

**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.us

**(Cover Sheet)****Date:** 12/15/2025 **VisitType:** EX-CAPS-Monitoring**Arrival:** 4:25PM**Departure:** 6:10PM**EX-43919 EXMT-6426 EX-1 - Government  
DeKalb County Schools ASED - Wynbrooke**440 Wicksbury Way, Stone Mountain GA 30087  
DeKalb County**Mailing Address****Exemption Unit Consultant**

Nilia Lalin

Phone: (770) 405-7929

Fax: (404) 591-4949

nilia.lalin@dec.state.ga.us

Joint with:

| <b>Compliance Zone Designation</b> |                    |            | <b>Prevention Action Category</b> | <b>Intermediate Action Category</b> | <b>Dismissal Action Category</b> |
|------------------------------------|--------------------|------------|-----------------------------------|-------------------------------------|----------------------------------|
| 12/15/2025                         | EX-CAPS-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>    |                                  |

| <b>Room Description</b> | <b>Age Groups</b> | <b>Staff Count</b> | <b>Children Count</b> | <b>State Ratio Met</b> | <b>Notes</b> |
|-------------------------|-------------------|--------------------|-----------------------|------------------------|--------------|
| 425                     | , Six and older   | 1                  | 6                     | Y                      |              |
| Cafeteria               |                   | 0                  | 0                     | Y                      |              |
| Gym                     |                   | 0                  | 0                     | Y                      |              |
| Library                 | , Six and older   | 1                  | 6                     | Y                      |              |
| Playground              |                   | 0                  | 0                     | Y                      |              |
| Playground              |                   | 0                  | 0                     | Y                      |              |
| Room 339 (Art)          | , Six and older   | 1                  | 5                     | Y                      |              |
| Room 424                |                   | 0                  | 0                     | Y                      |              |
| Room 462                | , Six and older   | 1                  | 8                     | Y                      |              |
| Room 473                | , Six and older   | 1                  | 8                     | Y                      |              |
| Room 474                | , Fives           | 1                  | 8                     | Y                      |              |
| Room 509                | PreK              | 1                  | 6                     | Y                      |              |
| Room 510                | , Six and older   | 1                  | 8                     | Y                      |              |
| Room 565                |                   | 0                  | 0                     | Y                      |              |

Group Sizes Met? Y

Total # Non-Care Staff Present: 0

#Staff Count: 8

#Children Count: 55

**Comments:**

The program was operating within the exemption approval.

Please refer to the Exemption page of the website, <https://www.decal.ga.gov/CCS/Exemptions.aspx> for information regarding 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

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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](http://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 standard number(s) that you are refuting, add the reason for disagreement regarding the standard 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.

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**(Summary Report)****Date:** 12/15/2025 **VisitType:** EX-CAPS-Monitoring**Arrival:** 4:25PM**Departure:** 6:10PM**EX-43919 EXMT-6426 EX-1 - Government**  
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Joint with:

**The following information is associated with a EX-CAPS-Monitoring:****Activities and Equipment****EX-HS-.A Activities****Met****Comment**

EX-HS-.A - Activities observed to be appropriate and safe for children in care.

**EX-HS-.F Equipment & Toys****Met****Comment**

EX-HS-.F - A variety of equipment and toys were observed throughout the Program.

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

EX-HS-.Q - The Program does not provide swimming activities.

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

EX-HS-.C - Observed children's files as required.

**Exemptions****EX-HS-.X Exemption Requirements****Met****Comment**

EX-HS-.X - Program operating as approved. The exemption approval noticed were posted by the main entrance.

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

EX-HS-.B - Program observed to have adequate toilets, sinks and supplies available.

**EX-HS-.L Physical Plant(CS)****Met****Comment**

EX-HS-.L - Program appears clean and well maintained.

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

EX-HS-.M - Playground observed to be clean and in good repair.

**Health and Hygiene**

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|                                                     |            |
|-----------------------------------------------------|------------|
| <b>EX-HS-.U Diapering Areas &amp; Practices(CS)</b> | <b>Met</b> |
|-----------------------------------------------------|------------|

**Comment**

EX-HS-.U - No diapered children are enrolled.

