



Georgia Department of Early Care and Learning

Infinity and Beyond: Implementing a Licensing Data System that Increases Efficiency and Supports the Work

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Melissa Herndon, Quality Improvement Director

Craig Detweiler, Chief Information Officer

September 2015



Georgia Department of Early Care and Learning

Overview of DECAL

- Bright from the Start: Georgia Department of Early Care and Learning (DECAL)
 - An independent education department focused on early childhood education and care (ECE) for children birth to age five, their families, and ECE providers
 - Created in 2004 by legislation
- Departmental Goals:
 - Align key early education programs and initiatives for children birth to age five
 - Foster an early education climate across the state thereby ensuring access to high quality environments for all Georgia's children and families

Programs Administered by DECAL

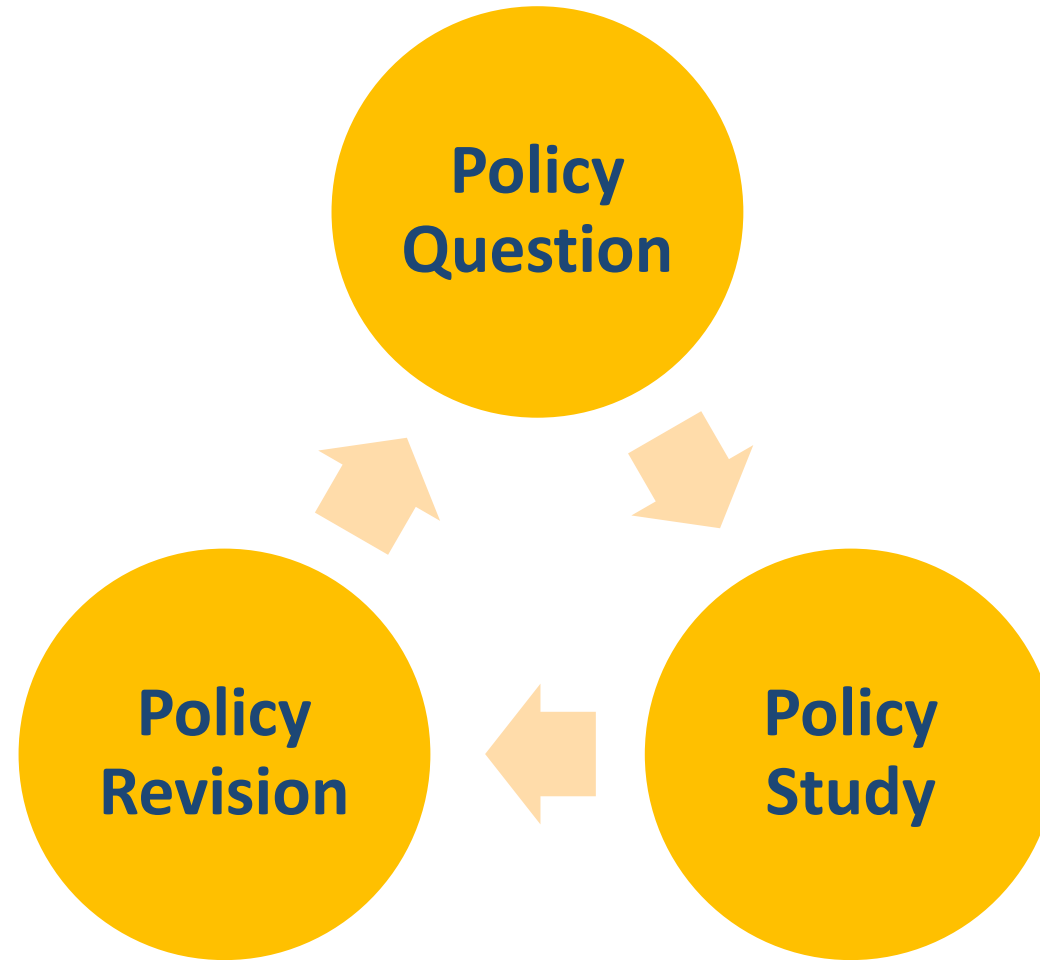
- Georgia's Pre-K Program
- Summer Transition Programs
- **Child Care Licensing and Monitoring**
- Quality Rated
- Child Care Resource & Referral System
- Subsidized Child Care (CAPS Program)
- Head Start State Collaboration Office
- Professional Development Registry (PDR) & Training Registry
- Georgia Program for Infant Toddler Care (PITC)
- The Child & Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP)
- Race to the Top – Early Learning Challenge Grant



BRIGHT *from the* **START**
Georgia Department of Early Care and Learning

North West
North East
Central
South West
South East

Designing Systems in a “Perfect” World



Designing Systems in the Real World



Child Care Services Operational System

- KOALA (Kids Online Administrative Licensing Application)
 - Koala Time
 - Koala Visits
 - Koala Outback
 - DECAL KOALA (Provider Self-Service)





BRIGHT *from the* **START**

Georgia Department of Early Care and Learning

[illegible]

The logo for Bright Start, featuring the word "BRIGHT" in blue, "from the" in green, and "START" in blue, with a stylized green and yellow leaf graphic to the right.

