



CITY OF JONESBORO
Work Session
170 SOUTH MAIN STREET
April 3, 2017 – 6:00 PM

NOTE: As set forth in the Americans with Disabilities Act of 1990, the City of Jonesboro will assist citizens with special needs given proper notice to participate in any open meetings of the City of Jonesboro. Please contact the City Clerk's Office via telephone (770-478-3800) or email at rclark@jonesboroqa.com should you need assistance.

Agenda

- I. CALL TO ORDER - MAYOR JOY B. DAY**
- II. ROLL CALL - RICKY L. CLARK, JR., CITY ADMINISTRATOR**
- III. ADOPTION OF AGENDA**
- IV. INVOCATION**
- V. WORK SESSION**
 - A. Discussion regarding implementation of SeeClickFix software to assist in connecting our local neighborhoods with government services.
 - B. Discussion regarding the use of Lee Street Park by Chairman Jeff Turner for the annual CASA 5k Fitness Run/Walk on Saturday, August 26, 2017.
 - C. Discussion regarding Conditional Use Permit #17CU-001 to allow a "Churches and other Places of Worship" at property located at 29 Lee Street as requested by Mohammad Iftkhar.
 - D. Discussion regarding Conditional Use Permit No. 17CU-002 at 216 N. McDonough Street as requested by Joi Wilkes to allow on premise tutoring services.
 - E. Discussion regarding Resolution #2017-003 recognizing Georgia Cities Week, April 23-29, 2017 and encouraging all citizens to support the celebration and corresponding activities.
 - F. Discussion regarding Conditional Use #17CU-003 to operate a Self-Contained Ice Making Kiosk at property located at 8870 Tara Blvd.
 - G. Discussion regarding Conditional Use Permit #17CU-004 to allow a childcare center (Ms. Pam's Precious Angels Family Childcare Center) at property located at 118 Stockbridge Road by Tamarra Johnson. (previously 16CU-006).

- H. Discussion regarding zoning appeal as filed by Monica Barcos of Alianza Latin Group, for business to be located at 253 N. Main Street, Suite A.
- I. Discussion regarding approval of Application 17ALCSUB-002, as submitted by Sports Cafe, requesting an alcohol sub-permit for Lee Street Park on May 13, 2017, June 3, 2017, July 1, 2017 & August 5, 2017.
- J. Discussion regarding Application # 17ALC-003, a request for a *Retail Package Dealer* license to sell beer and wine beverages for property located at 211 N. Main Street dba Qik Pik.
- K. Discussion regarding Resolution #2017-004 to adopt the LCI Plan as required by the Atlanta Regional Community Commission and authorizing the City Administrator to submit said plan to the Atlanta Regional Commission.
- L. Discussion regarding renewal of Property, Casualty & Loss insurance with OneBeacon, effective April 2017.
- M. Discussion regarding an Intergovernmental Agreement between the City of Jonesboro and the City of Morrow for relocating our weather siren software, to authorize Mayor Day to execute the IGA, and for other purposes.
- N. Discussion regarding Ordinance #2017-006 to establish a ninety three day moratorium on signs within the H-1 & H-2 District.

VI. OTHER BUSINESS

- A. Executive Session for the purpose of discussing real estate acquisition and personnel related matters.

VII. ADJOURNMENT



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.A

- A

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding implementation of SeeClickFix software to assist in connecting our local neighborhoods with government services.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes **Community Planning, Neighborhood and Business Revitalization, Safety, Health and Wellbeing**

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

As we continue to grow as a City and as we continue to find ways to better interact with our residents, staff wishes to add additional elements to assist us in operations. From tree branches to street issues, See Click Fix will allow residents to report quality of life issues to the City of Jonesboro. SeeClickFix, the place-based reporting platform allows residents to document neighborhood concerns and improvements alike, ranging from litter and flooding to damaged sidewalks and malfunctioning traffic signals.

Residents can provide locational, descriptive, and photographic information as they see an issue in real time. Once the resident submits an issue, the City of Jonesboro will receive an alert. City staff can acknowledge the service request, route it to the proper department, and update the request once it has been resolved.

SeeClickFix was founded in 2009 to empower citizens with tools to publicly document quality of life concerns in their neighborhoods. By radically improving the quantity and quality of data related to these concerns, SeeClickFix was quickly adopted by local governments as well — who needed a better way to receive information from citizens.

