

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

VisitType: Licensing Study Arrival: 10:00 AM **Date:** 4/21/2022 **Departure:** 11:05 AM

CCLC-969

Learning Junction Preschool

526 Gibbs Rd. Evans, GA 30809 Columbia County

(706) 650-0116 suttonlj@comcast.net

Mailing Address

Same

Quality Rated: No

Regional Consultant

Melyn Smith

Phone: (706) 855-3455 Fax: (706) 434-7640 melyn.smith@decal.ga.gov

| Com | pliance Zone Desig | <u>gnation</u> | 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 | | | |
|------------|--------------------|----------------|---|---|--|--|
| 04/21/2022 | Licensing Study | Good Standing | standing, support | , , | | |
| 07/29/2021 | Monitoring Visit | Good Standing | Good Standing | Program is demonstrating an acceptable level of performance in meeting the rules. | | |
| 02/25/2021 | Licensing Study | Good Standing | 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. | | |

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 | 1st Blue Room | Three Year Olds | 1 | 15 | С | 16 | С | NA | NA | Outside |
| Main | 1st Red Room | GA PreK | 2 | 17 | С | 18 | С | 26 | С | Outside |
| Main | 1st Right- Younger Infants | | 0 | 0 | С | 8 | С | NA | NA | |
| Main | 2nd Blue Room | Three Year Olds and Four Year Olds | 1 | 13 | С | 16 | С | NA | NA | Outside |
| Main | 2nd Red Room | GA PreK | 2 | 16 | С | 18 | С | 26 | С | Outside |
| Main | 2nd Right- Older Infants | Infants and One Year Olds | 2 | 8 | С | 17 | С | NA | NA | Nap,Floor Play |
| Main | Green Room | | 0 | 0 | С | 32 | С | 45 | С | |
| Main | Purple Room | One Year Olds | 2 | 8 | С | 16 | С | NA | NA | Outside |
| Main | Yellow Room | Two Year Olds and Three Year Olds | 2 | 18 | С | 35 | С | NA | NA | Outside |
| | | Total Capacity @35 sq. ft.: 1 | 76 | | Total C ft.: 205 | apacity @ | 25 sq. | | | |
| Total # C | hildren this Date: 95 | Total Canacity @35 cg. ft : 1 | 76 | | Total C | anacity @ | 25 sa | | | |

Total # Children this Date: 95 Total Capacity @35 sq. ft.: 176 Total Capacity @25 sq. ft.: 205

| Building | Playground | Playground Occupancy | Playground Compliance |
|----------|--------------------------|-------------------------|-----------------------|
| Main | PG- Left Playground | 60 | С |
| Main | PG- Middle Playground | 95 | С |
| Main | PG- Right Playground | 38 | С |
| Main | PG-Back Playground | 201 | С |

Comments

A virtual inspection was conducted on this date with the Director An in-person visit was not conducted due to the COVID-19 pandemic. An Administrative Review was conducted on April 21, 2022. Staff files, children's files, training, and background checks were all reviewed. The Consultant completed exit conference virtually and a copy of licensing study visit report was electronically emailed to the Program on April 25,

Plan of Improvement: Developed This Date 04/21/2022

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.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
- 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@decal.ga.gov for more information. Free techincal 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)

| Gene Sutton, Program Official | Date | Melyn Smith, Consultant | Date |
|-------------------------------|------|-------------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



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: 4/21/2022 Arrival: 10:00 AM Departure: 11:05 AM VisitType: Licensing Study

CCLC-969 Regional Consultant

Learning Junction Preschool

526 Gibbs Rd. Evans, GA 30809 Columbia County

(706) 650-0116 suttonlj@comcast.net

Mailing Address Same

Melyn Smith

Phone: (706) 855-3455 Fax: (706) 434-7640 melyn.smith@decal.ga.gov

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)

Met

Comment

Center does not provide swimming activities.

Children's Records

Records Reviewed: 10 Records with Missing/Incomplete Components: 9

Child #1 Not Met

"Missing/Incomplete Components"

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

Child # 2 Not Met

"Missing/Incomplete Components"

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

Child #3 Not Met

"Missing/Incomplete Components"

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

Child #4 Not Met

"Missing/Incomplete Components"

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

Records Reviewed: 10 Records with Missing/Incomplete Components: 9

Child # 5 Not Met

"Missing/Incomplete Components"

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

Child # 6 Not Met

"Missing/Incomplete Components"

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

Child # 7 Not Met

"Missing/Incomplete Components"

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

Child # 8 Not Met

"Missing/Incomplete Components"

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

Child # 9 Met

Child # 10 Not Met

"Missing/Incomplete Components"

.08(1)(a)-Work Address 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, mental retardation or developmental disabilities which limit the child's participation in the program. It was determined, based on review of records, that nine of ten children's files reviewed were lacking the addresses for the persons to whom the child may be released to. It was further determined that one of ten children's files reviewed was lacking the phone number for the child's primary physician.

