



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: 6/5/2025 **VisitType:** Complaint Investigation Follow Up **Arrival:** 10:50 AM **Departure:** 3:00 PM

CCLC-2978

Connection Pointe Christian Academy

888 East West Connector, SW Austell, GA 30106 Cobb County
(770) 803-6475 tomlicpcpa@gmail.com

Special Investigations Unit Sr. Specialist

Tracey Caine

Phone: (706) 497-1536

Fax: (404) 567-6041

tracey.caine@dec.al.ga.gov

Mailing Address
Same

Quality Rated: ★

<u>Compliance Zone Designation</u>			Compliance Zone Designation - 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. 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.
06/05/2025	Complaint Investigation Follow Up	Good Standing	
02/11/2025	Licensing Study	Good Standing	
08/14/2024	Monitoring Visit	Good Standing	

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	111	Four Year Olds and Five Year Olds	1	15	C	23	C	NA	NA	Free Play
Main	113	Three Year Olds and Four Year Olds	1	11	C	19	C	NA	NA	TV
Main	138	One Year Olds	1	6	C	16	C	NA	NA	Free Play
Main	140		0	0	C	9	C	NA	NA	Not In Use
Main	142		0	0	C	9	C	NA	NA	Not In Use
Main	145	Infants	2	5	C	12	C	NA	NA	Nap,Feeding,Flo or Play
Main	147	Two Year Olds	2	7	C	18	C	NA	NA	TV
Main	150		0	0	C	18	C	NA	NA	Not In Use
Main	153	Two Year Olds and Three Year Olds	1	9	C	18	C	NA	NA	TV
Main	161		0	0	C	0	C	NA	NA	Not In Use
Main	165		0	0	C	23	C	NA	NA	Not In Use
Main	169		0	0	C	23	C	NA	NA	Not In Use
Main	lunchroom		0	0	C	72	C	NA	NA	
Total Capacity @35 sq. ft.: 260			Total Capacity @25 sq. ft.: 0							
Total # Children this Date: 53			Total Capacity @35 sq. ft.: 260							
			Total Capacity @25 sq. ft.: 0							

Building	Playground	Playground Occupancy	Playground Compliance
Main	playground	138	C

Comments

06-05-25: The purpose of today's visit was to conduct an investigative site visit and follow up on previous citations.

Plan of Improvement: Developed This Date

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.decgal.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), do the following:

- 1) Log into DECAL KOALA www.decalkoala.com with the user id for your program
- 2) On the home page scroll down to the Inspection Reports and select 'Refute Citation' for the visit report in dispute
- 3) Select the specific rule number(s) that you are refuting, add the reason for disagreement regarding the rule citation, and upload supporting documentation
- 4) Submit the refutation in DECAL KOALA to Child Care Services (CCS) within 10 business days of the completion date.

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 Quality Rated/CAPS Update:

Child care providers must be Quality Rated to receive Childcare and Parent Services (CAPS). Newly licensed, or new to CAPS providers may be eligible for the CAPS/ QR Provisional Status, allowing for scholarships while working toward an initial star rating. Provisional Status eligibility will be determined at the time of CAPS enrollment as part of the CAPS application process.

Contact the Quality Rated help desk at 855-800-7747 or qualityrated@decgal.ga.gov for more information. Free technical assistance is available!



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(Findings Report)

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The following information is associated with a Complaint Investigation Follow Up:

Children's Records

Records Reviewed: 19

Records with Missing/Incomplete Components: 11

Staff # 3

Not Met

Date of Hire: 08/22/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 4

Not Met

Date of Hire: 11/02/2017

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 7

Not Met

Date of Hire: 09/25/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 8

Not Met

Date of Hire: 01/05/2021

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 10

Not Met

Date of Hire: 01/10/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 11

Not Met

Date of Hire: 10/24/2000

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 12

Not Met

Date of Hire: 03/02/2006

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 13

Not Met

Date of Hire: 08/27/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 15

Not Met

Date of Hire: 06/15/2023

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 16

Not Met

Date of Hire: 02/06/2006

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 18

Not Met

Date of Hire: 09/30/2003

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

591-1-1-.08 Children's Records

Met

Correction Deadline: 2/25/2025

Corrected on 6/5/2025

.08(1) - The previous citation was observed corrected on this date. The Consultant reviewed five children's records and all required information was provided.

Staff Records

Staff # 3

Not Met

Date of Hire: 08/22/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 4

Not Met

Date of Hire: 11/02/2017

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 7 Not Met

Date of Hire: 09/25/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 8 Not Met

Date of Hire: 01/05/2021

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 10 Not Met

Date of Hire: 01/10/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 11 Not Met

Date of Hire: 10/24/2000

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 12 Not Met

Date of Hire: 03/02/2006

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 13 Not Met

Date of Hire: 08/27/2024

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 15 Not Met

Date of Hire: 06/15/2023

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 16 Not Met

Date of Hire: 02/06/2006

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

Staff # 18 Not Met

Date of Hire: 09/30/2003

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing

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 review of staff records, the director and less than 50% of staff did not have their CPR/1st Aid Certification.

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: 8/5/2025

Recited on 6/5/2025