

# **Cedric Dean Holdings, Inc.**

**Peer Support NC Program**

**Monthly Camera Log, Fire & Safety Inspection Checklist**

**Conducted by: CDH Safety Manager**

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## **1. Effective Date**

**Effective:** January 21, 2026

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

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## **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**.

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## **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)

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## 5. Monthly Inspection Information

Month/Year: \_\_\_\_\_

Facility/Location: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Safety Manager Name: \_\_\_\_\_

Supervisor Review: \_\_\_\_\_

Review Date: \_\_\_\_\_

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## 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:**

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## 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:**

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## 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"/>	

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## 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"/>	

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## 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"/>	

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## 6. Summary of Findings

### Overall Safety Status:

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

**Key Risks Identified:**

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**Corrective Action Plan:**

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## 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:** \_\_\_\_\_

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**Supervisor / Compliance Review:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## 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

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## 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.**

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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)**