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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****.**

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** | **III6-10 points** | **IV11+ 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 |

|  |  |  |
| --- | --- | --- |
| **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) |  |

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

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

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

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