

| Date: | 9/20/2017 | VisitType: | Monitoring Visit | |
|-------|-----------|------------|------------------|--|
|-------|-----------|------------|------------------|--|

Arrival: 9:20 AM

Departure: 10:30 AM

FR-000008475

Mailing Address 2927 MEDINA DRIVE JONESBORO, GA 30236

Tyler, Yolanda P

2927 MEDINA DRIVE Jonesboro, GA 30236 Clayton County (404) 932-7832 yolandatyler@comcast.net

Regional Consultant

Ashley Cunningham

Phone: (866) 374-9389 Fax: (866) 375-0880 Ashley.Cunningham@decal.ga.gov

| 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 | | |
|-----------------------------|------------------|---------------|--|--|--|
| 09/20/2017 | Monitoring Visit | Good Standing | standing, support, and deficient. | | |
| 03/29/2017 | Monitoring Visit | Good Standing | Good Standing - Program is demonstrating an acceptable level of performance in meeting the rules. | | |
| 12/01/2016 | Licensing Study | 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 | 0 | | 0 | 0 | 0 | |
| 3 & 4 Years | 0 | 0 0 | | 0 | 0 | |
| School Age(5+) Years | 0 | 0 | 0 | 0 | 0 | |
| Total Under 13 Years | 0 | 0 | 0 | 0 | 0 | |
| Total Under 18 Years | 0 | | | | | |
| Children Present: 0 | Total C | Children: 0 | | | | |
| Caregivers/Helpers Present: 1 | Total Caregivers/Helpers: 1 | | | | | |

Comments

A copy of the provider Comprehensive Background Check was printed on this date.

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)

Yolanda Tyler, Program Official

Date

Ashley Cunningham, Consultant

Date

| VIS A | OF CEOR | Phone: (404) 6 | King Jr. D Atlanta, GA 57-5562 V | rive SE, 670 E A 30334 VWW.DECAL.G | ast Tower | rning |
|-----------------------|--|---|--|--|---|----------|
| | 1776 | | Findings | Report | | |
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| FR-00 | 00008475 | | | Regi | ional Consulta | nt |
| - | , Yolanda P | | | Ashl | ey Cunningham | |
| | | VE Jonesboro, GA 30236 Clayton Count andatyler@comcast.net | у | Fax: | ne: (866) 374-93 (866) 375-0880 ey.Cunningham |) |
| 2927 N | g Address IEDINA DRIVE SBORO, GA 3023 | 36 | | | | |
| The fo | llowing infor | mation is associated with a Monitoring | g Visit: | | | |
| | | | | Activitie | es and Equ | ipment |
| | | | | | | |
| 290-2- | 312 Equipm | ent and Supplies(CR) | | | | Met |
| Comm Observ | lent ved-Variety O | f Equipment | | | | |
| 290-2- | 319 Infant-S | Bleeping Safety Requirements(CR) | | | | N/A |
| Comm Not ca | lent ring for infants | 8 | | | | |
| | 0 | ing Pools & Water-related Activities(C | R) | | | N/A |
| Comm No Sw | ient imming Activi | ties Provided | | | | |
| | | | | | | Facility |
| | | | | | | |
| 290-2- | 311 Physica | al Plant - Safe Environment(CR) | | | | Met |
| Comm Observ | | ards Accessible | | | | |
| 290-2- | 313 Physica | al Plant-Structural/Mechanical(CR) | | | | Met |
| Comm Home | lent Clean, Free o | f Hazards | | | | |
| 290-2- | 313 Playgro | ounds(CR) | | | | Met |
| Comm Outsid | | Well Maintained. Pease ensure to trim w | veeds thro | ughout your pl | ay area. | |
| | | | | He | ealth and H | lygiene |
| | | | | | | |

| Met |
|------------------------------------|
| |
| |
| Me |
| |
| N/A |
| |
| Licensure |
| Met |
| |
| Safety and Discipline |
| |
| Met |
| |
| |
| N/A |
| |
| Staff Records |
| |
| Met |
| |
| Met |
| |
| |
| Staff:Child Ratios and Supervision |
| Met |
| |
| Met |
| |
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