

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Woodruff Family YMCA Live Oaks Date: 10/31/22 Time: 4:30pm
Location Address: 575 Merwin Avenue Milledgeville, GA 30646 Telephone #: (703) 878-5677
e-mail address: smarkunsky@cccumca.org License #: 16589 Expiration Date: 11.30.24
Capacity: 80 # of Children Present: 2 # of Staff Present: 2

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature

Purpose of visit: BCIS and Supervision Follow Up

Observations/Corrections needed:

S= 19a-79-3a (a) Program did not ensure safety, health and development when 1 staff present at this visit, working directly with children is not in the BCIS system. Finger-prints were not done. Also, 1 staff in a "work supervised" status was working directly with children as observed without required supervision.

S= 19a-79-4a (c) (2) observed 1 staff 18 or older ⁽²¹⁾ and one staff 16 years old with no additional staff

S= 18b = 2 staff not cleared to work with children observed
No supervision violations at this visit directly caring for children.

Discussed requirements = immediate for staffing

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11.14.22

Signature: Terrill Roberts / Terrill Roberts
(OEC Representative)

Signature: Susan Markunsky
(Person in Charge)