Name:		Region:		Month:		Weekly Totals		Weekly Totals		Weekly Totals	
Work Schedule:				April							
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		CCLC/GDCH	
										FDCH	
										Informal	
						1					
						Intake	ILS	0	FDCH LS	0	Informal Visits
						8:00 - 12:30-Intake	LS	0	Attempted visit	0	Attempted visit
							MY	0	FDCH ILS	0	DFCS children
							CI/MY	0	FDCH MY	0	Others in care
							CI/TC	0	FDCH CI/MY	0	
							Unlicensed CI	0	FDCH CI	0	
							CI	0	DFCS children	0	
							TA	0	Others for pay	0	Leave Taken
							Amendment	0	Others for no p	0	Training/Meeti
							Office conf	0	Unlicensed CI	0	Staff Meeting
						Little Angels-Kelly Drive-CI due (30th day)	Joint Visit	0			Intake
											1.00
Office	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	Total Office	0:00:00			Holiday
Travel	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	Total Travel	0:00:00			Flex Day
	4	5	6	7	8						
	Office Day	Appling Co.	Wayne Co.	Lowndes Co.	FLEX	ILS	0	FDCH LS	1	Informal Visits	0
	7:30-5:00-Office:	7:30-3:15-Office: Due to Bad weather: Set up CI, Emails	7:30-8:10-Office: Emails	7:30-8:00-Office: Return Calls		LS	2	Attempted visit	0	Attempted visit	2
	Update MAR	9:15-9:30-Travel to Baxley	8:10-9:00-Travel to Jezup	8:00-9:55-Travel to Valdosta		MY	2	FDCH ILS	0	DFCS children	0
	Emails	9:30-12:05-Little Angels (LS) ARRA	9:00-11:40-Country Kids (MY)	9:55-12:10-Children's Friend # 15 (CI)(MY)		CI/MY	1	FDCH MY	0	Others in care	0
	Return Calls	12:05-12:15-Travel	11:40-11:50-Travel	12:10-1:00-Travel & Lunch		CI/TC	0	FDCH CI/MY	0		
	3rd quarter levels on AP	12:15-3:10-Tiny Tots (LS) ARRA	11:50-1:50-Little Lambs (MY)	1:00-2:30-Our Little Blessings(CI)		Unlicensed CI	0	FDCH CI	0		
	Update Lynn's AP		1:50-2:10-Travel	2:30-2:45-Travel		CI	1	DFCS children	0		
	Submit Travel & Leave	3:10-4:00-Travel & Lunch	2:10-3:45-Louise Dixon (MY)	2:45-2:55-Carrie Walton (AC)		TA	0	Others for pay	6	Leave Taken	0.00
		4:00-5:00-Office: Make Copies	3:45-5:00-Travel & Lunch	2:55-3:05-Travel		Amendment	0	Others for no p	0	Training/Meeti	0.00
		Phone Calls, Make contact-for capps visits on 4-7		3:05-3:15-Bree Durden(AC)		Office conf	0	Unlicensed CI	0	Staff Meeting	0.00
				3:15-5:00-Travel back to office		Joint Visit	0			Intake	0.00
Office	9:00:00	2:45:00	0:40:00	0:30:00	0:00:00	Total Office	9:00:00			Holiday	0.00
Travel	0:00:00	0:45:00	2:00:00	4:35:00	0:00:00	Total Travel	7:20:00			Flex Day	1.00
	11	12	13	14	15						
	Office	Toombs Co.	Ware Co.	Bacon Co	8 Hours AL	ILS	0	FDCH LS	1	Informal Visits	1
	7:30-5:00-Office:	7:30-8:00-Office: Emails	7:30-7:55-Office: Emails	7:30-7:45-Office: Emails		LS	0	Attempted visit	1	Attempted visit	0
	Update MAR	8:00-9:00-Travel to Vidalia	7:55-8:50-Travel to Waycross	7:45-8:15-Travel to Alma		MY	3	FDCH ILS	0	DFCS children	0
	Emails, Return Calls	9:00-9:50-Meet L.Lanier& Travel	8:50-10:25-YMCA-AV Kennedy (MY)	8:15-9:50-Stokes, Joann (LS)		CI/MY	1	FDCH MY	1	Others in care	0
	Update AP	9:50-10:35-Mrs. Allen's (LS)	10:25-10:35-Travel	9:50-10:00-Travel		CI/TC	0	FDCH CI/MY	0	</	

KOALA Time – Tracks Visits and Activities


Consultant Metrics Page

Consultant: Stacey Foston Show Calendar Show Metrics Show Visits Show Dashboard Add New Task

