Arrival Time: 2:00PM	Departure Time: 4:00PM	Visit Date: 12/05/2018
Consultant Name:	Sarah Benton	<b>Phone</b> #: (770) 357-5103
Program Name:	Bulloch County Board of Commissioners - Brooklet 4th & 5th Afterschool	Provider #: EX-44799
Exemption Category:	EX-1 Government - CAPS Funded	Category #: EXMT-8495
Street Address:	416 North Cromley Road	Phone #: (912) 489-9058
City, Zip Code, County:	Brooklet, 30415, Bulloch	# of CAPS certificates (if applicable): 1
Administrator/Person-in-charge:	Natalie Fitzgerald	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 <u>CAPS.InformalProvider@decal.ga.gov</u> 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	₩-9 □	Enrollment Affidavit	Childcare Provider Agreement	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.)	● Yes O No Comment:
Is program operating at approved location?	● Yes O No Comment:
Are signed parent acknowledgement forms on file for each child?	O Yes O No
Do parents receive a program handbook?	O Yes O No
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?	⊙ Yes O No
Are you receiving communications from the Department?	⊙ Yes O No
Is the program accredited?	O Yes ⊙ No
If yes, please list accrediting agency:	

Staff: Child Ratios						
Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes	
тот	AL					
Group Sizes met?					□ Yes □ No	
Total number of non-care staff present (clerical, janitorial, etc.):						
				Indicators		
Supervision	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
<ul> <li>Outdoor play area free of serious hazards?</li> </ul>	☑ Yes □ No
• Fence/barrier around outdoor play area?	□ Yes ☑ No
If no, explain	Based on observation, it was determined that the baseball field, tennis court and basketball court were all fully fenced. The playground was not fenced with a four foot fence.
Health & Hygiene	□ Not observed during visit
• Sink(s), running water, soap and paper towels available?	☑ Yes □ No
<ul> <li>Staff wash hands after toileting &amp; before eating?</li> </ul>	☑ Yes □ No
Children wash hands after toileting & before eating?	☑ Yes □ No
If no, explain	
Bathrooms	
Number of Toilets:	
Number of Sinks:	
<ul> <li>Bathrooms in or adjacent to activity areas?</li> </ul>	□ Yes □ No
If no, explain	
Transportation	$\Box$ 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
<ul> <li>Procedures in place to transport children safely?</li> </ul>	□ Yes □ No
<ul> <li>Each vehicle(s) has an annual safety inspection?</li> </ul>	□ 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?	
• List of participants?	
• Emergency medical information for each child on vehicle?	□ Yes □ No
If no, explain	
Swimming and Water-Related Activities	$\Box$ N/A (no pool/no swimming activities)
<ul> <li>Pool area adequately fenced &amp; secured?</li> </ul>	□ Yes □ No

<ul> <li>Lifeguard certified and present? (if pool is on site)</li> </ul>	□Yes □No
<ul> <li>Enough staff to safely supervise swimmers and non-swimmers?</li> </ul>	□Yes □No
If no, explain	
Medication	□ N/A (No medication dispensed)
<ul> <li>Stored medication inaccessible to children?</li> </ul>	□Yes □No
Written permission from parent/guardian to dispense?	□Yes □No
<ul> <li>Document in writing when medication is dispensed?</li> </ul>	□ Yes □ No
If no, explain	
Discipline	
<ul> <li>Appropriate disciplinary actions observed?</li> </ul>	□ 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
<ul> <li>Premises free of serious health &amp; safety hazards?</li> </ul>	□ Yes □ No
If no, explain	
Children's Records	
<ul> <li>Are children's records maintained on-site?</li> </ul>	□ Yes □ No
<ul> <li>Emergency contact information available for each child &amp; readily accessible to staff?</li> </ul>	□Yes □No
Comments/Notes:	
Policies and Procedures - Does the program have a written policy regarding the following?	
