

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

Arrival: 1:00 PM

Date: 3/23/2021 **VisitType:** Incident Investigation

Closure from visit on

03/11/2021

Regional Consultant

Laura Johnson

Phone: (470) 891-3520 Fax: (678) 913-0577

laura.johnson@decal.ga.gov

Departure: 2:00 PM

CCLC-51761

Humpty Dumpty Learning Center

2423 Highway 117 Rentz, GA 31075 Laurens County (478) 984-4680 humptydumptyrentz@gmail.com

Mailing Address 2423 Hwy 117 Rentz, GA 31075

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 | | | |
|-----------------------------|--|---------------|---|--|--|--|
| 03/23/2021 | Incident Investigation Closure | Good Standing | standing, support, and deficient. | | | |
| 03/11/2021 | Incident Investigation/Monitor ing Visit | Good Standing | | Program is demonstrating an acceptable level of performance in meeting the rules. Program performance is demonstrating a need for improvement in meeting rules. | | |
| 11/16/2020 | Licensing Study | Good Standing | Deficient | Program is not demonstrating an acceptable level of performance in meeting the rules. | | |

Comments

Advisement of Potential for Repeated Rule Violations during Pending Investigations

This report shall serve as official notice of potential rule violations. These potential rule violations have been detailed in this report and discussed with you by the consultant. The department shall conduct a thorough investigation to determine if in fact the alleged rule violation(s) should not be substantiated. Please be aware that the investigation may take some time to be finalized to ensure fairness and accuracy. During this investigation period, any violations of an identical rule or rules will require the department to treat any and all substantiated rule violations identified in the investigation as repeated rule violation(s).

Further, from time to time the department discovers additional rule violations during the course of an investigation. If there are new rule violation(s), your consultant shall inform you of the violation(s) as soon as possible. However, as stated above, any violations of identical rule(s) will require the department to treat any and all additional rule violations identified in the investigation as repeated rule violations.

All rule violations found in relation to a complaint or incident investigation will be associated with the date the investigation was closed.



Please refer to the website, http://www.decal.ga.gov/CCS/RulesAndRegulations.aspx, for information regarding October 1, 2018 rule changes about Criminal Records Checks that may affect your facility. In summary,

- New records checks will be required to be completed if a staff member experiences a six month break in service from the child care industry
- New clearance is required at least once every five years
- Any staff member solely responsible for supervising children will be required to have completed a comprehensive background clearance
- · All staff members are required to have completed at least a national fingerprint based clearance check
- Any staff member with only the national fingerprint based clearance, must be under constant and direct supervision of a staff member with a satisfactory comprehensive records check clearance
- · Facilities are required to use DECAL KOALA for Criminal Records Checks, including to verify portability of an employee

| O.C.G.A. Section 42.1.12(i)(2) requires Bright on accessing and retrieving from the Georgia E offenders. Please see GBI's website located a | Bureau of Investiga | tion's (GBI) website a list of the names a | and addresses of all registered sexual |
|--|--|---|--|
| Refutation Process: | | | |
| You have the right to refute any of the citations to CCSRefutations@decal.ga.gov. | noted in this repor | t with which you disagree. To refute a | citation(s), e-mail the following information |
| Facility name, license number and visit date Your name, title/relationship to the facility, e- Specific rule number(s) that you are refuting | | | |
| Refutations must be submitted to Child Care S | ervices (CCS) withi | in 10 business days of the completion d | ate. |
| A sample form for submitting a refutation can b | e found at: http://d | lecal.ga.gov/ChildCareServices/Refutati | ionInformation.aspx |
| Your refutation will be forwarded to the appropriate process, contact our office at 404-657-556. | | , who will follow up with you about your | concerns. If you have any questions about |
| Bright from the Start recommends that all licens have this liability insurance, you are required to puardian of each child in care in writing, obtain to program at all times while the child attends the purpose of the | post a notice with 1 heir signature to ac program and for 12 ulations for Child Carlot of Improprevent DECAL fro | /2 inch letters in a conspicuous location is cknowledge receipt and maintain this wr months after the child's last date of atter are Learning Centers, 591-1-1. I acknowledge by a constant in this report of taking adverse action against this factor. | in the program, notify the parent or itten acknowledgment on file at the endance. (O.C.G.A. Section 20-1A-4) wledge that the items noted in this report t. I understand that correction of these cility. I understand that if I disagree with |
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Revision Date: 3/23/2021



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Summary Report

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The following information is associated with a Incident Investigation Closure:

Health and Hygiene

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

Not Met

Finding Associated with Complaint

591-1-1-.20(1) requires Personnel to obtain specific written authorization from the child's physician or parent in order to dispense prescription or non-prescription medications, except for first aid. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent. It was determined based on the Director's statement and interview, that on February 22, 2021, staff members administered Tylenol to a one-year-old child with a high fever without written authorization from the parents. The child had a seizure and became unresponsive. The center had verbal consent based on a written statement from the parent.

POI (Plan of Improvement)

The Center will train Staff to obtain and review parental authorizations to ensure the authorization contains complete information. The designated person(s) will monitor daily.

Correction Deadline: 3/19/2021

Finding Associated with Complaint

591-1-1-.20(4) requires the Center to keep medication in a cabinet or container that is locked or otherwise not accessible to the children and to be stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leak-proof container in a refrigerator that is not accessible to the children. It was determined based on the Director's statement and interview that staff members failed to ensure that a one-year-old's over the counter medication was stored inaccessible to the children in care. It was determined that the medication was stored in the one-year-old child's diaper bag inside the classroom.

POI (Plan of Improvement)

The Center will train Staff on the safe and proper storage of medication and monitor to ensure that the rule is met.

Correction Deadline: 3/19/2021

Staff Records

591-1-1-.14 First Aid & CPR Not Met

Finding Associated with Complaint

591-1-1-.14(1) requires the Center Director and, at any given time, at least fifty percent (50%) of the caregiver Staff to successfully complete a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid. The first aid training must be done by certified or licensed health care professionals or trainers and must deal with the provision of emergency care to infants and children. The Center shall maintain current evidence of the successful completion of such training which shall be available to the Department for inspection. It was determined based on a review of records and the Director's statement that on February 22, 2021, one staff member had online only CPR certification and not hands-on CPR training as required, while administering CPR to a one-year-old child that had become unresponsive at the center.

POI (Plan of Improvement)

The Center Director and at least 50% of the caregiver Staff will complete the needed training. The Director will send written verification to the consultant upon completion and will develop a plan to ensure that at least 50% of the caregiver Staff have completed this training at any given time and that evidence of successful completion of the training is on file available for inspection.

Correction Deadline: 4/9/2021