☐ Day View
 ☐ Week View
 ☒ Month View

Description	C/NC	Facility	DueDate
Visits: MV	C	Jones, Linda S...	6/30/2016
Visits: MV	C	Hamilton, Barba...	8/17/2015
Visits: LS	C	Ferguson, Roch...	6/30/2016
Visits: MV	C	Butterfield's Aca...	12/31/2016
Visits: LS	C	IDLEWILD, 2316...	12/31/2016
Visits: MV	C	Childcare Netwo...	6/30/2016
Visits: LS	C	Herrington, Quin...	12/31/2016
Visits: LS	C	Sams, Elsie M....	12/31/2016
Visits: LS	C	My Little Darling...	11/30/2016
Visits: MV	C	Newton, Maria, 1...	6/30/2016
Visits: LS	C	Lovett, Edwina...	3/31/2016
Visits: MV	C	IDLEWILD, 2316...	6/30/2016
Visits: MV	C	The New Coven...	9/30/2015
Visits: LS	C	Kat's Little Ange...	6/30/2016
Visits: LS	C	Dixon, Marie W...	3/31/2016
Visits: LS	C	Cossey, Tracy S...	3/31/2016
Visits: LS	C	Jackson, Bettye...	3/31/2016
Visits: MV	C	St. Andrews on t...	6/30/2016
Visits: LS	C	Powell, Cynthia...	12/31/2016
Visits: MV	C	Savannah Chris...	12/31/2016
Visits: LS	C	The New Coven...	3/31/2016
Visits: LS	C	Mike, Lynett M, 4...	3/31/2016
Visits: LS	C	Baker, Ericka A...	3/31/2016
Visits: LS	C	YMCA Pryme T...	6/30/2016
Visits: LS	C	YMCA Pryme T...	6/30/2016
Visits: MV	C	Roz's Christian...	6/30/2016
Visits: MV	C	Smith, Jestine...	6/30/2016
Visits: LS	C	Halston, Janice...	3/31/2016
Visits: LS	1-NC	Mickee's Acade...	6/30/2016
Visits: LS	C	Train Up A Child...	11/30/2016

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Aug 3	4	5	6	7	8
8:00am Office: 8:20am Travel 8:55am Visits: MV Visits: MV Due D	8:00am Travel 8:50am Visits: L 9:10am Visits: MV Travel	8:00am Leave: An	8:00am Travel 8:50am Visits: CI/ Travel 1:10pm Lunch	8:00am Office: Lunch Travel Visits: Field-Othe	
10	11	12	13	14	15
8:00am Intake	8:00am Travel 8:40am Visits: LS Visits: MV Due Dat Travel	8:35am Visits: LS Visits: CI/MV Due 3:15pm Travel 3:25pm Lunch	8:00am Travel 8:45am Visits: LS Visits: MV Due Dat Travel	8:00am Office: Ge Lunch Office: General Offi	
17	18	19	20	21	22
8:40am Visits: POI 9:45am Visits: MV Visits: LS Due Date	1:00pm Meetin	8:00am Meetings:	Visits: LS Due Date		
24	25	26	27	28	29
Visits: LS Due Date Visits: MV Due Dat Visits: MV Due Dat	Visits: MV Due Dat Visits: MV Due Dat	Visits: MV Due Dat	Visits: MV Due Dat Visits: MV Due Dat Visits: MV Due Dat		
30					


Date	Facility	Task	Comments	CreatedBy
 Kids Online Access - Licensing Application				

KOALA Visits – Monitoring System

Koala Visits Test v1.20.08

File Reports Rule Search Sync Data Help

Visits



Georgia Department of Early Care and Learning

- Forms
 - Inspection Results
 - Staff Records
 - Child Records
 - Ratio Capacity
- Chapters
 - Activities and Equipment
 - Children's Records
 - Facility
 - Food Service
 - Health and Hygiene
 - Organization
 - Policies and Procedures
 - Safety
 - Sleeping & Resting Equipment
 - Staff Records
 - Staffing and Supervision

Provider Information

License #: CCLC-3061

Name: Open Arms Christian Child Development Center

Address: 3450 Stilesboro Rd. NW

City: Kennesaw State: GA Zip: 30152

County: Cobb Phone: (770) 428-2767

Cell: () - Fax: (404) 994-2894

Email: tambe@openarmswc.com

Visit Information

Date: 9/14/2015 Purpose: POIFollow-Up

Arrival Time: 8:45 AM Departure Time: 9:45 AM

Status: In-Progress Facility Type: CCLC

Consultant: Melissa Herndon ☐ Publish To Web

Joint With:

Completed Date: Modified Date: 9/14/2015


Facility

Chapter	Compliance
Bathrooms 591-1-1-.06	
License Capacity 591-1-1-.19	
Physical Plant - Safe Environment 591-1-1-.25(CR)	
Physical Plant-Structural/Mechanical 591-1-1-.25	
▶ Playgrounds 591-1-1-.26(CR)	Not Met

