



**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.dec.state.ga.gov

**(Cover Sheet)**

**Date:** 5/12/2021

**VisitType:** EX-Monitoring

**Arrival:** 3:30PM

**Departure:** 4:30PM

**EX-48605 EXMT-14019 EX-1 - Government  
Lamar County Primary School After- School**

154 Burnette Road, Barnesville GA 30204 Lamar  
County  
(770) 358-8661 jhawkins@lamar.k12.ga.us

**Mailing Address**

Same

**Regional Consultant**

Rosalyn Elder

Phone: (404) 780-0868

Fax: (770) 232-1931

rosalyn.elder@dec.state.ga.gov

Joint with:

Compliance Zone Designation			Prevention Action Category	Intermediate Action Category	Dismissal Action Category
5/12/2021	EX-Monitoring	NA	<b>Prevention Level 1 (P1)</b>	<b>Intermediate Level 1 (I1)</b>	<b>Dismissal (D)</b>
			Technical Assistance	Corrective Action Plan	Dismissal
				Office Conference	Disqualification
			<b>Prevention Level 2 (P2)</b>	<b>Intermediate Level 2 (I2)</b>	
			Citation	Fine (Level 1 or 2)	
			Plan of Improvement		
			<b>Prevention Level 3 (P3)</b>	<b>Intermediate Level 3 (I3)</b>	

Staff: Child Ratios

Room Description	Age Groups	Staff Count	Children Count	State Ratio Met	Notes
Cafeteria		0	0	N	
Classroom		0	0	N	
Gym		0	0	N	

Group Sizes Met? N

Total # Non-Care Staff Present: 0

#Staff Count: 0

#Children Count: 0

Comments:

Phase 1 (Administrative Process) and Phase 2 (Virtual) of the CAPS Health and Safety Monitoring visit were completed 05/11/21 due to COVID-19. The virtual visit was conducted virtually via Zoom with Ms. Rhonda Brown. We discussed the Health and Safety Protocols in regards to COVID 19. After the children transition to the afterschool program Paraprofessionals escort Kindergarten children to the cafeteria. Children in 1st and 2nd grade independently walk to the cafeteria and children grades 3, 4 and 5 ride the shuttle. No temperature checks are administered. Hand sanitizers are administered prior to the distribution of snacks, then the children are escorted to their prospective classrooms/gym. TA provided regarding the posting of the approval letter and exemption certificate in a prominent area in the main entrance. It was determined by the observation of absent records, four (4) out of the 4 employees have not completed a background check through DECAL, nor the Health and Safety Orientation trainings. Also the employees are not compliant regarding the completion of CPR/First Aid certification. A One Day and Warning Letters will be issued.

Corrective Action Plan: To Be Submitted



Please refer 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

By signing this report I acknowledge that the report was discussed with me and if there are any missing requirements I am responsible for submitting them as outlined to Maximus or the CAPS program.

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, program 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 standard(s) that you are refuting, along with your concerns or questions regarding the citation
4. Refutations must be submitted to Child Care Services (CCS) within 10 business days of the completion date of the visit to the facility.
5. Your refutation will be forwarded to the CCS Exemptions Unit manager, who will follow up with you about your concerns. If you have any questions about this process, contact our office at 770-293-5977.

Any violation which subjects a child to injury or life threatening situation or continued non-compliance may jeopardize participation in the CAPS program for eligible license-exempt program (government-owned facilities and day camps).

Director/Person-in-charge Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_



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**(Summary Report)**

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Joint with:

**The following information is associated with a Exemption Monitoring:**

**Activities and Equipment**

**EX-HS-.A**

**Met**

**Comment**

EX-HS-.A(1) - It was determined through discussion, the Provider does provide a daily planned program of varied and developmentally appropriate activities that promote the social, emotional, physical, cognitive, language and literacy development of each child. The activities include board games, legos, movies, scooters, jump ropes, bowling kits, hula hoops, etc.

**Correction Deadline: 5/12/2021**

**EX-HS-.F Equipment & Toys (CS)**

**Met**

**Comment**

The equipment and furniture observed to be properly secured and clean, as applicable. The Provider sanitizes the equipment and tables daily.

**EX-HS-.Q Swimming Pools & Water-related Activities (CS)**

**Met**

**Comment**

Program does not provide swimming activities.

**Children's Records**

**EX-HS-.C**

**Met**

**Comment**

EX-HS-.C(1) - It was determined by the observation of records, the program does maintain a file for each child while such child is in care at the program. The file does contain the following: identifying information about the child to include: name, date of birth, sex, address, and names of both Parents, if applicable, home and work addresses, and home and work telephone numbers; name(s) and addresses of the person(s) to whom the child may be released.