These partnerships began with some of the largest and most innovative cities in the country, including Houston, Albuquerque, Minneapolis, Oakland, and Boston. During the early years, SeeClickFix also helped to establish the Open311 standard used by many of the most progressive 311 centers.

To date, more than 2 million issues have been resolved via SeeClickFix. 500,000 users use SeeClickFix every month and we are working with more than 300 municipalities, counties and state agencies.

Clayton County recently launched their app last year and it has been a great success. After meeting with County officials, the IT Dept will assist, at no charge, in ensuring that the system is set up to meet our needs. If approved, our plan is to launch the app at the same time we launch our branding system in May.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

\$4,800.00 annually

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City Administrator

Date

April, 3, 2017

Signature

City Clerk's Office

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

5.A

- 2017 City of Jonesboro SeeClickFix Review (003)
- SeeClickFix Proposal - Jonesboro Georgia (003)

Staff Recommendation (Type Name, Title, Agency and Phone)

Approval

Jonesboro Connect

*Citizen Reporting Options in
Collaboration with Clayton County
Board of Commissioners*



CLICK CLAYTON APP



CLICK CLAYTON APP



- Launched in June 2016
- Available in iTunes App Store, Google Play App Store, and on County website
- 529 Incidents Reported
- Currently 26 Incident Types

UTILIZATION REPORTS

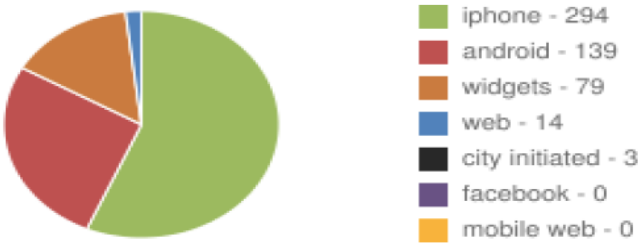


Clayton County, GA

Between May 01, 2016 and Mar 30, 2017

529 issues were opened
149 issues were acknowledged
504 issues were closed
The average time to acknowledge was 4.8 days.
The average time to close was 10.1 days.

