

**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:** 11/26/2024**VisitType:** EX-Monitoring**Arrival:** 10:10AM**Departure:** 12:40PM**EX-43132 EXMT-5200 EX-7 - Day camp****Northwest Family YMCA**

1700 Dennis Kemp Lane, Kennesaw GA 30152

Cobb County

(770) 423-9622 MackenzieD@ymcaatlanta.org

**Mailing Address**

Same

**Regional Consultant**

Nilia Lalin

Phone: (770) 405-7929

Fax: (404) 591-4949

nilia.lalin@dec.state.ga.gov

Joint with:

| <b>Compliance Zone Designation</b> |               |            | <b>Prevention Action Category</b> | <b>Intermediate Action Category</b> | <b>Dismissal Action Category</b> |
|------------------------------------|---------------|------------|-----------------------------------|-------------------------------------|----------------------------------|
| 11/26/2024                         | EX-Monitoring | Prevention | <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   |
|------------------|-----------------|-------------|----------------|-----------------|---------|
| Back Room        | , Six and older | 1           | 10             | Y               | Reading |
| Gym              | , Six and older | 1           | 11             | Y               |         |
| Swimming Pool    |                 | 0           | 0              | Y               |         |
| The Cabin        |                 | 0           | 0              | Y               |         |
| The Corner       |                 | 0           | 0              | Y               |         |
| The Hole         |                 | 0           | 0              | Y               |         |
| The Oval         |                 | 0           | 0              | Y               |         |
| The Pavillion    |                 | 0           | 0              | Y               |         |
| The Range        |                 | 0           | 0              | Y               |         |
| The Stage        |                 | 0           | 0              | Y               |         |
| Training Room    |                 | 0           | 0              | Y               |         |

Group Sizes Met? Y

Total # Non-Care Staff Present: 0

#Staff Count: 2

#Children Count: 21

Comments:

The specialist met with person in charge of facility Ms. Cross.

Corrective Action Plan: Developed This Date



Please refer the website, <http://www.dec.state.ga.us/CCS/RuleAndRegulations.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 the GACAPS 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@dec.al.ga.gov](mailto:CCSRefutations@dec.al.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).

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**(Findings Report)****Date:** 11/26/2024**VisitType:** EX-Monitoring**Arrival:** 10:10AM**Departure:** 12:40PM**EX-43132 EXMT-5200 EX-7 - Day camp  
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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) - Age appropriate activities observed on this date.

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

Equipment and furniture observed to be properly secured, as applicable.

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

Lifeguards were certified at the time of the visit.

**Comment**

Pool was in use by the children at the time of the visit. The children are provided pool time daily.

**Comment**

Swimming rules discussed.

**Children's Records****EX-HS-.C****Met****Comment**

EX-HS-.C(1) - The children's records were observed to be completed, including attendance.

**Exemptions****EX-HS-.X Exemption Requirements (NCP)****Met****Comment**

EX-HS-.X(1) - Observed the signed parent exemption notice and children's immunization on this date.

**Facility****EX-HS-.B****Met****Comment**

EX-HS-.B(2) - Bathrooms were observed to be clean and equipped with liquid hand soap, paper towel, and running water.

|                               |     |
|-------------------------------|-----|
| EX-HS-.L Physical Plant (NCP) | Met |
|-------------------------------|-----|

**Comment**

Program appears clean and well maintained.

|                           |     |
|---------------------------|-----|
| EX-HS-.M Playgrounds (CS) | Met |
|---------------------------|-----|

**Comment**

The playground was not being utilized at the time of the visit.

|                    |
|--------------------|
| Health and Hygiene |
|--------------------|

|                                           |     |
|-------------------------------------------|-----|
| EX-HS-.U Diapering Areas & Practices (CS) | N/A |
|-------------------------------------------|-----|

**Comment**

No diapered children are enrolled.

|                        |     |
|------------------------|-----|
| 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) | N/A |
|---------------------------|-----|

**Comment**

Medication is not dispensed

|                         |
|-------------------------|
| 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 | N/A |
|----------|-----|

**Comment**

No field trips are offered

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

**Comment**

Observed age-appropriate discipline policies and staff -f child interactions on this date.

|                              |         |
|------------------------------|---------|
| EX-HS-.R Transportation (CS) | Not Met |
|------------------------------|---------|

**Finding**

EX-HS-.R(7)(d)2. requires that the second designated Staff person conduct a check of the vehicle immediately upon the completion of the first check of the vehicle. The responsible person shall physically walk through the entire vehicle; visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior; and sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle. There shall be continuous watchful oversight of the vehicle between the first check and second check. It was determined based on review of records that the transportation documentation was missing the second check.

**POI (Plan of Improvement)**

The Program will ensure that the second designated staff conducts a check of the vehicle.

## Sleeping & Resting Equipment

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

N/A

**Comment**

No infants are enrolled.

## Staff Records

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

Met

**Comment**

Criminal record checks were observed to be complete.

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

Met

**Comment**

Observed evidence of staff training in CPR and first aid on this date.

EX-HS-.P Staff Training (NCP)

Met

**Comment**

Observed training for all staff members on this date.

## Staffing and Supervision

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

Met

**Comment**

Program observed to maintain appropriate staff: child ratios.