



**Bright from the Start Georgia Department of Early Care and Learning**  
**2 Martin Luther King Jr. Drive SE, 670 East Tower**  
**Atlanta, GA 30334**

Phone: (404) 657-5562 WWW.DECAL.GA.GOV

**Date:** 5/21/2019    **VisitType:** Monitoring Visit    **Arrival:** 12:00 PM    **Departure:** 2:45 PM

**CCLC-46234**

**Akim Academy**

4065 Hwy. 441 South Douglas, GA 31535 Coffee County  
 (912) 384-0876 akimacademy@gmail.com

**Regional Consultant**

Connie Boatright

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 connie.boatright@decal.ga.gov

**Mailing Address**

4065 Hwy. 441 S.  
 Douglas, GA 31533

**Quality Rated:**

<b>Compliance Zone Designation</b>			<b>Compliance Zone Designation</b> - A summary measure of a program's 12 month monitoring history, as it pertains to child care health and safety rules. The three compliance zones are good standing, support, and deficient.
05/21/2019	Monitoring Visit	Good Standing	
12/20/2018	Licensing Study	Good Standing	
05/07/2018	Monitoring Visit	Good Standing	

**Good Standing** - Program is demonstrating an acceptable level of performance in meeting the rules.  
**Support** - Program performance is demonstrating a need for improvement in meeting rules.  
**Deficient** - Program is not demonstrating an acceptable level of performance in meeting the rules.

**Ratios/License Capacity**

Building	Room	Age Group	Staff	Children	NC/C	Max 35 SF.	35 SF. Comp.	Max 25 SF.	25 SF. Comp.	Notes
Main	A-B	Three Year Olds and Four Year Olds	2	11	C	16	C	NA	NA	Transitioning, Nap, Lunch
Main	C		0	0	C	8	C	NA	NA	Not In Use
Main	D		0	0	C	8	C	NA	NA	Not In Use
Main	E		0	0	C	8	C	NA	NA	Not In Use
Main	F	One Year Olds and Two Year Olds	2	12	C	14	C	NA	NA	Transitioning, Lunch, Nap
Main	H		0	0	C	10	C	NA	NA	Not In Use
Main	I		0	0	C	12	C	NA	NA	Not In Use
Main	J		0	0	C	19	C	NA	NA	Not In Use
Main	K		0	0	C	26	C	NA	NA	Not In Use

Total Capacity @35 sq. ft.: 121

Total Capacity @25 sq. ft.: 0

Total # Children this Date: 23

Total Capacity @35 sq. ft.: 121

Total Capacity @25 sq. ft.: 0

Building	Playground	Playground Occupancy	Playground Compliance
Main	A	12	C
Main	B	43	C

## Comments

This Monitoring Visit is the second regulatory visit for Akim Academy this 2018 - 2019 fiscal year.

The staff member in charge stated no medication is administered, no field trips or routine transportation is provided.

Plan of Improvement: Developed This Date 05/21/2019

Any rule violation which subjects a child to injury or life-threatening situation or any rule violations previously cited but not corrected, may result in the imposition of an adverse enforcement action. Serious or continued noncompliance may also jeopardize participation in one or more DECAL program(s).



Please refer to the website, <http://www.decal.ga.gov/CCS/RulesAndRegulations.aspx>, for information regarding October 1, 2018 rule changes about Criminal Records Checks that may affect your facility. In summary,

- New records checks will be required to be completed if a staff member experiences a six month break in service from the child care industry
- New clearance is required at least once every five years
- Any staff member solely responsible for supervising children will be required to have completed a comprehensive background clearance
- All staff members are required to have completed at least a national fingerprint based clearance check
- Any staff member with only the national fingerprint based clearance, must be under constant and direct supervision of a staff member with a satisfactory comprehensive records check clearance
- Facilities are required to use DECAL KOALA for Criminal Records Checks, including to verify portability of an employee

O.C.G.A. Section 42.1.12(i)(2) requires Bright from the Start: Georgia Department of Early Care and Learning to notify licensed child care programs on accessing and retrieving from the Georgia Bureau of Investigation's (GBI) website a list of the names and addresses of all registered sexual offenders. Please see GBI's website located at <http://gbi.georgia.gov> to access the Georgia Sex Offender Registry.

### Refutation Process:

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](mailto:CCSRefutations@decal.ga.gov).

- 1) Facility name, license 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 rule number(s) that you are refuting, along with your concerns or questions regarding the rule citation

Refutations must be submitted to Child Care Services (CCS) within 10 business days of the completion date.