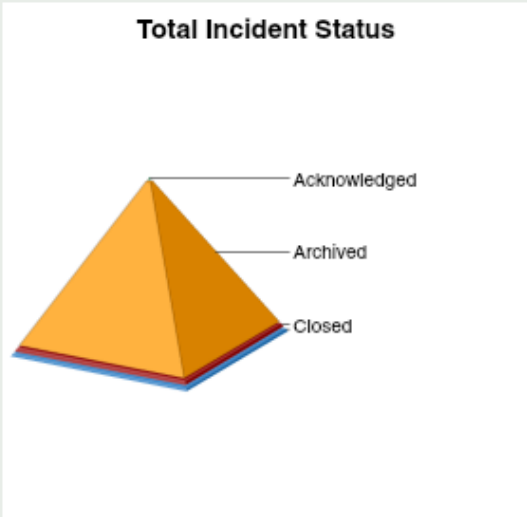
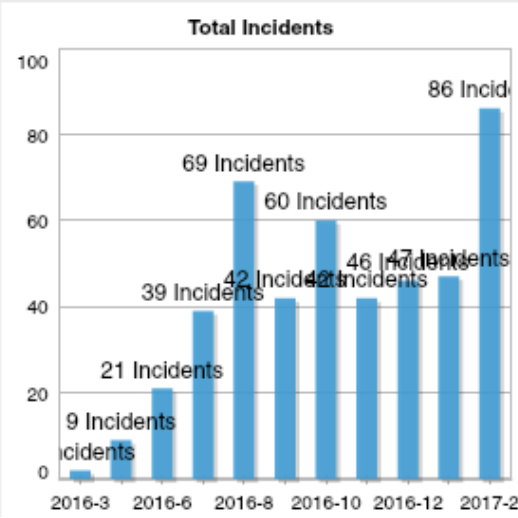
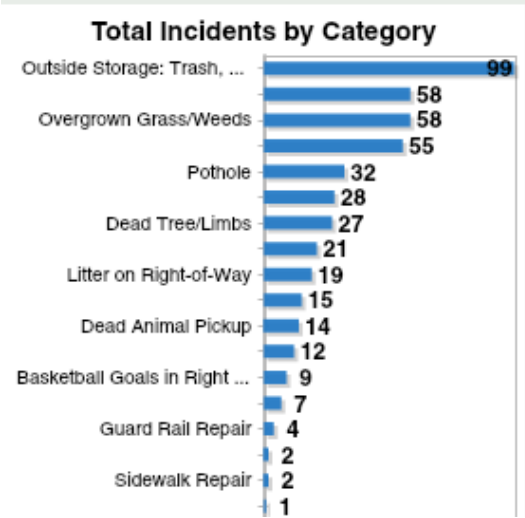
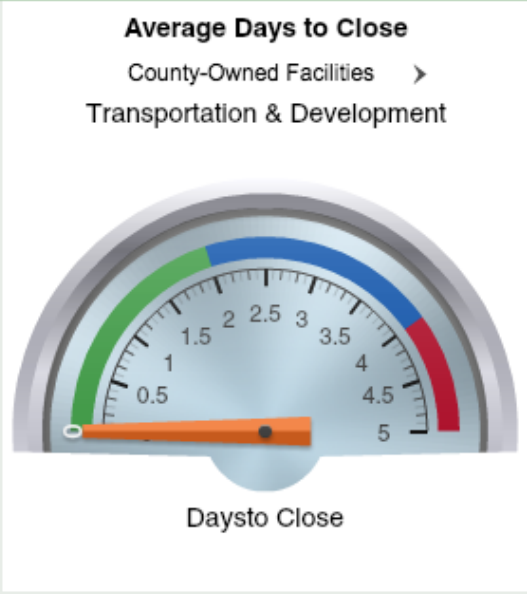
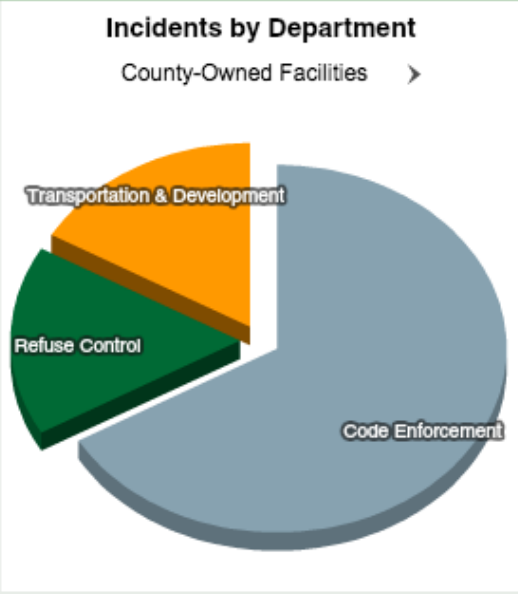
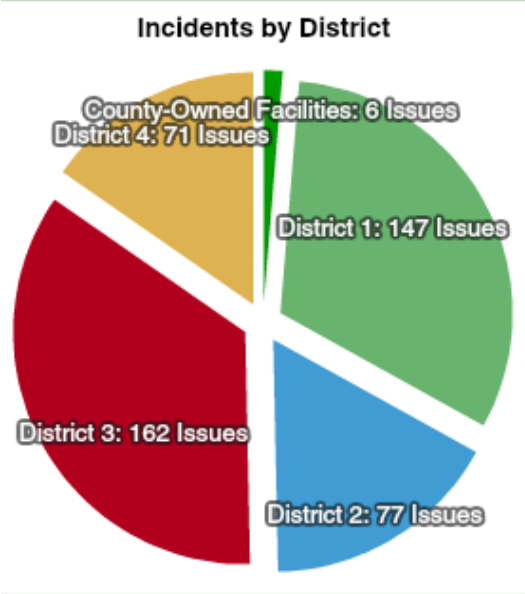
Issues by Source



SERVICE REQUEST TYPE	OPENED	ACKNOWLEDGED	CLOSED	DAYS TO ACK.	DAYS TO CLOSE
Outside Storage: Trash, Garbage, Rubbish Furniture, Appliances	118	1	114	0.5	8.0
Illegal Dumping on Right-of-Way	71	62	68	5.3	14.4
Off Road Parking/ Storage: Unlicensed or Inoperable Vehicles	63	0	61	0.0	7.1
Overgrown Grass/Weeds	59	0	59	0.0	6.7
Pothole	31	29	29	0.7	5.5

COMMISSIONERS' DASHBOARD

ClickClayton Issues By District



JONESBORO OPTIONS

Option 1 – SeeClickFix Account

- Jonesboro residents can report issues with any SeeClickFix app
- Clayton County to help promote with Click Clayton app
- \$3600 annually



JONESBORO OPTIONS


Option 2 – Custom SeeClickFix App

- All SeeClickFix features plus custom-branded app in all app stores
- \$4800 annually



The seal of Clayton County, Georgia, is a circular emblem. It features a central white silhouette of the state of Georgia. Radiating from the center are numerous yellow lines, resembling sunbeams. The words "CLAYTON COUNTY" are written in a blue arc at the top, and "GEORGIA" is written in a blue arc at the bottom. Two white stars are positioned on the left and right sides of the seal, flanking the central state outline.