<ul> <li>The exclusion of children with contagious illness?</li> </ul>	□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
<ul> <li>Recognition and reporting of child abuse and neglect?</li> </ul>	□Yes □No
Comments/Notes:	
Diapering	□ N/A (no diapering) □ Not observed during visit

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?       Yes       No         Each crib has an individual, tight fitting sheet?       Yes       No         Are infants placed on their back to sleep in an appropriate crib?       Yes       No         If no, explain       Yes       No       If no, explain         Satisfactory Criminal Records Checks (CRC) on file for 2 of 3       Yes       No         employees       Yes       No       If no, explain         Check Sex Offender Registry?       Yes       No       If no, explain         Statisfactory Criminal Records Checks (CRC) on file for 2 of 3       Yes       No       If no, explain         Check Sex Offender Registry?       Yes       No       If no, explain         Statisfactory Criminal Records Checks (CRC) on file for 2 of 3       Yes       No         If no, explain       Yes       No       If no, explain <th></th> <th></th>		
Area not used for food preparation?       Yes       No         If no, explain       Safe Sleep       NA (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?       Yes       No         Each crib has an individual, tight fitting sheet?       Yes       No         Are infants placed on their back to sleep in an appropriate crib?       Yes       No         Are infants placed on their back to sleep in an appropriate crib?       Yes       No         Cfininal Background Checks       C       Yes       No         Satisfactory Criminal Records Checks (CRC) on file for 2 of 3 employees       Yes       No         Check Sex Offender Registry?       Yes       No         If no, explain       Yes       No         Satisfactory Criminal Records Checks (CRC) on file for 2 of 3       Yes       No         If no, explain       Yes       No       Yes       No         If no, explain       Yes       No       Yes       No         1 d'a employees has current first aid       Yes       No       Yes       No         1 of 3 employees has current CPR.	<ul> <li>Clean, nonporous diapering surface with safety barrier?</li> </ul>	□ Yes □ No
If no, explain         Sate 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?       Yes   No         • Each crib has an individual, tight fitting sheet?       Yes   No         • Are infants placed on their back to sleep in an appropriate crib?       Yes   No         • Are infants placed on their back to sleep in an appropriate crib?       Yes   No         • Are infants placed on their back to sleep in an appropriate crib?       Yes   No         • Are infants placed on their back to sleep in an appropriate crib?       Yes   No         • Are infants placed on their back to sleep in an appropriate crib?       Yes   No         • Are infants placed on their back to sleep in an appropriate crib?       Yes   No         • Are infants placed on their back to sleep in an appropriate crib?       Yes   No         • Criminal Background Checks       Yes   No         • Cribic scatting informal Records Checks (CRC) on file for 2 of 3       Yes   No         • If no, explain       Yes   No         • Check Sex Offender Registry?       Yes   No         • If no, explain       Yes   No         • At least one staff person present on site and on field trips with current first aid and CPR?	<ul> <li>Sink with warm, running water adjacent to diapering area?</li> </ul>	□ Yes □ No
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?       Yes       No         • Each crib has a nindividual, tight fitting sheet?       Yes       No         • Are infants placed on their back to sleep in an appropriate crib?       Yes       No         • Are infants placed on their back to sleep in an appropriate crib?       Yes       No         • Are infants placed on their back to sleep in an appropriate crib?       Yes       No         • Are infants placed on their back to sleep in an appropriate crib?       Yes       No         • Are infants placed on their back to sleep in an appropriate crib?       Yes       No         • If no, explain       •       •       •         • Staffactory Criminal Records Checks (CRC) on file for 2 of 3       •       •         • Oteck Sex Offender Registry?       Yes       No       •         • If no, explain       •       •       •         Staff training       •       •       •         • At least one staff person present on site and on field trips with       •       •         • 1 of 3 employees has current CPR	<ul> <li>Area not used for food preparation?</li> </ul>	□ Yes □ No
