

Cedric Dean Holdings, Inc.

Peer Support NC Program

Monthly Camera Log, Fire & Safety Inspection Checklist

Conducted by: CDH Safety Manager

1. Effective Date

Effective: January 21, 2026

Review Cycle: Monthly and after any safety incident, system failure, or regulatory update

2. Purpose

This checklist ensures **consistent monitoring, documentation, and compliance verification** of:

- Surveillance camera systems
- Fire prevention and response readiness
- General environmental and operational safety conditions

This supports **participant protection, staff safety, regulatory compliance, and organizational risk management**.

3. Scope

Applies to:

- All CDH facilities and program sites
 - Administrative offices
 - Community-based service locations
 - Mobile and satellite service environments
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4. Regulatory Alignment

This checklist aligns with:

- OSHA General Duty Clause (29 CFR 1910)
- NC DHHS Behavioral Health Facility Safety Standards
- CMS/Medicaid Managed Care Requirements
- Local Fire Marshal and Life Safety Codes
- HIPAA Physical Safeguards (45 CFR §164.310)

5. Monthly Inspection Information

Month/Year: _____

Facility/Location: _____

Inspection Date: _____

Safety Manager Name: _____

Supervisor Review: _____

Review Date: _____

SECTION A — Surveillance Camera Log & Security Systems

Item	Yes	No	N/A	Notes / Corrective Action
All cameras operational and recording properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Camera lenses clean and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Camera angles cover entrances, exits, and high-risk areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date/time stamp accurate on all feeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Video storage system functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backup storage available and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authorized access only to camera system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cybersecurity protections in place (passwords, permissions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Footage retention policy followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incident footage flagged and preserved if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Actions Required:

SECTION B — Fire Safety & Fire Prevention

Item	Yes	No	N/A	Notes / Corrective Action
Fire extinguishers present and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits clearly marked and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit lighting operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm system tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation maps posted and visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drill conducted this month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff trained in fire response procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Combustible materials stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Drill Date (if applicable): _____

Number of Participants: _____

Corrective Actions Required:

SECTION C — General Facility & Environmental Safety

Item	Yes	No	N/A	Notes / Corrective Action
Adequate lighting in all work and public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors clean and free of slip/trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handrails and stairs secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors and locks functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency communication systems working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item	Yes	No	N/A	Notes / Corrective Action
First aid kits stocked and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous materials labeled and stored correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No visible mold, leaks, or water damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restrooms sanitary and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior areas safe and well-lit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION D — Staff & Participant Safety Readiness

Item	Yes	No	N/A	Notes / Corrective Action
Emergency contact list updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff aware of emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
De-escalation resources available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incident reporting system accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signage for safety protocols posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION E — Risk & Compliance Review

Item	Yes	No	N/A	Notes / Corrective Action
HIPAA physical safeguards verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicaid service environment compliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NC DHHS facility safety standards met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous month corrective actions resolved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance documentation filed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. Summary of Findings

Overall Safety Status:

- ☐ Fully Compliant
- ☐ Compliant with Corrective Actions
- ☐ Non-Compliant (Immediate Action Required)

Key Risks Identified:

Corrective Action Plan:

7. Certification & Signatures

CDH Safety Manager Certification:

I certify that this inspection was completed accurately and in accordance with Cedric Dean Holdings, Inc. safety and compliance policies.

Name: _____

Signature: _____

Date: _____

Supervisor / Compliance Review:

Name: _____

Signature: _____

Date: _____

8. Records Retention

This checklist is maintained in accordance with CDH Records Management Policy and is subject to review by:

- NC DHHS
- Medicaid MCOs
- OSHA
- Accreditation and audit authorities

9. Organizational Commitment

Cedric Dean Holdings, Inc. affirms its commitment to **proactive safety leadership, regulatory compliance, and the protection of staff and program participants through consistent monitoring and accountability.**

If you'd like, I can generate this as:



Branded Word (DOCX)



Certified PDF (Audit-Ready)

with **CDH logo, footer tagline, watermark, and compliance file naming (NC DHHS / Medicaid format)**