

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

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|---------------------------------|--|--|
| Arrival Time: 2:20PM | Departure Time: 3:30PM | Visit Date: 10/26/2017 |
| Consultant Name: #Error | #Error | Phone #: (770) 357-7038 |
| Program Name: | Cobb County District ASP – Nicholson Elementary School | Provider #: EX-42731 |
| Exemption Category: | EX-1 Government <input checked="" type="checkbox"/> CAPS Funded | Category #: EXMT-12551 |
| Street Address: | 1599 Shallowford Road | Phone #: (770) 928-5573 |
| City, Zip Code, County: | Marietta, 30066, Cobb | # of CAPS certificates (if applicable): 2 |
| Administrator/Person-in-charge: | Kay Waddell | 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

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| 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 |
|--------------|-----------|----------|------------|------------------------|-------------------|
| Gym | 5-6 | 3 | 44 | Y | Transitioning |
| Cafe | 7-9 | 2 | 37 | Y | Homework |
| Computer Lab | 9-11 | 2 | 28 | Y | on Computer |
| TOTAL | | 7 | 109 | | |

| | |
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| Group Sizes met? | ☑ Yes ☐ No |
| Total number of non-care staff present (clerical, janitorial, etc.): | |

Indicators

| | |
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| Supervision | |
| • Staff members physically present with the children and properly supervising? | ☑ Yes ☐ No |

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| • Staff alert and able to intervene to prevent injuries? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, explain... | |
| Playgrounds/Equipment | <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If no, explain... | One playground was fenced in on this date. |
| Health & Hygiene | <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... | |
| Bathrooms | |
| • Number of Toilets: | 24 |
| • Number of Sinks: | 10 |
| • Bathrooms in or adjacent to activity areas? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, explain... | All but two bathrooms were adjacent. |
| 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 |
| 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 |

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| 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 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... | |
| Physical Plant | |
| • 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| • Business license? | <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No |
| • The prevention of and response to food and allergic reactions? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| • Emergency preparedness and response? | <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No |
| • Recognition and reporting of child abuse and neglect? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| • Comments/Notes: | |
| Diapering | <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 |

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| | |
|---|---|
| • Area not used for food preparation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, explain... | |
| 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 9 employees | |
| • CRC results on file for all staff on-site? (If no, list location of where they are kept.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No County office in Marietta. They have Department of Ed., but no Live Scan |
| • 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 9 employees has current first aid | |
| • 0 of 9 employees has current CPR. | |
| • 0 of 9 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 checked="" 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 checked="" type="checkbox"/> No |
| NOTES/OBSERVATIONS: | |

CCDF Enforcement Points as of this visit:

| Core Points | Non Core Points | Total Points | Severity | Enforcement Action |
|-------------|-----------------|--------------|----------|--------------------|
| | | | | |

Administrator/Person-in-charge Kay Waddell **Date** 10/26/2017

Consultant Name _____ **Date** 10/26/2017