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| Arrival time: Departure time: | | | | | | | Visit date: | | | | | | | |
| Consultant name: | | | | | | | Phone #: | | | | | | | |
| Program name: | | | | | | | EX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert provider #)* | | | | | | | |
| Exemption Category: CAPS Funded | | | | | | | EXMT-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert category #)* | | | | | | | |
| Street Address: | | | | | | | Phone: | | | | | | | |
| City, Zip Code, State, County: | | | | | | | # of CAPS certificates *(if applicable)*: | | | | | | | |
| Administrator/Person-in-charge: Present during visit:  Yes  No **Is this person typically on-site each day?  Yes  No** | | | | | | | | | | | | | | |
| **General Operating Information**  \*Complete this checklist AND an unlicensed program form | | | | | | | | | | | | | | |
| **Is program currently operating?:**  **Yes**  **No Comments:** | | | | | | | | | | | | | | |
| **\*Is program operating within approved guidelines?:**  **Yes**  **No Comments:**  *(i.e. ages served, hours/days of operation, etc.)* | | | | | | | | | | | | | | |
| **\*Is program operating at approved location?:**  **Yes**  **No Comments:** | | | | | | | | | | | | | | |
| **Is approval letter and exemption notice from the Dept. posted in a prominent place near front entrance?**  **Yes**  **No** | | | | | | | | | | | | | | |
| **Are signed parent acknowledgement forms on file for each child?**  **Yes**  **No** | | | | | | | | | | | | | | |
| **Do parents receive a program handbook?**  **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| Indicators | | | | | | | | | | | | | | |
| Staff: Child Ratios | | | | | | | | | | | | | | |
| **Room or Area** | **Age Group** | **# Staff** | **# Children** | **State Ratios Met? (Y/N)** | **Activities/ Notes** | **Room or Area** | | **Age Group** | **# Staff** | **# Children** | **State Ratios Met? (Y/N)** | **Activities/Notes** | | |
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| **TOTALS** | |  |  | **Group Sizes met?**  Yes  No | | **TOTALS** | | |  |  | **Group Sizes met?**  Yes  No | | | |
| **Total number of non-care staff present (clerical, janitorial, etc.):** | | | | | | | | | | | | | | |
| **Staff:Child Ratios:  Low  Medium  High  Extreme** | | | | | | | | | | | | | | |
| **Activities:  Yes  No =** **1 Point**  **NON-CORE CCDF Standards** | | | | | | | | | | | | | | |
| **Indicators** | | | | | | | | | | | **Observations/ Comments/ Notes** | | **Plan of Improvement** | |
| **Supervision**  No children present | | | | | | | | | | |  | |  | |
| * Staff members physically present with the children   and properly supervising?  Yes  No  **AND**   * Staff alert and able to intervene to prevent injuries?  Yes  No   If no, explain--------------------------------------------------------🡪  **Low  Medium  High  Extreme** | | | | | | | | | | |
| **Bathrooms** | | | | | | | | | | |  | |  | |
| * Supplies  Yes  No * Cleanliness  Yes  No * Number of Toilets: * Number of Sinks: * Bathrooms in or adjacent to activity areas?  Yes  No   If no, explain-------------------------------------------------------🡪 | | | | | | | | | | |
| **Core Standard Severity total(s): Low: \_\_\_\_\_\_ Medium: \_\_\_\_\_\_ High: \_\_\_\_\_\_ Extreme: \_\_\_\_\_\_ Core Standard total(s): \_\_\_\_\_\_\_**  **Non-core Standard total(s): \_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Indicators** | | | | | | | | | | | **Observations/ Comments/ Notes** | | **Plan of Improvement** | |
| **Children’s Records** | | | | | | | | | | |  | |  | |
| * Sign in/out logs signed by the parental authority or authorized representative (CAPS Policy 12.4.6.1)   Yes  No  N/A   * Are children’s enrollment records maintained on-site?  Yes  No * Are children’s immunization records maintained (CAPS only)?  Yes  No = **1 Point** * Emergency contact information available for each child & readily accessible to staff?  Yes  No | | | | | | | | | | |
| **Criminal Background Checks** | | | | | | | | | | |  | |  | |
