



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: 5/15/2020

VisitType: EX-Monitoring

Arrival: 10:00AM

Departure: 3:00PM

EX-52272 EXMT-17052 EX-7 - Day camp
Prosperous Kids Inc.

4768 Centerville Highway, Snellville GA 30039
Gwinnett County
(678) 887-2121 tanyalawrence50@yahoo.com

Mailing Address

Same

Regional Consultant

Isha Barrie

Phone: (706) 497-6768

Fax: (706) 688-0431

isha.barrie@dec.al.ga.gov

Joint with:

Table with 4 columns: Compliance Zone Designation, Prevention Action Category, Intermediate Action Category, Dismissal Action Category. Rows include Prevention Level 1 (P1), Prevention Level 2 (P2), and Prevention Level 3 (P3) with corresponding actions like Technical Assistance, Citation, and Plan of Improvement.

Staff: Child Ratios

Table with 6 columns: Room Description, Age Groups, Staff Count, Children Count, State Ratio Met, Notes. Rows for Main and Room 1.

Group Sizes Met? Y

Total # Non-Care Staff Present: 0

#Staff Count: 2

#Children Count: 9

Comments:

CAPS visit conducted on this date. Visit conducted during COVID-19 pandemic. Specialist went over rules and guidelines of CAPS and Governor's Executive Order for safety.

Corrective Action Plan: No Plan Developed

Box containing a fingerprint icon and text regarding website information and rule changes about Criminal Records Checks, including a list of requirements for staff clearance.

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](mailto: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**

Equipment and furniture observed to be properly secured, as applicable.

**EX-HS-.Q Swimming Pools & Water-related Activities (CS)**

**Met**

**Comment**

Program does not provide swimming activities.

**Children's Records**

**EX-HS-.C**

**Not Met**

**Finding**

EX-HS-.C(1) requires the Program 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 enrollment information was missing date of birth of students, as well as health care contact information.

**POI (Plan of Improvement)**

The Program will update enrollment records.

**Correction Deadline: 5/15/2020**

**Exemptions**

**EX-HS-.X Exemption Requirements (NCP)**

**Met**

**Comment**

Exemption language, exemption notice, and letter observed on this date.

**Facility**

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**EX-HS-.L Physical Plant (NCP)****Met****Comment**

Observed approval from the Department, local zoning authorities, fire safety agencies and local building authorities on this date.

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**EX-HS-.M Playgrounds (CS)****Met****Comment**

Playground on site, but not utilized by summer camp students.

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**Health and Hygiene****EX-HS-.U Diapering Areas & Practices (CS)****Met****Comment**

No diapered children are enrolled.

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**EX-HS-.H Hygiene (NCP)****Met****Comment**

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

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

Medication is not dispensed

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**Policies and Procedures****EX-HS-.J Operational Policies & Procedures (NCP)****Not Met****Finding**

EX-HS-.J(1)(a-i) requires the Program to establish and implement written policies and procedures that describe the Program's operations as follows: (a) the exclusion of children with contagious illness; (b) notification of parents in the event their child becomes ill while at the facility; (c) the notification of all parents of enrolled children when a reportable contagious illness is present in the facility; (d) the prevention of and response to food and allergic reactions; (e) emergency preparedness and response. A written plan for handling emergencies, including but not limited to severe weather, loss of electrical power or water and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the program. The program will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, and continuity of operations. The plan must apply to all children in care and will include specific accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Such plan shall include assurance that no Personnel will impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals; (f) the handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding); (g) recognition and reporting of child abuse and neglect; (h) fire drills will be conducted monthly and tornado and other emergency situation drills will be conducted every six months. The Program shall maintain documentation of the dates and times of these drills for two years; (i) provide to Parents a copy of the Program's written policies and procedures. It was determined based on review of records that program does not have policies and procedures language in their program handbook.

**POI (Plan of Improvement)**

The Program will update handbook to include policies and procedures language.

**Correction Deadline: 5/15/2020**

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**EX-HS-.T Required Reporting (NCP)****Met****Comment**

There were no incidents or injuries that required reporting.

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**Safety**

**EX-HS-.S** **Met**

**Comment**

No field trips are offered

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

**Comment**

Observed age-appropriate discipline policies on this date.

**EX-HS-.R Transportation (CS)** **Met**

**Comment**

Program does not provide routine transportation.

**Sleeping & Resting Equipment**

**EX-HS-.V Safe Sleeping and Resting Requirements (CS)** **Met**

**Comment**

No infants are enrolled.

**Staff Records**

**Records Reviewed: 4**

**Records with Missing/Incomplete Components: 0**

Staff # 1 Met

Staff # 2 Met

Staff # 3 Met

Date of Hire: 06/01/2018

Staff # 4 Met

Date of Hire: 05/08/2020

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

**Comment**

Criminal record checks were observed to be complete.

**EX-HS-.W First Aid & CPR (NCP)** **Met**

**Comment**

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

**EX-HS-.P Staff Training (NCP)** **Not Met**

**Finding**

EX-HS-.P(1) requires all Employees and Provisional Employees to receive Initial Program orientation prior to assignment to children or task. It was determined based on review of records that all staff members did not have orientation page completed.

**POI (Plan of Improvement)**

The Program will complete program orientation page.

**Correction Deadline: 5/15/2020**

**Staffing and Supervision**

**Comment**

Program observed to maintain appropriate staff: child ratios.