



**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:** 4/23/2019    **VisitType:** POI Follow Up    **Arrival:** 3:00 PM    **Departure:** 5:30 PM

**CCLC-16965**

**Preferred School Care at Deerwood Academy**

3070 Fairburn Road, SW Atlanta, GA 30331 Fulton County  
 (770) 739-1462 SELMONATL@AOL.COM

**Regional Consultant**

Michelle Smith

Phone: (404) 478-8183

Fax: (678) 717-5636

michelle.smith@decal.ga.gov

**Mailing Address**

1125 Annie Lane  
 Mableton, GA 30126

**Quality Rated:** ★ ★

<b>Compliance Zone Designation</b>		
04/23/2019	POI Follow Up	Good Standing
03/27/2019	Licensing Study	Support
08/15/2018	Monitoring Visit	Good Standing

**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 good standing, support, and deficient.

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

**Support** - Program performance is demonstrating a need for improvement in meeting rules.

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

**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	171		0	0	C	23	C	NA	NA	Not In Use		
Main	177		0	0	C	21	C	NA	NA	Not In Use		
Main	197		0	0	C	22	C	NA	NA	Not In Use		
Main	217		0	0	C	22	C	NA	NA	Not In Use		
Main	218		0	0	C	22	C	NA	NA	Not In Use		
Main	242		0	0	C	22	C	NA	NA	Not In Use		
Main	Cafeteria	Five Year Olds and Six Year Olds and Over	7	76	C	89	C	NA	NA	Transitioning,Snack		
Main	Gym		0	0	C	142	C	NA	NA	Not In Use		
Total Capacity @35 sq. ft.:			150			Total Capacity @25 sq. ft.:		0			Building @35 capacity limited by Centers Request	
Total # Children this Date:			76			Total Capacity @35 sq. ft.:		150			Total Capacity @25 sq. ft.:	0

Building	Playground	Playground Occupancy	Playground Compliance
Main	A Turf	44	C
Main	Courtyard	64	C

**Comments**

The purpose of this visit was to conduct a POI follow up.

Plan of Improvement: Developed This Date 04/23/2019

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).



Please refer to the website, <http://www.dec.state.ga.us/CCS/RulesAndRegulations.aspx>, for information regarding October 1, 2018 rule changes about Criminal Records Checks that may affect your facility. In summary,

- New records checks will be required to be completed if a staff member experiences a six month break in service from the child care industry
- New clearance is required at least once every five years
- Any staff member solely responsible for supervising children will be required to have completed a comprehensive background clearance
- All staff members are required to have completed at least a national fingerprint based clearance check
- Any staff member with only the national fingerprint based clearance, must be under constant and direct supervision of a staff member with a satisfactory comprehensive records check clearance
- Facilities are required to use DECAL KOALA for Criminal Records Checks, including to verify portability of an employee

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@dec.state.ga.us](mailto:CCSRefutations@dec.state.ga.us).

- 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://dec.state.ga.us/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)



#### Important New Deadlines:

Your program must be Quality Rated by December 31, 2020 in order to continue to receive Childcare and Parent Services (CAPS).

Get started today! Sign up by completing a short online application: <https://qualityrated.dec.state.ga.us/>  
Request free technical assistance to help you earn your star rating by contacting the Quality Rated help desk at 855-800-7747 or [qualityrated@dec.state.ga.us](mailto:qualityrated@dec.state.ga.us)

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Gladys Carter, Program Official

Date

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Michelle Smith, Consultant

Date



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**Findings Report**

**Date:** 4/23/2019 **VisitType:** POI Follow Up

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The following information is associated with a POI Follow Up:

**Policies and Procedures**

**591-1-1-.21 Operational Policies & Procedures**

**Not Met**

**Finding**

591-1-1-.21(3) requires that the Center conduct drills for fire, tornado and other emergency situations. The fire drills will be conducted monthly and tornado and other emergency situation drills will be conducted every six months. The Center shall maintain documentation of the dates and times of these drills for two years. It was determined based on observation that lock down drills had not been conducted every six months.

**POI (Plan of Improvement)**

The Center will hold the drills as required and keep the documentation of the drills on file for two years.

