



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: 11/9/2022 **VisitType:** Licensing Study **Arrival:** 4:40 PM **Departure:** 6:30 PM

CCLC-30525

YMCA Pryme Tyme Otis Brock Elementary

1804 Stratford Street Savannah, GA 31415 Chatham County
 (912) 663-0295 becky.lehto@ymcaofcoastalga.org

Regional Consultant

Chrissy Miller

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Mailing Address

6400 Habersham St. Suite A
 Savannah, GA 31405

Quality Rated: ★ ★

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 standing, support, and deficient. Good Standing - Program is demonstrating an acceptable level of performance in meeting the rules. Support - Program performance is demonstrating a need for improvement in meeting rules. Deficient - Program is not demonstrating an acceptable level of performance in meeting the rules.
11/09/2022	Licensing Study	Good Standing	
05/17/2022	Monitoring Visit	Good Standing	
12/01/2021	Licensing Study	Good Standing	

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	Cafeteria	Four Year Olds and Five Year Olds and Six Year Olds and Over	3	17	C	73	C	NA	NA	Supper	
Total Capacity @35 sq. ft.:			73		Total Capacity @25 sq. ft.:		0				
Total # Children this Date: 17			Total Capacity @35 sq. ft.:		73		Total Capacity @25 sq. ft.:				0

Building	Playground	Playground Occupancy	Playground Compliance
Main	PGD-1(grass)	71	C
Main	PGD-Basketball ct	11	C

Comments

This is the first regulatory visit of the fiscal year.

Per the Site-Director, the center does not currently dispense medication, provide routine transportation, field trips, or swimming activities.

Plan of Improvement: Developed This Date 11/09/2022

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, <http://www.dec.state.ga.us/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



Important Quality Rated/CAPS Update:

As January 1, 2022, child care providers must be Quality Rated to receive Childcare and Parent Services (CAPS). Newly licensed, or new to CAPS providers may be eligible for the new CAPS/QR Provisional Status, allowing for scholarships while working toward a star rating.

Contact the Quality Rated help desk at 855-800-7747 or qualityrated@dec.state.ga.us for more information. Free technical assistance is available!

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), do the following:

- 1) Log into DECAL KOALA www.decalkoala.com with the userid for your program
- 2) On the home page scroll down to the Inspection Reports and select 'Refute Citation' for the visit report in dispute
- 3) Select the specific rule number(s) that you are refuting, add the reason for disagreement regarding the rule citation, and upload supporting documentation
- 4) Submit the refutation in DECAL KOALA to Child Care Services (CCS) within 10 business days of the completion date.

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)

Carolyn Chisholm, Program Official

Date

Chrissy Miller, Consultant

Date



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Findings Report

Date: 11/9/2022 **VisitType:** Licensing Study

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The following information is associated with a Licensing Study:

Activities and Equipment

591-1-1-.12 Equipment & Toys(CR)

Met

Comment

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

591-1-1-.35 Swimming Pools & Water-related Activities(CR)

N/A

Comment

Center does not provide swimming activities.

Children's Records

Records Reviewed: 5

Records with Missing/Incomplete Components: 4

Child # 1

Not Met

"Missing/Incomplete Components"

.08(1)-Doctor, Clinic, Phone Numbers,.08(3)-Address of Release Person Missing

Child # 2

Not Met

"Missing/Incomplete Components"

.08(1)(a)-Work Address Missing

Child # 3

Met

Child # 4

Not Met

"Missing/Incomplete Components"

.08(1)(a)-Work Address Missing

Child # 5

Not Met

"Missing/Incomplete Components"

.08(1)(a)-Work Address Missing,.08(3)-Address of Release Person Missing

591-1-1-.08 Children's Records**Not Met****Finding**

591-1-1-.08(1) requires the Center Staff 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, intellectual disabilities or developmental disabilities which limit the child's participation in the program. It was determined based on the consultant's review of records that one out of five records were missing the physician's phone number, three out of five records were missing the work address of the parent, and two out of five records were missing the addresses of whom the Child may be released.

POI (Plan of Improvement)

Center staff will develop a plan that includes how to obtain all required information for currently enrolled children and how to ensure this is done for future enrollees as well. The plan will also include how and where to maintain files for the required amount of time. The plan will be implemented and followed.

Correction Deadline: 11/18/2022**Facility****591-1-1-.19 License Capacity(CR)****Met****Comment**

Licensed capacity observed to be routinely met by center.

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

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

591-1-1-.26 Playgrounds(CR)**Not Evaluated****Comment**

Playground not observed on this date due to low lightening on the playground. The consultant discussed daily monitoring of the playground and playground equipment to ensure that hazards are not present while children are present for care.

Health and Hygiene**591-1-1-.10 Diapering Areas & Practices(CR)****N/A****Comment**

No children enrolled who require diapering. School age children attend only for after school hours.

591-1-1-.17 Hygiene(CR)**Met****Comment**

Proper hand washing observed throughout the center.

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

N/A

Comment

The Provider currently does not dispense/administer medication.

Policies and Procedures

591-1-1-.21 Operational Policies & Procedures

Not Met

Finding

591-1-1-.21(3) requires that the Center conduct drills for fire, tornado and other emergency situations. The fire drills will be conducted monthly and tornado and other emergency situation drills will be conducted every six months. The Center shall maintain documentation of the dates and times of these drills for two years. It was determined based on the consultant's review of records that the center did not conduct a fire drill for the month of October 2022. Additionally, the center does not have evidence of reviewing the center's written emergency plans, conducting a tornado drill, or conducting a lockdown drill every six months, as required. The center's last tornado drill was observed to be conducted on march 8, 2022 and the center's last lockdown drill was observed to be conducted on January 24, 2022.

POI (Plan of Improvement)

The Center will hold the drills as required and keep the documentation of the drills on file for two years.

Correction Deadline: 11/30/2022

Safety

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

Met

Comment

Age-appropriate discussion and/or redirection observed. Regulations regarding proper discipline were discussed with the Site-Director on this date.

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

N/A

Comment

Center does not provide routine transportation.

Sleeping & Resting Equipment

591-1-1-.30 Safe Sleeping and Resting Requirements(CR)

N/A

Comment

Sleeping/Naps are not required for this program. School age children attend only for after school hours.

Staff Records

Records Reviewed: 6**Records with Missing/Incomplete Components: 1**

Staff # 1

Not Met

Date of Hire: 03/20/2010

"Missing/Incomplete Components"

.14(2)-First Aid Missing,.14(2)-CPR missing

Staff # 2

Met

Staff # 3

Met

Staff # 4

Met

Records Reviewed: 6

Records with Missing/Incomplete Components: 1

Staff # 5 Met
Date of Hire: 01/18/2022

Staff # 6 Met

Staff Credentials Reviewed: 2

591-1-1-.09 Criminal Records and Comprehensive Background Checks(CR) Met

Comment

Criminal record checks were observed to be complete.

591-1-1-.14 First Aid & CPR Not Met

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 the consultant's review of records that the Director and at least fifty percent (50%) of the staff did not have evidence of completing a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid, upon request at the center.

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: 12/30/2022

591-1-1-.33 Staff Training Met

Comment

Documentation observed of required annual staff training for January 2021 to December 2021.

Comment

Please ensure completed orientation checklists are documented and signed.

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

Comment

Staff observed to be compliant with applicable laws and regulations.

Staffing and Supervision

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

Comment

Center observed to maintain appropriate staff:child ratios.

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

Comment

Adequate supervision observed on this date.