



**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

**Date:** 9/6/2017      **VisitType:** Licensing Study      **Arrival:** 9:35 AM      **Departure:** 11:00 AM

**FR-17339**

**Brown, Wilma D**

72 ARLEN DRIVE Midway, GA 31320 Liberty County  
 (912) 884-4426 wilma\_loves\_god@yahoo.com

**Regional Consultant**

Kesha McNeal

Phone: (866) 359-1672

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kesha.mcneal@dec.al.ga.gov

**Mailing Address**

72 ARLEN DRIVE  
 MIDWAY, GA 31320

<b>Compliance Zone Designation</b>			<b>Compliance Zone Designation</b> - 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 standing, support, and deficient.  <b>Good Standing</b> - Program is demonstrating an acceptable level of performance in meeting the rules. <b>Support</b> - Program performance is demonstrating a need for improvement in meeting rules. <b>Deficient</b> - Program is not demonstrating an acceptable level of performance in meeting the rules.
09/06/2017	Licensing Study	Good Standing	
01/23/2017	Monitoring Visit	Good Standing	
09/01/2016	Licensing Study	Good Standing	

**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	0
3 & 4 Years	0	0	0	0	0
School Age(5+) Years	0	0	0	0	0
<b>Total Under 13 Years</b>	0	0	0	0	0
<b>Total Under 18 Years</b>	0				
Children Present: 0		Total Children: 0			
Caregivers/Helpers Present: 1		Total Caregivers/Helpers: 1			

**Comments**

The provider stated that no new staff or no new residents reside at the home on this date. The provider stated that the home does not conduct transportation or field trips. The consultant and provider discussed the following items:

\* The provider must develop an updated emergency procedures plan. The consultant left a template of the emergency procedure plan for the facility on this date.

Plan of Improvement: Developed This Date 09/06/2017

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



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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@decga.gov](mailto:CCSRefutations@decga.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://decga.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)

\_\_\_\_\_  
Wilma Brown, Program Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kesha McNeal, Consultant

\_\_\_\_\_  
Date



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### Findings Report

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The following information is associated with a Licensing Study:

### Activities and Equipment

**290-2-3-.12 Equipment and Supplies(CR)** **Met**

**Comment**

Observed-Variety Of Equipment

**290-2-3-.19 Infant-Sleeping Safety Requirements(CR)** **Met**

**Comment**

Discussed safe sleep requirements on this date.

**Correction Deadline: 9/6/2017**

**290-2-3-.07 Swimming Pools & Water-related Activities(CR)** **Met**

**Comment**

No Swimming Activities Provided

### Children's Records

**290-2-3-.08 Children's Records** **Not Met**

**Correction Deadline: 1/23/2017**

**Corrected on 9/6/2017**

It was determined based on the consultant's review of records that the provider obtained an enrollment file for all enrolled children on this date.

**Finding**

290-2-3-.08(2) requires the Home to maintain a file for each Child that includes evidence of age-appropriate immunizations or a signed affidavit against such immunizations; enrollment in the Home may not continue for more than 30 days without such evidence. It was determined based on the consultant's review of records that 2 of 6 enrolled children were missing current evidence of age-appropriate immunization on this date.

**POI (Plan of Improvement)**

The Home Provider will ensure that an immunization record/signed affidavit is on file for each enrolled Child.

**Correction Deadline: 9/6/2017**

**290-2-3-.08 Parental Authorization(CR) Met**

**Comment**

Parent Authorizations Obtained/Completed

**Facility**

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

**Technical Assistance**

Please ensure that the home has an updated written plan for handling emergencies, including but not limited to fire, severe weather, loss of electrical power or water, and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the Home. The Home will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions. No Home personnel shall impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.

**Correction Deadline: 9/16/2017**

**Comment**

Reminder-Keep Hazards Inaccessible

**290-2-3-.13 Physical Plant-Structural/Mechanical(CR) Met**

**Comment**

Home Clean, Free of Hazards

**290-2-3-.13 Playgrounds(CR) Technical Assistance**

**Technical Assistance**

Please ensure that the outdoor play area is kept clean and free of hazards such as exposed sharp corners of concrete or equipment, rust and splinters on equipment, broken glass, open drainage ditches, holes and stagnant water. On this date the consultant observed a pink bucket with sharp edges, and a little tikes basketball goal missing the net.

**Correction Deadline: 9/16/2017**

**Comment**

No Pool on Property

**Health and Hygiene**

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

**Comment**

Staff Stated Proper Knowledge

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

**Comment**

Observed-Proper Diapering

**290-2-3-.11 Medications(CR) N/A**

**Comment**

Discussed-Documentation/Procedures. The provider stated that no medication is being dispensed on this date.

**Licensure**

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

**Comment**

Application requirements reviewed

**Comment**

Appropriate number of children

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**Safety and Discipline**

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**290-2-3-.11 Animals** **Met**

**Comment**

No Animals Kept

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**290-2-3-.11 Discipline(CR)** **Met**

**Comment**

Observed-Positive Learning Environment

**Comment**

Pleasant Interactions Observed

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**290-2-3-.11 First Aid Kit** **Met**

**Comment**

Observed Kit Complete

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

**Comment**

No Routine Transportation Provided

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**Staff Records**

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

**Comment**

Criminal Records Check complete

**Comment**

No new hires

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**290-2-3-.07 First Aid & CPR** **Met**

**Comment**

Observed-Provider Certified First Aid & CPR

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

**Comment**

Staff qualifications/compliance with law

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**290-2-3-.07 Staff Training** **Met**

**Comment**

Observed-Documentation of Annual Training

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**Staff:Child Ratios and Supervision**

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

**Comment**  
Appropriate Ratios Observed

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

**Met**

**Comment**  
Observed-Adequate Supervision