

**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:** 6/27/2023**VisitType:** EX-Monitoring**Arrival:** 1:30PM**Departure:** 2:00PM**EX-53040 EXMT-17901 EX-7 - Day camp  
AVPRIDE Enrichment Services****Regional Consultant**205 Lafayette Ave., Suite D7, Fayetteville GA 30214  
Fayette County  
(770) 716-2797 tamimorris@avpride.com

Phone:

Fax:

jessica.bailey@dec.state.ga.us

**Mailing Address**

Same

Joint with:

| <b>Compliance Zone Designation</b> |               |    | <b>Prevention Action Category</b> | <b>Intermediate Action Category</b> | <b>Dismissal Action Category</b> |
|------------------------------------|---------------|----|-----------------------------------|-------------------------------------|----------------------------------|
| 6/27/2023                          | EX-Monitoring | NA | <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**

| <b>Room Description</b> | <b>Age Groups</b> | <b>Staff Count</b> | <b>Children Count</b> | <b>State Ratio Met</b> | <b>Notes</b> |
|-------------------------|-------------------|--------------------|-----------------------|------------------------|--------------|
| Gym                     |                   | 0                  | 0                     | N                      |              |
| Outdoor Grassy Area     |                   | 0                  | 0                     | N                      |              |
| Room A                  | , Six and older   | 4                  | 25                    | N                      |              |
| Room B                  |                   | 0                  | 0                     | N                      |              |

Group Sizes Met? N

Total # Non-Care Staff Present: 1

#Staff Count: 4

#Children Count: 25

**Comments:**

A visit was conducted on June 27, 2023 for the purpose of CAPS Monitoring. The provider stated that at this time they do not have any children enrolled who are under CAPS but they plan to still service children needing CAPS in the future.

Corrective Action Plan: No Plan Developed

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:** 6/27/2023**VisitType:** EX-Monitoring**Arrival:** 1:30PM**Departure:** 2:00PM**EX-53040 EXMT-17901 EX-7 - Day camp  
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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**

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

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

Program does not provide swimming activities.

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

Observed compliance with the local zoning authorities, fire safety agencies and local building authorities on this date.

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

No hazards observed accessible to children on this date.

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

No equipment on the playground. The children had access to an outdoor grassy area where no playground equipment was present.

**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.

|                                  |            |
|----------------------------------|------------|
| <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.

|                                          |            |
|------------------------------------------|------------|
| <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>N/A</b> |
|-----------------|------------|

**Comment**

No field trips are offered

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

**Comment**

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

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

**Comment**

No safe sleep policies are necessary.

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

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

**Comment**

Criminal record checks were observed to be complete. The specialist observed satisfactory comprehensive record check determinations for all staff members. on this date.

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

**Comment**

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

|                                      |            |
|--------------------------------------|------------|
| <b>EX-HS-.P Staff Training (NCP)</b> | <b>Met</b> |
|--------------------------------------|------------|

**Comment**

Observed training for all staff members on this date.

|                                 |
|---------------------------------|
| <b>Staffing and Supervision</b> |
|---------------------------------|

Comment

Adequate supervision observed on this date.