

Date: 11/7/2017

Arrival: 11:45 AM

| FR-17785 | Regional Consultant | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|
| Thomas, Megan D | Chrische Walker | | |
| 1269 DRAYTON WOODS DRIVE Tucker, GA 30084 DeKalb County (770) 778-9118 megandyt@gmail.com | Phone: (770) 359-5166 Fax: (678) 891-5618 chrische.walker@decal.ga.gov | | |
| Mailing Address 1269 DRAYTON WOODS DRIVE TUCKER, GA 30084 | | | |

VisitType: Monitoring Visit

Quality Rated: No

| Compliance Zone Designation | | | 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 | | | | |
|-----------------------------|------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 11/07/2017 | Monitoring Visit | Good Standing | standing, support, and deficient. | | | | |
| 04/26/2017 | Licensing Study | Good Standing | Good Standing - Program is demonstrating an acceptable level of performance in meeting the rules. | | | | |
| 11/10/2016 | Monitoring Visit | Good Standing | 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 | 4 | 4 | 0 | 0 | 0 |
| 3 & 4 Years | 0 | 0 | 0 | 0 | 0 |
| School Age(5+) Years | 0 | 0 | 0 | 0 | 0 |
| Total Under 13 Years | 4 | 4 | 0 | 0 | 0 |
| Total Under 18 Years | 4 | | | | |
| | | | | | |

Children Present: 4

Caregivers/Helpers Present: 1

Total Children: 4

Total Caregivers/Helpers: 6

Comments

The pupose of today's visit was to conduct a Monitoring Visit and to follow up from previous visit. Consultant discussed Emergency Preparedeness Plan with Family Provider.

Plan of Improvement: No Plan Developed

Departure: 2:15 PM

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

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.

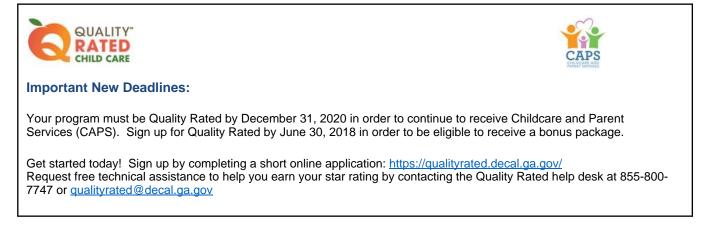
- 1) Facility name, license number and visit date
- 2) Your name, title/relationship to the facility, e-mail address & up to two phone number(s) where you can be reached
- 3) Specific rule number(s) that you are refuting, along with your concerns or questions regarding the rule citation

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: 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.

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)



Megan Thomas, Program Official

Date

Chrische Walker, Consultant

Date

| STA | OF GEORE | B | 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 | | | | | | |
|-----------------------|------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------|---------|---------------------------------------------|----------|
| X | 1776 | | | F | indings I | Report | | | |
| Date: | 11/7/2017 | VisitType: | Monitoring Visit | | Arrival: | 11:45 A | M | Departure: | 2:15 PM |
| FR-17 | 785 | | | | | | Region | al Consulta | nt |
| Thom | as, Megan D |) | | | | | Chrisch | e Walker | |
| | | /OODS DRIVE egandyt@gma | Tucker, GA 3008 il.com | 34 DeKalb | County | | Fax: (6 | (770) 359-51 78) 891-5618 e.walker@de | 3 |
| 1269 D | y Address RAYTON WOOE R, GA 30084 | DS DRIVE | | | | | | | |
| The fo | llowing infor | rmation is ass | ociated with a M | onitoring | Visit: | | | | |
| | | | | | | Acti | vities | and Equ | ipment |
| | | | | | | | | | |
| 290-2-3 | 312 Equipm | nent and Supp | olies(CR) | | | | | | Met |
| Comm Observ | lent /ed-Variety O | f Equipment | | | | | | | |
| 290-2-3 | 319 Infant-S | Sleeping Safe | ty Requirements(| CR) | | | | | Met |
| Comm No enr | ient olled children | in cribs | | | | | | | |
| Comm Not car | ient ring for infant | s | | | | | | | |
| | <u> </u> | | Vater-related Acti | ivities(CR |) | | | | N/A |
| Comm | ent | | | | | | | | |
| | imming Activi | ties Provided | | | | | | | |
| | | | | | | | | | Facility |
| | | | | | | | | | |
| 290-2-3 | 311 Physica | al Plant - Safe | Environment(CR | R) | | | | | Met |
| Comm Observ | | zards Accessib | le | | | | | | |
| 290-2-3 | 313 Physica | al Plant-Struc | tural/Mechanical(| (CR) | | | | | Met |
| Comm Home | lent Clean, Free c | of Hazards | | | | | | | |
| | ob covering a | | e children's play ar nd. Also, please re | | | | | | |

Correction Deadline: 11/7/2017

Georgia Department of Early Care and Learning v1.03

Technical Assistance

290-2-3-.13(2)(a) - Please remember to keep all hazards out of reach of children on outside play area.

Correction Deadline: 11/17/2017

Comment

No Swimming Activities Provided

290-2-3-.11 Children's Health and Hygiene(CR)

Comment

Family Provider Stated Proper Knowledge for hand washing for children. Provider stated that children wash hands upon entering, before and after meals, and after touching pets on site.

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

Comment

Staff Stated Proper Knowledge

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

Comment

Per family provider, medication is not administered at this time for children.

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

Comment

290-2-3-.11 Animals

Provider was observed to care for four unrelated children for compensation on this date. Provider stated that one more child will be enrolled on Monday, November 13, 2017.

Safety and Discipline

| Comment Animals Clean/Appropriately Caged |
|---------------------------------------------------------------------------------------------------------------------|
| Comment Appropriate Vaccination Records |
| 290-2-311 Discipline(CR) |
| Comment Pleasant Interactions Observed. Family provider stated redirection is used with children in care. |

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

Comment

Consultant observed vehicle. Transportation has not been provided since summer of 2017. Please replenish first aid kit and replace fire extinguisher. Family provider stated that fire extinguisher broke during a recent car accident that resulting in someone hitting her from the back.

Comment

No Routine Transportation Provided

Staff Records

Health and Hygiene

Met

Met

Met

N/A

Met

N/A

Licensure

Met

| Comment Criminal Records Check complete | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Correction Deadline: 4/26/2017 | |
| Corrected on 11/7/2017 The previous citation has been corrected. Consultant observed family prov to have satisfactory determination letters on file. | ider, spouse, and volunteer |
| 290-2-307 First Aid & CPR | Met |
| Correction Deadline: 5/26/2017 | |
| Corrected on 11/7/2017 The previous citation has been corrected. Consultant observed current evid certification. Consultant will review 2017 annual training at the next Regula | |
| 290-2-307 Staff Qualifications(CR) | Met |
| Comment Staff qualifications/compliance with law | |
| Staff:Child Ra | tios and Supervision |
| 290-2-307 Staff:Child Ratios(CR) | Met |
| Comment Appropriate Ratios Observed | |
| 290-2-307 Supervision(CR) | Met |
| Comment | |

Observed-Direct Supervision/Attention To Needs

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

Met