NEXT STEPS?


 An aerial photograph of a city street intersection, overlaid with a semi-transparent blue filter. Several maintenance tasks are indicated by heart-shaped icons with a wrench inside, each connected by a thin line to a text label. The tasks include: 'Trees trimmed' on the left sidewalk, 'Sidewalk patched' in the center of the intersection, 'Trash picked up' on the right sidewalk, 'Park cleaned up' further down the right sidewalk, 'Grafitti removed' near a building on the right, and 'Street light fix' at the top right. The street has cars parked and driving, and buildings line the sidewalks.

Trees trimmed

SeeClickFix

Sidewalk patched

Trash picked up

Park cleaned up

Grafitti removed

Scope of Services Proposal

SeeClickFix Inc
770 Chapel Street
New Haven, CT 06510

Prepared for:

Ricky Clark
City Manager
rclark@jonesboroga.com
(770) 478-3800
124 North Avenue
Jonesboro, Georgia

Prepared by:

Dan Kilburn
dan.kilburn@seeclickfix.com

Attachment: SeeClickFix Proposal - Jonesboro Georgia (003) (1137 : See Click Fix)



ORIGIN

SeeClickFix was founded in 2009 to empower citizens with tools to publicly document quality of life concerns in their neighborhoods. By radically improving the quantity and quality of data related to these concerns, SeeClickFix was quickly adopted by local governments as well — who needed a better way to receive information from citizens.

These partnerships began with some of the largest and most innovative cities in the country, including Houston, Albuquerque, Minneapolis, Oakland, and Boston. During the early years, SeeClickFix also helped to establish the Open311 standard used by many of the most progressive 311 centers.

To date, more than 2 million issues have been resolved via SeeClickFix. 500,000 users use SeeClickFix every month and we are working with more than 300 municipalities, counties and state agencies.

As we grew, we leveraged the knowledge and need of these partners. This customer development has pushed us further and further down the stack, from citizen input tools toward municipal work management. While we started as a citizen endpoint into a separate municipal platform, we are increasingly serving the role of a stand alone system, where municipalities can manage services from beginning to end.

PLATFORM

SeeClickFix connects local neighborhoods with government services. This engagement has both a tangible and emotional effect — improving infrastructure, increasing understanding and building trust.

At its core, SeeClickFix is a robust routing system built on top of a public platform — allowing for complex routing based on location and issue type. In addition to this, SeeClickFix Admin tools give service organizations an integrated platform for service request collection and work management.

Citizens submit requests via SeeClickFix mobile apps and website tools — city call takers enter phone calls, drop ins, emails and tweets into the SeeClickFix as well. From there, these requests are routed either manually or automatically based on location and request type, to the right person with the right information.

Then, city staff will be notified within SeeClickFix (or an external work order system via integration) that work has been assigned. As the work is updated and subsequently closed, the citizen will receive automatic updates. Through this process, SeeClickFix increases the total level of citizen participation as well as the perceived quality of these services. SeeClickFix also reduces the costs associated with these services by reducing phone calls, introducing automated responses and reducing the frictional costs of communication.

SeeClickFix is building the future of service management, with internal communication systems that are foundationally connected to public needs and interests.



COMMUNITY

The foundation of SeeClickFix is a free, public network for neighbors, community groups, and local governments around the world. We call this global network the SeeClickFix Community. Anyone can join the SeeClickFix Community and use these web and mobile tools to collaborate around solving neighborhood issues and improving communities.



REQUEST

SeeClickFix Request is an integrated solution to collect and manage public needs and requests. This begins with comprehensive input tools like mobile apps, web forms and a call-taker interface. From there, Request gives you internal communication tools to assign and track these issues to completion. Meanwhile, SeeClickFix Request keeps citizens in the loop on public and private issue pages where they are able to track the progress of issues and well ask questions, share with neighbors and thank the city.



