

# 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: 8/8/2017 VisitType: Monitoring Visit Arrival: 1:05 PM Departure: 2:50 PM

FR-000011457

Riemann, Jennifer M.

3966 Rowell Rd Valdosta, GA 31606 Lowndes County (229) 200-3714 JENNY\_WREN1272@YAHOO.COM

**Mailing Address** 

Same

**Regional Consultant** 

Beth Houtz

Phone: (229) 238-2130 Fax: (229) 238-2955 beth.houtz@decal.ga.gov

| Compliance Zone Designation |                  |               |  |  |
|-----------------------------|------------------|---------------|--|--|
| 08/08/2017                  | Monitoring Visit | Good Standing |  |  |
| 03/21/2017                  | Licensing Study  | Good Standing |  |  |
| 08/02/2016                  | 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

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)    | 1                | 1             | 0    | 0           | 0                 |
| 1 & 2 Years          | 2                | 2             | 0    | 0           | 0                 |
| 3 & 4 Years          | 2                | 3             | 0    | 1           | 0                 |
| School Age(5+) Years | 2                | 5             | 0    | 0           | 2                 |
| Total Under 13 Years | 6                | 11            | 0    | 1           | 1                 |
| Total Under 18 Years | 7                |               |      |             | •                 |

Children Present: 7 Total Children: 14

Caregivers/Helpers Present: 2 Total Caregivers/Helpers: 1

# Comments

The purpose of today's visit is a monitoring visit. This is the first visit of the fiscal year. The provider does not carry liability insurance.

Plan of Improvement: Developed This Date 08/08/2017

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. 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.

#### 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.

- 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: <a href="http://decal.ga.gov/ChildCareServices/RefutationInformation.aspx">http://decal.ga.gov/ChildCareServices/RefutationInformation.aspx</a>

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.

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)

| Jennifer Riemann, Program Official | Date | Beth Houtz, Consultant | Date |
|------------------------------------|------|------------------------|------|



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# **Findings Report**

Date: 8/8/2017 VisitType: Monitoring Visit Arrival: 1:05 PM Departure: 2:50 PM

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The following information is associated with a Monitoring Visit:

**Activities and Equipment** 

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

Correction Deadline: 4/4/2017

Corrected on 8/8/2017

This citation was observed to be corrected on this date. There were three booster seats and all were properly strapped to the chairs and had safety straps.

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

Met

Met

Correction Deadline: 3/31/2017

Corrected on 8/8/2017

This citation was observed to be corrected on this date. The provider has purchased two new pack and plays with the manufactory date of May 2016.

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

Met

Comment

No Swimming Activities Provided

**Children's Records** 

**Records Reviewed: 14** 

Records with Missing/Incomplete Components: 3

Child #1

Not Met

"Missing/Incomplete Components"

Physician & Emergency Contact Information - (.08)(1)(b),Immunization Form - (.08)(1)(c),Emergency Medical Authorization - (.08)(1)(d),Allergy/Medical Information - (.08)(1)(f),Release Person Information - (.08)(1)(i),Proof of No Liability Insurance Form

Child #4

Not Met

"Missing/Incomplete Components"

Release Person Information - (.08)(1)(i), Allergy/Medical Information - (.08)(1)(f), Emergency Medical Authorization - (.08)(1)(d), Proof of No Liability Insurance Form

Child # 12 Not Met

# "Missing/Incomplete Components"

Immunization Form - (.08)(1)(c), Physician & Emergency Contact Information - (.08)(1)(b), Emergency Medical Authorization - (.08)(1)(d), Proof of No Liability Insurance Form, Allergy/Medical Information - (.08)(1)(f), Release Person Information - (.08)(1)(i)

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

Not Met

#### **Finding**

290-2-3-.08(1) requires the Home to have a current and updated record for each child in care. The Home shall maintain the records while the Child is in care and for a period of one (1) year after each Child leaves care. The Provider did not have a complete file for three of the five children present during the visit.

# POI (Plan of Improvement)

The Home Provider will obtain the missing information and maintain the children's records as required.

Correction Deadline: 8/8/2017

#### Recited on 8/8/2017

#### 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 a review of records that two of the five children in care did not have evidence of current immunizations.

#### POI (Plan of Improvement)

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

Correction Deadline: 8/22/2017

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

**Not Met** 

#### **Finding**

Previously Cited: 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 on this date based upon the consultant's observation that the Home did not have this authorization on file for one of five children present.

290-2-3-.08(3) 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 based on a review of records and provider's statement that three of the five children present did not have parental authorization for emergency medical care.

# POI (Plan of Improvement)

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

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

Correction Deadline: 8/8/2017

# Recited on 8/8/2017

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)

**Not Met** 

#### **Finding**

290-2-3-.13(2)(a) requires that outdoor play areas be kept clean and free of hazards such as exposed sharp corners of concrete or equipment, rust and splinters on equipment, broken glass, open drainage ditches, holes and stagnant water. It was determined based on observation that the following potential hazards existed in that:

- -Three shrubs with limbs at children's eye level were present on the playground presenting a potential poking hazard to children.
- -Dog feces were observed on the playground.

