



**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

**Cover Sheet**

**Date:** 8/17/2022    **VisitType:** Licensing Study    **Arrival:** 10:05 AM    **Departure:** 11:05 AM

**CCLC-55247**

**The Little Fox Den, LLC**

226 Elm Street Lincolnton, GA 30817 Lincoln County  
 (706) 359-4840 melissa9735@yahoo.com

**Regional Consultant**

Melyn Smith

Phone: (706) 855-3455  
 Fax: (706) 434-7640  
 melyn.smith@dec.al.ga.gov

**Mailing Address**  
 Same

**Quality Rated:** No

| <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. |
|------------------------------------|-------------------------|---------------|--|
| 08/17/2022                         | Licensing Study         | Good Standing |  |
| 06/10/2022                         | Monitoring Visit        | Good Standing |  |
| 12/29/2021                         | Initial Licensing Study | Good Standing |  |

  

|                      |   |
|----------------------|---|
| <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. |

**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                           | A-Front- 3's & Up | Three Year Olds           | 1                              | 12       | C                              | 12                             | C            | 16         | C            | TV         |
| Main                           | B-1L-Infant & 1's | Infants and One Year Olds | 2                              | 9        | C                              | 10                             | C            | NA         | NA           | Floor Play |
| Main                           | C-Back-2's        | Two Year Olds             | 1                              | 8        | C                              | 9                              | C            | NA         | NA           | Centers,TV |
| Total Capacity @35 sq. ft.: 31 |                   |                           |                                |          | Total Capacity @25 sq. ft.: 35 |                                |              |            |              |            |
| Total # Children this Date: 29 |                   |                           | Total Capacity @35 sq. ft.: 31 |          |                                | Total Capacity @25 sq. ft.: 35 |              |            |              |            |

| Building | Playground | Playground Occupancy | Playground Compliance |
|----------|------------|----------------------|-----------------------|
| Main     | Playground | 25                   | C                     |

**Comments**

On this date, the consultant followed up to previous visit and conducted an on-site Licensing Study. Consultant requested the provider submit required documents for the Administrative Review process. An Administrative Review was conducted on August 24, 2022. Staff files, children's files, training, and background checks were all reviewed. The Consultant completed exit conference virtually and a copy of the licensing study/monitoring visit report was electronically emailed to the Program on August 24, 2022.

Plan of Improvement: Developed This Date 08/17/2022

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).



Please refer to the website, <http://www.dec.state.ga.us/CCS/Regulations.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



### Important Quality Rated/CAPS Update:

As January 1, 2022, child care providers must be Quality Rated to receive Childcare and Parent Services (CAPS). Newly licensed, or new to CAPS providers may be eligible for the new CAPS/QR Provisional Status, allowing for scholarships while working toward a star rating.

**Contact the Quality Rated help desk at 855-800-7747 or [qualityrated@dec.state.ga.us](mailto:qualityrated@dec.state.ga.us) for more information. Free technical assistance is available!**

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), do the following:

- 1) Log into DECAL KOALA [www.decalkoala.com](http://www.decalkoala.com) with the userid for your program
- 2) On the home page scroll down to the Inspection Reports and select 'Refute Citation' for the visit report in dispute
- 3) Select the specific rule number(s) that you are refuting, add the reason for disagreement regarding the rule citation, and upload supporting documentation
- 4) Submit the refutation in DECAL KOALA to Child Care Services (CCS) within 10 business days of the completion date.

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)

Wanda Rhodes, Program Official

Date

Melyn Smith, Consultant

Date



**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

**Findings Report**

**Date:** 8/17/2022 **VisitType:** Licensing Study

**Arrival:** 10:05 AM

**Departure:** 11:05 AM

**CCLC-55247**

**The Little Fox Den, LLC**

226 Elm Street Lincolnton, GA 30817 Lincoln County  
(706) 359-4840 melissa9735@yahoo.com

**Regional Consultant**

Melyn Smith

Phone: (706) 855-3455

Fax: (706) 434-7640

melyn.smith@dec.al.ga.gov

**Mailing Address**

Same

The following information is associated with a Licensing Study:

**Activities and Equipment**

**591-1-1-.03 Activities**

**Met**

**Comment**

591-1-1-.03(2) - Appropriate Lesson Plans were observed current and posted on this date throughout the center.

**Correction Deadline: 8/17/2022**

**591-1-1-.12 Equipment & Toys(CR)**

**Not Met**

**Comment**

A variety of equipment and toys were observed throughout the center.

**Finding**

591-1-1-.12(2) requires that all equipment and furniture be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint; and be kept clean. It was determined, based on observation, that the burgundy oversized chair in Room C which was observed to have a tear on one arm with the foam exposed which prevented the chair from being kept clean on this date. It was further determined that the toilets in the hall bathroom were observed to have long bolts and no protective covering or cap on this date which posed as a potential hazard.

**POI (Plan of Improvement)**

The Center will ensure that equipment and furniture are used by the age-appropriate group of children.