WORK

SeeClickFix Work addresses the two primary needs of work management — Groups and Roles and Workflow Management — with a suite of internal communication tools. Now, crews can use SeeClickFix to manage field work. Customer service staff can use SeeClickFix as a direct connection and view into the progress of requests. Management can use SeeClickFix for a single view into the entire service operation.



ENGAGE

SeeClickFix Engage gives you tools to customize the brand and content of your mobile app and develop messaging and notification systems that further connect your community. SeeClickFix brings together some of the most passionate neighbors in your community. Engage allows you leverage this audience to promote new services, events and information.



ANALYZE

Organizations use SeeClickFix to measure the success of services and the health of neighborhoods. SeeClickFix Analyze offers dashboards, reports and interactive analytics to help organizations better access, understand and present data internally and to the public.



CONNECT

Integrate SeeClickFix with your current asset, work or task management, CRM, or ERP system. Bi-directional synchronization means no more double entry and all departments are up to date and in-sync.



SeeClickFix Admin Tools

The SeeClickFix Admin tools are built around the four pillars of successful service delivery: Requests, Work, Engagement, and Analysis. Each module has been designed based on the needs of our government partners — who represent some of the most experienced and innovative government officials in the world.



Request

Your service organization needs a central system to collect data, route and assign requests and communicate with citizens so nothing gets lost.

SeeClickFix iOS and Android Apps

Interactive Website Forms

Facebook Application

SeeClickFix iOS and Call Taker

Public Issue Page and Watch Areas

Request Management System

Structured Request Categorization

Public Comments & Status Updates

Customizable Email Status Updates

Multi-Agency Routing

Digital and Printable Work Orders

Internal Comments

Priority and Re-categorization

Assignment and Email Routing

@Mention References



Work

Your workforce needs group controls and user permissions to manage communication, measure cost and increase efficiency.

Roles and Permissions

Workflow Stages

Stage Escalations

Scheduled Work



Engage

Your communications team needs a way to engage citizens and distribute information in a way that is simple and accessible.

Custom iOS and Android Apps

Geo-driven Email Notifications

Mobile Content Management

Native Push Notifications



Analyze

Your management team needs to measure success, identify risks and report to stakeholders in a way that is complete and concise.

Insight Analytics Tool

Customized and Recurring Exports

Image, PDF, and Excel Exports

Enhanced Dashboards



Connect

Integrate SeeClickFix with your asset, work or task management, CRM, or ERP system. Bi-directional synchronization means no more double entry!



Community

SeeClickFix will always offer a completely free platform for communities around the world to connect around problems in the public space.

Issues w/ Commenting and Voting

Watch Areas and Points of Interest

Public Place Page

 In development, subject to change



Prepared for:
Ricky Clark
rclark@jonesboroga.com
(770) 478-3800
124 North Avenue
Jonesboro, Georgia

Prepared by:
Dan Kilburn
dan.kilburn@seeclickfix.com

Issue Date: 3/30/2017
Pricing Expires: 4/30/2017

ANNUAL PRODUCT SUBSCRIPTIONS		Quantity	Annual Fee
Users	Distinct internal users who will have access to the SeeClickFix tools below.	5	\$1,200.00
Engage	Custom iOS and Android apps, brand development, mobile content management	1	\$1,200.00
Request	Complete request management system: citizen submission and administrative management tools.	1	\$2,400.00
TOTAL ANNUAL SUBSCRIPTION FEES			\$4,800.00
TOTAL FEES (Due at Contract Signing)			
YEAR ONE FEES			\$4,800.00

The undersigned agree to the following Terms and Conditions and have caused this Contract to be executed as of the date signed by the Customer which will be the Effective Date: <http://legal.seeclickfix.com/terms-and-conditions/>

SeeClickFix

Jonesboro, Georgia, City

Name

Name

Title

Title

Date

Date

Signature

Signature

SeeClickFix's W9 information is available here: https://drive.google.com/file/d/0BwW_zrHi8QH2anF0bElKU3h5bFk/view

Attachment: SeeClickFix Proposal - Jonesboro Georgia (003) (1137 : See Click Fix)



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.B

WORK SESSION – B

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Council to consider the use of Lee Street Park by Chairman Jeff Turner for the annual CASA 5k Fitness Run/Walk on Saturday, August 26, 2017.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Pursuant to Rental Policy, All Fee Waivers Must be Approved by Mayor & Council

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes

Recreation, Entertainment and Leisure Opportunities

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

For the third consecutive year, Chairman Turner is requesting to have the Annual CASA Fitness 5k Walk/Run on August 26, 2017. Last year the event was held at Lee Street Park and all fees were waived. For this purpose, this request is being brought forward to Mayor & Council for approval of a fee waiver. The event will take place on the existing certified route in Jonesboro. As far as emergency personnel services, the Chairman has stated that both the Clayton County Police Department & the Clayton County Sheriff's Department will coordinate with the Jonesboro Chief of Police on necessary road closures and any additional assistance requested.

