



**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:** 1/13/2017 **VisitType:** Licensing Study

**Arrival:** 9:35 AM

**Departure:** 11:10 AM

**FR-36894**

**Carter, Melissa L**

42 East Gate Drive Tifton, GA 31794 Tift County  
(229) 402-7376 bernard\_tindall2000@yahoo.com

**Mailing Address**

42 east gate drive  
Tifton, GA 31794

**Regional Consultant**

Jackqueline Frederick

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<b>Compliance Zone Designation</b>		
01/13/2017	Licensing Study	Good Standing
08/18/2016	Monitoring Visit	Good Standing
01/07/2016	Licensing Study	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**

Age Ranges	Children Present	Child For Pay	CAPS	Not for Pay	Provider Children
Infant (0-11 mos)	0	0	0	0	0
1 & 2 Years	0	0	0	0	0
3 & 4 Years	0	0	0	0	0
School Age(5+) Years	0	0	0	0	0
<b>Total Under 13 Years</b>	0	0	0	0	0
<b>Total Under 18 Years</b>	0				

Children Present: 0

Total Children: 0

Caregivers/Helpers Present: 1


Total Caregivers/Helpers: 1

**Comments**

The purpose of today's visit is to conduct a licensing study.

Plan of Improvement: No Plan Developed

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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Melissa Carter, Program Official

Date

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Jackqueline Frederick, Consultant

Date



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### Findings Report

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The following information is associated with a Licensing Study:

#### Activities and Equipment

**290-2-3-.19 Infant-Sleeping Safety Requirements(CR)**

**Met**

**Comment**

No children enrolled

**290-2-3-.07 Swimming Pools & Water-related Activities(CR)**

**Met**

**Comment**

No Swimming Activities Provided

#### Children's Records

**290-2-3-.08 Parental Authorization(CR)**

**Met**

**Comment**

No children enrolled

#### Facility

**290-2-3-.11 Physical Plant - Safe Environment(CR)**

**Met**

**Comment**

Observation-No Hazards Accessible

**290-2-3-.13 Physical Plant-Structural/Mechanical(CR)**

**Met**

**Comment**

Home Clean, Free of Hazards

**290-2-3-.13 Playgrounds(CR)**

**Met**

**Comment**

Outside Area Clean, Well Maintained

## Licensure

### 290-2-3-.04 Application Requirements(CR)

Met

**Comment**

290-2-3-.04(1)(a) - Provider meets state requirements.

**Correction Deadline: 1/13/2017**

## Safety and Discipline

### 290-2-3-.11 Discipline(CR)

Met

**Comment**

No children enrolled

### 290-2-3-.11 Transportation(CR)

Met

**Comment**

No transportation.

## Staff Records

### 290-2-3-.21 Criminal Records Check(CR)

Met

**Comment**

Criminal Records Check complete

### 290-2-3-.07 Independent Contractors(CR)

Met

**Comment**

No Independent contractors

### 290-2-3-.07 Other Staff Direct Contact with Children(CR)

Met

**Comment**

Other direct contact staff- Satisfactory records check

### 290-2-3-.08 Staff Training

Not Met

**Finding**

290-2-3-.08(6) requires that documentation of training include the following: 1) title of training, 2) date of training, 3) number of clock hours obtained and 4) name(s) of trainers/sponsoring organizations. It was determined by a review of records that the provider did not have 10 hours of annual training as required.

**POI (Plan of Improvement)**

The Home Provider will ensure that complete training information is on file.

**Correction Deadline: 1/13/2017**

### 290-2-3-.07 Students-in-Training(CR)

Met

**Comment**

No Students-in-training

### 290-2-3-.07 Volunteers(CR)

Met

**Comment**

No Volunteers

## Staff:Child Ratios and Supervision

**Comment**

No children enrolled