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|                         |            |
|-------------------------|------------|
| <b>EX-HS-.H Hygiene</b> | <b>Met</b> |
|-------------------------|------------|

**Comment**

EX-HS-.H - Hand washing was not observed during the visit but proper hand washing rules were discussed.

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|                                 |            |
|---------------------------------|------------|
| <b>EX-HS-.I Medications(CS)</b> | <b>N/A</b> |
|---------------------------------|------------|

**Comment**

EX-HS-.I - Medication is not dispensed.

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|--------------------------------|--|
| <b>Policies and Procedures</b> |  |
|--------------------------------|--|

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|                                                       |                             |
|-------------------------------------------------------|-----------------------------|
| <b>EX-HS-.J Operational Policies &amp; Procedures</b> | <b>Technical Assistance</b> |
|-------------------------------------------------------|-----------------------------|

**Technical Assistance**

EX-HS-.J(2) - Please update the emergency drill documentation with current information.

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|                                    |            |
|------------------------------------|------------|
| <b>EX-HS-.T Required Reporting</b> | <b>Met</b> |
|------------------------------------|------------|

**Comment**

EX-HS-.T - There were no incidents or injuries that required reporting.

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|---------------|--|
| <b>Safety</b> |  |
|---------------|--|

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|--------------------------------|------------|
| <b>EX-HS-.E Discipline(CS)</b> | <b>Met</b> |
|--------------------------------|------------|

**Comment**

EX-HS-.E - Staff were observed to maintain an age appropriate learning environment on this date.

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|                             |            |
|-----------------------------|------------|
| <b>EX-HS-.S Field Trips</b> | <b>N/A</b> |
|-----------------------------|------------|

**Comment**

EX-HS-.S - No field trips are conducted at the program.

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|                                    |            |
|------------------------------------|------------|
| <b>EX-HS-.R Transportation(CS)</b> | <b>Met</b> |
|------------------------------------|------------|

**Comment**

EX-HS-.R - No transportation provided.

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|                                         |  |
|-----------------------------------------|--|
| <b>Sleeping &amp; Resting Equipment</b> |  |
|-----------------------------------------|--|

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|                                                            |            |
|------------------------------------------------------------|------------|
| <b>EX-HS-.V Safe Sleeping and Resting Requirements(CS)</b> | <b>N/A</b> |
|------------------------------------------------------------|------------|

**Comment**

EX-HS-.V - No infants enrolled in the program.

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|                      |  |
|----------------------|--|
| <b>Staff Records</b> |  |
|----------------------|--|

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|                                                                          |            |
|--------------------------------------------------------------------------|------------|
| <b>EX-HS-.D Criminal Records and Comprehensive Background Checks(CS)</b> | <b>Met</b> |
|--------------------------------------------------------------------------|------------|

**Comment**

EX-HS-.D - Criminal record checks were observed to be complete.

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|                                         |            |
|-----------------------------------------|------------|
| <b>EX-HS-.G First Aid &amp; CPR(CS)</b> | <b>Met</b> |
|-----------------------------------------|------------|

**Comment**

EX-HS-.G - Observed evidence of staff training in CPR and first aid on this date.

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|                                   |            |
|-----------------------------------|------------|
| <b>EX-HS-.K Personnel Records</b> | <b>Met</b> |
|-----------------------------------|------------|

**Comment**

EX-HS-.K - Observed personal records maintained.

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|                                    |            |
|------------------------------------|------------|
| <b>EX-HS-.N Staff Requirements</b> | <b>Met</b> |
|------------------------------------|------------|

**Comment**

EX-HS-.N - Observed a director or person responsible for overall supervision of the program.

**Finding**

EX-HS.P(1) requires prior to assignment to children or task, all Employees (i.e., volunteers, students-in-training, independent contractors, etc.) and Provisional Employees must receive initial program orientation. It was determined based on review of records that one out of 15 employees did not complete the initial program orientation.

**POI (Plan of Improvement)**

The Program will develop and provide orientation for all new Staff prior to their assignment to children or task.

**Correction Deadline: 1/19/2026**

**Staffing and Supervision**

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

**Met**

**Comment**

EX-HS-.O - Program observed to maintain appropriate staff: child ratios.