PM	<b>Visit Date:</b> 02/19/2020
<b>Consultant Name:</b>	Sarah Benton	<b>Phone #:</b> (770) 357-5103
<b>Program Name:</b>	Bibb County School District - Lane Elementary	<b>Provider #:</b> EX-42799
<b>Exemption Category:</b>	EX-1 Government ✓ <b>CAPS Funded</b>	<b>Category #:</b> EXMT-4658
<b>Street Address:</b>	990 Newport Road	<b>Phone #:</b> (478) 779-3150
<b>City, Zip Code, County:</b>	Macon, 31210, Bibb	<b># of CAPS certificates (if applicable):</b>
<b>Administrator/Person-in-charge:</b>	Kayla Kittrell	<b>Present during visit:</b> YES
		<b>Is this person typically on-site each day?</b> 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@dec.al.gov](mailto:CAPS.InformalProvider@dec.al.gov) within 10 days.

<b>Proof of SSN</b> <input type="checkbox"/>	<b>Proof of Identification</b> <input type="checkbox"/>	<b>Enrollment package for CRC</b> <input type="checkbox"/>	<b>CRC for all over 17 yrs</b> <input type="checkbox"/>	<b>Direct Deposit</b> <input type="checkbox"/>	<b>CPR Certificate</b> <input type="checkbox"/>
<b>Annual Updates</b>	<b>W-9</b> <input type="checkbox"/>	<b>Enrollment Affidavit</b> <input type="checkbox"/>	<b>Childcare Provider Agreement</b> <input type="checkbox"/>	<b>No Documents Needed</b> <input type="checkbox"/>	

### General Operating Information

<b>Is program currently operating?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
<b>Is program operating within approved guidelines?</b> <i>(i.e. ages served, hours/days of operation, etc.)</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
<b>Is program operating at approved location?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
<b>Are signed parent acknowledgement forms on file for each child?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Do parents receive a program handbook?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Is the email we have on file current?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Are you receiving communications from the Department?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Is the program accredited?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>If yes, please list accrediting agency:</b>	

### Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
<b>TOTAL</b>					

<b>Group Sizes met?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total number of non-care staff present (clerical, janitorial, etc.):</b>	

### Indicators

<b><u>Supervision</u></b>	
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## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Outdoor play area free of serious hazards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Fence/barrier around outdoor play area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	It was determined based on observation that the following was observed on the playground: -Broken bridge and chain climber on the back right climber leaving an approximate 4 foot drop. Additionally, there was exposed rusty metal from missing plastic coating. -Several large ant beds and large mushrooms were observed on the play area. The program director stated that children are not allowed to use that climber and they will use cones to block it off. The mushrooms and ant beds will be treated before use and by March 4, 2020. Additionally, discussed fluffing the mulch after the rain ends. It was determined based on observation that the playground was not completely fenced. This is a local public school. Suggested using cones to block off areas not to be used by children.
<b><u>Health &amp; Hygiene</u></b>	<input 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...	
<b><u>Bathrooms</u></b>	
• Number of Toilets:	22
• Number of Sinks:	21
• 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)

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• 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...	
<b>Swimming and Water-Related Activities</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>Medication</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>Discipline</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>Physical Plant</b>	
• Certificate of Occupancy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Fire Marshal approval?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Zoning approval?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Business license?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Premises free of serious health & safety hazards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	It was determined based on observation, that the school could not locate a copy of the annual fire inspection. The school will locate and provide the after school with a copy.
<b>Children's Records</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:	Program has access to the files electronically.
<b>Policies and Procedures - Does the program have a written policy regarding the following?</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

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• 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
• Recognition and reporting of child abuse and neglect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	
<b>Diapering</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>Safe Sleep</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>Criminal Background Checks</b>	
• Satisfactory Criminal Records Checks (CRC) on file for 8 of 8 employees	
• CRC results on file for all staff on-site? (If no, list location of where they are kept.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Check Sex Offender Registry? If no, explain...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Staff Training</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
• 8 of 8 employees has current first aid	
• 8 of 8 employees has current CPR.	
• 8 of 8 employees has completed health & safety orientation training	
• Does administrator/person-in-charge meet licensing requirements for credential? If yes, list type of credential:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Staff trained in program policies and procedures? If no, explain...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Does staff receive on-going training? If yes, list type of training:	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
<b>NOTES/OBSERVATIONS:</b>	

## EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

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

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
1	1	2	Low	P2 - Citation

**Administrator/Person-in-charge** Kayla Kittrell **Date** 02/19/2020

**Consultant Name** Sarah Benton **Date** 02/19/2020