

| Date: 8/31/2017   | VisitType: Licensing Study                         | Arrival:    | 9:50 AM | Departure: 11:10 AM  |
|---|--|-------------|---------|--|
| FR-000010889  |  |             | Reg     | ional Consultant   |
| Brown, Sybil F.   |  |             | Morg    | gan Stahl  |
| 2375 WORTHING<br>(678) 923-3330 bk                              | FON DR Powder Springs, GA 30127 (<br>s1220@aol.com | Cobb County | Fax:    | ne: (770) 357-7042<br>(770) 357-7041<br>gan.stahl@decal.ga.gov |
| <b>Mailing Address</b><br>2375 WORTHINGTON<br>POWDER SPRINGS, G |  |             |         |  |

**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 08/31/2017 Licensing Study Good Standing standing, support, and deficient. 01/10/2017 Monitoring Visit Good Standing Good Standing - Program is demonstrating an acceptable level of performance in meeting the rules. 09/28/2016 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 Childrer |
|-------------------------------|-----------------------------|---------------|------|-------------|-------------------|
| Infant (0-11 mos)             | 1                           | 1             | 0    | 0           | 0                 |
| 1 & 2 Years                   | 3                           | 4             | 0    | 0           | 0                 |
| 3 & 4 Years                   | 1                           | 1             | 0    | 1           | 0                 |
| School Age(5+) Years          | 0                           | 1             | 0    | 0           | 0                 |
| Total Under 13 Years          | 5                           | 7             | 0    | 1           | 0                 |
| Total Under 18 Years          | 5                           |               |      | -           |                   |
| Children Present: 5           | Total Children: 8           |               |      |             |                   |
| Caregivers/Helpers Present: 2 | Total Caregivers/Helpers: 1 |               |      |             |                   |

#### **Comments**

#### Plan of Improvement: Developed This Date 08/31/2017

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:** <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)

Sybil Brown, Program Official

Date

Morgan Stahl, Consultant

Date

| ST4                  | OF CLORE   | Bright from the Start Georgia Department of Early Care and Learning<br>2 Martin Luther King Jr. Drive SE, 670 East Tower<br>Atlanta, GA 30334<br>Phone: (404) 657-5562 WWW.DECAL.GA.GOV<br>Findings Report |                            |                |              |  |              |
|----------------------|--|--|----------------------------|----------------|--------------|--|--------------|
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| FR-00                | 00010889<br>n, Sybil F.                            |  |                            |                | Regi         | onal Consultar                                       |              |
| 2375                 |  |  | der Springs, GA 301:<br>om | 27 Cobb County | Phor<br>Fax: | ne: (770) 357-70<br>(770) 357-7041<br>jan.stahl@deca |              |
| 2375 Ŵ<br>POWD       | g <b>Address</b><br>/ORTHINGTON I<br>ER SPRINGS, G | A 30127  |                            |                |              |  |              |
| The fo               | llowing infor                                      | mation is as   | sociated with a Lice       | ensing Study:  | Activit      | ties and Ec  | winment      |
|                      |  |  |                            |                | ACIIVI       |  | uipinent     |
| 290-2-               | 312 Equipm   | ent and Sup  | oplies(CR)                 |                |              | Technica   | I Assistance |
| 290-2-               | ical Assistan<br>312(7) - Sec<br>ction Deadlin     | uring equipm   | nent discussed with P      | rovider.       |              |  |              |
|                      |  |  |                            | D)             |              |  | Met          |
| Comm                 |  |  | ety Requirements(C         | K)             |              |  | Wet          |
| 290-2-               | 307 Swimm  | ing Pools &  | Water-related Activ        | ities(CR)      |              |  | Met          |
| <b>Comm</b><br>No Sw | ient<br>imming Activi                              | ties Provided  |                            |                |              |  |              |
|                      | 0  |  |                            |                |              | Children's   | Records      |
|                      |  |  |                            |                |              |  |              |
| Reco                 | ords Reviewe                                       | ed: 5  |                            | Records wit    | h Missing/In | complete Com   | ponents: 0   |
| Child                | 1 # 1  |  |                            |                | Met          |  |              |
| Child                | 1 # 2  |  |                            |                | Met          |  |              |
| Child                | 1#3  |  |                            |                | Met          |  |              |
| Child                | 1#4  |  |                            |                | Met          |  |              |
| Child                | # 5  |  |                            |                | Met          |  |              |

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

Correction Deadline: 9/10/2017

290-2-3-.11 Physical Plant - Safe Environment(CR)

Consultant observed operable smoke detector and fire extinguisher.