A sample form for submitting a refutation can be found at: <http://decal.ga.gov/ChildCareServices/RefutationInformation.aspx>

Your refutation will be forwarded to the appropriate CCS manager, who will follow up with you about your concerns. If you have any questions about this process, contact our office at 404-657-5562.

Bright from the Start recommends that all licensed child care providers carry liability insurance coverage sufficient to protect its clients. If you do not have this liability insurance, you are required to post a notice with ½ inch letters in a conspicuous location in the program, notify the parent or guardian of each child in care in writing, obtain their signature to acknowledge receipt and maintain this written acknowledgment on file at the program at all times while the child attends the program and for 12 months after the child's last date of attendance. (O.C.G.A. Section 20-1A-4)



### Important New Deadlines:

Your program must be Quality Rated by December 31, 2020 in order to continue to receive Childcare and Parent Services (CAPS).

Get started today! Sign up by completing a short online application: <https://qualityrated.decal.ga.gov/>  
Request free technical assistance to help you earn your star rating by contacting the Quality Rated help desk at 855-800-7747 or [qualityrated@decal.ga.gov](mailto:qualityrated@decal.ga.gov)

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Ida Mendoza, Program Official

Date

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Connie Boatright, Consultant

Date



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### Findings Report

**Date:** 5/21/2019    **VisitType:** Monitoring Visit    **Arrival:** 12:00 PM    **Departure:** 2:45 PM

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The following information is associated with a Monitoring Visit:

### Activities and Equipment

**591-1-1-.03 Activities****Met****Comment**

The consultant observed a variety of age appropriate activities throughout the center.

**Correction Deadline: 5/21/2019**

**591-1-1-.12 Equipment & Toys(CR)****Met****Comment**

A variety of equipment and toys were observed throughout the center.

**591-1-1-.35 Swimming Pools & Water-related Activities(CR)****Met****Comment**

Center does not provide swimming activities.

### Facility

**591-1-1-.06 Bathrooms****Not Met****Finding**

591-1-1-.06(6) requires Center Staff to equip bathrooms with soap, toilet tissue and single-use towels or cloth towels used only once between launderings. It was determined based on the consultant's observation that the girls' bathroom located on the bottom floor was not equipped with tissue paper or paper towels.

**POI (Plan of Improvement)**

The Center will provide all required supplies and will train and monitor Staff to ensure that supplies are available in bathrooms. Cloth towels will be used only once between laundering.

**Correction Deadline: 5/21/2019**

**Finding**

591-1-1-.06(7) requires Center Staff to ensure bathrooms are cleaned daily with a disinfectant. It was determined based on the consultant's observation that the boys' bathroom located on the bottom floor had a wet roll of tissue paper located in the first child handwashing sink. Additionally, the first urinal had urine and had not been flushed. Additionally, the floor had a puddle of water beside the second urinal. Additionally, the first stall of the girls' bathroom located on the bottom floor had dirty tissue paper and had not been flushed. Additionally, the second stall had feces on the rim of the toilet seat and had not been cleaned. Additionally, the third stall of the girls' bathroom had a dirty diaper on the floor and dirty tissue paper with feces in the trash can.

**POI (Plan of Improvement)**

The Center will develop and implement a plan to ensure that bathrooms are cleaned and disinfected daily and that this is monitored daily.

**Correction Deadline: 5/31/2019**

**591-1-1-.19 License Capacity(CR)**

**Met**

**Comment**

Licensed capacity observed to be routinely met by center.

**591-1-1-.25 Physical Plant - Safe Environment(CR)**

**Not Met**

**Finding**

591-1-1-.25(13) requires that potentially hazardous equipment, materials and supplies be stored in a locked area inaccessible to children. It was determined based on the consultant's observation that a spray bottle of Comet Multi-Surface Spray Cleaner and a bottle of Equate Clean Hand Soap labeled keep out of the reach of children were being stored in the cabinet underneath the child hand washing sink accessible to the one and two-year-old children. Additionally a spray bottle of all purpose cleaner and a spray bottle of window glass cleaner were being stored in the cabinet underneath the child hand washing sink accessible to the three and four-year-old children.

**POI (Plan of Improvement)**

The Center will identify all hazardous items and keep them in a locked area inaccessible to children. The Center will inform all Staff about hazardous items and the safe storage of those items.

**Correction Deadline: 5/21/2019**

**Finding**

591-1-1-.25(8) requires protective caps on all unused electrical outlets within children's reach and requires that electrical outlets in use be made inaccessible to children. It was determined based on the consultant's observation that four electrical plugs did not have the protective covers as required and were accessible to the three and four-year-old children.

