



**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:** 4/18/2017    **VisitType:** Monitoring Visit    **Arrival:** 11:20 AM    **Departure:** 12:00 PM

**FR-33657**

**Bogle, Ishica M**

7560 Taylor Rd. #14 Riverdale, GA 30274 Clayton County  
(678) 237-6798 ishicaMB@aol.com

**Regional Consultant**

Jessica Grant

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**Mailing Address**  
Same

<b>Compliance Zone Designation</b>		
04/18/2017	Monitoring Visit	Good Standing
10/25/2016	Licensing Study	Good Standing
03/28/2016	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**

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	2	0	0	0
3 & 4 Years	0	1	0	0	0
School Age(5+) Years	0	3	0	0	0
<b>Total Under 13 Years</b>	0	6	0	0	0
<b>Total Under 18 Years</b>	0				

Children Present: 0

Total Children: 6

Caregivers/Helpers Present: 2

Total Caregivers/Helpers: 2

**Comments**

Plan of Improvement: Developed This Date 04/18/2017

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).

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



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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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Ishica Bogle, Program Official

Date

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Jessica Grant, Consultant

Date



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### Findings Report

**Date:** 4/18/2017    **VisitType:** Monitoring Visit    **Arrival:** 11:20 AM    **Departure:** 12:00 PM

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The following information is associated with a Monitoring Visit:

### Activities and Equipment

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

**Met**

**Comment**

Discussed-SIDS/Infant Sleeping Position

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

**Met**

**Comment**

No Swimming Activities Provided

### Children's Records

**Records Reviewed: 6**

**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"

Dad Work # Missing -(08)(1)(a)

Child # 3

Not Met

"Missing/Incomplete Components"

Emergency Medical Authorization - (08)(1)(d),Physician & Emergency Contact Information - (08)(1)(b),Proof of No Liability Insurance Form

Child # 4

Not Met

"Missing/Incomplete Components"

Dad Work # Missing -(.08)(1)(a),Allergy/Medical Information - (.08)(1)(f)

Child # 6

Not Met

"Missing/Incomplete Components"

Proof of No Liability Insurance Form

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

**Not Met**

**Finding**

290-2-3-.08(1)(a) requires the Home to maintain a file for each Child that includes the Child's name, birth date, Parent's name, Home and business addresses and telephone numbers. It was determined by review of files that parent work information was missing for 2 of 6 children enrolled.

**POI (Plan of Improvement)**

The Home Provider will secure the missing information, and to ensure that children's records are completed for future enrollees, the provider will obtain the information from the parent.

**Correction Deadline: 4/19/2017**

**Recited on 4/18/2017**

**Finding**

290-2-3-.08(1)(b) requires the Home to maintain the name, address and telephone number of persons, including the Child's physician, to contact in emergencies in each Child's record. It was determined by review of files that the information was missing for 1 of 6 children.

**POI (Plan of Improvement)**

The Home will review records and determine if all required information is completed; will obtain any missing information; and will have a plan to maintain complete records/forms for each Child as they enroll or as changes occur.

**Correction Deadline: 4/19/2017**

**Recited on 4/18/2017**

**Correction Deadline: 10/25/2016**

**Corrected on 4/18/2017**

**Records observed.**

**Finding**

290-2-3-.08(1)(f) requires the Home to maintain a file for each Child that includes known allergies, physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the Child's participation in the program. It was determined by review of files that the information was missing for 1 of 6 children.

**POI (Plan of Improvement)**

The Home Provider will secure and maintain the missing Child's health information.

**Correction Deadline: 4/19/2017**

**Recited on 4/18/2017**

**Finding**

290-2-3-.08(2)(c) 18 requires notification of the absence of a liability insurance policy sufficient to protect its clients. If the home is not covered by liability insurance sufficient to protect its clients, the home must notify the parent or guardian of each child under the care of the program in writing. Each parent or guardian 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 a review of children's records, that 3 of 6 enrolled children did not have evidence of signed No Liability Signature Forms.

**POI (Plan of Improvement)**

The home provider will obtain and maintain documentation.

**Correction Deadline: 4/19/2017**

**Recited on 4/18/2017**

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**290-2-3-.08 Parental Authorization(CR)** **Not Met**

**Finding**

290-2-3-.08 (1)(d) requires the Home to obtain Parental authorization at the time of a Child's enrollment for emergency medical care when the Parent is not available. It was determined by review of files that the information was missing for 1 of 6 children.

**POI (Plan of Improvement)**

The Home Provider will have authorization for emergency medical care completed by the Parent for Children enrolled.

**Correction Deadline: 4/19/2017**

**Recited on 4/18/2017**

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

**Comment**

Observation-No Hazards Accessible

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

**Comment**

Home Clean, Free of Hazards

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

**Comment**

Outside Area Clean, Well Maintained

<b>Licensure</b>
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**290-2-3-.04 Application Requirements(CR)** **Met**

**Comment**

Proper license observed.

**Correction Deadline: 4/18/2017**

<b>Safety and Discipline</b>
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**290-2-3-.11 Discipline(CR)** **Met**

**Comment**

No children present

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

**Met**

**Comment**

No transportation.

**Staff Records**

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

**Met**

**Comment**

No new hires

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

**Met**

**Comment**

No Independent contractors

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

**Met**

**Comment**

No additional staff

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

**Met**

**Comment**

No Students-in-training

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

**Met**

**Comment**

No Volunteers

**Staff:Child Ratios and Supervision**

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

**Met**

**Comment**

No children present