| 2 Martin Luther Kin Atla Phone: (404) 657 | | | a Department of Early Care and Learning ng Jr. Drive SE, 670 East Tower anta, GA 30334 7-5562 WWW.DECAL.GA.GOV Cover Sheet | | | | |
|---|---|----------|--|-------------------|----|--|--|
| | omplaint Investigation & onitoring Visit | Arrival: | 11:50 AM | Departure: 1:10 F | 'n | | |
| CCLC-33736 | | | Regi | onal Consultant | | | |
| Amazing Kingdom Christian Aca | idemy II | | Verly | n Gant | | | |
| 5411 Covington Highway Decatur, GA 30035 DeKalb County (770) 322-8500 amazingkingdom9@gmail.com | | | Phone: (404) 591-6059 Fax: (404) 591-6060 verlyn.gant@decal.ga.gov | | | | |
| Mailing Address | | | | | | | |

Same



| Compliance Zone Designation | | | Compliance Zone Designation - A summary measure of a program's 12 month monitoring history, as it pertains to child care health and safety rules. The three compliance zones are good | | | |
|-----------------------------|--|---------------|--|--|--|--|
| 01/19/2022 | Complaint Investigation & Monitoring Visit | | standing, support, and deficient. Good Standing - Program is demonstrating an acceptable level of performance in meeting | | | |
| 09/24/2021 | Licensing Study | Good Standing | support the rules. Support - Program performance is demonstrating a need for improvement in meeting | | | |
| 08/11/2021 | POI Follow Up | Good Standing | rules. Perogram is not demonstrating an acceptable level of performance in meeting the rules. | | | |

Ratios/License Capacity

| Building | Room | Age Group | Staff | Children | NC/C | Max 35 SF. | 35 SF. Comp. | Max 25 SF. | 25 SF. Comp. | Notes |
|--|-----------------------|-------------------------------|-------|----------------------------------|---------|---------------|-----------------|---------------|-----------------|-------|
| Main | A 1st Left | | 0 | 0 | С | 14 | С | NA | NA | |
| Main | B 2nd Left | Two Year Olds | 1 | 10 | С | 15 | С | NA | NA | Nap |
| Main | C 3rd Left | One Year Olds | 1 | 5 | С | 10 | С | NA | NA | Nap |
| Main | D entrance room | GA PreK | 2 | 19 | С | 22 | С | NA | NA | Nap |
| Main | E Rear Left | Three Year Olds | 1 | 13 | С | 21 | С | NA | NA | Nap |
| Main F Rear Right Total Capacity @35 sq. ft.: 10 | | | 0 | 0 | С | 19 | С | NA | NA | |
| | | 01 | | Total Capacity @25 sq. ft.: 0 | | | * | | | |
| Total # Cl | hildren this Date: 47 | Total Capacity @35 sq. ft.: 1 | 01 | | Total C | apacity @ | 25 sq. | | | |

ft.: 0

| Building | Playground | Playground Occupancy | Playground Compliance | |
|----------|--------------------|-------------------------|--------------------------|--|
| Main | Large Rear | 57 | С | |
| Main | Right Field | 10 | С | |
| Main | Toddler Playground | 18 | С | |

<u>Comments</u> Background checks were all reviewed on January 19, 2022. A virtual inspection was conducted on January 19, 2022 with the Director.

An in-person visit was not conducted due to the COVID-19 pandemic.

Plan of Improvement: Developed This Date 01/19/2022

Any rule violation which subjects a child to injury or life-threatening situation or any rule violations previously cited but not corrected, may result in the imposition of an adverse enforcement action. Serious or continued noncompliance may also jeopardize participation in one or more DECAL program(s).



Please refer to the website, <u>http://www.decal.ga.gov/CCS/RulesAndRegulations.aspx</u>, 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





Important New Deadlines:

Due to the ongoing COVID restrictions, the deadline to become Quality Rated for programs who want to continue to receive Childcare and Parent Services (CAPS), has been extended to at least December 31, 2021.

Get started today! Sign up by completing a short online application: <u>https://qualityrated.decal.ga.gov/</u> Request free technical assistance to help you earn your star rating by contacting the Quality Rated help desk at 855-800-7747 or <u>qualityrated@decal.ga.gov</u>

O.C.G.A. Section 42.1.12(i)(2) requires Bright from the Start: Georgia Department of Early Care and Learning to notify licensed child care programs on accessing and retrieving from the Georgia Bureau of Investigation's (GBI) website a list of the names and addresses of all registered sexual offenders. Please see GBI's website located at http://gbi.georgia.gov to access the Georgia Sex Offender Registry.

Refutation Process:

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, license 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 rule number(s) that you are refuting, along with your concerns or questions regarding the rule citation

Refutations must be submitted to Child Care Services (CCS) within 10 business days of the completion date.

