



**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:** 5/2/2017      **VisitType:** Licensing Study      **Arrival:** 2:30 PM      **Departure:** 4:10 PM

**CCLC-28964**

**Prime Time-Birmingham Hwy Elementary**

14865 Birmingham Highway Milton, GA 30004 Fulton County  
 (770) 667-2828 sarahf@ymcaatlanta.org

**Regional Consultant**

LaQuita Clark  
 Phone: (706) 497-1536  
 Fax: (706) 688-0418  
 jennifer.taylor@decal.ga.gov

**Mailing Address**  
 Same

<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.
05/02/2017	Licensing Study	Good Standing	
11/16/2016	Monitoring Visit	Good Standing	
05/11/2016	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	Five Year Olds and Six Year Olds and Over	2	48	C	84	C	NA	NA	Snack,Centers
Main	Computer 302		0	0	C	27	C	NA	NA	Not In Use
Main	Gym		0	0	C	125	C	NA	NA	Not In Use
Total Capacity @35 sq. ft.: 236					Total Capacity @25 sq. ft.: 0					
Total # Children this Date: 48			Total Capacity @35 sq. ft.: 236			Total Capacity @25 sq. ft.: 0				


Building	Playground	Playground Occupancy	Playground Compliance
Main	Playground	387	C

**Comments**

The purpose of this visit was to conduct a licensing study.

Plan of Improvement: Developed This Date 05/02/2017

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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Laura Boling, Program Official

Date

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LaQuita Clark, Consultant

Date



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### Findings Report

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The following information is associated with a Licensing Study:

### Activities and Equipment

**591-1-1-.03 Activities**

**Met**

**Comment**

Staff were observed to provide children with a variety of activities.

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

**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: 3**

Child # 2      Not Met

"Missing/Incomplete Components"

.08(c)-Address of Release Person Missing

Child # 3      Not Met

"Missing/Incomplete Components"

.08(c)-Address of Release Person Missing

Child # 4      Not Met

"Missing/Incomplete Components"

.08(c)-Address of Release Person Missing

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**591-1-1-.08 Children's Records****Not Met****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 review of records, that three of five children's files did not have complete addresses for persons authorized to pick up.

**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**

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**591-1-1-.23 Parental Authorization****Met****Comment**

Parent Authorizations Obtained/Completed

**Facility**

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

Observation-No Hazards Accessible

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

Observation-Clean/Good Repair

**Food Service**

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**591-1-1-.15 Food Service & Nutrition****Met****Comment**

Menu Meets USDA Guidelines

**Health and Hygiene**

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

The program does not have diapered children enrolled.

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

Observed-Staff Remind Children Wash Hand

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**591-1-1-.20 Medications(CR)****Not Met****Technical Assistance**

Discussed-Documentation/Procedures. Please ensure that a physician's note is accompanied by any medication required to be given beyond two weeks. A new note should be provided annually. The authorization forms should show up to two weeks of medication being administered and a new form filled out for every two weeks that the medication is required. Please list each date within the two week period and note beside any dates whether the medication was administered; if the medication is not administered, please note the reason why: child was absent, medication was not brought, parent stated do not dispense, etc.

**Finding**

591-1-1-.20(1) requires Personnel to obtain specific written authorization from the child's physician or parent in order to dispense prescription or non-prescription medications, except for first aid. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent. It was determined, based on observation of medication documentation, that two tablets of medication was dispensed on March 28-April 13, 2017. The medication was not accompanied by an authorization for two tablets to be administered. The authorization form stated that one tablet was to be administered.

**POI (Plan of Improvement)**

The Center will train Staff to obtain and review parental authorizations to ensure the authorization contains complete information. The designated person(s) will monitor daily.

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

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<b>Policies and Procedures</b>
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**591-1-1-.21 Operational Policies & Procedures****Met****Comment**

Complete documentation of fire and tornado drills were observed on file.

**Correction Deadline: 5/7/2017**

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**591-1-1-.27 Posted Notices****Met****Comment**

Observed-All Notices Posted

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<b>Safety</b>
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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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<b>Sleeping &amp; Resting Equipment</b>
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**591-1-1-.30 Safe Sleeping and Resting Requirements(CR)****Met****Comment**

The program does not have a rest period.

## Staff Records

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

**Comment**

Criminal Records Checks were observed to be complete.

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

**Comment**

Observed-100% Certified First Aid & CPR

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

**Comment**

The consultant observed complete documentation of annual training on file for annual year 2016. All staff were observed to have health and safety orientation on file.

## Staffing and Supervision

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

**Comment**

Observed-Appropriate Staff:Child Ratios

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

**Correction Deadline: 11/16/2016**

**Corrected on 5/2/2017**

**Previous citation has been corrected in that an appropriate supervision plan was observed to be followed on this date.**