

**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.al.ga.gov

**(Cover Sheet)****Date:** 4/13/2023**VisitType:** EX-Monitoring**Arrival:** 2:00PM**Departure:** 4:00PM**EX-46569 EXMT-12295 EX-1 - Government  
Marietta Community School**368 Wright Street, Marietta GA 30068 Cobb County  
(770) 429-3170 dwiley@marietta-city.k12.ga.us**Mailing Address**

Same

**Regional Consultant**

Nilia Lalin

Phone: (770) 405-7929

Fax: (404) 591-4949

nilia.lalin@dec.al.ga.gov

Joint with:

| Compliance Zone Designation |               |            | Prevention Action Category | IntermediateAction Category | Dismissal Action Category |
|-----------------------------|---------------|------------|----------------------------|-----------------------------|---------------------------|
| 4/13/2023                   | EX-Monitoring | Prevention | Prevention Level 1 (P1)    | Intermediate Level 1 (I1)   | Dismissal (D)             |
|                             |               |            | Technical Assistance       | Corrective Action Plan      | Dismissal                 |
|                             |               |            |                            | Office Conference           | Disqualification          |
|                             |               |            | Prevention Level 2 (P2)    | Intermediate Level 2 (I2)   |                           |
|                             |               |            | Citation                   | Fine (Level1 or 2)          |                           |
|                             |               |            | Plan of Improvement        |                             |                           |
|                             |               |            | Prevention Level 3 (P3)    | Intermediate Level 3 (I3)   |                           |

**Staff: Child Ratios**

| Room Description | Age Groups | Staff Count | Children Count | State Ratio Met | Notes |
|------------------|------------|-------------|----------------|-----------------|-------|
| Cafeteria        | , Fives    | 3           | 9              | Y               |       |
| Playground       |            | 0           | 0              | Y               |       |
| Playroom         | , Fives    | 2           | 19             | Y               |       |

Group Sizes Met? Y

Total # Non-Care Staff Present: 0

#Staff Count: 5

#Children Count: 28

**Comments:**

A CAPS Monitoring Visit was completed on April 13, 2023. The Specialist met with the Ms. Ms. Connor. The visit report and resources were reviewed and emailed to the provider on this day.

Corrective Action Plan:No Plan Developed

Please refer the website, <http://www.dec.al.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 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:** 4/13/2023**VisitType:** EX-Monitoring**Arrival:** 2:00PM**Departure:** 4:00PM**EX-46569 EXMT-12295 EX-1 - Government  
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**The following information is associated with a Exemption Monitoring:****Activities and Equipment****EX-HS-.F Equipment & Toys (CS)****Met****Comment**

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

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

Program does not provide swimming activities.

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

Program director reported that the school had a fire inspection completed by the Fire Marshal the week of March 2023. A report was not provided to the program. TA provided to request and maintain a copy of Fire inspection report at the program and submit to this department when requested.

**Comment**

The Exemption letter and certificate were observed posted by the program's main entrance and evidence of monthly fire drills was also observed on this day. Program has access to children Immunizations records.

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

No hazards observed accessible to children on this date.

**Comment**

Program appears clean and well maintained.

**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**

No diapered children are enrolled.

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

**Comment**

Observed staff and children use hand sanitizer before and after having snacks. Discussed best practice to use water and soap.

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

**Comment**

Medication is not dispensed

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

|                                                             |            |
|-------------------------------------------------------------|------------|
| <b>EX-HS-.J Operational Policies &amp; Procedures (NCP)</b> | <b>Met</b> |
|-------------------------------------------------------------|------------|

**Comment**

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

**Comment**

Observed evidence of written policies and procedures that describe the Program's operations on this date.

**Comment**

Observed the Program's written emergency plan on this date.

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

**Comment**

There were no incidents or injuries that required reporting.

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

|                 |            |
|-----------------|------------|
| <b>EX-HS-.S</b> | <b>Met</b> |
|-----------------|------------|

**Comment**

No field trips are offered

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

**Comment**

Age-appropriate discussion and/or redirection observed.

**Comment**

Staff were observed to maintain an age appropriate learning environment on this date.

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

**Comment**

Program does not provide routine transportation.

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

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

**Comment**

No infants are enrolled.

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

|                                                                    |     |
|--------------------------------------------------------------------|-----|
| 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.

|                          |
|--------------------------|
| Staffing and Supervision |
|--------------------------|

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

**Comment**

Adequate supervision observed on this date.