

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
*Complete	General Operat e this checklist ANI	ing Information D 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 <u>and</u> exemption notice from the Dept. posted in a	prominent place n	ear 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		State Ratios Met? (Y/N)	Activ	rities/ Notes	R	Room or Area	Age Group	# Staff	# Children	State Ratios Met? (Y/N)		Activities/Notes
TOTA						Group Sizes me	<u> </u> t?							
Total num	ber of non	-care sta	ff present	t (clerical, ja	nitorial, etc.):					<u>I</u>		<u> </u>		
Staff:Child	Ratios:		ow \square M	edium 🔲 H	ligh 🗌 Extr	eme								
Activities: NON-COR	E CCDF		es 🗌 No Is											
					Indicat	ors						Observa Commen		Plan of Improvement
Supervision				children pres	ent									
	nbers phys erly superv		esent with	the children		[☐ Yes [□No						
 Staff aler 	t and able	to interve	ne to prev	ent injuries?			☐ Yes [No						
If no, exp	olainolain []				→									
Bathrooms Same Same Same Same Same Same Same Same														
• Suppli							☐ Yes					-		
Cleanl Neverle		4					☐ Yes [∐ No						
	er of Toilet er of Sinks													
	oms in or		to activity	areas?			☐ Yes	□No						
Core Stand	lard Sever	ity total	(s): Low:	M	edium:	_ High:	Extr	eme:		Cor	e Standa	rd total(s):		
Non-core S	tandard t	otal(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		
Emergency contact information available for each child & readily accessible to staff	?		
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			
<u>Diapering</u>			
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			
<u>Discipline</u> None observed			
Appropriate disciplinary actions observed?	☐ Yes ☐ No		
If no, explain→			
☐ Low ☐ Medium ☐ High ☐ Extreme			
Written discipline policy?	\square Yes \square No = 1 Point		
Appropriate discipline policy?	\square Yes \square No = 1 Point		
(not physically or emotionally harmful)			
Policy communicated to staff?	\square Yes \square No = 1 Point		
If no, explain			
Core Standard Severity total(s): Low: Medium: High: Non-core Standard total(s):	Extreme: Core Standar	rd total(s):	



Indicators	Observations/ Comments/ Notes	Plan of Improvement			
Health & Hygiene					
• Staff wash hands after toileting & before and after eating?	Yes ☐ No = 1 Point Yes ☐ No = 1 Point Yes ☐ No = 1 Point				
If no, explain					
Field Trips					
• List of participants?	Yes No Yes No Yes No				
Medication N/A (No medication dispensed)					
Stored medication inaccessible to children? Low Medium Extreme	Yes No				
Written permission from parent/guardian to dispense? Low Medium Extreme	Yes No				
◆ Document in writing when medication is dispensed? If no, explain	Yes No				
Physical Plant					
 Fire Marshal approval/annual fire inspection? Zoning approval? Business license? 	Yes ☐ No Yes ☐ No = 1 Point Yes ☐ No Yes ☐ No Yes ☐ No ☐ N/A Yes ☐ No				
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	☐ Not observed during visit		
Outdoor equipment free of serious hazards? Low Medium High Extreme	☐ Yes ☐ No		
Outdoor play area free of serious hazards? Low Medium High Extreme	☐ Yes ☐ No		
• Fence/barrier around outdoor play area? If no, explain	☐ Yes ☐ No		
Policies and Procedures: Does the program have a written policy regarding the factorial *NON-CORE CCDF Standards	following		
 The exclusion of children with contagious illness? Notification of parents in the event their child becomes ill while at the facility? The notification of all parents of enrolled children when a reportable contagious 	☐ Yes ☐ No ☐ Yes ☐ No		
illness is present in the facility?The prevention of and response to food and allergic reactions?	☐ Yes ☐ No ☐ Yes ☐ No		
 Emergency preparedness and response? The handling and appropriate disposal of bodily fluids and storage of hazardous 			
materials (soiled clothing and bedding)? Recognition and reporting of child abuse and neglect? Has the program reported serious injuries/incidents?	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ N/A 		
*If "No" is selected in any area, 1 point will be added to the Non-core sta			
Core Standard Severity total(s): Low: Medium: High: Non-core Standard total(s):	_ Extreme: Core Standar	rd 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? Low Medium Extreme	☐ Yes ☐ No		
Cribs clear of objects? Low Medium High Extreme)	☐ Yes ☐ No		
• Each crib has a firm, tight fitting mattress without gaps? Low Medium High Extreme	☐ Yes ☐ No		
• Each crib has an individual, tight fitting sheet? Low Medium High Extreme	☐ Yes ☐ No		
• Are infants placed on their back to sleep in an appropriate crib? If no, explain	☐ Yes ☐ No		
Low Medium High Extreme			
Staff Training			
At least one staff person present on site and on field trips with current			
first aid and CPR? • All Staff obtain First Aid and CPR training within 90 days of employment?	 ☐ Yes ☐ No ☐ Yes ☐ No = 1 Point 		
Staff trained in program policies and procedures? If no, explain	Yes No		
All Staff obtain Health & Safety Orientation Certificate within 90 days of emp.	loyment?		
	Yes No = 1 Point		
 Does staff receive on-going training? If yes, list type of training: 	\square Yes \square No = 1 Point		
o or training.			
0			
0			
Core Standard Severity total(s): Low: Medium: High:	_ Extreme: Core Standar	rd total(s):	
Non-core Standard total(s):			



