

| Date: | 5/15/2018 | VisitType: | Licensing Study |
|-------|-----------|------------|-----------------|
|-------|-----------|------------|-----------------|

Arrival: 1:15 PM

Departure: 2:35 PM

Regional Consultant

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Cresia Jackson

CCLC-16135

Mt. Zion Center

209 Slater King Drive Albany, GA 31701 Dougherty County (229) 436-6234 ecampbell@swgacac.com

Mailing Address PO BOX 217

ALBANY, GA 31701

Quality Rated: No

| Com | pliance Zone Desi | <u>gnation</u> | 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 goo | | | | |
|------------|-------------------|----------------|---|--|--|--|--|
| 05/15/2018 | Licensing Study | Good Standing | standing, support, and deficient. | | | | |
| 11/03/2017 | Monitoring Visit | Good Standing | Good Standing - Program is demonstrating an acceptable level of performance in meeting the rules. | | | | |
| 03/20/2017 | 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

| Building | Room | Age Group | Staff | Children | NC/C | Max 35 SF. | 35 SF. Comp. | Max 25 SF. | 25 SF. Comp. | Notes |
|-----------|--------------------------------|--------------------------------------|-------|----------------------------------|-------------------|---------------|-----------------|---------------|-----------------|-----------------------------|
| Main | Room 1 | Three Year Olds | 2 | 14 | С | 22 | С | NA | NA | Nap,Transitionin g,Snack |
| Main | Room 2 | Four Year Olds and Five Year Olds | 2 | 12 | С | 21 | С | NA | NA | Nap,Transitionin g,Snack |
| Main | Room 3 | Two Year Olds | 2 | 3 | С | 9 | С | NA | NA | Nap |
| | Total Capacity @35 sq. ft.: 52 | | | Total Capacity @25 sq. ft.: 0 | | | | | | |
| Total # C | hildren this Date: 29 | Total Capacity @35 sq. ft.: 5 | 2 | | Total C ft.: 0 | apacity @ | 25 sq. | | | |

| Building | Playground | Playground Occupancy | Playground Compliance |
|----------|-----------------|-------------------------|--------------------------|
| Main | Back Playground | 25 | С |
| Main | Playground | 35 | С |

Comments

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).



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.

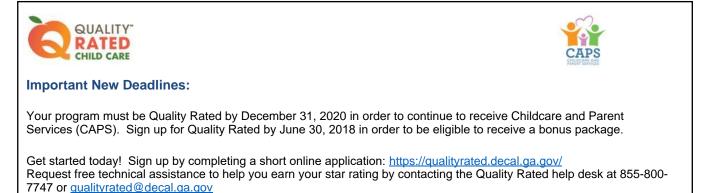
- 1) Facility name, license number and visit date
- 2) Your name, title/relationship to the facility, e-mail address & up to two phone number(s) where you can be reached
- 3) Specific rule number(s) that you are refuting, along with your concerns or questions regarding the rule citation

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)



ERMA CAMPBELL, Program Official

Date

Cresia Jackson, Consultant

Date

| STA | OF C FOR | Brigh | | Georgia Depa ther King Jr. Atlanta, (104) 657-5562 | Drive SE 3A 3033 | E, 670 Éas 4 | st Tower | rning |
|--------------------------|-------------------------------|--------------------------------------|---------------------|--|---------------------|--------------------|--|----------|
| | 1776 | | | Finding | s Report | t | | |
| Date: | 5/15/2018 | VisitType: Licer | nsing Study | Arriva | I: 1:15 I | PM | Departure: | 2:35 PM |
| CCLC- | -16135 on Center | | | | | - | al Consulta Jackson | nt |
| 209 Sla | ater King Driv | ve Albany, GA 317 Impbell@swgacac | | punty | | Phone: Fax: (22 | (229) 238-29 29) 238-2957 ackson@dec | • |
| PO BOX | Address 217 7, GA 31701 | | | | | | | |
| The foll | lowing infor | mation is associa | ated with a Licen | sing Study: | Act | tivities | and Equ | ipment |
| | | | | | | | | |
| 591-1-1 | 12 Equipm | ent & Toys(CR) | | | | | | Met |
| Comme A variet | | ent and toys were o | observed through | out the center | | | | |
| 591-1-1 | 35 Swimm | ing Pools & Wate | er-related Activiti | es(CR) | | | | Met |
| Comme Center o | | vide swimming act | tivities. | | | | | |
| | | | | | | | | Facility |
| | | | | | | | | |
| 591-1-1 | 19 License | e Capacity(CR) | | | | | | Met |
| Comme License | | oserved to be rout | inely met by cente | er. | | | | |
| | | al Plant - Safe En | , , | | | | | Met |
| Comme Center a | | n and well maintai | ined. | | | | | |
| 591-1-1 | 26 Playgro | ounds(CR) | | | | | | Met |
| Comme Playgro | | d to be clean and | in good repair. | | | | | |
| | | | | | | Hea | Ith and H | lygiene |
| | | | | | | | | |
| 591-1-1 | 10 Diaperii | ng Areas & Pract | ices(CR) | | | | | Met |

Comment

Hand washing requirements for diapering were discussed with the director on this date.

591-1-1-.17 Hygiene(CR)

Comment

Proper hand washing observed throughout the center.

591-1-1-.20 Medications(CR)

Comment

Discussed proper medication documentation and procedures. Per provider medication is Not currently being dispensed.

591-1-1-.11 Discipline(CR)

Comment

Age-appropriate discussion and/or redirection observed.

591-1-1-.36 Transportation(CR)

Comment

Center does not provide routine transportation.

591-1-1-.30 Safe Sleeping and Resting Requirements(CR)

Comment

Pleasant naptime environment observed.

| 591-1-109 Criminal Records Check(CR) | Met |
|--|------|
| Comment Consultant requested to view all Criminal Record checks for employees hired after last visit. Director sta that there have been no new hires since last visit | ated |
| | |

591-1-1-.31 Staff(CR)

Comment

Discussed that all lead staff must enroll in an approved education program within 6 months of hire and complete degree within 18 months.

Staffing and Supervision

Sleeping & Resting Equipment

591-1-1-.32 Staff: Child Ratios and Group Size(CR)

Comment

Center observed to maintain appropriate staff:child ratios.

591-1-1-.32 Supervision(CR)

Comment

Adequate supervision observed on this date.

Met

Met

Met

Staff Records

Safety

Met

Met

Met