

EXEMPTION HEALTH & SAFETY MONITORING CHECKLIST

Arrival Time: 2:00PM	Departure Time: 5:10PM	Visit Date: 03/12/2019
Consultant Name:	Jennifer Roeder	Phone #:
Program Name:	Cobb County District ASP – Nickajack Elementary School	Provider #: EX-42732
Exemption Category:	EX-1 Government <input checked="" type="checkbox"/> CAPS Funded	Category #: EXMT-12552
Street Address:	4555 Mavell Road	Phone #: (678) 842-5814
City, Zip Code, County:	Smyrna, 30082, Cobb	# of CAPS certificates (if applicable): 3
Administrator/Person-in-charge:	Stephanie Tucker	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
Cafeteria	K-3rd Grade	6	107	Y	Transition
1.176	4-9 years old	2	7	Y	Snack
Kindergarten Classroom					Not in use
First Grade Classroom					Not in use
Music Room					Not in use
Fourth Grade Classroom					Not in Use
Gym	4-9	2	6	Y	Organized Play/Games
Second Grade Classroom					Not in use

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TOTAL	10	120	
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Group Sizes met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total number of non-care staff present (clerical, janitorial, etc.):	0

Indicators

<u>Supervision</u>	
• 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Fence/barrier around outdoor play area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	There were two holes in the rubber resilient surfacing on the upper grade level playground, causing tripping hazards. One hole was under the zipline. A larger hole was under the blue, circular poles, where concrete was also exposed. The provider will email and speak with the school's secretary to put in a work order. The ASP program will use the other playground until the tripping hazards are repaired.
<u>Health & Hygiene</u>	
	<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...	
<u>Bathrooms</u>	
• Number of Toilets:	35
• Number of Sinks:	15
• Bathrooms in or adjacent to activity areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain...	TA-keep plungers inaccessible to children and monitor cleanliness. The provider will speak with the custodians.
<u>Transportation</u>	
	<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

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• 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? If no, explain...	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If no, explain...	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If no, explain...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Discipline	
• Appropriate disciplinary actions observed? If no, explain...	<input type="checkbox"/> None observed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• 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? If no, explain...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Premises free of serious health & safety hazards? If no, explain...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Business license is N/A. TA-keep hand sanitizer and cleaning sprays and wipes inaccessible to children. Director will notify teachers to keep these supplies inaccessible.
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?	

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• 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
• 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 type="checkbox"/> Not observed during visit
• Clean, nonporous diapering surface with safety barrier?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Sink with warm, running water adjacent to diapering area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Area not used for food preparation?	<input checked="" 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 21 of 22 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 5 of 27 staff did not have a DECAL Criminal Background Check on file. TA-Step-by-step directions were provided for obtaining CBCs. The 5 staff members will obtain a DECAL CBC prior to returning to the program and will initiate the process no later than one business day, on March 13, 2019.
• Check Sex Offender Registry? If no, explain...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2 of 27 staff had only a national fingerprint check, and ASP director will ensure someone with a satisfactory comprehensive check will supervise those staff members.
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
• 11 of 22 employees has current first aid	
• 11 of 22 employees has current CPR.	
• 2 of 22 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

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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list type of training:	Director will make sure staff goes through health and safety training this year and continues to go through different training through GA PDS for the following years. Next year, director will ensure new hires receive health and safety training within the first 90 days of employment.
<u>NOTES/OBSERVATIONS:</u>	Consultant left DECAL KOALA and CBC instructions with provider. A CBC one-day letter and corrective plan of action letter were left.

CCDF Enforcement Points as of this visit:

Core Points	Non Core Points	Total Points	Severity	Enforcement Action
4	3	7	Medium	11 - Corrective action plan

Administrator/Person-in-charge Stephanie Tucker **Date** 03/12/2019
Consultant Name Jennifer Roeder **Date** 03/12/2019