A sample form for submitting a refutation can be found at: http://decal.ga.gov/ChildCareServices/RefutationInformation.aspx

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.

Bright from the Start recommends that all licensed child care providers carry liability insurance coverage sufficient to protect its clients. If you do not have this liability insurance, you are required to post a notice with ½ inch letters in a conspicuous location in the program, notify the parent or guardian of each child in care in writing, obtain their signature to acknowledge receipt and maintain this written acknowledgment on file at the program at all times while the child attends the program and for 12 months after the child's last date of attendance. (O.C.G.A. Section 20-1A-4)

Toni Brewer, Program Official

Date

Date

| STA STA | | 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 Findings Report | | | | | |
|---|---|--|--|-----------------------------|----------------|--|----------|
| Date: | 1/19/2022 | VisitType: | Complaint Investigation & Monitoring Visit | • | 11:50 AM | Departure: | 1:10 PM |
| CCLC- | -33736 | | | | Regi | onal Consultar | าt |
| Amazi | ng Kingdom | Christian A | cademy II | | - | /n Gant | |
| 5411 Covington Highway Decatur, GA 30035 DeKalb CountyPhone: (404)(770) 322-8500 amazingkingdom9@gmail.comFax: (404) 59 | | | | | | ne: (404) 591-60 (404) 591-6060 n.gant@decal.g | 1 |
| Mailing A | Address | | | | | | |
| | | | | | | | |
| The foll | lowing infor | mation is as | sociated with a Monitoring | y Visit: | | | in mont |
| | | | | | Activitie | es and Equ | Ipment |
| 501 1 1 | 12 Equipm | ant & Tava | | | | | Met |
| Comme 591-1-1 injury fro outside | y of equipme ent 12(4) - requ om tipping, fa | uires that equ alling, or bein r playground | vere observed throughout th ipment and furniture is secu g pulled or pushed over. Ple while the toddlers are active | red if it is o ase ensur | e that there a | | |
| | | 0. 1/10/2022 | | | | | |
| | 12(4) requir | | oment and furniture is secure g pulled or pushed over. | ed if it is of | a weight or m | hass that could o | ause |
| Ensure | the wire for th | he radio in th | e three-year-old classroom l | E is not lov | w hanging. | | |
| Correct | tion Deadline | e: 1/19/2022 | | | | | |
| 591-1-1 | 35 Swimmi | ing Pools & | Water-related Activities(Cl | R) | | | N/A |
| Comme Center o | ent does not prov | vide swimmir | ng activities. | | | | |
| | | | | | | | Facility |
| 591-1-1 | 19 License | Capacity(C | R) | | | | Met |
| Comme License | | oserved to be | e routinely met by center. | | | | |
| | . , | | e Environment(CR) | | | | Met |

591-1-1-.25 Physical Plant - Safe Environment(CR)

Comment

Center appears clean and well maintained.

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Comment

Please secure cleaning tools (i.e., broom) out of reach of children in the one-year-old classroom.

Comment

591-1-1-.25(3) requires the Center and surrounding premises to be kept clean, free of debris and in good repair. Hygienic measures such as, but not limited to, screened windows and proper waste disposal procedures shall be utilized to minimize the presence of rodents, flies, roaches and other vermin at the Center.

Ensure that the small circular hole in the wall behind the toilet in the restroom used by the three-year-old children is repaired.

Correction Deadline: 1/19/2022

591-1-1-.26 Playgrounds(CR)

Comment

Playground observed to be clean and in good repair.

591-1-1-.10 Diapering Areas & Practices(CR)

Technical Assistance

591-1-1.10(9) requires Center Staff to not use the area used for diapering for food preparation and to keep the diapering area clear of formulas, food, food utensils and food preparation items.

Please ensure that the infant feeding cups are not stored on the the area used for diapering in the one-year-old classroom.

Correction Deadline: 1/19/2022

591-1-1-.17 Hygiene(CR)

Comment

Proper hand washing of children and staff was discussed with the director on this date.

591-1-1-.20 Medications(CR)

Comment

The Provider currently does not dispense/administer medication.

591-1-1-.11 Discipline(CR)

Comment

Regulations regarding proper discipline were discussed with the director on this date.

591-1-1-.36 Transportation(CR)

Comment

The vehicle had an approved fire extinguisher and first aid kit on this date.

Finding

591-1-1-.36(4)(a) requires an annual safety check for each vehicle. The annual safety check, completed by a trained individual, should include a check of the: tires, headlights, horn, taillights, turn signals, brake lights, brakes, suspension, exhaust system, steering, windows, windshields and windshield wipers. A copy of the annual safety check will be kept in the Center or on the vehicle and should include evidence of any repairs and/or replacements that were identified as needed on the inspection report. It was determined based on consultants review that the Center failed to upload the requested documentation by January 27, 2022 as required.

