

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 12:00PM	Departure Time: 12:30PM	Visit Date: 07/17/2019
Consultant Name:	Jennifer Roeder	Phone #: (770) 357-5110
Program Name:	Georgia All-Star Gymnastics	Provider #: EX-47754
Exemption Category:	EX-7 Day camp ✓ CAPS Funded	Category #: EXMT-13195
Street Address:	105 Arnold Mill Park	Phone #: (770) 516-2654
City, Zip Code, County:	Woodstock, 30188, Cherokee	# of CAPS certificates (if applicable):
Administrator/Person-in-charge:	Chris Calvert	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:
Is program operating within approved guidelines? <i>(i.e. ages served, hours/days of operation, etc.)</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment: Program also offers a category #8. Specialist emailed the exemption application and told the director to submit application ASAP.
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 type="radio"/> Yes <input checked="" type="radio"/> No
Are you receiving communications from the Department?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is the program accredited?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, please list accrediting agency:	An approval letter was posted but no certificate. Specialist emailed certificate to provider. The contact information was for previous director. Specialist updated Koala Outback with new director's name and email address.

Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratio Met? (Y/N)	Activities/ Notes
1R Mat	5-8	2	14	Y	Tumbling Rotations
Back Left Mat	9-15	2	16	Y	Tumbling Instruction
Beam	9-15	1	4	Y	Beam Practice
Bars	9-15	1	8	Y	Bars Practice
TOTAL		6	42		

Group Sizes met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total number of non-care staff present (clerical, janitorial, etc.):	0

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Indicators	
Supervision	
• 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...	
Playgrounds/Equipment	
	<input checked="" type="checkbox"/> N/A (no playground) <input checked="" 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...	Equipment was all indoor and in good condition.
Health & Hygiene	
	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain...	Director informed specialist that soap and water used constantly for staff. Hand sanitizer is used before and after eating and during instruction for children. Discussed best practice is to use running water when possible.
Bathrooms	
• Number of Toilets:	5
• Number of Sinks:	5
• Bathrooms in or adjacent to activity areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	Discussed best practice is to keep plungers and toilet cleaners inaccessible to children.
Transportation	
	<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:	
Field Trips	
	<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

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If no, explain...	
Swimming and Water-Related Activities	<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...	
Medication	<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...	The program has children with EpiPens, but they have not had to dispense. They do not dispense other medications.
Discipline	
• 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...	Discussion with children regarding behavior. Sit out after two times. If children become a danger to themselves or others, parents will be contacted. Bullying policy.
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:	
Policies and Procedures - Does the program have a written policy regarding the following?	
• 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

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• 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:	
<u>Diapering</u>	<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...	
<u>Safe Sleep</u>	<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...	
<u>Criminal Background Checks</u>	
• Satisfactory Criminal Records Checks (CRC) on file for 0 of 0 employees	
• CRC results on file for all staff on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If no, list location of where they are kept.)	Criminal Records Checks were not current. All background checks will be current by July 31, 2019.
• Check Sex Offender Registry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	Every 2 years, personnel files are updated at USA Gymnastics. Background checks are obtained through NCS, and they do check the sex offender registry.
<u>Staff Training</u>	
• 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?	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list type of training:	All senior and full time staff have CPR and First Aid training. Some of the summer staff employees do not have CPR/First Aid certificates. Specialist left a flyer about Health & Safety Training. Ongoing training covers topics such as new equipment and safety and personal issues with children such as psychological and emotional. Staff are required to get 10 hours of training annually.

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NOTES/OBSERVATIONS:

Specialist emailed exemption application for category #8.-extra hours necessary for higher level gymnasts.

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 Chris Calvert **Date** 07/17/2019

Consultant Name Jennifer Roeder **Date** 07/17/2019