| * CBC results on file for all staff on-site?  Yes  No * Is there anyone with only a national fingerprint check conducted by DECAL?  Yes  No * If so, is this staff supervised by staff with a Comprehensive Background check?  Yes  No * CBC one-day letter left on-site?  Yes  No   **Low  Medium  High  Extreme** | | | | | | | | | | |
| **Diapering**  N/A (no diapering)  Not observed during visit | | | | | | | | | | |  | |  | |
| * Clean, nonporous diapering surface with safety barrier?  Yes  No   **Low  Medium  High  Extreme**   * Sink with warm, running water adjacent to diapering area?  Yes  No   **Low  Medium  High  Extreme**   * Area not used for food preparation?  Yes  No   If no, explain-------------------------------------------------------🡪  **Low  Medium  High  Extreme** | | | | | | | | | | |
| **Discipline**  None observed | | | | | | | | | | |  | |  | |
| * Appropriate disciplinary actions observed?  Yes  No   If no, explain-------------------------------------------------------🡪  **Low  Medium  High  Extreme**   * Written discipline policy?  Yes  No = **1 Point**   Appropriate discipline policy?  Yes  No = **1 Point**  (not physically or emotionally harmful)   * Policy communicated to staff?  Yes  No = **1 Point**   If no, explain-------------------------------------------------------🡪 | | | | | | | | | | |
| **Core Standard Severity total(s): Low: \_\_\_\_\_\_ Medium: \_\_\_\_\_\_ High: \_\_\_\_\_\_ Extreme: \_\_\_\_\_\_ Core Standard total(s): \_\_\_\_\_\_\_**  **Non-core Standard total(s): \_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Indicators** | | | | | | | | | | | **Observations/ Comments/ Notes** | | **Plan of Improvement** | |
| **Health & Hygiene**  Not observed during visit | | | | | | | | | | |  | |  | |
| * Sink(s), running water, soap and paper towels available?  Yes  No = **1 Point** * Staff wash hands after toileting & before eating?  Yes  No = **1 Point** * Children wash hands after toileting & before eating?  Yes  No = **1 Point**   If no, explain-----------------------------------------------------🡪 | | | | | | | | | | |
| **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--------------------------------------------------------🡪 | | | | | | | | | | |
| **Medication**  N/A (No medication dispensed) | | | | | | | | | | |  | |  | |
| * Stored medication inaccessible to children?  Yes  No   **Low  Medium  High  Extreme**   * Written permission from parent/guardian to dispense?  Yes  No   **Low  Medium  High  Extreme**   * Document in writing when medication is dispensed?  Yes  No   If no, explain-------------------------------------------------------🡪  **Low  Medium  High  Extreme** | | | | | | | | | | |
| **Physical Plant** | | | | | | | | | | |  | |  | |
| * Certificate of Occupancy?  Yes  No * Fire Marshal approval/annual fire inspection?  Yes  No = **1 Point** * Zoning approval?  Yes  No * Business license?  Yes  No  N/A * Premises free of serious health & safety hazards?  Yes  No   **Low  Medium  High  Extreme**  If no, explain-------------------------------------------------------🡪 | | | | | | | | | | |
| **Core Standard Severity total(s): Low: \_\_\_\_\_\_ Medium: \_\_\_\_\_\_ High: \_\_\_\_\_\_ Extreme: \_\_\_\_\_\_ Core Standard total(s): \_\_\_\_\_\_\_**  **Non-core Standard total(s): \_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Indicators** | | | | | | | | | | | **Observations/ Comments/ Notes** | | **Plan of Improvement** | |
| **Playgrounds/Equipment**  N/A (no playground or equipment)  Not observed during visit | | | | | | | | | | |  | |  | |
| * Outdoor equipment free of serious hazards?  Yes  No   **Low  Medium  High  Extreme**   * Outdoor play area free of serious hazards?  Yes  No   **Low  Medium  High  Extreme**   * Fence/barrier around outdoor play area?  Yes  No   If no, explain-------------------------------------------------------🡪 | | | | | | | | | | |
| **Policies and Procedures:** Does the program have a written policy regarding the following  **NON-CORE CCDF Standards** | | | | | | | | | | |  | |  | |