**POI (Plan of Improvement)**

The Center will train Staff to check outlets and replace protective caps when needed and identify and monitor how outlets in use are inaccessible to children.

**Correction Deadline: 5/21/2019**

**591-1-1-.26 Playgrounds(CR)**

**Met**

**Comment**

Playground observed to be clean and in good repair.

**Food Service**

**Comment**

CACFP Meal Pattern Requirements effective October 1, 2017 will be implemented October 1, 2018: 3 Components for breakfast: Grains, Vegetables, Fruits or both, Milk  
5 Components for lunch – Grains, Meat/Meat alternates, Fruits, Vegetable, and Milk OR Grains, Meat/Meat alternates, 2 different types of vegetables, and Milk  
2 of 5 Components for snack

Provided Updated CACFP Infant Meal pattern and Child/Adult Meal pattern flyers.

The Crediting Handbook for the CACFP can be located on DECAL and USDA's website:

DECAL

<http://dec.al.ga.gov/CACFP/Handbook.aspx>

USDA

<http://www.fns.usda.gov/cacfp/cacfp-handbooks>

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**591-1-1-.18 Kitchen Operations****Not Met****Finding**

591-1-1-.18(5) requires the refrigeration of all perishable and potentially hazardous foods at 40 degrees Fahrenheit or below and served promptly after cooking. Freezer temperature shall be maintained at zero (0) degrees Fahrenheit or below. It was determined based on the consultant's observation that a gallon of 2% milk was left sitting on the kitchen counter top from 12:10 PM to 12:45 PM.

**POI (Plan of Improvement)**

The Center will refrigerate foods as required, will train Staff on proper refrigerator and freezer temperature settings and monitor the settings. Food will be served promptly after cooking.

**Correction Deadline: 5/21/2019****Finding**

591-1-1-.18(7) requires each Center to have a designated space for storage of food and kitchen items and that the area be kept clean and free of accumulation of dust, dirt, food particles and grease deposits. It was determined based on the consultant's observation that the kitchen had dirty dishes from breakfast that had not been washed.

**POI (Plan of Improvement)**

The Center will designate an area for the storage of these items, will thoroughly clean the space, if needed, develop and implement a plan to train Staff, as needed, and inspect the storage area daily.

**Correction Deadline: 5/21/2019**

<b>Health and Hygiene</b>
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**591-1-1-.10 Diapering Areas & Practices(CR)****Met****Comment**

Staff state proper knowledge of diapering procedures.

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**591-1-1-.17 Hygiene(CR)****Not Met****Comment**

Proper hand washing observed throughout the center.

**Finding**

591-1-1-.17(6) requires garbage and organic waste to be stored in containers that are lined with plastic liners and have tight-fitting covers. Trash and garbage shall be removed from the building daily or as often as necessary to maintain the premises in a clean condition. It was determined based on observation that the trash cans in the girls' bathroom did not have lids/covers on them.

**POI (Plan of Improvement)**

The Center will provide the required containers and implement a plan to ensure that trash and garbage are taken out daily, or more often, if needed. Please ensure all trash and garbage containers have tight-fitting covers.

**Correction Deadline: 5/21/2019**

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**591-1-1-.20 Medications(CR)**

**Met**

**Comment**

The assistant director stated no medication is administered.

**Policies and Procedures**

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**591-1-1-.21 Operational Policies & Procedures**

**Not Met**

**Finding**

591-1-1-.21(3) requires that the Center conduct drills for fire, tornado and other emergency situations. The fire drills will be conducted monthly and tornado and other emergency situation drills will be conducted every six months. The Center shall maintain documentation of the dates and times of these drills for two years. It was determined based on the consultant's observation that no fire drill was conducted for the month of April 2019. Additionally, no tornado drill has been conducted since December of 2017.

**POI (Plan of Improvement)**

The Center will hold the drills as required and keep the documentation of the drills on file for two years.

**Correction Deadline: 5/26/2019**

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**591-1-1-.27 Posted Notices**

**Not Met**

**Finding**

591-1-1-.27 requires each Center to post in a designated area for public viewing near the front entrance the following: the Center's current License or Permit; a copy of these rules; a copy of the current communicable disease chart; a statement allowing Parent(s) access to all child care areas upon notifying any staff member of his or her presence; names of persons responsible for the administration of the Center in the administrator's absence; the dated current week's menu for meals and snacks; emergency plans for severe weather, fire, and other emergency situations; a statement requiring visitors to check in with Staff when entering the Center; no smoking signs; and a notice provided by the Department which advises Parents of their right to review a copy of the Center's most recent licensure evaluation report upon request to the Center Director. The Center shall provide any Parent with a copy of this evaluation report upon request. It was determined based on the consultant's observation that a current menu was not posted as required.