Met Not Evaluated N/A

Save Chapter Findings

KOALA Outback – Internal Web Application



KOALA Outback

BFTS Support

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Provider Information

- Add Provider
- View Provider**
- Informal Providers
- Update CAPS Specialist

Owner

- Owner Information**

Criminal Records Check

- View/Update CRC
- Review CRC Letters
- CRC Email Notifications

Application Processing

- New Application**
- Family Day Care
- Centers/Group Care
- Exemptions
- Waiver/Variance
- View/Update Application

Email Management

- Email Notification Dashboard
- Sent Email Notifications
- DECAL KOALA Emails

Complaint Processing

- Add Complaint Intake
- View/Update Complaint Intake

Adverse Action

- Add Adverse Action
- View/Update Adverse Action

Verify Lawful Presence

- Verify Lawful Presence
- Email Notification Dashboard
- Sent Email Notifications
- Reports
- Search Affidavit Name

Reports


- Standardized Reports**

Rules

View Provider Information

ABC Child Development Center
CCLC-3224

305 South Baker Street
Alma, GA 31510
(912) 632-0130



Additional Information

Administrator: Sandi Boatright
Accreditation Status: Unknown

Mailing Address

305 South Baker Street
Alma, GA 31510

Operational Information










Months of Operation: Year Round
Days of Operation: M-F
Hours of Operation: 6:00 AM - 6:00 PM
Capacity: 182

Ages Served

- ☒ Infant(0-12 months)
- ☒ Preschool (3 yrs - 4 yrs)
- ☐ Georgia's Pre-K (4 yrs)
- ☒ School Age (5 yrs+)
- ☒ Toddler (13 mos - 2 yrs)

Services Provided

<input checked="" type="checkbox"/> Accepts Childcare Subsidies	<input type="checkbox"/> Evening/NightCare	<input type="checkbox"/> Transportation To/From Home
<input checked="" type="checkbox"/> CACFP/SFSP	<input type="checkbox"/> School Age Only	<input checked="" type="checkbox"/> School-age Summer Care
<input checked="" type="checkbox"/> Drop-In Care	<input type="checkbox"/> Special Needs Care	<input type="checkbox"/> Transportation To/From School

	Report Date	Arrival Time	Report Type	License Number	Published to Web
	01/07/2015	09:15 AM	Monitoring Visit	CCLC-3224	<input checked="" type="checkbox"/>
	08/19/2014	01:15 PM	Licensing Study	CCLC-3224	<input checked="" type="checkbox"/>
	03/25/2014	01:30 PM	Monitoring Visit	CCLC-3224	<input checked="" type="checkbox"/>
	10/23/2013	12:20 PM	Licensing Study	CCLC-3224	<input type="checkbox"/>
	02/25/2013	08:55 AM	Licensing Study	CCLC-3224	<input type="checkbox"/>
	09/12/2012	10:30 AM	Monitoring Visit	CCLC-3224	<input type="checkbox"/>
	01/30/2012	8:35 AM	Licensing Study	CCLC-3224	<input type="checkbox"/>
	09/15/2011	10:00 AM	Monitoring Visit	CCLC-3224	<input type="checkbox"/>
	04/14/2011	10:00 AM	Monitoring Visit	CCLC-3224	<input type="checkbox"/>

DECAL Koala – Provider Self-Service



CCLC-30183 | Jayne Doe

[Log Out](#)

- Home
- Change Password
- Update Facility Information
- Pay License Fee
- View Inspection Reports
- View Enforcement Actions
- View/Print License Certificate
- Resources
- Future Phases:
 - ☒ Records Check
 - ☐ Amendment Requests
 - ☐ Accident/Incident Reporting

Child Learning Academy

CCLC-30183

Go to **Update Facility Information** page to change fields marked with an *.

[Print](#)

Facility Address	Mailing Address*		
4195 Main Street Atlanta GA - 30349 County: Fulton	4195 Main Street Atlanta, GA - 30349		
Director/Admin Name*	Website*	Facility Phone*	Facility Fax*
Jayne Doe	test.com	(404) 555-1212	(404) 555-1212

DECAL Contact Information

Title	Name	Email	Phone
Assigned Consultant	Earlene Huston	marcy.maioli@dec.al.ga.gov	(770) 357-7066
Lead Consultant	Coty Johnson	anne.wearing@dec.al.ga.gov	(770) 357-4919
Regional Director	Marsha Ruiz-Crosby	marcy.maioli@dec.al.ga.gov	(404) 463-0655

Owner Information: A-Kid's Solution Early Learning and Development Academy, LLC

Owner Contact Name	Owner Email	Owner Phone
Bobby Cox	test@dec.al.ga.gov	(770) 778-5884

Email Address(es) On File

Primary Email*	Secondary Email(s)*
test@dec.al.ga.gov	test@test.com test@bellsouth.net

