



**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:** 3/22/2018    **VisitType:** Licensing Study    **Arrival:** 1:40 PM    **Departure:** 3:10 PM

**FR-000001489**

**Scott, Ethel D.**

204 WEST 58TH STREET Savannah, GA 31405 Chatham County  
 (912) 234-2517 ethelscott43@outlook.com

**Regional Consultant**

Sondra Paster

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**Mailing Address**

204 WEST 58TH STREET  
 SAVANNAH, GA 31405

**Quality Rated:** ★ ★

<b>Compliance Zone Designation</b>		
03/22/2018	Licensing Study	Good Standing
09/26/2017	Monitoring Visit	Good Standing
03/22/2017	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 the 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)	2	0	0	0	0
1 & 2 Years	1	2	0	0	0
3 & 4 Years	0	0	0	0	0
School Age(5+) Years	0	1	0	0	0
<b>Total Under 13 Years</b>	3	3	0	0	0
<b>Total Under 18 Years</b>	3				

Children Present: 3

Total Children: 5


Caregivers/Helpers Present: 1

Total Caregivers/Helpers: 1

**Comments**

Plan of Improvement: Developed This Date 03/22/2018

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@decals.ga.gov](mailto:CCSRefutations@decals.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://decals.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)



**Important New Deadlines:**

Your program must be Quality Rated by December 31, 2020 in order to continue to receive Childcare and Parent Services (CAPS). Sign up for Quality Rated by June 30, 2018 in order to be eligible to receive a bonus package.

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

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Ethel Scott, Program Official

Date

Sondra Paster, Consultant

Date



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### Findings Report

**Date:** 3/22/2018    **VisitType:** Licensing Study    **Arrival:** 1:40 PM    **Departure:** 3:10 PM

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The following information is associated with a Licensing Study:

### Activities and Equipment

**290-2-3-.12 Equipment and Supplies(CR)**

**Met**

**Comment**

A variety of equipment and toys were observed.

**Comment**

The consultant observed no unsecured or hazardous equipment on this date.

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

**Met**

**Comment**

Infant sleep requirements observed to be met on this date.

**Comment**

Pleasant naptime environment observed.

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

**N/A**

**Comment**

Home does not provide swimming activities.

### Children's Records

**Records Reviewed: 5**

**Records with Missing/Incomplete Components: 5**

Child # 1

Not Met

"Missing/Incomplete Components"

Proof of No Liability Insurance Form

Child # 2

Not Met

"Missing/Incomplete Components"

Proof of No Liability Insurance Form

Child # 3	Not Met
<u>"Missing/Incomplete Components"</u>	
Proof of No Liability Insurance Form,Infant Feeding Plan - (.10)(4)	
Child # 4	Not Met
<u>"Missing/Incomplete Components"</u>	
Proof of No Liability Insurance Form	
Child # 5	Not Met
<u>"Missing/Incomplete Components"</u>	
Proof of No Liability Insurance Form,Immunization Form - (.08)(2)	

**290-2-3-.08 Children's Records**

**Not Met**

**Finding**

290-2-3-.08(11) requires that if the Home is not covered by liability insurance sufficient to protect its clients, the Home must notify the Parent of each Child under the care of the program in writing. Each Parent must acknowledge receipt of such notice, and a copy of the acknowledgement shall be kept in the Child's file. It was determined based on observation that four of four children enrolled was observed to be without a signed parent liability form on this date.

**POI (Plan of Improvement)**

The Home Provider will obtain and maintain documentation.

**Correction Deadline: 3/22/2018**

**Finding**

290-2-3-.08(2) requires the Home to maintain a file for each Child that includes evidence of age-appropriate immunizations or a signed affidavit against such immunizations; enrollment in the Home may not continue for more than 30 days without such evidence. It was determined based on observation that one of four children enrolled was observed to have an expired immunization record on this date.

**POI (Plan of Improvement)**

The Home Provider will ensure that an immunization record/signed affidavit is on file for each enrolled Child.

**Correction Deadline: 3/22/2018**

<b>Facility</b>
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**290-2-3-.11 Physical Plant - Safe Environment(CR)**

**Technical Assistance**

**Technical Assistance**

The consultant emailed the provider the emergency plan templates and information on this date.

**Correction Deadline: 4/1/2018**

**Comment**

No hazards observed accessible to children on this date.

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

**Met**

**Comment**

The Home appears clean and free from hazards.

