

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: 1/9/2019 VisitType: Complaint Closure from Arrival: 9:30 AM Departure: 2:00 PM

visit on 01/02/2019

CCLC-36442

Bright Minds Academy

20 Fairview Commons Drive Covington, GA 30016 Newton County

Good Standing
Good Standing

Good Standing

(678) 342-6787 persaudvinny@gmail.com

Mailing Address Same





Compliance Zone Designation

Complaint Closure

Complaint

Investigation &

Licensing Study

Monitoring Visit

| Compliance Zone Designation - 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 g | ood |
| standing, support, and deficient. | |

Good Standing - Program is demonstrating an acceptable level of performance in meeting the rules.

Support - Progr

Deficient

- Program performance is demonstrating a need for improvement in meeting

rules

 Program is not demonstrating an acceptable level of performance in meeting the rules.

Regional Consultant Ashley Cunningham

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Comments

01/09/2019

01/02/2019

07/23/2018

Advisement of Potential for Repeated Rule Violations during Pending Investigations

This report shall serve as official notice of potential rule violations. These potential rule violations have been detailed in this report and discussed with you by the consultant. The department shall conduct a thorough investigation to determine if in fact the alleged rule violation(s) should or should not be substantiated. Please be aware that the investigation may take some time to be finalized to ensure fairness and accuracy. During this investigation period, any violations of an identical rule or rules will require the department to treat any and all substantiated rule violations identified in the investigation as repeated rule violation(s).

Further, from time to time the department discovers additional rule violations during the course of an investigation. If there are new rule violation(s), your consultant shall inform you of the violation(s) as soon as possible. However, as stated above, any violations of identical rule(s) will require the department to treat any and all additional rule violations identified in the investigation as repeated rule violations.

All rule violations found in relation to a complaint or incident investigation will be associated with the date the investigation was closed.



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

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.

| Refutation Process: | | |
|--|---|---|
| You have the right to refute any of the citations to CCSRefutations@decal.ga.gov. | noted in this report with which you disagree. | To refute a citation(s), e-mail the following information |
| Facility name, license number and visit date Your name, title/relationship to the facility, e- Specific rule number(s) that you are refuting, | | |
| Refutations must be submitted to Child Care Se | ervices (CCS) within 10 business days of the | completion date. |
| A sample form for submitting a refutation can be | e found at: http://decal.ga.gov/ChildCareSer | vices/RefutationInformation.aspx |
| Your refutation will be forwarded to the appropr this process, contact our office at 404-657-5562 | | ou about your concerns. If you have any questions about |
| nave this liability insurance, you are required to pure this liability insurance, you are required to pure this liability in care in writing, obtain the care in writing the writing the care in writing the w | post a notice with ½ inch letters in a conspicu neir signature to acknowledge receipt and ma | e coverage sufficient to protect its clients. If you do not lous location in the program, notify the parent or aintain this written acknowledgment on file at the st date of attendance. (O.C.G.A. Section 20-1A-4) |
| peen discussed with me and I have agreed to a | Plan of Improvement (POI) as indicated in the prevent DECAL from taking adverse action a | gainst this facility. I understand that if I disagree with |
| Cassandra Persaud, Program Official | Date Ashley Cunningham , C | onsultant Date |