Additional Information

Accreditation(s)	Pre-K Slots Available	Licensed Capacity
	0	164
Services Provided	Months of Operation	Ages Served
<input checked="" type="checkbox"/> Accepts Child Care Subsidies* <input checked="" type="checkbox"/> CACFP*	<input checked="" type="checkbox"/> JAN <input checked="" type="checkbox"/> MAY <input checked="" type="checkbox"/> SEP	<input checked="" type="checkbox"/> Infant (0-12 months)
<input checked="" type="checkbox"/> School-age Summer Care <input type="checkbox"/> SFSP*	<input checked="" type="checkbox"/> FEB <input checked="" type="checkbox"/> JUN <input checked="" type="checkbox"/> OCT	<input checked="" type="checkbox"/> Toddler (1-2 years)

KOALA Demo

Complaint Case Study



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Owner

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New Complaint Intake

Location Name:

Address:

County:

Provider #:

Zip:

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Add / Update Complaint Intake

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Facility Information

Provider #: Intake Number: **27061**
Name: Type:
Address: Phone:
City: State: Zip: County:

Complaint / Incident Information

Intake Type: Complaint / Incident Type:
Intake Date: Complaint / Incident Date: Location:
Intake Time: Complaint / Incident Time: Intake Status:

Complainant / Reporter Information

Name: Home Phone:
Address: Office Phone:
City: State: Zip: Cell Phone:
Email:
Relationship to Facility: Relationship to Victim:

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[Add Allegation](#)

	Date	Incident Date	Rule	Allegation	Priority	Substantiated	Level	
Edit	04/10/2015	04/09/2015	.32(6)Supervision	It was reported that on April 9, 2015, a one-year-old child in the infant room sustained burns to his face, right shoulder and upper back when he pulled the cord to a bottle warmer that had hot water causing the hot water to spill on him.	2	Substantiated	High	Delete
Edit	04/10/2015	04/09/2015	.25(13)Hazards securely stored	It was reported that on April 9, 2015, a one-year-old child in the infant room sustained burns on his face, right shoulder and upper back when he pulled the cord to a bottle warmer, causing the hot water to spill on him.	2	Substantiated	High	Delete

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Alleged Perpetrator

Name:

Perpetrator's Relationship to Facility:

Additional Information

☒ Child Remains in Care ☐ Caller Wants Outcome ☐ Local Law Enforcement Notified ☐ DFCS Notified

Initiation Due Date:

Other Agencies Involved:

Site Visit Due Date:

Physician:

Completion Due Date:

Hospital:

Investigation Completed:

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Victim Information

Name: Sex:
Address:
City: State: Zip: Date of Birth:

Parent/Guardian Information

[Same](#)

Name: Home Phone:
Address: Office Phone:
City: State: Zip: Cell Phone:

Witness Information

Name: Home Phone:
Address: Office Phone:
City: State: Zip: Cell Phone:

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Add / Update Complaint Intake

General Information

Allegations

Perpetrator

Victim/Parent/Guardian

Comments/Notes

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Comments entered below will appear on the Complaint Intake printout.

A child in the infant room [redacted] was playing near the door and pulled the cord to the bottle warmer down, pulling the bottle warmer and the bottle down on him. He was taken by ambulance to Memorial Medical Center where he was treated for burns on his face (right cheek), right shoulder and upper back (right side).

Add Notes

Submit

Cancel

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[View/Update Complaint Intake](#)**Adverse Action****Add / Update Complaint Intake**[General Information](#)[Allegations](#)[Perpetrator](#)[Victim/Parent/Guardian](#)[Comments/Notes](#)[Email Report](#)[Activity Log](#)**Email PDF Report to the following contacts:**

BFTS Lead Consultant:

Email:

BFTS Consultant Assigned To:

Email:

Additional Contact 1:

Email:

Additional Contact 2:

Email:

Additional Contact 3:

Email:

DECAL Supervisor:

Email:

[Preview](#)[Send](#)[Submit](#)[Cancel](#)



KOALA Outback

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06/01/2015 3:40 PM	Rosheda Doe	Complete	Updated Complaint Intake
04/10/2015 4:38 PM	Alison Benson	Complete	Intake Email Sent
04/10/2015 4:38 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 4:38 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 4:38 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 4:27 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 4:27 PM	Alison Benson	Complete	Intake Email Sent
04/10/2015 4:27 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 4:27 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 4:27 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 4:27 PM	Alison Benson	Complete	Updated Complaint Intake
04/10/2015 1:34 PM	Alison Benson	Pending	Updated Complaint Intake
04/10/2015 1:28 PM	Alison Benson	Pending	Updated Complaint Intake
04/10/2015 1:26 PM	Alison Benson	Pending	Updated Complaint Intake
04/10/2015 1:22 PM	Alison Benson	Pending	Updated Complaint Intake
04/10/2015 1:20 PM	Alison Benson	Pending	Updated Complaint Intake
04/10/2015 1:20 PM	Alison Benson	Pending	Added Complaint Intake