**POI (Plan of Improvement)**

The Center will post the notices as required and ensure they remain posted.

**Correction Deadline: 5/21/2019**

**Safety**

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**591-1-1-.05 Animals**

**Met**

**Comment**

Center does not keep animals on premises.

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**591-1-1-.11 Discipline(CR)****Not Met****Finding**

591-1-1-.11(2) requires that Personnel not: physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Center; inflict corporal/physical punishment upon a child; shake, jerk, pinch or handle a child roughly; verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family; isolate a child in a dark room, closet or unsupervised area; use mechanical or physical restraints or devices to discipline children; use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent; restrict unreasonably a child from going to the bathroom; punish toileting accidents; force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks; force or withhold naps; allow children to discipline or humiliate other children; or confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jump seat. It was determined based on the consultant's observation that one staff member yelled multiple times at the three and four-year-old children when in the lunch room saying, "get up against the wall, get up against the wall". Additionally, the staff member shook her finger in the face of four students and said, "I said get up against the wall". Additionally, while the children was lined up against the wall of the lunch room, the staff member yelled loudly, "get it under control". Additionally, the staff member shook her finger in the face of two students and said, "I said get it under control, I'm about ready to call your mom". The consultant observed four students crying during this incident which was the four students the teacher pointed her finger in their faces.

**POI (Plan of Improvement)**

The Center will take immediate action to ensure the action/conduct has ceased; train/review appropriate child guidance techniques with center staff; and have a system in place to monitor and identify inappropriate actions.

**Correction Deadline: 5/21/2019**

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**591-1-1-.13 Field Trips(CR)****Met****Comment**

Center does not participate in field trips at this time.

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**591-1-1-.36 Transportation(CR)****Met****Comment**

Center does not provide routine transportation.

<b>Sleeping &amp; Resting Equipment</b>
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**591-1-1-.30 Safe Sleeping and Resting Requirements(CR)****Not Met****Comment**

The correct number of mats, sheets and blankets were observed on this date. Cleaning and disinfecting of mats was discussed with the director on this date.

**Finding**

591-1-1-.30(1)(b)1 requires that cots and mats are of sound construction and of sufficient size to accommodate comfortably the size and weight of the child; and that mats are in good repair, washable, covered with a waterproof material and at least two inches (2") thick. It was determined based on the consultant's observation that multiple mats were ripped and torn throughout classrooms A-B, F, and G.

**POI (Plan of Improvement)**

The Center will ensure that cots and mats are of sound construction and of sufficient size to accommodate the size and weight of the child and mats are in good repair, washable, covered with a waterproof material and is at least two inches thick.

**Correction Deadline: 5/31/2019**

<b>Staff Records</b>
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Staff # 2	Not Met
Date of Hire: 11/14/2017	
<u>"Missing/Incomplete Components"</u>	
.33(5)-10 Hrs. Annual Training	
Staff # 3	Not Met
Date of Hire: 10/06/2018	
<u>"Missing/Incomplete Components"</u>	
.33(3)-Health & Safety Certificate,.14(2)-First Aid Missing,.14(2)-CPR missing,.33(4)-1st Yr. Training - 10 hrs.	
Staff # 5	Not Met
Date of Hire: 10/06/2018	
<u>"Missing/Incomplete Components"</u>	
.14(2)-CPR missing,.14(2)-First Aid Missing,.33(3)-Health & Safety Certificate,.33(4)-1st Yr. Training - 10 hrs.	
Staff # 6	Not Met
Date of Hire: 01/16/2019	
<u>"Missing/Incomplete Components"</u>	
.24(1)-Evidence of Orientation Missing,.14(2)-CPR missing,.14(2)-First Aid Missing,.33(3)-Health & Safety Certificate,.33(4)-1st Yr. Training - 10 hrs.	
Staff # 8	Not Met
Date of Hire: 10/30/2018	
<u>"Missing/Incomplete Components"</u>	
.24(1)-Evidence of Orientation Missing,.14(2)-CPR missing,.14(2)-First Aid Missing,.33(3)-Health & Safety Certificate,.33(4)-1st Yr. Training - 10 hrs.	
Staff # 11	Not Met
Date of Hire: 10/06/2018	
<u>"Missing/Incomplete Components"</u>	
.33(4)-1st Yr. Training - 10 hrs.,.33(3)-Health & Safety Certificate,.14(2)-First Aid Missing,.14(2)-CPR missing,.24(1)-Evidence of Orientation Missing	

**591-1-1-.09 Criminal Records and Comprehensive Background Checks(CR) Met**

**Comment**

Criminal record checks were observed to be complete.

