

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 2:45PM	Departure Time: 4:00PM	Visit Date: 02/19/2020
Consultant Name:	Rosalyn Elder	Phone #: (404) 780-0868
Program Name:	Dougherty County Extended Day Program - International Studies Elementary	Provider #: EX-44950
Exemption Category:	EX-1 Government <input checked="" type="checkbox"/> CAPS Funded	Category #: EXMT-15232
Street Address:	2237 Cutts Drive	Phone #: (229) 431-1280
City, Zip Code, County:	Albany, 31705, Dougherty	# of CAPS certificates (if applicable): 6
Administrator/Person-in-charge:	Rena Parker	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.

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

Staff: Child Ratios

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

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

Indicators

Supervision

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• Staff members physically present with the children and properly supervising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Staff alert and able to intervene to prevent injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Playgrounds/Equipment</u>	<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 type="checkbox"/> No
• Outdoor play area free of serious hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Fence/barrier around outdoor play area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Health & Hygiene</u>	<input type="checkbox"/> Not observed during visit
• Sink(s), running water, soap and paper towels available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Staff wash hands after toileting & before eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Children wash hands after toileting & before eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Bathrooms</u>	
• Number of Toilets:	
• Number of Sinks:	
• Bathrooms in or adjacent to activity areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Transportation</u>	<input 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:	
<u>Field Trips</u>	<input 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...	
<u>Swimming and Water-Related Activities</u>	<input 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

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• Enough staff to safely supervise swimmers and non-swimmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Medication	<input 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...	
Discipline	
• Appropriate disciplinary actions observed?	<input type="checkbox"/> None observed <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
• Written discipline policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Appropriate discipline policy? (not physically or emotionally harmful)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Policy communicated to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Physical Plant	
• Certificate of Occupancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Fire Marshal approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Zoning approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Business license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Premises free of serious health & safety hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Children's Records	
• Are children's records maintained on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency contact information available for each child & readily accessible to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	
<u>Policies and Procedures - Does the program have a written policy regarding the following?</u>	
• The exclusion of children with contagious illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Notification of parents in the event their child becomes ill while at the facility?	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
• The prevention of and response to food and allergic reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency preparedness and response?	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
• Recognition and reporting of child abuse and neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	
Diapering	<input 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

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

• 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...	
Safe Sleep	
	<input 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...	
Criminal Background Checks	
• Satisfactory Criminal Records Checks (CRC) on file for 4 of 4 employees	
• CRC results on file for all staff on-site? (If no, list location of where they are kept.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Check Sex Offender Registry? If no, explain...	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Training	
• At least one staff person present on site and on field trips with current first aid and CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• 0 of 4 employees has current first aid	
• 0 of 4 employees has current CPR.	
• 0 of 4 employees has completed health & safety orientation training	
• Does administrator/person-in-charge meet licensing requirements for credential? If yes, list type of credential:	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Staff trained in program policies and procedures? If no, explain...	<input 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
NOTES/OBSERVATIONS:	Follow-up visit was conducted with Ms.Rena Parker. It was determined the staff have been fingerprinted however the 2nd phase of the application process has not been completed. TA provided with Ms. Parker demonstrating on computer how to complete the application online.

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
0	0	0	None	None

Administrator/Person-in-charge Rena Parker **Date** 02/19/2020

Consultant Name Rosalyn Elder **Date** 02/19/2020