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

**Not Met**

**Finding**

290-2-3-.13(2)(c) requires that climbing and swinging equipment that are not portable have a resilient surface beneath the equipment and the fall zone from such equipment, which is adequately maintained by the Home to assure continuing resiliency. It was determined based on observation that the wooden jungle gym was observed to be without any resilient surface on this date.

**POI (Plan of Improvement)**

The Home will ensure that there is an adequate resilient surface under and in the fall zone of climbing and swinging equipment. The Home will inspect equipment and resilient surfacing material regularly and repair or replenish as needed.

**Correction Deadline: 4/1/2018**

<b>Food Service</b>
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**290-2-3-.10 Food Service & Nutrition****Met****Comment**

Menu observed to meet USDA guidelines as mashed potatoes, chicken, okra, biscuit and milk was served for lunch on this date.

**Correction Deadline: 3/22/2018**

**Comment**

CACFP Meal Pattern Requirements effective October 1, 2017 will be implemented October 1, 2018: 3 Components for breakfast: Grains, Vegetables, Fruits or both, Milk  
 5 Components for lunch – Grains, Meat/Meat alternates, Fruits, Vegetable, and Milk OR Grains, Meat/Meat alternates, 2 different types of vegetables, and Milk  
 2 of 5 Components for snack

Provided Updated CACFP Infant Meal pattern and Child/Adult Meal pattern flyers.

The Crediting Handbook for the CACFP can be located on DECAL and USDA's website:

DECAL

<http://decal.ga.gov/CACFP/Handbook.aspx>

USDA

<http://www.fns.usda.gov/cacfp/cacfp-handbooks>

**290-2-3-.10 Kitchen Operations****Met****Comment**

Kitchen observed clean and well maintained.

**Correction Deadline: 3/22/2018**

<b>Health and Hygiene</b>
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**290-2-3-.11 Children's Health and Hygiene(CR)****Met****Comment**

Proper hand washing procedures observed.

**290-2-3-.11 Diapering Areas & Practices(CR)****Met****Comment**

Staff state proper knowledge of diapering procedures.

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**290-2-3-.11 Medications(CR)**

N/A

**Comment**

The provider stated that medication is not given at the family child care learning home.

**Licensure**

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

Met

**Comment**

Appropriate number of children observed in Family Child Care Learning Home this date.

**Safety and Discipline**

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**290-2-3-.11 Animals**

Met

**Comment**

Appropriate vaccination records were available on this date.

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

Met

**Comment**

Age-appropriate discussion and/or redirection observed.

**Comment**

The provider and/or the home's employee were observed to maintain a positive learning environment on this date.

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**290-2-3-.11 First Aid Kit**

Met

**Comment**

Complete kit observed in the Family Child Care Learning Home

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

N/A

**Comment**

The provider does not provide routine transportation.

**Staff Records**

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

Met

**Comment**

Consultant requested to view all Criminal Record checks for employees hired after last visit. Director stated that there have been no new hires since last visit

**Comment**

Criminal records checks were observed to be complete.

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**290-2-3-.07 First Aid & CPR**

Met

**Comment**

Evidence observed that the provider was certified in First Aid and CPR.

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**290-2-3-.07 Staff Qualifications(CR)****Met****Comment**

Discussed staff qualifications and compliance with applicable laws and regulations.

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**290-2-3-.07 Staff Training****Not Met****Finding**

290-2-3-.07(6) requires the Home to maintain for the Provider and any Provisional Employee or Employee, current evidence of successful completion of ten (10) clock hours of diverse training which is related to the care of children and which is offered by an accredited college, university or vocational program or other Department approved source annually. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identification and reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, record keeping, etc.; provided however that such business related training shall be limited to no more than two (2) of the required ten (10) clock hours of training. Records of completion of such training programs shall be maintained in the Home by the Provider, as required by these rules. It was determined based on observation that the provider was observed to be without ten hours of training for 2017. The consultant observed the provider to have four hours for 2017.

**POI (Plan of Improvement)**

The Home will obtain the required annual training and will keep certificates, cards, or other proof of training on file. The Home will submit proof of training to the Department, if requested.

**Correction Deadline: 4/21/2018**

<b>Staff:Child Ratios and Supervision</b>
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**290-2-3-.07 Staff:Child Ratios(CR)****Met****Comment**

Appropriate ratios were observed on this date.

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**290-2-3-.07 Supervision(CR)****Met****Comment**

Adequate supervision observed on this date.