**Correction Deadline: 8/26/2022**

**Technical Assistance**

591-1-1-.12(3) - The Consultant discussed with the Director to please ensure chairs were not stacked when children were present and active, as chairs were observed stacked in Room A and Room C on this date.

**Correction Deadline: 8/17/2022**

**591-1-1-.35 Swimming Pools & Water-related Activities(CR)**

**N/A**

**Comment**

Center does not provide swimming activities.

**Records Reviewed: 5**

**Records with Missing/Incomplete Components: 4**

|  |         |
|--|---------|
| Child # 1  | Not Met |
| <u>"Missing/Incomplete Components"</u>   |         |
| .08(3)-Address of Release Person Missing   |         |
| Child # 2  | Met     |
| Child # 3  | Not Met |
| <u>"Missing/Incomplete Components"</u>   |         |
| .08(1)(a)-Work Address Missing,.08(3)-Address of Release Person Missing                                      |         |
| Child # 4  | Not Met |
| <u>"Missing/Incomplete Components"</u>   |         |
| .08(1)(a)-Work Address Missing,.08(3)-Address of Release Person Missing                                      |         |
| Child # 5  | Not Met |
| <u>"Missing/Incomplete Components"</u>   |         |
| .08(1)(a)-Work Address Missing,.08(3)-Address of Release Person Missing,.08(1)-Doctor, Clinic, Phone Numbers |         |

**591-1-1-.08 Children's Records**

**Not Met**

**Finding**

591-1-1-.08(1) requires the Center Staff to maintain a file for each child while such child is in care and for one year after that child is no longer enrolled. In order for the file to be complete, the file shall contain the following: child's name, birth date, sex, address, living arrangement, name of school if applicable; names of both Parents, home and work addresses, and home and work telephone numbers; name(s) and addresses of the person(s) to whom the child may be released including address, telephone numbers, relationship to child and to Parent(s), and other identifying information; name(s) and telephone number(s) of person(s) to contact in emergencies when the Parent cannot be reached; name and telephone number of the child's primary source of health care; and a statement regarding known allergies, physical problems, mental health disorders, mental retardation or developmental disabilities which limit the child's participation in the program. It was determined, based on review of records, that three of five children's files reviewed were lacking the parents' work addresses on this date. It was further determined that four of five children's files reviewed were lacking the addresses for the release persons on this date. It was further determined that one of five children's files reviewed was lacking the name and phone number for the child's primary physician on this date.

**POI (Plan of Improvement)**

Center staff will develop a plan that includes how to obtain all required information for currently enrolled children and how to ensure this is done for future enrollees as well. The plan will also include how and where to maintain files for the required amount of time. The plan will be implemented and followed.

**Correction Deadline: 8/31/2022**

**Facility**

---

**591-1-1-.19 License Capacity(CR)****Met****Comment**

Licensed capacity observed to be routinely met by center.

---

**591-1-1-.25 Physical Plant - Safe Environment(CR)****Not Met****Finding**

591-1-1-.25(13) requires that potentially hazardous equipment, materials and supplies be stored in a locked area inaccessible to children. It was determined, based on observation, that the following potential hazards were observed on this date:

- Room A – Plastic bags were observed accessible to children in children’s cubbies and on a low shelf. Aloe Touch Sensitive Baby Wipes which were labeled “Store out of reach of children” were observed accessible to children on a low shelf. A broom and dustpan were observed accessible to children.
- Room C – A mesh dispenser with plastic bags was observed accessible to children hanging off the side of the diaper changing table. Member’s Mark baby wipes which were labeled “Keep out of reach of children” were observed accessible to children under the diaper changing table and in a red bin in a cubby.
- Bathroom between Room A and Room C – Aloe Touch Sensitive Wipes which were labeled “Store out of reach of children” were observed accessible to children on the back of the toilet on this date.

**POI (Plan of Improvement)**

The Center will identify all hazardous items and keep them in a locked area inaccessible to children. The Center will inform all Staff about hazardous items and the safe storage of those items.

**Correction Deadline: 8/18/2022**

---

**591-1-1-.26 Playgrounds(CR)****Met****Comment**

Playground observed to be clean and in good repair.

|                     |
|---------------------|
| <b>Food Service</b> |
|---------------------|

---

**591-1-1-.15 Food Service & Nutrition****Not Met****Comment**

Center menu meets USDA guidelines.

**Finding**

591-1-1-.15(2) requires that a signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s) and that instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the child's assigned room and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies. It was determined, based on review of records, that five of five infant feeding plans reviewed were lacking required information, as the infant feeding plan form used by the center was not the updated form provided by the Department in October 2020.

**POI (Plan of Improvement)**

The Center Director will develop and implement a plan to obtain and post the completed feeding plan as part of the enrollment process and to have parents update the plans on a regular basis that will include center staff involved with enrollment and those working in the infant classrooms.