#### Comment

Comment

Comment

Observed-Records Complete/Well Organized. Please be mindful of upcoming expiration dates on immunization forms.

| Consultant observed complete documentation of emergency drills. |                    |
|---|--------------------|
| Correction Deadline: 9/30/2017                                  |                    |
| Comment   |                    |
| Observation-No Hazards Accessible                               |                    |
| 290-2-313 Physical Plant-Structural/Mechanical(CR)              | Met                |
| Comment   |                    |
| Home Clean, Free of Hazards                                     |                    |
| 290-2-313 Playgrounds(CR)                                       | Met                |
| <b>Comment</b><br>Outside Area Clean, Well Maintained           |                    |
|   |                    |
|   | Food Service       |
|   |                    |
| 290-2-310 Kitchen Operations                                    | Met                |
| Comment   |                    |
| Kitchen observed clean and well organized.                      |                    |
| Correction Deadline: 8/31/2017                                  |                    |
|   | Health and Hygiene |
|   |                    |
| 290-2-311 Children's Health and Hygiene(CR)                     | Met                |
| Comment   |                    |
| Hygiene requirements discussed with Provider.                   |                    |
| 290-2-311 Diapering Areas & Practices(CR)                       | Met                |
| Comment   |                    |
| Staff Stated Proper Knowledge                                   |                    |
| 290-2-311 Medications(CR)                                       | Met                |
| Comment   |                    |
| Discussed-Documentation/Procedures                              |                    |
|   | Licensure          |
|   |                    |

#### Met

Facility

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

#### Comment

The consultant observed four unrelated children for pay and one related child not for pay.

#### Correction Deadline: 8/31/2017

#### Comment

Contact information current.

## Correction Deadline: 8/31/2017

|  | <u> </u>      |
|--|---------------|
|  |               |
| 290-2-311 Animals  | Met           |
| Comment  |               |
| No Animals Kept  |               |
| 290-2-311 Discipline(CR)   | Met           |
| Comment  |               |
| Pleasant Interactions Observed                                     |               |
| 290-2-311 First Aid Kit  | Met           |
| Comment  |               |
| Observed Kit Complete  |               |
| 290-2-311 Transportation(CR)                                       | Met           |
| Comment  |               |
| No Routine Transportation Provided                                 |               |
|  | Staff Records |
|  |               |
| 290-2-321 Criminal Records Check(CR)                               | Met           |
|  | Wet           |
| Comment  |               |
| Criminal Records Check complete for two adults living in the home. |               |
| 290-2-307 First Aid & CPR  | Met           |
| Comment  |               |

# Observed-Provider Certified First Aid & CPR

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

#### Comment

Staff qualifications/compliance with law

Met

#### Met

**Policies and Procedures** 

Safety and Discipline

#### 290-2-3-.07 Staff Training

## 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: prevention and control of infectious diseases; prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; 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; prevention of shaken baby syndrome and abusive head trauma; emergency preparedness and response planning for emergencies resulting from a natural disaster, or threatening event such as violence at the facility; handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and precautions in transporting children (if applicable). It was determined based on review of records that health and safety training was not completed by the Provider as required.

## POI (Plan of Improvement)

The Provider will complete the required training and will ensure any Employees complete the training. The Provider will develop a plan to ensure that any new Employees complete the training as required.

## Correction Deadline: 9/30/2017

#### Comment

Observed documentation of Annual Training for 2016.

## Staff:Child Ratios and Supervision

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

#### Comment

Appropriate Ratios Observed

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

#### Comment

Observed-Adequate Supervision

Met

Met