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: 4/29/2022

| 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

No hazards observed accessible to children on this date.

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

Met

Comment

Playground observed to be clean and in good repair.

Food Service

591-1-1-.15 Food Service & Nutrition

Not Met

Finding

591-1-1-.15(2) requires that a signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s) and that instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the child's assigned room and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies. It was determined, based on review of records, that the four infant feeding plans reviewed were lacking information regarding the introduction of solid foods and developmental skills questions, as the Center was not using the updated infant feeding plan form. The Consultant provided a copy of the updated infant feeding plan form by email.

POI (Plan of Improvement)

The Center Director will develop and implement a plan to obtain and post the completed feeding plan as part of the enrollment process and to have parents update the plans on a regular basis that will include center staff involved with enrollment and those working in the infant classrooms.

Correction Deadline: 4/27/2022

Health and Hygiene

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

Met

Comment

Staff state proper knowledge of diapering procedures.

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

Met

Comment

Staff were observed to remind children to wash hands.

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

Met

Comment

Program observed complete emergency drills

Safety

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

Met

Comment

Staff were observed to maintain a positive learning environment on this date.

591-1-1-.13 Field Trips(CR)

N/A

Comment

Center does not participate in field trips at this time.

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

Technical Assistance

Comment

A current/completed inspection was observed for all vehicles used in transporting children this date.

Comment

Complete documentation of transportation observed.

Comment

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

Technical Assistance

591-1-1-.36(7)(b) - The Consultant discussed with the Director to please ensure the Emergency Medical Information forms contained all required information, as two were missing the phone number for the child's primary care physician on this date.

Correction Deadline: 4/22/2022

Sleeping & Resting Equipment

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

Met

Comment

Pleasant naptime environment observed.

Staff Records

Records Reviewed: 18

Records with Missing/Incomplete Components: 15

Staff # 1 Not Met

Date of Hire: 01/19/2022

"Missing/Incomplete Components"

.33(3)-Health & Safety Certificate, .14(2)-CPR missing, .14(2)-First Aid Missing

Staff # 2 Not Met

Date of Hire: 03/17/2004

"Missing/Incomplete Components"

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

Staff # 3 Not Met

Date of Hire: 06/01/2021

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing,.33(3)-Health & Safety Certificate

Staff # 4 Not Met

Date of Hire: 12/08/2016

"Missing/Incomplete Components"

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

| Records Reviewed: 18 | Records with Missing/Incomplete Components: 15 |
|---|--|
| Staff # 5 | Not Met |
| Date of Hire: 09/10/2018 | Not wet |
| "Missing/Incomplete Components" | |
| .14(2)-CPR missing,.14(2)-First Aid Missing | |
| (, , , , , , , , , , , , , , , , , , , | |
| Staff # 6 | Not Met |
| Date of Hire: 10/15/2016 | |
| "Missing/Incomplete Components" | |
| .14(2)-CPR missing,.14(2)-First Aid Missing | |
| Staff # 7 | Not Met |
| Date of Hire: 05/03/1999 | |
| "Missing/Incomplete Components" | |
| .14(2)-First Aid Missing,.14(2)-CPR missing | |
| 0. (()) | •• . |
| Staff # 8 Date of Hire: 09/20/2021 | Met |
| Date of Fille. 09/20/2021 | |
| Staff # 9 | Not Met |
| Date of Hire: 07/29/2013 | |
| "Missing/Incomplete Components" | |
| .14(2)-CPR missing,.14(2)-First Aid Missing | |
| Staff # 10 | Not Met |
| Date of Hire: 09/23/2019 | Not wet |
| "Missing/Incomplete Components" | |
| .14(2)-CPR missing,.14(2)-First Aid Missing | |
| (2) 31 13 missing, (2) 1 miss / (a missing | |
| Staff # 11 | Not Met |
| Date of Hire: 02/01/2011 | |
| "Missing/Incomplete Components" | |
| .14(2)-CPR missing,.14(2)-First Aid Missing | |
| Staff # 12 | Not Met |
| Date of Hire: 07/23/2021 | |
| "Missing/Incomplete Components" | |
| 14(0) ODD : : | 20/0/ 11 14 0 0 7 4 0 47 |

