

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 12:15PM	Departure Time: 1:10PM	Visit Date: 07/23/2019
Consultant Name:	Rosalyn Elder	Phone #: (404) 780-0868
Program Name:	Albany Area YMCA - YES Inclusive Summer Camp	Provider #: EX-47380
Exemption Category:	EX-7 Day camp ✓ CAPS Funded	Category #: EXMT-12994
Street Address:	1906 Palmyra Road	Phone #: (229) 669-4202
City, Zip Code, County:	Albany, 31701, Dougherty	# of CAPS certificates (if applicable): 11
Administrator/Person-in-charge:	Sara Mitchell	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?	☉ Yes ○ No Comment:
Is program operating within approved guidelines? <i>(i.e. ages served, hours/days of operation, etc.)</i>	☉ Yes ○ No Comment:
Is program operating at approved location?	☉ Yes ○ No Comment:
Are signed parent acknowledgement forms on file for each child?	☉ Yes ○ No
Do parents receive a program handbook?	☉ Yes ○ No
Is approval letter <u>and</u> 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:	

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

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• 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...	
<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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
<u>Health & Hygiene</u>	<input checked="" 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:	6
• Number of Sinks:	2
• Bathrooms in or adjacent to activity areas?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency medical information for each child on vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Proper restraints used when transporting children?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not observed during visit
• Procedures in place to transport children safely?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Each vehicle(s) has an annual safety inspection?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not observed during visit
• Documentation maintained of transportation which indicates that safety procedures are in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Additional staff provided to maintain adequate supervision during transportation?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• List of participants?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Emergency medical information for each child on vehicle?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Lifeguard certified and present? (if pool is on site)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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• Enough staff to safely supervise swimmers and non-swimmers?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Written permission from parent/guardian to dispense?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Document in writing when medication is dispensed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	
Discipline	
• Appropriate disciplinary actions observed?	<input checked="" type="checkbox"/> None observed <input 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...	
Physical Plant	
• 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 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...	
Children's Records	
• 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:	
<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 checked="" 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
• Recognition and reporting of child abuse and neglect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Comments/Notes:	
Diapering	<input type="checkbox"/> N/A (no diapering) <input checked="" type="checkbox"/> Not observed during visit
• Clean, nonporous diapering surface with safety barrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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• 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...	No infants
Safe Sleep	<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...	
Criminal Background Checks	
• Satisfactory Criminal Records Checks (CRC) on file for 0 of 0 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
Staff Training	
• 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
• 0 of 0 employees has current first aid	
• 0 of 0 employees has current CPR.	
• 0 of 0 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 Director
• 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Transportation
NOTES/OBSERVATIONS:	Conducted CAPS Health and Safety Monitoring visit on 07/23/19. Program was found operating as approved. TA provided regarding adding as part of their Policy and Procedure the exclusion of children with contagious illness and ensuring the Approval letter is posted adjacent to the Exemption Certificate.

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
0	1	1	None	P1 - Technical assistance

Administrator/Person-in-charge Sara Mitchell **Date** 07/23/2019

Consultant Name Rosalyn Elder **Date** 07/23/2019