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

(Cover Sheet)

Date: 8/23/2024 **VisitType:** EX-Monitoring **Arrival:** 12:30PM **Departure:** 3:15PM

EX-51816 EXMT-16671 EX-1 - Government
Amana Academy ASEP

285 South Main Street, Alpharetta GA 30009 Fulton County
(678) 624-0989 ahaddad@amanaacademy.org

Mailing Address

Same

Regional Consultant

Keia Cole

Phone: (678) 717-5146
Fax: (770) 342-7801
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Joint with:

Compliance Zone Designation		
8/23/2024	EX-Monitoring	Prevention

Prevention Action Category	IntermediateAction Category	Dismissal Action Category
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		0	0	Y	All students. Snacks
KG1	, Fives, Six and older	1	24	Y	
KG2		0	0	Y	
Media Center	, Six and older	2	28	Y	

Group Sizes Met? Y Total # Non-Care Staff Present: 0 #Staff Count: 3 #Children Count: 52

Comments:
In-person CAPS monitoring visit conducted with Ms. Ayesha Haddad, director, on August 23, 2024. Visit began prior to the start of the activity. The Program is currently operating within the parameters set forth by the approval conditions under Category 1. The Program is missing the facility's current Fire Marshal inspection report. Document needed within ten (10) business days, no later than Monday, September 9, 2024.

Corrective Action Plan:Developed This Date

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 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@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).

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(Findings Report)

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Joint with:

The following information is associated with a Exemption Monitoring:

Activities and Equipment

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

Comment
It was observed throughout the Program that all areas used by the participants appeared to be clean and maintained.

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

Comment
Program does not provide swimming activities.

Children's Records

EX-HS-.C **Technical Assistance**

Technical Assistance
EX-HS-.C(1) - requires the Program to maintain a file for each child while such child is in care and for one year after that child is no longer enrolled. In order for the file to be complete, the file shall contain the following: child's name, birth date, sex, address, living arrangement, name of school if applicable; names of both Parents, 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 including address, telephone numbers, relationship to child and to Parent(s), and other identifying information; name(s) and telephone number(s) of person(s) to contact in emergencies when the Parent cannot be reached; name and telephone number of the child's primary source of health care; and a statement regarding known allergies, physical problems, mental health disorders, mental retardation or developmental disabilities which limit the child's participation in the program. The director was reminded on this date to ensure that all children's records contain the date of birth of all students.

Exemptions

EX-HS-.X Exemption Requirements (NCP) **Not Met**

Finding
EX-HS-.X(4) requires the program to comply with local, regional, and state health department, fire marshal, fire prevention, and building/zoning guidelines. It was determined based on review of records that the Program did not have evidence of a recent Fire Marshal inspection available for review during the visit.

POI (Plan of Improvement)
The Program shall contact all appropriate municipalities to obtain adequate documentation of compliance. The Program will maintain these reports and/or documents for future inspections. A copy of the updated Fire Marshal inspection report shall be provided to the Department no later than Monday, September 9, 2024. A follow-up will be completed during the next monitoring visit for re-evaluation.

Correction Deadline: 8/23/2024

Facility

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

Comment
Observed approval from the Department on this date.

Comment
Please be mindful to keep items that pose a hazard inaccessible to children.

EX-HS-.M Playgrounds (CS) **N/A**

Comment
No playground provided

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

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

Comment
Observed evidence of written drills conducted within the Program on this date.

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

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

Comment
Observed age-appropriate discipline policies on this date.

EX-HS-.R Transportation (CS) **N/A**

Comment
Program does not provide routine transportation.

Sleeping & Resting Equipment

EX-HS-.V Safe Sleeping and Resting Requirements (CS) **N/A**

Comment
No infants are enrolled.

Comment
No safe sleep policies are necessary.

Staff Records

EX-HS-.K **Technical Assistance**

Technical Assistance
EX-HS-.K(1) - requires the Program to maintain a personnel file on the Director, all Employees, Provisional Employees, Personnel, Staff, Students-in-Training, Volunteers, Clerical, Housekeeping, Maintenance, and other Support Staff for the duration of the term of employment plus one calendar year, and it shall contain the following: identifying information to include: name, date of birth, social security number, current address and current telephone number; employment history; as applicable to the position held: evidence of education and qualifying work experience; evidence of all training required by these rules which shall include: title of training, date of training, trainer's signature, location of training and number of clock hours obtained; a statement completed by the staff member that the information provided is true and accurate; any other records required by these rules; and as applicable to the position held, evidence of required orientation including date and signature of person providing the orientation. It was recommended to the director on this date to develop a binder for staff personnel information. This binder would contain employment applications, completed training certificates, criminal background check determination letters, and copies of completed CPR and first aid certificate verification.

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

Comment
Criminal record checks were observed to be complete for four (4) out of four (4) staff members.

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 based on review of records that four (4) out of four (4) staff members did not have evidence of CPR and first aid training.

POI (Plan of Improvement)
The Program shall have the four (4) out of four (4) staff members complete pediatric CPR and first aid training. Copies of all certificates will be obtained and maintained on-site for future review by the Department. A follow-up will be completed during the next monitoring visit for re-evaluation.

Correction Deadline: 9/22/2024

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

Comment
Observed training for four (4) out of four (4) staff members on this date.

Technical Assistance
EX-HS-.P(1) - requires all Employees and Provisional Employees to receive Initial Program orientation prior to assignment to children or task. It was recommended during the visit on this date that the Program have all current and new employees sign a document indicating the completion of the Program's initial orientation training. This document should be added to all staff members' personnel records.

Staffing and Supervision

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

Comment
Adequate supervision observed on this date.