History of CASA:

Court Appointed Special Advocates (CASAs) are trained community volunteers appointed by a judge to speak up for the best interests of children involved in juvenile court deprivation proceedings. "The ultimate goal of a CASA volunteer is to help make sure the child has a safe, permanent home as quickly as possible! The friends of Clayton County CASA (FCCC), a non-profit organization, was established in 1998 to help support the Clayton County CASA program with fund raising, volunteer recruitment, and public awareness efforts.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

- Waiver of Small Stage Usage Fee

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Chairman Turner - 5k Run 2017
- Certified 5k Route

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City Administrator

Date

April, 3, 2017

Signature

City Clerk's Office



CITY OF JONESBORO

124 North Avenue
Jonesboro, Georgia 30236
www.jonesboroga.com

APPLICATION FOR USE OF LEE STREET PARK

"OFFICE OF THE CITY CLERK"

- ✓ Please print legibly or type and fill out form completely.
- ✓ Submit application and pay all fees at least 30 days prior to use.
- ✓ Make payment by Credit Card, Cash or Cashier's Check payable to *City of Jonesboro*.
- ✓ If applicable, attach a copy of the Certificate of Liability naming the City as an additional insured, Temporary Sales License, Liquor Liability Insurance, Food Handlers Permit.

Area(s) Requested

(Please Check)

Large Amphitheater _____
 Small Amphitheater ☒ _____
 Market Area _____
 Pavilion _____

APPLICANT INFORMATION

Organization Name (if Applicable)	Person Responsible for Reservation <u>Jeffrey E. Turner</u>	
Address: <u>112 Smith Street</u>	Home Phone #:	Other Phone #: <u>404-447-8376</u>
City/Zip Code: <u>Jonesboro, 30236</u>	Email Address: <u>jeff.turner@claytoncountygga.gov</u>	

RESERVATION INFORMATION

Day of Week (circle): M T W TH F S SU REQUESTED DATE: August 26, 2017

Reservation - START TIME: 6:00 AM/PM (including set-up) END TIME: 1:00 AM/PM (including clean-up)

Event Name: Chairman Turner's 5K Run/Walk Total Expected Attendance: 100-300

Contact Person on Day of Event: Darlene Turner Contact # on Day of Event: 678-770-6488

Type of Activity:

☐ Birthday Party ☐ Company Picnic ☐ Concert ☒ Fundraiser ☐ Wedding ☐ Other _____

This event will be: (check all that apply)

☐ Closed to the public/invited guest only ☒ Open to the public ☐ Generating Sales (i.e. admission fees, concessions, or entry fees)

☒ Use of Electricity

Please indicate any other special assistance from our Public Works Department you will need (ex. Extra garbage receptacles, etc.):

APPLICATION FOR A SPECIAL EVENT

Are there any entertainment features related to your event? ☒ No ☐ Yes*

* Number of Performers: _____ Performer Name(s) _____ Performance Type: _____

Will sound amplification be used? ☐ No ☒ Yes*

* Start Time: 8:00 End Time: 1:00 Describe Sound equipment used: mic/speakers start of race end of race

Will you be erecting and using any tents or other temporary equipment? ☐ No ☒ Yes*

*Describe Equipment used: Vendor

Will you request any street closures or alterations? ☐ No ☐ Yes* (Time of Closure or Alteration: _____ AM/PM to _____ AM/PM)

*Location/Affected Street: City of Jonesboro approved 5K Route

Does your event involve the use of alcoholic beverages? ☒ No ☐ Yes*

*Please check all that apply: ☐ Free/Host Alcohol ☐ Alcohol Sales ☐ Host & Sales ☐ Beer ☐ Wine

Provide the name of the licensed bartender/caterer to serve the alcoholic beverages.