**Correction Deadline: 12/20/2018**

**Corrected on 5/21/2019**

**.09(1)(c) - The previous citation is observed to be corrected on this date.**

**591-1-1-.14 First Aid & CPR Not Met**

**Finding**

591-1-1-.14(1) requires the Center Director and, at any given time, at least fifty percent (50%) of the caregiver Staff to successfully complete a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid. The first aid training must be done by certified or licensed health care professionals or trainers and must deal with the provision of emergency care to infants and children. The Center shall maintain current evidence of the successful completion of such training which shall be available to the Department for inspection. It was determined based on the consultant's review of all staff files that six of eleven staff had no proof of completing first aid and CPR in their file as required.

**POI (Plan of Improvement)**

The Center Director and at least 50% of the caregiver Staff will complete the needed training. The Director will send written verification to the consultant upon completion and will develop a plan to ensure that at least 50% of the caregiver Staff have completed this training at any given time and that evidence of successful completion of the training is on file available for inspection.

**Correction Deadline: 6/20/2019**

**Finding**

591-1-1-.14(2) requires a Staff member who is trained in CPR and first aid to be on the premises and on any field trip whenever any child is present. In addition, Staff who provide direct care to children must satisfactorily obtain certification in first aid and CPR by December 29, 2016 if employed prior to September 30, 2016 and within 90 days of their hire date if employed after September 30, 2016. It was determined based on a review of records that five of eleven staff, hired after September 30, 2016, did not have documentation of completing a hands-on first aid and CPR course within 90 days of their hire date as required.

**POI (Plan of Improvement)**

The Center will develop a schedule to ensure there is always a staff person with current first aid and CPR training present and will develop and implement a plan to ensure all staff members have satisfactorily completed first aid and CPR training by the specified date.

**Correction Deadline: 6/20/2019**

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**591-1-1-.33 Staff Training****Not Met****Finding**

591-1-1-.33(3) requires each staff member with direct care responsibilities to complete health and safety training at the time of employment that will count toward required annual training: Staff employed prior to September 30, 2016 will complete the training by December 29, 2016 and Staff employed after September 30, 2016 will complete the health and safety training within the first 90 days of employment. It was determined based on the consultant's review of all staff files that six of eleven staff members do not have proof of completion of the required health and safety training.

**POI (Plan of Improvement)**

The Center will develop and implement a plan to schedule and track this training for all employees based on their hire dates.

**Correction Deadline: 6/20/2019**

**Finding**

591-1-1-.33(6) requires, in the first year of employment and then by calendar year thereafter, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers to attend ten (10) clock hours of training which is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university or vocational program or other Department-approved source. It was determined based on the consultant's review of all staff files that one staff member hired November 14, 2017 completed two annual hours of training in 2018 where ten hours are required.

**POI (Plan of Improvement)**

The Center will plan and schedule the required 10 hours of annual training each year and follow up to ensure the training is completed.

**Correction Deadline: 6/20/2019**

**Finding**

591-1-1-.33(7) requires that evidence of orientation and training be documented in the Personnel file of each Staff member and be available to the Department for inspection. It was determined based on the consultant's review of all staff files that six of eleven staff members had no proof of completion of orientation training or incomplete orientation training form in their employee files.

**POI (Plan of Improvement)**

The Center will develop and implement procedures to review staff records for documentation of training and orientation, to obtain and place missing documentation in staff records, and to file such documents in staff records on an ongoing basis.

**Correction Deadline: 5/31/2019**

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**591-1-1-.31 Staff(CR)**

**Met**

**Comment**

Staff observed to be compliant with applicable laws and regulations.

**Staffing and Supervision**

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**591-1-1-.32 Staff:Child Ratios and Group Size(CR)**

**Met**

**Comment**

Center observed to maintain appropriate staff:child ratios.

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**591-1-1-.32 Supervision(CR)**

**Not Met**

**Finding**

591-1-1-.32(7) requires that children be supervised at all times and that the persons supervising in the child care area be alert, able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the chaperones and Students-in-Training, and provide timely attention to the children's actions and needs. It was determined based on the consultant's observation that a three-year-old child walked down the hallway, past two classrooms, the lunchroom, into the boys' bathroom by himself and was unsupervised for five minutes.

**POI (Plan of Improvement)**

The Center will train Staff and monitor to ensure they are providing supervision and watchful oversight to the children at all times.

**Correction Deadline: 5/21/2019**