[Submit](#)

[Cancel](#)

Visits



Georgia Department of Early Care and Learning

- Forms
 - ✓ Inspection Results
 - ✓ Ratio Capacity
 - Complaint
- Chapters
 - Activities and Equipment
 - Children's Records
 - ✓ Facility
 - Food Service
 - Health and Hygiene
 - Organization
 - Policies and Procedures
 - Safety
 - Sleeping & Resting Equipment
 - Staff Records
 - ✓ Staffing and Supervision

Provider Information

License #

Name:

Address:

City: State: Zip:

County: Phone:

Cell: Fax:

Email:

Visit Information

Date: Purpose:

Arrival Time: Departure Time:

Status: Facility Type:

Consultant: ☐ Publish To Web

Joint With:

Completed Date: Modified Date:



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New Adverse Action

To start a new Adverse Action, enter the License Number and click continue.

License Number:

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Search Adverse Action Records

Facility Name:	<input type="text"/>	Closure Status:	<input type="text" value="Select -->"/>	License Year:	<input type="text" value="Select -->"/>
Provider #:	<input type="text" value="License #"/>	Visit Type:	<input type="text" value="Select -->"/>	EF Due:	<input type="text" value="Select -->"/>
Address:	<input type="text"/>	Action Outcome:	<input type="text" value="Select -->"/>		
Region:	<input type="text" value="Select -->"/>	Reason:	<input type="text" value="Select -->"/>		
Status:	<input type="text" value="Select -->"/>	Reviewer:	<input type="text" value="Select -->"/>		
<input type="button" value="Search"/>					

Total records: 2

	Visit Date	Date Issued	Provider Number	Provider Info	License Year	Action Outcome	Visit Type	Status	# Days since visit	CCS Reviewer	EF Due
<input type="button" value="Update"/>	09/03/2013	11/21/2013	License #	Facility Name		Enforcement Fine	LS POI/ Follow-Up	Completed	57	Jennifer Bridgeman	No
<input type="button" value="Update"/>	04/15/2015	08/18/2015	License #	Facility Name		Enforcement Fine	II	Completed	89		Yes

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Add / Update Adverse Action

Facility Name - License #

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Facility Information

Name: Street: Phone:
Type: CCLC Provider #: City: Savannah State: GA Zip: 31410
Consultant: Stacey Foston County: Chatham Region: CE

Owner Information

Owner Type: Corporation Owner Name:

Director Information

Salutation: Ms. First Name: Middle Name: Last Name:

Adverse Action Information (Enter Visit Date, Visit Type, Rule and Code in order to retrieve information specific to a finding.)

Reason for AA: Incident-Injury AA Type Counter:

Summary: On April 9, 2015, a one-year-old child sustained serious burns to the face, ear, neck, shoulder and upper back, when he pulled the electrical cord of a bottle warmer, causing the hot water to spill down on him. The child required surgery.

Visit Date: 4/15/2015 Visit Type: Incident Investigation

Chapter: Select -->

Rule:

[Add Rule](#)

	Chapter	Code	Rule	First Violation	Second Violation	Third Violation	Fourth Violation	Enforcement Fine	Amount	
Remove	591-1-1-.25(13) Facility	25(13)	Hazards securely stored	03/12/2014	04/15/2015			<input type="checkbox"/>		Update
Remove	591-1-1-.32(6) Staffing and Supervision	32(6)	Supervision	02/22/2013	04/15/2015			<input type="checkbox"/>		Update

[Submit](#) [Cancel](#)

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Consultant: Recommendation:

Date:

Notes:

Notify Regional Director:

Email:

[Send](#)

Regional Director:

Recommendation:

Date:

Notes:

Notify Q.A. Director:

Email:

[Send](#)

Q.A. Director:

Recommendation:

Date:

Notes:

8/3/15-Please refer to revisions in email send today. MR
Please refer to the revisions in the document tab including EF letter, contact sheet,
CCS revisions and AA cover form.

Date Forwarded to Legal:

Date Received From Legal:

[Print Recommendation](#)

Restriction: ☐

Restriction Length:

Other:

[Submit](#)

[Cancel](#)

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KoalaTime Tasks

Add / Update Adverse Action

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Determination

Action Outcome: Status: Publish To Web: ☒

Mailing Date: GC Received: Certified Mailing #:

Rescind Mailing Date: Rescind Certified Mailing #:

Secondary Action Outcome: Date:

Action Notes:

Restrictions:

Adverse Action Outcome

Penalty Amount (\$): Fine Due Date:

Enforcement Team Assignment: Fine Paid (\$):

Payment Arrangements

[Add Payment Arrangement](#)☒ Finalize Arrangement

Arrangement Letter:

