# EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

| | | |
|---|---|---|
| **Arrival Time:** 2:00PM | **Departure Time:** 3:15PM | **Visit Date:** 04/11/2019 |
| **Consultant Name:** | Keia Cole | **Phone #:** (678) 717-5146 |
| **Program Name:** | DeKalb County Schools ASEP - Robert Shaw Theme | **Provider #:** EX-43909 |
| **Exemption Category:** | EX-1 Government ✓ **CAPS Funded** | **Category #:** EXMT-6416 |
| **Street Address:** | 385 Glendale Road | **Phone #:** (678) 676-6002 |
| **City, Zip Code, County:** | Scottdale, 30079, DeKalb | **# of CAPS certificates** *(if applicable)*: 4 |
| **Administrator/Person-in-charge:** | Tamara Stuldivant | **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 ☐ | Proof of Identification ☐ | Enrollment package for CRC ☐ | CRC for all over 17 yrs ☐ | Direct Deposit ☐ | CPR Certificate ☐ |
|---|---|---|---|---|---|
| Annual Updates ☐ | W-9 ☐ | Enrollment Affidavit ☐ | Childcare Provider Agreement ☐ | No Documents Needed ☐ | |

## General Operating Information

| | |
|---|---|
| **Is program currently operating?** | ⊙ Yes ○ No **Comment:** |
| **Is program operating within approved guidelines?** *(i.e. ages served, hours/days of operation, etc.)* | ⊙ 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 and 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:** | SACS |

## Staff: Child Ratios

| Room or Area | Age Group | # Staff | # Children | State Ratio Met? (Y/N) | Activities/ Notes |
|---|---|---|---|---|---|
| Computer lab (Rm B223) | | 0 | 0 | | Gather/attendance |
| Cafe (Rm B202) | 4-11 | 2 | 18 | Y | Snack/homework |
| **TOTAL** | | 2 | 18 | | |

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

## Indicators

### 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? | ☑ Yes  ☐ No |
|   If no, explain... | |
| **Playgrounds/Equipment** | ☑ N/A (no playground)  ☐ N/A (no equipment) <br> ☐ Not observed during visit |
| • Outdoor equipment free of serious hazards? | ☐ Yes  ☐ No |
| • Outdoor play area free of serious hazards? | ☐ Yes  ☐ No |
| • Fence/barrier around outdoor play area? | ☐ Yes  ☐ No |
|   If no, explain... | |
| **Health & Hygiene** | ☐ Not observed during visit |
| • Sink(s), running water, soap and paper towels available? | ☑ Yes  ☐ No |
| • Staff wash hands after toileting & before eating? | ☑ Yes  ☐ No |
| • Children wash hands after toileting & before eating? | ☑ Yes  ☐ No |
|   If no, explain... | |
| **Bathrooms** | |
| • Number of Toilets: | 21 |
| • Number of Sinks: | 6 |
| • Bathrooms in or adjacent to activity areas? | ☑ Yes  ☐ No |
|   If no, explain... | |
| **Transportation** | ☑ 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 |
| • Procedures in place to transport children safely? | ☐ Yes  ☐ No |
| • Each vehicle(s) has an annual safety inspection? | ☐ Yes  ☐ No  ☐ Not observed during visit |
| • Each vehicle(s) is in good/safe condition, clean and free of hazardous items? | ☐ Yes  ☐ No  ☐ Not observed during visit |
| • Documentation maintained of transportation which indicates that safety procedures are in place? | ☐ Yes  ☐ No |
| • Additional staff provided to maintain adequate supervision during transportation? | ☐ Yes  ☐ No |
| • Comments/Notes: | |
| **Field Trips** | ☑ N/A (no field trips provided) |
| • Written permission from parent/guardian? | ☐ Yes  ☐ No |
| • List of participants? | ☐ Yes  ☐ No |
| • Emergency medical information for each child on vehicle? | ☐ Yes  ☐ No |
|   If no, explain... | |
| **Swimming and Water-Related Activities** | ☑ N/A (no pool/no swimming activities) |
| • Pool area adequately fenced & secured? | ☐ Yes  ☐ No |
| • Lifeguard certified and present? (if pool is on site) | ☐ Yes  ☐ No |
| • Enough staff to safely supervise swimmers and non-swimmers? | ☐ Yes  ☐ No |

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|---|---|
| If no, explain... | |
| **Medication** | ☑ N/A (No medication dispensed) |
| • Stored medication inaccessible to children? | ☐ Yes  ☐ No |
| • Written permission from parent/guardian to dispense? | ☐ Yes  ☐ No |
| • Document in writing when medication is dispensed? | ☐ Yes  ☐ No |
| If no, explain... | |
| **Discipline** | |
| • Appropriate disciplinary actions observed? | ☐ 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 |
| • Premises free of serious health & safety hazards? | ☑ Yes  ☐ No |
| If no, explain... | Spoke with John Jewett (with county for Fire Marshal). Verified inspection approval. Government owned/operated, business license not needed. |
| **Children's Records** | |
| • Are children's records maintained on-site? | ☑ Yes  ☐ No |
| • Emergency contact information available for each child & readily accessible to staff? | ☑ Yes  ☐ No |
| • Comments/Notes: | |
| **Policies and Procedures - Does the program have a written policy regarding the following?** | |
| • The exclusion of children with contagious illness? | ☑ 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 |
| • Recognition and reporting of child abuse and neglect? | ☑ Yes  ☐ No |
| • Comments/Notes: | |
| **Diapering** | ☑ N/A (no diapering)  ☐ Not observed during visit |
| • Clean, nonporous diapering surface with safety barrier? | ☐ Yes  ☐ No |

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| • 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... | |
| **Criminal Background Checks** | |
| • Satisfactory Criminal Records Checks (CRC) on file for 6 of 6 employees | |
| • CRC results on file for all staff on-site? | ☑ Yes ☐ No |
| (If no, list location of where they are kept.) | Has not received the DECAL background letters for two staff members, those persons are not at work. |
| • Check Sex Offender Registry? | ☑ Yes ☐ No |
| If no, explain... | |
| **Staff Training** | |
| • At least one staff person present on site and on field trips with current first aid and CPR? | ☐ Yes ☑ No |
| • 0 of 6 employees has current first aid | |
| • 3 of 6 employees has current CPR. | |
| • 0 of 6 employees has completed health & safety orientation training | |
| • Does administrator/person-in-charge meet licensing requirements for credential? | ☐ Yes ☐ No |
| If yes, list type of credential: | Has CPR, but does not have 1st Aid. Working on obtaining for all staff members. |
| • Staff trained in program policies and procedures? | ☑ Yes ☐ No |
| If no, explain... | |
| • Does staff receive on-going training? | ☑ Yes ☐ No |
| If yes, list type of training: | *Sexual Harassment *Child Abuse Reporting *Talk to Me Baby |
| **NOTES/OBSERVATIONS:** | TA: Had Exemption certificate posted, did not have the approval letter. Advised to obtain the approval letter and post with certificate. Was not clear that the DECAL Health and Safety orientation was needed for exempt programs. TA: Now aware, will work on completing training. Kathy Pass is bookkeeper, no contact with children. TA: Advised to keep a file on all staff containing certifications and trainings. |

## CCDF Enforcement Points as of this visit:

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

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**Administrator/Person-in-charge**   Tamara Stuldivant                          **Date**   04/11/2019

**Consultant Name**   Keia Cole                                                **Date**   04/11/2019