

**Bright from the Start: Georgia Department of Early Care and Learning
Exemption Visit Health & Safety Monitoring Checklist**



Arrival time:	Departure time:	Visit date:
Consultant name:		Phone #:
Program name:		EX- _____ (insert provider #)
Exemption Category:	CAPS Funded <input type="checkbox"/>	EXMT- _____ (insert category #)
Street Address:		Phone:
City, Zip Code, State, County:		# of CAPS certificates (if applicable):
Administrator/Person-in-charge:		Present during visit: <input type="checkbox"/> Yes <input type="checkbox"/> No Is this person typically on-site each day? <input type="checkbox"/> Yes <input type="checkbox"/> No

General Operating Information

*Complete this checklist AND an unlicensed program form

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

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Indicators	Observations/ Comments/ Notes	Plan of Improvement
<u>Children's Records</u>		
<ul style="list-style-type: none"> • Sign in/out logs signed by the parental authority or authorized representative (CAPS Policy 12.4.6.1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • Are children's enrollment records maintained on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No • Are children's immunization records maintained (CAPS only)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Emergency contact information available for each child & readily accessible to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
<u>Criminal Background Checks</u>		
<ul style="list-style-type: none"> • CBC results on file for all staff on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is there anyone with only a national fingerprint check conducted by DECAL? If so, is this staff supervised by staff with a Comprehensive Background check? <input type="checkbox"/> Yes <input type="checkbox"/> No • CBC one-day letter left on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p>		
<u>Diapering</u> <input type="checkbox"/> N/A (no diapering) <input type="checkbox"/> Not observed during visit		
<ul style="list-style-type: none"> • Clean, nonporous diapering surface with safety barrier? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Sink with warm, running water adjacent to diapering area? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Area not used for food preparation? If no, explain-----> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<u>Discipline</u> <input type="checkbox"/> None observed		
<ul style="list-style-type: none"> • Appropriate disciplinary actions observed? If no, explain-----> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Written discipline policy? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Appropriate discipline policy? (not physically or emotionally harmful) <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Policy communicated to staff? If no, explain-----> <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point 		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p>		
<p>Non-core Standard total(s): _____</p>		

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<p>Health & Hygiene <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> • Sink(s), running water, soap and paper towels available? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Staff wash hands after toileting & before and after eating? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Children wash hands after toileting & before and after eating? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point <p>If no, explain-----></p>		
<p>Field Trips <input type="checkbox"/> N/A (no field trips provided)</p> <ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p>		
<p>Medication <input type="checkbox"/> N/A (No medication dispensed)</p> <ul style="list-style-type: none"> • Stored medication inaccessible to children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Written permission from parent/guardian to dispense? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Document in writing when medication is dispensed? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, explain-----></p> <p><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme</p>		
<p>Physical Plant</p> <ul style="list-style-type: none"> • Certificate of Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No • Fire Marshal approval/annual fire inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No • Business license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • Premises free of serious health & safety hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme <p>If no, explain-----></p>		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p>		
<p>Non-core Standard total(s): _____</p>		

Indicators	Observations/ Comments/ Notes	Plan of Improvement
<u>Safe Sleep</u> <input type="checkbox"/> N/A (no infants) <input type="checkbox"/> Not observed during visit		
<ul style="list-style-type: none"> • CPSC/ASTM Crib in good repair for each infant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Cribs clear of objects? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Each crib has a firm, tight fitting mattress without gaps? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Each crib has an individual, tight fitting sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Are infants placed on their back to sleep in an appropriate crib? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain-----> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<u>Staff Training</u>		
<ul style="list-style-type: none"> • At least one staff person present on site and on field trips with current first aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No • All Staff obtain First Aid and CPR training within 90 days of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Staff trained in program policies and procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain-----> • All Staff obtain Health & Safety Orientation Certificate within 90 days of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point • Does staff receive on-going training? <input type="checkbox"/> Yes <input type="checkbox"/> No = 1 Point If yes, list type of training: <ul style="list-style-type: none"> ○ ○ ○ 		
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
<p><u>Swimming & Water-Related Activities</u> <input type="checkbox"/> N/A (no pool/no swimming activities)</p> <ul style="list-style-type: none"> • Pool area adequately fenced & secured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Lifeguard certified and present? (if pool is on site) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Enough staff to safely supervise swimmers and non-swimmers? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain-----> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p> <p>Non-core Standard total(s): _____</p>		



Indicators	Observations/ Comments/ Notes	Plan of Improvement
<p><u>Transportation</u> <input type="checkbox"/> N/A (no transportation provided)</p>		
<ul style="list-style-type: none"> • 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 <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Proper restraints used when transporting children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed during visit <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Procedures in place to transport children safely? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • 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 <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme • Additional staff provided to maintain adequate supervision during transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme 		
<p>Core Standard Severity total(s): Low: _____ Medium: _____ High: _____ Extreme: _____ Core Standard total(s): _____</p>		
<p>Non-core Standard total(s): _____</p>		



Compliance Enforcement Worksheet

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

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)	

<input type="checkbox"/> No Violations Observed	Core Standard total: _____	Non-core Standard total: _____	Combined total: _____
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Director/Person-in-charge Signature _____

Printed name _____ Date _____

Specialist Signature _____ Date _____