| * The exclusion of children with contagious illness?  Yes  No = **1 Point** * Notification of parents in the event their child becomes ill while at the facility?  Yes  No = **1 Point** * The notification of all parents of enrolled children when a reportable contagious   illness is present in the facility?  Yes  No = **1 Point**   * The prevention of and response to food and allergic reactions?  Yes  No = **1 Point** * Emergency preparedness and response?  Yes  No = **1 Point** * The handling and appropriate disposal of bodily fluids and storage of hazardous * materials (soiled clothing and bedding)?  Yes  No = **1 Point** * Recognition and reporting of child abuse and neglect?  Yes  No = **1 Point** * Has the program reported serious injuries/incidents?  Yes  No = **1 Point**  N/A | | | | | | | | | | |
| **Core Standard Severity total(s): Low: \_\_\_\_\_\_ Medium: \_\_\_\_\_\_ High: \_\_\_\_\_\_ Extreme: \_\_\_\_\_\_ Core Standard total(s): \_\_\_\_\_\_\_**  **Non-core Standard total(s): \_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Indicators** | | | | | | | | | | | **Observations/ Comments/ Notes** | | **Plan of Improvement** | |
| **Safe Sleep**  N/A (no infants)  Not observed during visit | | | | | | | | | | |  | |  | |
| * CPSC/ASTM Crib in good repair for each infant?  Yes  No   **Low  Medium  High  Extreme**   * Cribs clear of objects?  Yes  No   **Low  Medium  High  Extreme**)   * Each crib has a firm, tight fitting mattress without gaps?  Yes  No   **Low  Medium  High  Extreme**   * Each crib has an individual, tight fitting sheet?  Yes  No   **Low  Medium  High  Extreme**   * Are infants placed on their back to sleep in an appropriate crib?  Yes  No   If no, explain-------------------------------------------------------🡪  **Low  Medium  High  Extreme** | | | | | | | | | | |
| **Staff Training** | | | | | | | | | | |
| * At least one staff person present on site and on field trips with current   first aid and CPR?  Yes  No   * All Staff obtain First Aid and CPR training within 90 days of employment?  Yes  No = **1 Point** * Staff trained in program policies and procedures?  Yes  No   If no, explain-------------------------------------------------------🡪   * **All Staff obtain Health & Safety Orientation Certificate within 90 days of employment?**  Yes  Yes  No = **1 Point** * Does staff receive on-going training?  Yes  No = **1 Point**   If yes, list type of training: | | | | | | | | | | |
| **Core Standard Severity total(s): Low: \_\_\_\_\_\_ Medium: \_\_\_\_\_\_ High: \_\_\_\_\_\_ Extreme: \_\_\_\_\_\_ Core Standard total(s): \_\_\_\_\_\_\_**  **Non-core Standard total(s): \_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Indicators** | | | | | | | | | | | **Observations/ Comments/ Notes** | | **Plan of Improvement** | |
| **Swimming & Water-Related Activities  N/A (no pool/no swimming activities)** | | | | | | | | | | |  | | |  |
| * Pool area adequately fenced & secured?  Yes  No   **Low  Medium  High  Extreme**   * Lifeguard certified and present? (if pool is on site)  Yes  No   **Low  Medium  High  Extreme**   * Enough staff to safely supervise swimmers and non-swimmers?  Yes  No   If no, explain--------------------------------------------------------🡪  **Low  Medium  High  Extreme** | | | | | | | | | | |
| **Core Standard Severity total(s): Low: \_\_\_\_\_\_ Medium: \_\_\_\_\_\_ High: \_\_\_\_\_\_ Extreme: \_\_\_\_\_\_ Core Standard total(s): \_\_\_\_\_\_\_**  **Non-core Standard total(s): \_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Indicators** | | | | | | | | | | | **Observations/ Comments/ Notes** | | **Plan of Improvement** | |
| **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   **Low  Medium  High  Extreme**   * Proper restraints used when transporting children?  Yes  No  Not observed during visit   **Low  Medium  High  Extreme**     * Procedures in place to transport children safely?  Yes  No   **Low  Medium  High  Extreme**     * 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  **Low  Medium  High  Extreme**     * Additional staff provided to maintain adequate supervision   during transportation?  Yes  No  **Low  Medium  High  Extreme** | | | | | | | | | | |
| **Core Standard Severity total(s): Low: \_\_\_\_\_\_ Medium: \_\_\_\_\_\_ High: \_\_\_\_\_\_ Extreme: \_\_\_\_\_\_ Core Standard total(s): \_\_\_\_\_\_\_**  **Non-core Standard total(s): \_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |

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| **Staff Profile Record**  **Currently involved in a CAPS funded program** | | | **DECAL Criminal Background Check** | | | | | **Health & Safety Training** | | | | |
| **Name** | **Date of Birth** | **Date of Hire** | **CBC  Expiration Date** | **CBC Determination** | | **CBC  Letter on file** | | **H & S training required?** | **Current First Aid Training** | **Current CPR Certification** | **Health & Safety Orientation Certificate** | **10 hours annual ongoing Health & Safety Training** |
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| Federal law requires that programs receiving federal funds have a satisfactory criminal background check determination on file based on a national fingerprint background check.  **Note: A satisfactory, comprehensive background check from DECAL will need to be completed by October 1, 2018.** | | | | | | | | | | | | |
| **NOTES/OBSERVATIONS:** | | | | | | | | | | | | |
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**By signing this report I acknowledge that the report was discussed with me and if there are any missing requirements I am responsible for submitting them as outlined to Maximus or the CAPS Program.**

**You have the right to refute any of the citations noted in this report with which you disagree. To refute a citation(s), e-mail the following information to** [**CCSRefutations@decal.ga.gov**](mailto:CCSRefutations@decal.ga.gov)**.**

1. **Facility name, exemption number and visit date.**
2. **Your name, title/relationship to the facility, e-mail address & up to two phone number(s) where you can be reached.**
3. **Specific standard(s) that you are refuting, along with your concerns or questions regarding the citation.**
4. **Refutations must be submitted to Child Care Services (CCS) within 10 business days of the completion date of the visit to the facility.**
5. **Your refutation will be forwarded to the CCS Exemptions Unit manager, who will follow up with you about your concerns. If you have any questions about this process, contact our office at 770-293-5977.**

**Any violation which subjects a child to injury or life-threatening situation or continued noncompliance may jeopardize participation in the CAPS program for eligible license-exempt programs (government-owned/operated facilities and day camps).**

**Director/Person-in-charge Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specialist Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Compliance Enforcement Worksheet**

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| **Violation Class**  **(A, B, C, D)** | **Violation Level** | | | |
| **I**  **0-2 points** | **II**  **3-5 points** | **III 6-10 points** | **IV 11+ points** |
| **D (10 points per indicator)**   * **Extreme Harm** * **Imminent Danger** |  | | I3 - D D | |
| **C (6 points per indicator)**   * **High Risk** |  | | I2-D C-III | I3-D C-IV |
| **B (2 points per indicator)**   * **Medium Risk** | P1-P3 B-I | P2-P3 B-II | I1-I2 B-III | I2-D B-IV |
| **A (1 point per indicator)**   * **Low Risk** * **CCDF Non-core** | P1-P2 A-I | P1-P3 A-II | P2-P3 A-III | I1-I2 A-IV |

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| **Prevention Action Category** | **Intermediate Action Category**  **(includes Prevention Actions)** | **Dismissal Action Category** |
| **Prevention 1 (P1)** | **Intermediate 1 (I1)** | **Dismissal (D)** |
| Technical assistance | Corrective action plan | Dismissal |
| **Prevention 2 (P2)** | Office conference | Disqualification |
| Citation | **Intermediate 2 (I2)** |  |
| Plan of improvement | Fine (level 1 or 2) |  |
| **Prevention 3 (P3)** | **Intermediate 3 (I3)** |  |
| Warning Letter | Per violation fine (level 1 or 2) |  |

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| **Core Standard total:** \_\_\_\_\_\_\_ **Non-core Standard total:** \_\_\_\_\_\_\_ **Combined total:** \_\_\_\_\_\_\_\_ |

**Director/Person-in-charge Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Specialist Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**