POI (Plan of Improvement)

The Center will obtain the annual vehicle inspection.

Met

Met

Health and Hygiene

Technical Assistance

N/A

Met

Safety

Not Met

Correction Deadline: 1/24/2022

Finding

591-1-1-.36(7)(b) requires that an emergency medical information record be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and telephone number of the child's doctor, the local medical facility that the Center uses in the area where the Center is located and the telephone numbers where the Parents can be reached. It was determined based on consultants review that the Center failed to upload the requested documentation by January 27, 2022 as required.

POI (Plan of Improvement)

The Center will obtain a complete emergency medical information record for each child that is transported and maintain a copy on the vehicle.

Correction Deadline: 1/20/2022

Finding

591-1-1-.36(7)(c) requires the center to use passenger transportation checklists, in a format approved by the Department, to account for each child during transportation. A separate passenger checklist must be used for each vehicle. It was determined based on consultants review that the Center failed to upload the requested documentation by January 27, 2022 as required.

POI (Plan of Improvement)

The Center will maintain a passenger checklist as required.

Correction Deadline: 1/20/2022

Sleeping & Resting Equipment

591-1-1-.30 Safe Sleeping and Resting Requirements(CR) Met Comment Pleasant naptime environment observed. Staff Records **Records Reviewed: 7 Records with Missing/Incomplete Components: 1** Staff # 1 Not Met Date of Hire: 01/10/2022 "Missing/Incomplete Components" .31(2)(b)2.-Staff Qualifications-Education Missing, 14(2)-CPR missing, 14(2)-First Aid Missing Staff # 2 Met Date of Hire: 02/18/2013 Staff # 3 Met Date of Hire: 05/13/2021 Staff # 4 Met Date of Hire: 08/14/2020 Staff # 5 Met Georgia Department of Early Care and Learning Page 3 of 5 v1.03

| Records Reviewed: 7 | Records with Missing/Incomplete Components: 1 | | | |
|---|---|--|--|--|
| Date of Hire: 02/27/2014 | | | | |
| | | | | |
| Staff # 6 | Met | | | |
| Date of Hire: 08/23/2021 | | | | |
| Staff # 7 | Met | | | |
| Staff Credentials Reviewed: 4 | | | | |
| 591-1-109 Criminal Records and Comprehensi | ve Background Checks(CR) Met | | | |
| Correction Deadline: 9/24/2021 | | | | |
| Corrected on 1/19/2022 .09(1)(a) - Previous citation was observed to be corrected during this visit, in that all staff members had submitted both a Records Check Application to the Department and Fingerprints to an authorized fingerprinting site as required. | | | | |
| Correction Deadline: 9/24/2021 | | | | |
| Corrected on 1/19/2022 .09(1)(c) - Previous citation was observed to be corrected during this visit, in that all staff members had a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the Center. | | | | |
| Correction Deadline: 9/24/2021 | | | | |
| Corrected on 1/19/2022 .09(1)(j) - Previous citation was observed to be corrected during this visit, in that the most recently issued determination letter for a Provisional Employee had been ported as required. | | | | |

591-1-1-.14 First Aid & CPR

Finding

591-1-1.14(1) requires the Center Director and, at any given time, at least fifty percent (50%) of the caregiver 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 Center 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 consultants review that the Center failed to upload the requested documentation in respect of the successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid for the Center Director by January 27, 2022 as required.

POI (Plan of Improvement)

The Center Director and at least 50% of the caregiver Staff will complete the needed training. The Director will send written verification to the consultant upon completion and will develop a plan to ensure that at least 50% of the caregiver Staff have completed this training at any given time and that evidence of successful completion of the training is on file available for inspection.

Correction Deadline: 2/18/2022

591-1-1-.31 Staff(CR)

Finding

591-1-1-.31(1)(c) requires that a copy and/or written verification of the credential or degree awarded to the Director by the technical college, university, school or Department-approved trainer listed in 591-1-1-.31(1)(b)2.(i) through (xiii) be maintained by the Center in the Director's file and such documentation shall be available for inspection by Department staff upon request. It was determined based on consultants review that the Center failed to upload the requested documentation by January 27, 2022 as required.

Not Met

Not Met

POI (Plan of Improvement)

The Center will obtain the written verification from the Director, place it in the Director's file, and provide it to the Department if requested.

Correction Deadline: 1/19/2022

Staffing and Supervision

591-1-1-.32 Staff: Child Ratios and Group Size(CR)

Comment

Center observed to maintain appropriate staff:child ratios.

591-1-1-.32 Supervision(CR)

Comment

Adequate supervision observed on this date.

Met

Met