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:5/2/2023VisitType:EX-MonitoringArrival:2:30PM

EX-48725 EXMT-14140 EX-1 - Government Gordon County Schools - Red Bud Elementary

4153 Red Bud Road NE, Calhoun GA 30701 Gordon County (706) 629-9547 sgilbert@gcbe.org

Mailing Address

P.O. Box 12001, GA 30703

Arrival: 2:30PM Departure: 4:15PM

Regional Consultant

Nilia Lalin

Phone: (770) 405-7929 Fax: (404) 591-4949 nilia.lalin@decal.ga.gov

Joint with:

| Compliance Zone Designation | | Prevention Action Category | IntermediateAction Category | Dismissal Action Category | |
|-----------------------------|---------------|----------------------------|-----------------------------|------------------------------|------------------|
| 5/2/2023 | EX-Monitoring | NA | 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 |
|------------------|------------------------|-------------|----------------|-----------------|-------|
| 036 | | 0 | 0 | Y | |
| Cafeteria | | 0 | 0 | Y | |
| Gym | | 0 | 0 | Y | |
| Hospitality Room | | 0 | 0 | Y | |
| Outdoor Area | | 0 | 0 | Y | |
| Playground | , Fives, Six and older | 2 | 31 | Y | |
| Playground 2 | , Six and older | 2 | 40 | Y | |
| The Pavillion | , Six and older | 2 | 24 | Y | |

Group Sizes Met? Y

Total # Non-Care Staff Present: 0

#Staff Count: 6

#Children Count: 95

Comments:

A CAPS Monitoring Visit was completed on May 2, 2023. The Specialist met with Ms. Taylor and Ms. Young, program director. It was determined that the program was operation as approved and follow up is needed. 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, <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

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 Maximus or the CAPS 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).

Director/Person-in-charge Signature_____

Printed Name_____ D

| Date |
|------|
| |

Specialist Signature_____

Date_____

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(Summary Report)

| Date: | 5/2/2023 | VisitType: | EX-Monitoring | Arrival: | 2:30PM | Departure: | 4:15PM |
|-------|-----------------------------------|------------------|----------------------------|----------------|---------------|------------------|---------|
| - | 25 EXMT-1414 | | | | Regional C | onsultant | |
| | n County Schoo | | • | | Nilia Lalin | | |
| | ed Bud Road NE | ∃, Calhoun GA | 30701 | | Phone: (77(|)) 405-7929 | |
| | n County 29-9547 sgilbe | rt@ache ora | | | Fax: (404) 5 | 591-4949 | |
| , | Ū | ite goboloig | | | nilia.lalin@c | lecal.ga.gov | |
| • | Address (12001, GA 30703 | | | | Joint with: | | |
| | , | | | | | | |
| The | e following info | rmation is ass | ociated with a Exemp | | | | |
| | | | | Α | ctivities | and Equi | ipment |
| EX | -HSF Equipme | nt & Toys(CS |) | | | | Met |
| 0 | | | | | | | |
| | mment propriate school: | age activities w | vere observed througho | ut the Program | | | |
| | • | • | ater-related Activities(| | | | N/A |
| | | | | | | | |
| | mment | rovido owimmi | na activition | | | | |
| FIU | gram does not p | | ng activities. | | | – | |
| | | | | | | Exem | ptions |
| EX | -HSX Exemption | on Requireme | nts | | | | Met |
| Со | mment | | | | | | |
| Ob | served the exem | | letter and certificate pos | | m's entranc | e, the current f | ire |
| ins | pection report, a | nd children's im | nmunization records on | this date. | | | |
| | | | | | | F | acility |
| EX | -HSL Physical | Plant(CS) | | | | | Met |
| | - | | | | | | |
| | mment gram appears cl | ean and well m | naintained | | | | |
| 110 | gram appears cr | | | | | | |
| EX | -HSM Playgrou | unds(CS) | | | | | Met |
| Co | mment | | | | | | |
| | | ed to be clean a | and in good repair. | | | | |
| | // | | <u>J</u> | | Hea | Ith and H | vaiene |
| | | | | | | | |
| EX | -HSU Diaperin | g Areas & Pra | ctices(US) | | | | N/A |
| | mment | | | | | | |
| No | diapered childre | n are enrolled. | | | | | |
| EV | | | | | | | Mat |
| EX. | -HSH Hygiene | | | | | | Met |
| Co | mment | | | | | | |

Hand washing was not observed during the visit but proper hand washing rules were discussed. The provider reported that children and staff wash hands before having snack, after using the bathroom, and outdoor play.



