



**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

**Date:** 5/1/2017      **VisitType:** Licensing Study      **Arrival:** 2:40 PM      **Departure:** 4:10 PM

**CCLC-30493**

**YMCA Pryme Tyme East Broad Elementary**

400 East Broad Street Savannah, GA 31401 Chatham County  
 (912) 663-3980 ginac@ymcaofcoastalga.org

**Regional Consultant**

Brandi Mangino

Phone: (478) 314-9726

Fax: (478) 599-0169

brandi.mangino@decal.ga.gov

**Mailing Address**

6400 Habersham St. Suite A  
 Savannah, GA 31405

<b>Compliance Zone Designation</b>			<b>Compliance Zone Designation</b> - 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.  <b>Good Standing</b> - Program is demonstrating an acceptable level of performance in meeting the rules. <b>Support</b> - Program performance is demonstrating a need for improvement in meeting rules. <b>Deficient</b> - Program is not demonstrating an acceptable level of performance in meeting the rules.
05/01/2017	Licensing Study	Good Standing	
09/27/2016	Monitoring Visit	Good Standing	
05/19/2016	Monitoring Visit	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	Room A, Cafeteria	Six Year Olds and Over	2	12	C	90	C	NA	NA	Homework
					Total Capacity @35 sq. ft.: 90	Total Capacity @25 sq. ft.: 0				
Total # Children this Date: 12					Total Capacity @35 sq. ft.: 90	Total Capacity @25 sq. ft.: 0				

Building	Playground	Playground Occupancy	Playground Compliance
Main	Playground A	193	C

**Comments**

Plan of Improvement: Developed This Date 05/01/2017

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).

	<p><b>Reminder:</b> All employees of child care programs must be fingerprinted before <b>January 1, 2017</b>. For instructions and to submit records check applications online, please visit <a href="http://www.decalkoala.com">www.decalkoala.com</a>. You are encouraged not to wait and to complete the process as soon as possible.</p>
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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.

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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](mailto: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.

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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)

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Angela Potter, Program Official

Date

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Brandi Mangino, Consultant

Date



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### Findings Report

Date: 5/1/2017 VisitType: Licensing Study Arrival: 2:40 PM Departure: 4:10 PM

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The following information is associated with a Licensing Study:

### Activities and Equipment

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

Met

**Comment**

No Swimming Activities Provided

### Children's Records

**Records Reviewed: 5**

**Records with Missing/Incomplete Components: 4**

Child # 1

Not Met

"Missing/Incomplete Components"

.08(a)-(f)-Parent Names, Work Numbers

Child # 3

Not Met

"Missing/Incomplete Components"

.08(a)-(f)-Allergies and Disabilities,.08(a)-(f)-Parent Names, Work Numbers

Child # 4

Not Met

"Missing/Incomplete Components"

.08(a)-(f)-Doctor, Clinic, Phone Numbers,.08(a)-(f)-Parent Names, Work Numbers

Child # 5

Not Met

"Missing/Incomplete Components"

.08(a)-(f)-Doctor, Clinic, Phone Numbers,.08(a)-(f)-Parent Names, Work Numbers,.08(a)-(f)-Emergency Contact information Missing

**Finding**

591-1-1-.08(a)-(f) requires 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 that includes the following information: (a) child's name, birth date, sex, address, living arrangement, name of school if applicable; (b) names of both Parents, home and work addresses, and home and work telephone numbers; (c) name(s) and addresses of the person(s) to whom the child may be released including address, telephone number, relationship to child and other identifying information; (d) name(s) and telephone number(s) of person(s) to contact in emergencies when the Parent cannot be reached; (e) name and telephone number of the child's primary source of health care; and (f) 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 a review of records that parent's names, work numbers and addresses were observed to be missing. In was further determined, it was not listed if an enrolled child had any allergies or disabilities, the physician information was missing for a child, and the physical phone number was missing for an enrolled child. In addition, emergency contact information was not completed for a child.

**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: 5/2/2017**

**Facility**

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

**Met**

**Comment**

Reminder-Keep Hazards Inaccessible

**591-1-1-.25 Physical Plant-Structural/Mechanical**

**Met**

**Correction Deadline: 9/27/2016**

**Corrected on 5/1/2017**

**.25(19) - Citation observed to be corrected.**

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

**Met**

**Comment**

Observation-Clean/Good Repair

**Health and Hygiene**

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

**Met**

**Comment**

No children enrolled

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

**Met**

**Comment**

Handwashing policies and procedures discussed on this date.

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

**Met**

**Comment**

No medication dispensed according to the director.

**Safety**

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

**Comment**

Observed-Discussion/Redirection

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

**Comment**

No Field Trips at This Time

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

**Comment**

No Routine Transportation Provided

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**Sleeping & Resting Equipment**

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

**Comment**

Program is an after-school program with no naps provided.

**Correction Deadline: 5/2/2017**

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**Staff Records**

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**591-1-1-.09 Criminal Records Check(CR)** **Met**

**Comment**

Criminal Records Check complete. Consultant was provided records for two staff members on this date.

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

**Comment**

Observed-100% Certified First Aid & CPR

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**591-1-1-.33 Staff Training** **Met**

**Comment**

Health/Safety training reminder and first aid and CPR for all staff is due by June 30, 2017.

**Correction Deadline: 2/10/2016**

**Corrected on 5/1/2017**

**.33(4) - Ciation observed to be corrected. The director has the required ten hours of training. The other staff was hired in August 2016, and has until August 2017 to get the required first year training.**

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**Staffing and Supervision**

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

**Comment**

Observed-Adequate Supervision

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

**Comment**

Observed-Appropriate Staff:Child Ratios