.14(2)-CPR missing,.14(2)-First Aid Missing,.33(3)-Health & Safety Certificate

Staff # 13 Not Met

Date of Hire: 06/15/1994

"Missing/Incomplete Components"

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

Staff # 14 Not Met

Records with Missing/Incomplete Components: 15

Records Reviewed: 18

Date of Hire: 08/13/2020

"Missing/Incomplete Components"

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

Staff # 15 Not Met

Date of Hire: 08/20/2018

"Missing/Incomplete Components"

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

Staff # 16 Not Met

Date of Hire: 02/25/2021

"Missing/Incomplete Components"

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

Staff # 17 Met

Date of Hire: 09/20/2021

Staff # 18 Met

Date of Hire: 02/21/2022 Reminder - Health & Safety training is required within 90

calendar days of hired

Staff Credentials Reviewed: 20

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 review of records, that less than 50% of the caregiver Staff had completed first aid and CPR training, as no documentation was available for review for First Aid and CPR on this date. The center has scheduled first aid and CPR training for April 30, 2022.

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: 5/21/2022

Finding

591-1-1-.14(1)(a) requires, in a Center that provides transportation, that either the driver or another Staff person present on the vehicle have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid offered by certified or licensed health care professionals or trainers and which dealt with the provision of emergency care to infants and children. It was determined, based on review of records, that no staff present on the vehicles during routine transportation had current evidence of successful completion of first aid and CPR training on this date. No documentation was available for review for First Aid and CPR on this date. The center has scheduled first aid and CPR training for April 30, 2022.

POI (Plan of Improvement)

The Center will verify proof of CPR/1st aid training and schedule Staff so that there is always a staff person on the vehicle with this training.

Correction Deadline: 4/30/2022

Finding

591-1-1-.14(2) requires a Staff member who is trained in CPR and first aid to be on the premises and on any field trip whenever any child is present. In addition, Staff who provide direct care to children must satisfactorily obtain certification in first aid and CPR by December 29, 2016 if employed prior to September 30, 2016 and within 90 days of their hire date if employed after September 30, 2016. It was determined, based on review of records, that Staffs # 1, 3, and 12 were lacking current certification in first aid and CPR within 90 days of hire, as required. The center has scheduled first aid and CPR training for April 30, 2022.

POI (Plan of Improvement)

The Center will develop a schedule to ensure there is always a staff person with current first aid and CPR training present and will develop and implement a plan to ensure all staff members have satisfactorily completed first aid and CPR training by the specified date.

Correction Deadline: 5/21/2022

Finding

591-1-1-.14(3) requires the Center to have a first aid kit in each building of the Center and in any vehicle used by the Center for transportation of children, that contains scissors, tweezers, gauze pads, adhesive tape, thermometer, band-aids, assorted sizes, antibacterial ointment, insect-sting preparation, an antiseptic cleansing solution, triangular bandages, rubber gloves, protective eye wear, a protective face mask, and a cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored so that it is not accessible to children but is easily accessible to Staff. It was determined, based on review of records, that the first aid kit in the center was missing protective eye wear and insect-sting preparation. The first aid kits on the vehicles with tag numbers RSA1725 and RSA1726 used for routine transportation were lacking the protective eye wear and the thermometer.

POI (Plan of Improvement)

Center Staff will provide any missing first aid kits, add any missing items to each first aid kit and will develop and use a plan for checking the kits and replacing missing items in each kit in the future. First aid kits and instruction manuals will be stored so that they kits are not accessible to children but are easily accessible to Center Staff.

Correction Deadline: 4/27/2022

591-1-1-.33 Staff Training

Not Met

Finding

591-1-1-.33(3) requires each Staff member with direct care responsibilities to complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunizations); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development. It was determined, based on review of records, that Staffs # 1, 3, and 12 were lacking evidence of completing the Health and Safety Orientation training within 90 days of employment, as required.

POI (Plan of Improvement)

The Center will develop and implement a plan to schedule and track this training for all employees based on their hire dates and will ensure that the training includes all required components as required.

Correction Deadline: 5/21/2022

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

Staff observed to provide direct supervision and be attentive to children's needs.