Indicators	Observations/ Comments/ Notes	Plan of Improvement	
Swimming & Water-Related Activities N/A (no pool/no swin	mming activities)		
Pool area adequately fenced & secured? Low Medium High Extreme	☐ Yes ☐ No		
◆ Lifeguard certified and present? (if pool is on site) □ Low □ Medium □ High □ Extreme	☐ Yes ☐ No		
Enough staff to safely supervise swimmers and non-swimmers? If no, explain	Yes No		
Core Standard Severity total(s): Low: Medium:	High: Extreme: C	Core Standard total(s):	
Non-core Standard total(s):			



Indicators	Observations/ Comments/ Notes	Plan of Improvement	
<u>Transportation</u>			
 Written permission to transport from parent/guardian? Emergency medical information for each child on vehicle? □ Low □ Medium □ High □ Extreme 	☐ Yes ☐ No ☐ Yes ☐ No		
 Proper restraints used when transporting children? □ Low □ Medium □ High □ Extreme 	Yes No Not observed during v	visit	
 Procedures in place to transport children safely? Low	☐ 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? Low	☐ Yes ☐ No		
 Additional staff provided to maintain adequate supervision during transportation? Low	☐ Yes ☐ No		
Core Standard Severity total(s): Low: Medium:	High: Extreme:	Core Standard total(s):	
Non-core Standard total(s):			



Staff Profile Record Currently involved in a CAPS funded program			DECAL Crimina	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

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, <u>comprehensive</u> background check from DECAL will need to be completed by October 1, 2018.



NOTES/OBSERVATIONS:	
y signing this report I acknowledge that the report was discussed with me and if there APS Program.	are any missing requirements I am responsible for submitting them as outlined to Maximus or the
You have the right to refute any of the citations noted in this report with which you do 1. Facility name, exemption number and visit date.	lisagree. To refute a citation(s), e-mail the following information to CCSRefutations@decal.ga.gov .
2. Your name, title/relationship to the facility, e-mail address & up to two phores.	
 3. Specific standard(s) that you are refuting, along with your concerns or quest 4. Refutations must be submitted to Child Care Services (CCS) within 10 busin 	
	tho will follow up with you about your concerns. If you have any questions about this process, contact
ny violation which subjects a child to injury or life-threatening situation or continued rograms (government-owned/operated facilities and day camps).	noncompliance may jeopardize participation in the CAPS program for eligible license-exempt
irector/Person-in-charge Signature	
rinted name	Date
pecialist Signature	Date



Compliance Enforcement Worksheet

Violation Class	Violation Level						
(A, B, C, D)	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)	

	☐ No Violations Observed	Core Standard total:	Non-core Standard total:	Combined total:
Director/Person-in-charge Signature				
Printed name			Date	
Specialist Signature			Date	