# POI (Plan of Improvement)

To ensure the health and safety of children, the home provider will repair and maintain all equipment, cut back shrubs, and pick up all feces on a regular basis.

Correction Deadline: 8/22/2017

Recited on 8/8/2017

**Food Service** 

#### 290-2-3-.10 Food Service & Nutrition

Met

Correction Deadline: 3/21/2017

# Corrected on 8/8/2017

This citation was observed to be corrected on this date. The provider had infant feeding plans for both infants in care.

# 290-2-3-.10 Kitchen Operations

Met

Correction Deadline: 3/31/2017

# Corrected on 8/8/2017

This citation was observed to be corrected on this date. The high chair and tray were clean.

Correction Deadline: 3/21/2017

# Corrected on 8/8/2017

This citation was observed to be corrected on this date.

**Health and Hygiene** 

| 290-2-311 Children's Health and Hygiene(CR)  | Met  |
|--|--|
| Comment  |  |
| Staff Stated Proper Knowledge  |  |
| 290-2-311 Diapering Areas & Practices(CR)  | Met  |
| Comment  |  |
| Staff Stated Proper Knowledge  |  |
| 290-2-311 Medications(CR)  | Met  |
| Comment Provider does not dispense any medication at this time.  |  |
| Treviado accento aloponeo any mealoadon at tino timo.  | Licensure  |
|  |  |
| 290-2-304 Application Requirements(CR)   | Met  |
| Comment  |  |
| Appropriate number of children   |  |
| Police   | cies and Procedures  |
|  |  |
| 290-2-311 Posted Notices   | Met  |
| Correction Deadline: 4/4/2017  |  |
|  |  |
| Corrected on 8/8/2017 This citation was observed to be corrected on this date. The provider has ponent to the phone  | osted emergency numbers  |
| This citation was observed to be corrected on this date. The provider has ponext to the phone.   | ested emergency numbers afety and Discipline   |
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Correction Deadline: 3/21/2017

# Corrected on 8/8/2017

This citation was observed to be corrected on this date. All adults in the home have a satisfactory records check.

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

**Not Met** 

#### Finding

Previously Cited: 290-2-3-.07(5) requires the Home to maintain for the Provider and for any Employee with direct care responsibilities current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid which have been offered by certified or licensed health care professionals and which dealt with emergency care for infants and children. The Provider shall attend ten clock hours of diverse training which is related to care of children and which is offered by an accredited college, university or vocational program or other Department approved source annually. Records of completion of such training programs shall be maintained in the Home by the Provider, as required by these rules. The annual ten clock hours of training shall be chosen from the following fields: (a) Child Development: including discipline, guidance, nutrition, injury control and safety; (b) Health: including sanitation, disease control, cleanliness, detection and disposition of illness; (c) Child Abuse and Neglect: including identification and reporting, and meeting the needs of abused and/or neglected children; and (d) Business Related Topics: including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required ten clock hours of training. It was determined on this date based upon a review of the employee records that the provider did not have current first aid/CPR as required.

290-2-3-.07(5) requires the Home to maintain for the Provider and any Provisional Employee or Employee with direct care responsibilities current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid which have been offered by certified or licensed health care professionals or trainers and which dealt with emergency care for infants and children. This training must be completed prior to initial licensure for the Provider and within 90 days from date of hire for Provisional Employees and Employees. It was determined based on a review of records and provider's statement that the provider did not have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid as required.

#### POI (Plan of Improvement)

Previously Cited: The Home will obtain the required CPR, first aid and 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.

The Home will obtain the required CPR and first aid 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: 8/22/2017

Recited on 8/8/2017

290-2-3-.07 Staff Qualifications(CR)

Met

# Comment

Staff qualifications/compliance with law

# 290-2-3-.07 Staff Training

**Not Met** 

# **Finding**

290-2-3-.07(4) requires the Provider, Employees and Provisional Employees with direct care responsibilities to complete health and safety training at the time of employment. 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 training within the first 90 days of employment. The training must address the following health and safety topics:

- (a) prevention and control of infectious diseases
- (b) prevention of sudden infant death syndrome and use of safe sleeping practices
- (c) administration of medication, consistent with standards for parental consent
- (d) prevention of and response to emergencies due to food and allergic reactions
- (e) building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- (f) prevention of shaken baby syndrome and abusive head trauma
- (g) emergency preparedness and response planning for emergencies resulting from a natural disaster, or threatening event such as violence at the facility,
- (h) handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- (i) precautions in transporting children (if applicable).

It was determined based on a review of records and provider's statement that the provider had not completed the Health and Safety Orientation training as required.

# POI (Plan of Improvement)

The Provider will complete the required training and will ensure any employees complete the training.

Correction Deadline: 8/15/2017

# Recited on 8/8/2017

# Staff: Child Ratios and Supervision

# 290-2-3-.07 Staff:Child Ratios(CR)

Met

#### Comment

Appropriate Ratios Observed

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

Met

#### Comment

**Observed-Adequate Supervision**