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?       Yes       No         Each crib has an individual, tight fitting sheet?       Yes       No         Are infants placed on their back to sleep in an appropriate crib?       Yes       No         If no, explain       To       To         Statisfactory Criminal Records Checks (CRC) on file for 2 of 3 employees       No         • CRC results on file for all staff on-site?       Yes       No         (If no, list location of where they are kept.)       Yes       No         Check Sex Offender Registry?       Yes       No         If no, explain       Training       To         At least one staff person present on site and on field trips with current first aid and CPR?       Yes       No         1 of 3 employees has current first aid	If no, explain	
Cribs clear of objects?       Yes       No         Each crib has a firm, tight fitting mattress without gaps?       Yes       No         Each crib has an individual, tight fitting sheet?       Yes       No         Are infants placed on their back to sleep in an appropriate crib?       Yes       No         If no, explain       Yes       No         Criminal Background Checks       Yes       No         Statisfactory Criminal Records Checks (CRC) on file for 2 of 3 employees       Yes       No         • CRC results on file for all staff on-site?       Yes       No         (If no, list location of where they are kept.)       Yes       No         • Check Sex Offender Registry?       Yes       No         If no, explain       Yes       No         Staff Training       Yes       No         • At least one staff person present on site and on field trips with       Yes       No         • 1 of 3 employees has current first aid       Yes       No         • 1 of 3 employees has current CPR.       Yes       No         • 1 of 3 employees has completed health & safety orientation training       Yes       No         • 1 of 3 employees has completed health & safety orientation training       Yes       No         • 1 of 3 employees has completed health & safety o	Safe Sleep	$\Box$ N/A (no infants) $\Box$ Not observed during visit
<ul> <li>Each crib has a firm, tight fitting mattress without gaps?</li> <li>Fach crib has a firm, tight fitting sheet?</li> <li>Yes No</li> <li>Are infants placed on their back to sleep in an appropriate crib?</li> <li>Yes No</li> <li>Trinial Background Checks</li> <li>Satisfactory Criminal Records Checks (CRC) on file for 2 of 3</li> <li>Satisfactory Criminal Records Checks (CRC) on file for 2 of 3</li> <li>CRC results on file for all staff on-site?</li> <li>Yes No</li> <li>Check Sex Offender Registry?</li> <li>Yes No</li> <li>Check Sex Offender Registry?</li> <li>Yes No</li> <li>Staff Training</li> <li>At least one staff person present on site and on field trips with current first aid and CPR?</li> <li>A of a mployees has current CPR.</li> <li>A of a smployees has current CPR.</li> <li>Yes No</li> <li>Staff training</li> <li>Yes No</li> <li>Yes No</li></ul>	<ul> <li>CPSC/ASTM Crib in good repair for each infant?</li> </ul>	□ Yes □ No
Each crib has an individual, tight fitting sheet?       I Yes       No         Are infants placed on their back to sleep in an appropriate crib?       I Yes       No         If no, explain       Image: Criminal Background Checks         Satisfactory Criminal Records Checks (CRC) on file for 2 of 3       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         CRC results on file for all staff on-site?       Image: Criminal Background Checks         Criminal Background Checks       Image: Criminal Background Checks         Criminal Ground Checks       Image: Criminal Background Checks         Criminal Ground Checks       Image: Criminal Background Checks         Criman Staff Crement Fits       Image: Cri	Cribs clear of objects?	□ Yes □ No