EX-HS-.I Medications(CS)

Comment

Medication is not dispensed

Policies and Procedures Technical Assistance

EX-HS-.J Operational Policies & Procedures

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.

Technical Assistance

EX-HS-.E Discipline(CS)

TA provided to complete the safety drill form.

EX-HS-.T Required Reporting

Comment

Comment

There were no incidents or injuries that required reporting.

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

| EX-HSS Field Trips | N/A |
|---|---|
| Comment | |
| No field trips are offered | |
| EX-HSR Transportation(CS) | N/A |
| Comment | |
| Program does not provide routine transportation. | |
| | Sleeping & Resting Equipment |
| | |
| EX-HSV Safe Sleeping and Resting Requirem | nents(CS) Met |
| | nents(CS) Met |
| EX-HSV Safe Sleeping and Resting Requirem Comment No infants are enrolled. | nents(CS) Met |
| Comment | |
| Comment | nents(CS) Met Staff Records Records with Missing/Incomplete Components: 3 |
| Comment No infants are enrolled. Records Reviewed: 8 | Staff Records |
| Comment No infants are enrolled. | Staff Records Records with Missing/Incomplete Components: 3 |
| Comment No infants are enrolled. Records Reviewed: 8 Staff's Name [# 1]: Bradley, Ashely | Staff Records Records with Missing/Incomplete Components: 3 |

Staff's Name [# 2]: Edwards, Tericka Date of Hire: 10/15/2019

Staff's Name [# 3]: RAMIREZ, EDITH

Met

Met

Safety

Met

Met

| Records Reviewed: 8 | Records with Missing/Incomplete Components: 3 |
|--|--|
| Date of Hire: 01/25/2022 | |
| Staff's Name [# 4]: Richards, Blair | Met |
| Date of Hire: 11/08/2022 | |
| Staff's Name [# 5]: Richards, Paker | Met |
| Date of Hire: 01/17/2023 | |
| Staff's Name [# 6]: Taylor, Austin | Not Met |
| Date of Hire: 02/01/2023 | <u>Reminder - Health & Safety training is required within 90</u> calendar days of hired |
| "Missing/Incomplete Components" | |
| EX-HSK(1)-Address Missing,EX-HSK(1)-Pt | none Number Missing |
| Staff's Name [# 7]: Young, Adrianna | Not Met |
| Date of Hire: 11/07/2022 | |
| <u>"Missing/Incomplete Components"</u> EX-HSK(1)-Address Missing,EX-HSK(1)-D0 | OB Missing |
| Staff's Name [# 8]: Young, Terri | Met |
| Date of Hire: 10/04/2022 | |
| EX-HSD Criminal Records and Comprehensive | Background Checks(CS) Met |
| Comment Criminal record checks are not required for Exemption | on Category |
| EX-HSW First Aid & CPR | Met |
| Comment Observed evidence of staff training in CPR and first | aid on this date. |
| EX-HSK Personnel Records | Technical Assistance |
| Technical Assistance | |
| EX-HSK(1) - TA provided to maintain a completed | |
| EX-HSP Staff Training | Met |
| Comment Observed initial orientation for all staff on this date. | |
| Comment Observed training for all staff members on this date. | |
| | Staffing and Supervision |
| EX-HSO Staff:Child Ratios and Supervision(CS) | • |
| Comment | , |

Comment Program observed to maintain appropriate staff: child ratios.