5 Day Letter: Certified Mailing Number:

Date	Due Date	Type	Status	Charge	Credit	Balance	Comments
08/18/2015	09/17/2015	Payment	Balance Due	\$998.00	\$0.00	(\$998.00)	

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Appeal Date:

Initial Decision:

Initial Decision Date:

Final Decision:

Final Decision Date:

OSAH Appeal Date:

Hearing Date:

Decision Outcome:

Comments:

[Submit](#)

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[Uploaded Documents - before issuance](#) [Uploaded Documents - after issuance](#) [Generated Documents](#)

[Upload Document](#)

	Document Type	Description	Received Date	Uploaded By	
View	Other	Center's Self-Report Documents	06/01/2015	Kimberly Mitchell	Delete
View	Other	Final Report	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #1	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #2	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #3	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #4	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #5	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #6	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #7	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #8	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #9	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #10	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #11	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #12	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #13	06/01/2015	Kimberly Mitchell	Delete
View	Other	Graphic Photo #14	06/01/2015	Kimberly Mitchell	Delete

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Adverse Action

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Add / Update Adverse Action

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[Uploaded Documents - after issuance](#)

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	Document Type	Description	Received Date	Uploaded By	
View	Enforcement Fine Letter		08/18/2015	Rosheda Doe	Delete

[Submit](#)

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Adverse Action

Add / Update Adverse Action

Facility Name - License #

General Information	Recommendation	Determination	Legal	Notes	Documents	Activity Log	Contact Management
08/18/2015 10:07 AM	Rosheda Doe	Completed				Application Entry	
08/18/2015 10:07 AM	Rosheda Doe	Ready to mail				Finalize Payment Arrangement	
checkbox is checked.							
08/18/2015 9:41 AM	Rosheda Doe	Ready to mail				Application Entry	
08/18/2015 9:26 AM	Rosheda Doe	Ready to mail				Application Entry	
08/17/2015 11:18 PM	Elisabetta Kasfir	Ready to mail				Application Entry	
08/17/2015 5:01 PM	Elizabeth Holland	Final Approval				Application Entry	
08/13/2015 5:09 PM	Julia Strickland	Final Review				Application Entry	
08/13/2015 1:22 PM	Julia Strickland	Final Review				Application Entry	
08/11/2015 11:17 AM	Michele Rauton	Final Review				Application Entry	
08/03/2015 9:35 PM	Michele Rauton	Waiting for revisions				Application Entry	
08/03/2015 9:34 PM	Michele Rauton	Waiting for revisions				Application Entry	
08/03/2015 5:00 PM	Alethea Cicero - Brown	Returned to CCS				Application Entry	
07/20/2015 3:22 PM	Brenda Haynesworth	Legal Review				Application Entry	
07/20/2015 11:35 AM	Michele Rauton	Sent to Legal				Application Entry	
07/17/2015 11:27 AM	Kimberly Mitchell	ENF Review				Application Entry	
06/24/2015 9:05 AM	Michele Rauton	Waiting for revisions				Application Entry	
06/22/2015 10:32 AM	Michele Rauton	Sent to Legal				Application Entry	
06/22/2015 10:20 AM	Michele Rauton	Sent to Legal				Application Entry	
06/22/2015 10:20 AM	Michele Rauton	Sent to Legal				Application Entry	

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Available Contacts

[Secretary of State Website](#)

	Salutation	FirstName	LastName	Title	Email	Address	City	State	Zip
<input type="checkbox"/>	Ms.			Facility		4802 Kim St.	Savannah	GA	31410
<input type="checkbox"/>		Stacey	Foston	Consultant	stacey.foston@dec.al.ga.gov				

Selected Contacts

	Type	Salutation	Name	Title	Email	Street	City	State	Zip	MailType
<input type="button" value="Remove"/>	<input type="button" value="Edit"/>	Bcc		Rosheda Doe	Admin	Rosheda.Doe@dec.al.ga.gov				

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- ☒ [Records Check](#)
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Facility Name

Go to **Update Facility Information** page to change fields marked with an *.

Facility Address	Mailing Address*		
Savannah GA - 31410	Savannah, GA - 31410		
County: Chatham			
Director/Admin Name*	Website*	Facility Phone*	Facility Fax*



[Print](#)

DECAL Contact Information

Title	Name	Email	Phone
Assigned Consultant	Stacey Foston	marcy.maioli@dec.al.ga.gov	(706) 806-0407
Lead Consultant	Carrie Spangler	marcy.maioli@dec.al.ga.gov	(706) 433-9819
Regional Director	Paula Jones	paula.jones@dec.al.ga.gov	(404) 232-1325

Owner Information:

Owner Contact Name*	Owner Email*	Owner Phone*

Email Address(es) On File

Primary Email*	Secondary Email(s)*

Additional Information

Accreditation(s)	Pre-K Slots Available	Licensed Capacity
	0	38



Enforcement Actions

Facility Name

License #

Facility Address	Director/Admin Name	Email	Facility Phone
Savannah, GA - 31410		/	
County: Chatham	CCS Consultant Stacey Foston	CCS Consultant Phone (706) 806-0407	Facility Fax

[\\$ View/Pay Enforcement Fine](#)

	View	Enforcement Type	Status	Date Issued	Appeal Status
1.		Enforcement Fine	Completed	08/18/2015	
2.		Enforcement Fine	Completed	11/21/2013	

[Back](#)



Pay Enforcement Fine

Facility Name

License #

Facility Address	Director/Admin Name	Email	Facility Phone
Savannah, GA - 31410	CCS Consultant	CCS Consultant Phone	Facility Fax
County: Chatham	Stacey Foston	(706) 806-0407	
Facility EIN	Payment Status	Total Amount Due	
--	Balance Due	\$998.00	

For changes contact CCSEnforcement@decals.ga.gov

[Pay Full Balance](#)

1. Enforcement Fine

Reason	Date Issued	Payment Due Date	Total Fine	Amount Due
Incident-Injury	Aug 18, 2015	Sep 17, 2015	\$998.00	\$998.00

Type	Arrangement Date	Status	Due Date	Charge	Credit	Balance	Detail
1. Payment	08/18/2015	Balance Due	09/17/2015	\$998.00	\$0.00	(\$998.00)	View

[Back](#)

For questions concerning this information, please contact CCSEnforcement@decals.ga.gov



Pay Enforcement Fine

Facility Name		License #	
Facility Address	Director/Admin Name	Email	Facility Phone
Savannah, GA - 31410			
County: Chatham	CCS Consultant	CCS Consultant Phone	Facility Fax
	Stacey Foston	(706) 806-0407	
Facility EIN		Payment Status	Total Amount Due
--		Balance Due	\$998.00

For changes contact CCSEnforcement@decals.ga.gov

1. Enforcement Fine

Reason	Date Issued	Total Fine	Amount Due
Incident-Injury	Aug 18, 2015	\$998.00	\$998.00

Type	Arrangement Date	Status	Due Date	Charge	Credit	Balance	Detail
1. Payment	08/18/2015	Balance Due	09/17/2015	\$998.00	\$0.00	(\$998.00)	View

[Back](#)

For questions concerning this information, please contact CCSEnforcement@decals.ga.gov



DECAL FEE PAYMENTS


Payment Method

Paying your fee is easy, secure and convenient using PayPoint.

You can pay using your Visa, MasterCard, Debit or checking account.

Caution: Make sure the facility/provider information below is correct and verify you are submitting payment for that facility/provider.

* Indicates required field

BFTS: DECAL Fee Payment (TEST)	
License-Registration Number:	License #
Name:	Facility Name
Transaction Id: 0f9971ff-cb16-4c31-a815	
Amount Due: \$998.00	
Transaction Type: EF	
Choose method of payment	
<input type="radio"/> Pay by electronic check	
* Account Type: <input type="text" value="Personal"/>	
<input type="radio"/> Pay by credit card	
	
<input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Exit"/>	

PayPoint is the state wide vendor working in association with the state Treasury to facilitate the fee collection process of electronic payments for many Georgia agencies.

Note: Fees paid are non-refundable.

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Technical Specifications

Craig Detweiler
Chief Information Officer



Georgia Department of Early Care and Learning

Bright from the Start: Georgia Department of Early Care and Learning

www.dec.al.ga.gov

Development Lessons Learned

- Ensure dedicated licensing program staff for:
 - Requirements
 - UAT
 - Licensing consultant rollout and training
- In-house IT staff allows for flexibility and offers faster delivery
- Maintain flexibility in light of changing requirements
- Take on manageable scopes of work that deliver value to the business with each release
- Download only applicable provider data

Future Plans

- Future phases of KOALA through end of ELC grant
- Consolidation of Call Center data with KOALA
- Workforce data – CRC/PDR links

IT Staff

- 1 Project Manager
- 1 Business Analyst
- 1 Application Development Manager
- 3.5 FTE Developers

Technical Architecture

- .NET Framework 4.0
- C#
- SQL Server 2008 R2
- SQL Express 2008 R2 (Windows Clients)
- SQL Server Reporting Services
- Microsoft Sync 2.0
- Infragistics 14.1 User Controls

Questions & Comments



Presenter Contact Information:

- **Craig Detweiler, Chief Information Officer**
 - Craig.Detweiler@dec.al.ga.gov
- **Kristie Lewis, Assistant Commissioner for Child Care**
 - Kristie.Lewis@dec.al.ga.gov
- **Elisabetta Kasfir, Child Care Services Director**
 - Elisabetta.Kasfir@dec.al.ga.gov
- **Melissa Herndon, Quality Improvement Director**
 - Melissa.Herndon@dec.al.ga.gov