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Criminal Background Checks       CRC results on file for all staff on-site?       Yes       No         • CRC results on file for all staff on-site?       Yes       No         (If no, list location of where they are kept.)       Yes       No         • Check Sex Offender Registry?       Yes       No         If no, explain       Yes       No         Staff Training       Yes       No         • At least one staff person present on site and on field trips with current first aid and CPR?       Yes       No         1 of 3 employees has current CPR.       Yes       No         • 1 of 3 employees has completed health & safety orientation training       Yes       No         • Does administrator/person-in-charge meet licensing requirements for credential?       Yes       No         • I fyes, list type of credential:       Yes       No         • Staff trained in program policies and procedures?       Yes       No         • Does staff receive on-going training?       Yes       No         • Does staff receive on-going training?       Yes       No         • They, list type of training:       Yes       No	<ul> <li>Are infants placed on their back to sleep in an appropriate crib?</li> </ul>	□Yes □No
Satisfactory Criminal Records Checks (CRC) on file for 2 of 3         employees         • CRC results on file for all staff on-site?         (If no, list location of where they are kept.)         • Check Sex Offender Registry?         If no, explain         Staff Training         • At least one staff person present on site and on field trips with current first aid and CPR?         • 1 of 3 employees has current first aid         • 1 of 3 employees has current CPR.         • 1 of 3 employees has completed health & safety orientation training         • Does administrator/person-in-charge meet licensing requirements for credential:         • Staff trained in program policies and procedures?         If no, explain         • Does staff receive on-going training?         • Yes □ No	If no, explain	
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If no, explain   Staff Training   • At least one staff person present on site and on field trips with current first aid and CPR?   • 1 of 3 employees has current first aid   • 1 of 3 employees has current CPR.   • 1 of 3 employees has completed health & safety orientation training   • Does administrator/person-in-charge meet licensing requirements for credential?   If yes, list type of credential:   • Staff trained in program policies and procedures?   If no, explain   • Does staff receive on-going training?   If yes, list type of training:	(If no, list location of where they are kept.)	
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• At least one staff person present on site and on field trips with current first aid and CPR?       • Yes □ No         • 1 of 3 employees has current first aid       • • • • • • • • • • • • • • • • • • •	If no, explain	
current first aid and CPR?Image: Constraint of the state o	Staff Training	
<ul> <li>1 of 3 employees has current CPR.</li> <li>1 of 3 employees has completed health &amp; safety orientation training</li> <li>Does administrator/person-in-charge meet licensing requirements for credential?</li> <li>If yes, list type of credential:</li> <li>Staff trained in program policies and procedures?</li> <li>If no, explain</li> <li>Does staff receive on-going training?</li> <li>If yes, list type of training:</li> </ul>		□Yes □No
<ul> <li>1 of 3 employees has completed health &amp; safety orientation training</li> <li>Does administrator/person-in-charge meet licensing requirements for credential?</li> <li>If yes, list type of credential:</li> <li>Staff trained in program policies and procedures?</li> <li>If no, explain</li> <li>Does staff receive on-going training?</li> <li>If yes, list type of training:</li> </ul>	<ul> <li>1 of 3 employees has current first aid</li> </ul>	
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credential?         If yes, list type of credential:         • Staff trained in program policies and procedures?         If no, explain         • Does staff receive on-going training?         If yes, list type of training:	• 1 of 3 employees has completed health & safety orientation training	
<ul> <li>Staff trained in program policies and procedures?</li> <li>If no, explain</li> <li>Does staff receive on-going training?</li> <li>If yes, list type of training:</li> </ul>		□ Yes □ No
If no, explain       • Does staff receive on-going training?       If yes, list type of training:	If yes, list type of credential:	
Does staff receive on-going training?     If yes, list type of training:	<ul> <li>Staff trained in program policies and procedures?</li> </ul>	□ Yes □ No
If yes, list type of training:	If no, explain	
	<ul> <li>Does staff receive on-going training?</li> </ul>	□ Yes □ No
NOTES/OBSERVATIONS:	If yes, list type of training:	
	NOTES/OBSERVATIONS:	

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

Core Points	Non Core Points	Total Points	Severity	Enforcement Action

Administrator/Person-in-cha	Je Natalie Fitzgerald	Date	12/05/2018
Consultant Name Sarah B	ton	Date	12/05/2018