**Correction Deadline: 4/26/2019**

**Recited on 4/23/2019**

**Staff Records**

**Records Reviewed: 12**

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

Staff # 1

Met

Date of Hire: 02/01/2019

Staff # 2

Not Met

Date of Hire: 08/01/2017

"Missing/Incomplete Components"

.33(3)-Health & Safety Certificate

Staff # 3

Met

Date of Hire: 08/11/2008

Staff # 4

Met

**Records Reviewed: 12****Records with Missing/Incomplete Components: 4**

Date of Hire: 08/26/2018

Staff # 5

Not Met

Date of Hire: 11/02/2017

"Missing/Incomplete Components"

.33(3)-Health &amp; Safety Certificate

Staff # 6

Met

Date of Hire: 08/01/2018

Staff # 7

Met

Date of Hire: 12/01/2016

Staff # 8

Not Met

Date of Hire: 08/18/2017

"Missing/Incomplete Components"

.33(3)-Health &amp; Safety Certificate

Staff # 9

Met

Date of Hire: 10/01/2018

Staff # 10

Met

Date of Hire: 11/04/2016

Staff # 11

Met

Date of Hire: 08/04/2014

Staff # 12

Not Met

Date of Hire: 09/27/2016

"Missing/Incomplete Components"

.31(1)(b)2.-Director Qualifications-Education Missing

**Staff Credentials Reviewed: 12****591-1-1-.09 Criminal Records and Comprehensive Background Checks(CR)****Technical Assistance****Correction Deadline: 3/27/2019****Corrected on 4/23/2019****.09(1)(a) - Consultant observed criminal records check application submitted to the Department for all staff present in the program.****Correction Deadline: 3/27/2019****Corrected on 4/23/2019****.09(1)(c) - Consultant reviewed records and observed Satisfactory Comprehensive Criminal Records Check letters for 11 of 12 program staff as required by the Department.****Correction Deadline: 3/27/2019**

**Corrected on 4/23/2019**

**.09(1)(d) - Consultant observed one provisional staff with a national fingerprint to be supervised by a program staff with a Satisfactory Comprehensive Criminal Records Check letter issued by the Department.**

**Technical Assistance**

591-1-1-.09(1)(h) - Consultant discussed with Program Official to ensure that one Provisional Employee follows up with one (1) U.S. state to be issued a determination by the Department.

**Correction Deadline: 4/23/2019**

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

**Met**

**Correction Deadline: 4/26/2019**

**Corrected on 4/23/2019**

**.14(1) - Consultant observed the Director to have CPR on file as required.**

**Correction Deadline: 4/26/2019**

**Corrected on 4/23/2019**

**.14(2) - Consultant observed valid evidence of staff completing CPR and First Aid as required by the Department.**

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

**Not Met**

**Finding**

591-1-1-.33(3) requires each staff member with direct care responsibilities to complete health and safety training at the time of employment that will count toward required annual training: Staff employed prior to September 30, 2016 will complete the training by December 29, 2016 and Staff employed after September 30, 2016 will complete the health and safety training within the first 90 days of employment. It was determined based on a review of records that three staff members did not complete health and safety orientation training as required.

**POI (Plan of Improvement)**

The Center will develop and implement a plan to schedule and track this training for all employees based on their hire dates.

**Correction Deadline: 4/26/2019**

**Recited on 4/23/2019**

**Correction Deadline: 4/26/2019**

**Corrected on 4/23/2019**

**.33(4) - Consultant observed valid documentation for three program staff to have evidence of completing the first year training as required by the Department.**

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**591-1-1-.31 Staff(CR)**

**Not Met**

**Finding**

591-1-1-.31(1)(c) requires that a copy and/or written verification of the credential or degree awarded to the Director by the technical college, university, school or Department-approved trainer listed in 591-1-1-.31(1)(b)2. (i) through (xiii) be maintained by the Center in the Director's file and such documentation shall be available for inspection by Department staff upon request. It was determined based on review of records that one Program Director did not have valid evidence of a credential or degree to perform the duties of a Director.

**POI (Plan of Improvement)**

The Center will obtain the written verification from the Director, place it in the Director's file, and provide it to the Department if requested.

**Correction Deadline: 4/26/2019**