**Correction Deadline: 5/12/2021**

**Exemptions**

**EX-HS-.X Exemption Requirements (NCP)**

**Met**

**Comment**

No hazards observed accessible to children on this date.

**Facility**

**Comment**

EX-HS-.B(1) - It was determined through observation, bathrooms are located adjacent to the childcare areas. The supplies are within easy reach of children and equipped with soap, toilet tissue and single-use towels.

**Correction Deadline: 5/12/2021**

**EX-HS-.L Physical Plant (NCP)**

**Not Met**

**Finding**

It was determined through discussion and the omission of records, the program was unable to provide a current Fire Marshall Inspection report.

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**Correction Deadline: 5/31/2021**

**EX-HS-.M Playgrounds (CS)**

**Met**

**Comment**

Playground observed to be clean and in good repair.

**Health and Hygiene**

**EX-HS-.U Diapering Areas & Practices (CS)**

**Met**

**Comment**

The Provider does not conduct diapering for younger children.

**EX-HS-.H Hygiene (NCP)**

**Met**

**Comment**

Hand washing was not observed during the visit but proper hand washing rules were discussed.

**EX-HS-.I Medications (CS)**

**Met**

**Comment**

It was determined through discussion that the Provider does not dispense medications.

**Policies and Procedures**

**EX-HS-.J Operational Policies & Procedures (NCP)**

**Met**

**Comment**

It was determined that the program provides Parents a copy of the Program's written policies and procedures.

**EX-HS-.T Required Reporting (NCP)**

**Met**

**Comment**

There were no incidents or injuries that required reporting.

**Safety**

**EX-HS-.S** **Met**

**Comment**

The Provider does not offer field trips.

**EX-HS-.E Discipline (CS)** **Met**

**Comment**

Determined age-appropriate discipline is communicated to staff on this date.

**EX-HS-.R Transportation (CS)** **Met**

**Comment**

Program does not provide routine transportation.

**Sleeping & Resting Equipment**

**EX-HS-.V Safe Sleeping and Resting Requirements (CS)** **Met**

**Comment**

No safe sleep policies are necessary.

**Staff Records**

**Records Reviewed: 4**

**Records with Missing/Incomplete Components: 4**

Staff # 1 Not Met

"Missing/Incomplete Components"

EX-HS-.D-Criminal Records Check Missing,EX-HS-.P(3)-Health and Safety Training,EX-HS-.P(4)-Annual Training 10 Hours

Staff # 2 Not Met

"Missing/Incomplete Components"

EX-HS-.P(4)-Annual Training 10 Hours,EX-HS-.D-Criminal Records Check Missing,EX-HS-.P(3)-Health and Safety Training

Staff # 3 Not Met

"Missing/Incomplete Components"

EX-HS-.P(4)-Annual Training 10 Hours,EX-HS-.D-Criminal Records Check Missing,EX-HS-.P(3)-Health and Safety Training

Staff # 4 Not Met

"Missing/Incomplete Components"

EX-HS-.P(4)-Annual Training 10 Hours,EX-HS-.D-Criminal Records Check Missing,EX-HS-.P(3)-Health and Safety Training

**EX-HS-.K** **Met**

**Comment**

EX-HS-.K(1) - It was determined through discussion the program does maintain a personnel file on all Staff.

**Correction Deadline: 5/17/2021**

**Comment**

EX-HS-.N(1) - The Director/Administrator is responsible for the supervision, operation and maintenance of the program. The Director/Administrator is on the premises and if absent from the program at any time during the hours of operation, there is an officially designated person on-site to assume responsibility for the operation of the program

**Correction Deadline: 5/12/2021**

**EX-HS-.D Criminal Records and Comprehensive Background Checks (CS)**

**Not Met**

**Finding**

It was determined by the observation of absent records, four (4) out of the 4 employees have not completed a background check through DECAL. The provider does have local CRC's for all of the employees.

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**Correction Deadline: 5/14/2021**

**EX-HS-.W First Aid & CPR (NCP)**

**Not Met**

**Finding**

EX-HS-.W(1) requires Program 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 Program shall maintain current evidence of the successful completion of such training which shall be available to the Department for inspection. It was determined that four (4) of the four (4) employees have not received their CPR/First Aide Certification.

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**Correction Deadline: 6/4/2021**

**EX-HS-.P Staff Training (NCP)**

**Not Met**

**Finding**

EX-HS-.P(1). It was determined through the omission of records, four (4) of the four (4) employees have not completed the Health and Safety Orientation training.

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**Correction Deadline: 5/31/2021**

**EX-HS-O Staff:Child Ratios and Supervision (CS)**

**Met**

**Comment**

Adequate supervision was observed on this date.