Arrival Time: 3:30PM	Departure Time: 4:00PM	Visit Date: 12/07/2017		
Consultant Name:	Brandi Mangino	Phone #: (478) 314-9726		
Program Name:	DeKalb County School ASEDP - Rowland	Provider #: EX-43912		
Exemption Category:	EX-1 Government - CAPS Funded	Category #: EXMT-6419		
Street Address:	1317 South Indian Creek Drive	Phone #: (678) 676-6202		
City, Zip Code, County:	Stone Mountain, 30083, DeKalb	# of CAPS certificates (if applicable): 3		
Administrator/Person-in-charge:	Debra Ragland	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 <u>CAPS.InformalProvider@decal.ga.gov</u> 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	₩-9 □	Enrollment Affidavit	Childcare Provider Agreement	No Documents Needed	

General Operating Information

Is program currently operating?	⊙ Yes O No Comment:
Is program operating within approved guidelines? (i.e. ages served, hours/days of operation, etc.)	⊙ Yes O No Comment:
Is program operating at approved location?	⊙ Yes O No Comment:
Are signed parent acknowledgement forms on file for each child?	
Do parents receive a program handbook?	O Yes ⊙ No
Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance?	O Yes ⊙ No
Is the email we have on file current?	⊙ Yes O No
Are you receiving communications from the Department?	⊙ Yes O No
Is the program accredited?	⊙ Yes O No
If yes, please list accrediting agency:	

Staff: Child Ratios						
Room or Area	Age Group	# Staff	# Children	State Rat Met? (Y/N	atio Activities/ Notes /N)	
Room 110	five-year-old to 11-year-old	2	22	У	tv	
TOTAL 2 22						
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? 			dren and prope	erly 🗹	☑ Yes □ No	
 Staff alert and able to intervene to prevent injuries? 			☑ Yes □ No			
If no, explain						

Playgrounds/Equipment	□ N/A (no playground) □ N/A (no equipment) □ 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:	32
Number of Sinks:	16
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? 	
• List of participants?	
• Emergency medical information for each child on vehicle?	□ Yes □ No
If no, explain	
Swimming and Water-Related Activities	\Box 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
If no, explain	
Medication	☑ N/A (No medication dispensed)

Stored medication inaccessible to children?	
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	
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?	
• Sink with warm, running water adjacent to diapering area?	□ Yes □ No
 Area not used for food preparation? 	
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 0 of 5 employees 	
• CRC results on file for all staff on-site?	□ Yes ☑ No
(If no, list location of where they are kept.)	The criminal record check are at the local board of education.
Check Sex Offender Registry?	□ Yes ☑ No
If no, explain	No, as the checks are no on site.
Staff Training	
 At least one staff person present on site and on field trips with current first aid and CPR? 	☑ Yes □ No
• 1 of 5 employees has current first aid	
• 1 of 5 employees has current CPR.	
• 0 of 5 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:	Yes, the staff member in charge is a certified teacher with DeKalb Co.
 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:	Yes, through Professional Development days with the county
NOTES/OBSERVATIONS:	The center is operating at the approved location. The staff member stated that the policy for discipline and exclusion of sick children are those that are in place during the school day. The students were in the classroom on this date and move throughout the cafeteria and media center usually.
CCDF Enforcement Points as of this visit:	

Core Points	No	on Core Points	Total Points	Severity		Enforcement Action
Administrator/Person-in-charge					Date	12/07/2017
Consultant Name Brandi Mangino					Date	12/07/2017