



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.al.ga.gov

(Cover Sheet)

Date: 5/12/2023

VisitType: EX-Monitoring

Arrival: 6:00AM

Departure: 6:30AM

EX-44627 EXMT-13202 EX-1 - Government Camden County - Matilda Harris Elementary Extended Day Program

1100 The Lakes Boulevard, Kingsland GA 31548 Camden County (912) 729-8163 ldurbin@camden.k12.ga.us

Mailing Address

311 South East Street, GA 31548

Regional Consultant

Brianne Walters

Phone: (912) 544-9775

Fax: (912) 544-9774

brianne.walters@dec.al.ga.gov

Joint with:

Table with columns: Compliance Zone Designation, Prevention Action Category, Intermediate Action Category, Dismissal Action Category. Rows include 5/12/2023, EX-Monitoring, NA, and various levels (P1, P2, P3) with corresponding actions like Technical Assistance, Citation, and Plan of Improvement.

Staff: Child Ratios

Table with columns: Room Description, Age Groups, Staff Count, Children Count, State Ratio Met, Notes. Row: Cafeteria, Six and older, 2, 1, Y, Arrival.

Group Sizes Met? Y

Total # Non-Care Staff Present: 0

#Staff Count: 2

#Children Count: 1

Comments:

An in-person visit was conducted at the facility for the purpose of a CAPS Monitoring visit.

Corrective Action Plan: No Plan Developed

Box containing a fingerprint icon and text: Please refer the website, http://www.dec.al.ga.gov/CCS/RulesAndRegulations.aspx, for information regarding October 1, 2018 rule changes about Criminal Records Checks that may affect your facility. In summary, [List of requirements]

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@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).

Director/Person-in-charge Signature _____

Printed Name _____ Date _____

Specialist Signature _____ Date _____



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(Summary Report)

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The following information is associated with a Exemption Monitoring:

Activities and Equipment

EX-HS-.F Equipment & Toys(CS)

Met

Comment

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

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

Met

Comment

The program was observed to be operating within the guidelines they were initially approved.

Facility

EX-HS-.L Physical Plant(CS)

Met

Comment

No hazards observed accessible to children on this date.

EX-HS-.M Playgrounds(CS)

Met

Comment

Staff stated playground not used, the gym is used for physical play.

Health and Hygiene

EX-HS-.U Diapering Areas & Practices(CS)

N/A

Comment

No diapered children are enrolled.

EX-HS-.H Hygiene**Met****Comment**

Hand washing was not observed during the visit but proper hand washing rules were discussed.

EX-HS-.I Medications(CS)**Met****Comment**

Documentation for medication dispensing observed complete for two (2) current medicine forms.

Policies and Procedures**EX-HS-.J Operational Policies & Procedures****Met****Comment**

The program had written policies and procedures and emergency plans, and evidence of monthly fire and emergency drills.

EX-HS-.T Required Reporting**Met****Comment**

There were no incidents or injuries that required reporting.

Safety**EX-HS-.E Discipline(CS)****Met****Comment**

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

EX-HS-.R Transportation(CS)**N/A****Comment**

Program does not provide routine transportation.

Sleeping & Resting Equipment**EX-HS-.V Safe Sleeping and Resting Requirements(CS)****N/A****Comment**

No safe sleep policies are necessary.

Staff Records**Records Reviewed: 2****Records with Missing/Incomplete Components: 0**

Staff's Name [# 1]: Lamb, Deavalone

Met

Date of Hire: 01/19/2023

Staff's Name [# 2]: McCamey, Shelley

Met

Date of Hire: 12/01/2020

EX-HS-.D Criminal Records and Comprehensive Background Checks(CS)**Met****Comment**

Criminal record checks on file for two (2) of two (2) staff.

EX-HS-.W First Aid & CPR

Met

Comment

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

EX-HS-.P Staff Training

Met

Comment

Observed training for all staff members on this date.

Staffing and Supervision

EX-HS-.O Staff:Child Ratios and Supervision(CS)

Met

Comment

Adequate supervision and ratios observed on this date.