**Correction Deadline: 8/31/2022**

|                           |
|---------------------------|
| <b>Health and Hygiene</b> |
|---------------------------|

---

**591-1-1-.10 Diapering Areas & Practices(CR)****Met****Comment**

Staff state proper knowledge of diapering procedures.

---

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

**Comment**

Proper hand washing observed throughout the center.

**Comment**

Staff were observed to remind children to wash hands.

**591-1-1-.20 Medications(CR)** **N/A**

**Comment**

The Provider currently does not dispense/administer medication.

**Policies and Procedures**

**591-1-1-.21 Operational Policies & Procedures** **Met**

**Comment**

Program observed complete emergency drills

**Safety**

**591-1-1-.05 Animals** **N/A**

**Comment**

Center does not keep animals on premises.

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

**Comment**

Staff were observed to maintain a positive learning environment on this date.

**591-1-1-.13 Field Trips(CR)** **N/A**

**Comment**

Center does not participate in field trips at this time.

**591-1-1-.36 Transportation(CR)** **N/A**

**Comment**

Center does not provide routine transportation.

**Sleeping & Resting Equipment**

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

**Comment**

Pleasant naptime environment observed.

**Staff Records**

**Records Reviewed: 7**

**Records with Missing/Incomplete Components: 7**

Staff # 1 Not Met

Date of Hire: 09/03/2021

"Missing/Incomplete Components"

.14(2)-CPR missing

Staff # 2 Not Met

Date of Hire: 09/03/2021

**Records Reviewed: 7**

**Records with Missing/Incomplete Components: 7**

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing,.33(3)-Health & Safety Certificate

Staff # 3

Not Met

Date of Hire: 09/17/2021

"Missing/Incomplete Components"

.14(2)-CPR missing,.14(2)-First Aid Missing,.33(3)-Health & Safety Certificate

Staff # 4

Not Met

Date of Hire: 03/17/2022

"Missing/Incomplete Components"

.14(2)-CPR missing

Staff # 5

Not Met

Date of Hire: 09/03/2021

"Missing/Incomplete Components"

.14(2)-CPR missing,.33(3)-Health & Safety Certificate

Staff # 6

Not Met

Date of Hire: 09/14/2021

"Missing/Incomplete Components"

.14(2)-CPR missing

Staff # 7

Not Met

Date of Hire: 09/05/2021

"Missing/Incomplete Components"

.14(2)-CPR missing

**Staff Credentials Reviewed: 4**

---

---

**591-1-1-.09 Criminal Records and Comprehensive Background Checks(CR)**

**Met**

**Comment**

Criminal record checks were observed to be complete.

---

**591-1-1-.14 First Aid & CPR**

**Not Met**

**Comment**

Complete first aid kits observed in center.

**Finding**

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 review of records, that the Director and all caregiving staff did not have evidence of completing hands-on CPR training on this date, as staff had completed online first aid and CPR training.

**POI (Plan of Improvement)**

The Center Director and at least 50% of the caregiver Staff will complete the needed hands-on CPR 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: 9/16/2022**

**Finding**

591-1-1-.14(2) requires a Staff member who is trained in CPR and first aid to be on the premises and on any field trip whenever any child is present. In addition, Staff who provide direct care to children must satisfactorily obtain certification in first aid and CPR by December 29, 2016 if employed prior to September 30, 2016 and within 90 days of their hire date if employed after September 30, 2016. It was determined, based on review of records, that no staff were present on the premises with hands-on CPR training on this date, as Staffs # 1, 4, 5, 6, and 7 had evidence of completing online first aid and CPR training when a hands-on component of CPR training was required. It was further determined that Staffs #2 and 3 were lacking evidence of completing first aid and CPR training within 90 days of hire.

**POI (Plan of Improvement)**

The Center will develop a schedule to ensure there is always a staff person with current first aid and CPR training present and will develop and implement a plan to ensure all staff members have satisfactorily completed first aid and CPR training by the specified date.

**Correction Deadline: 9/16/2022**

---

**591-1-1-.33 Staff Training**

**Not Met**

**Comment**

Documentation observed of required staff annual training.

**Finding**

591-1-1-.33(3) requires each Staff member with direct care responsibilities to complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunizations); 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, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development. It was determined, based on review of records, that Staffs # 2, 3, and 5 were lacking evidence of completing the Health and Safety Orientation Training within 90 days of employment as required on this date.

**POI (Plan of Improvement)**

The Center will develop and implement a plan to schedule and track this training for all employees based on their hire dates and will ensure that the training includes all required components as required.

**Correction Deadline: 9/16/2022**

---

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

**Met**

**Comment**

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

**Comment**

Staff observed to be compliant with applicable laws and regulations.

---

**Staffing and Supervision**



---

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

**Met**

**Comment**

Center observed to maintain appropriate staff:child ratios.

---

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

**Met**

**Comment**

Staff observed to provide direct supervision and be attentive to children's needs.