*Name of Caterer/Licensed Bartender: _____ Liquor License #: _____

If your event includes the use of alcohol on City Property, Host Liquor Liability Insurance of at least \$1,000,000 per occurrence is required. For alcohol sales, you must also obtain a City of Jonesboro Temporary Sales License and an approved City Alcohol Permit. To serve alcohol, you must also obtain an approved City Alcohol Permit.

Will Food and/or refreshments be served? ☐ No ☒ Yes*

*What type of food and/or refreshments will be served? Fruit/Water

Will you be hiring a caterer to serve food? ☒ No ☐ Yes*

*Caterer Name: _____ Address: _____ Contact #: _____

Will food and/or refreshments be sold? ☐ No ☐ Yes*

*What type of food and/or refreshments will be sold? _____

Who will prepare the food being served? ☐ Caterer* ☐ Other: _____

*Does the caterer have a current Food Handlers Permit? ☐ No ☐ Yes

FOR OFFICE USE ONLY

A copy of the following supplement documents are required:

<input type="checkbox"/> Proof of Liability Insurance -	Due Date: _____	Received On: _____
<input type="checkbox"/> Proof of Host Liquor Liability Insurance -	Due Date: _____	Received On: _____
<input type="checkbox"/> City Approved Alcohol Permit -	Due Date: _____	Received On: _____
<input type="checkbox"/> Jonesboro Temporary Sales License -	Due Date: _____	Received On: _____
<input type="checkbox"/> Current Food Handlers Permit -	Due Date: _____	Received On: _____

NOTE: All required documents must be submitted to the City at least 30 days prior to reservation date for the reservation to be confirmed.

APPLICATION FOR A SPECIAL EVENT |

FOR OFFICE USE ONLY

Fee Computation: *Office Use Only*

Refundable Deposit: \$ _____

Cleaning Fee: \$ _____

Security Fee: \$ _____

Amphitheatre: _____ hrs. @ \$ _____ per hour: \$ _____

Small Amph.: _____ hrs. @ \$ _____ per hour: \$ _____

Pavilion: _____ hrs. @ \$ _____ per hour: \$ _____

Market Area : _____ hrs. @ \$ _____ per hour: \$ _____

Other _____: \$ _____

Total Amount Due: \$ _____Payment Information: *Office Use Only*☐ Cash ☐ Check # _____ ☐ Visa ☐ M/C ☐ Discover

Cardholders Name: _____

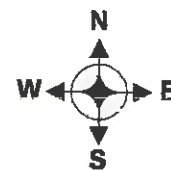
Card Number: _____ Expires: _____

☐ Refundable Deposit paid on: _____☐ Remaining amount of \$ _____ is due by: _____☐ All Fees paid on: _____

I have evaluated the application and in accordance with the City of Jonesboro's policies, this application is:

☐ Approved for use☐ Denied for UseComments/Notes: Council Approval Required for Fee Waiver. Scheduled for 04/10/17 MeetingAuthorized by:  Title: City Administrator Date of Approval: _____

Attachment: Chairman Turner - 5k Run 2017 (1132 : Chairman Turner - 5K 2017)



Note 1: Course is not restricted, curb to curb
 Note 2: Runners will turn left on the north side of Lee park at x-walk from Perry Learning Center & run the outside loop to finish on south side
 Note 3: All points have Green paint with nails/washers
 Note 4: Cones or volunteers will be at all turns

Map labels include: Lee St, Spring St, Pine Cir, N Main St, Smith St, W Mill St, Church St, College St, E College St, South Ave, Cloud St, Burnside St, Fayetteville Ave, Stewart Ave, Fayetteville Rd, Tara Blvd, Lee Park, Perry Learning Center, Jonesboro Police Dept, and numbered points 1, 2, and 3.

Measured and drawn by:
Doug Jones
Lawrenceville, Ga.
770-882 9962
dwjones895@aatt.net



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.C

WORK SESSION – C

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Council to consider Conditional Use Permit #17CU-001 to allow a “Churches and other Places of Worship” at property located at 29 Lee Street as requested by Mohammad Iftkhar.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Sec. 86-183(2)

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

No Community Planning, Neighborhood and Business Revitalization

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

PURPOSE:

1. To consider a Conditional Use Permit to allow a “Churches and other Places of Worship” at property located at 29 Lee Street as requested by Mohammad Iftkhar.

HISTORY:

1. Pursuant to our Occupational Tax records, the location has been vacant for roughly three years. According to the City’s 2025 Future Land Use Map identifies the property as “Office/Business”. “Office/Business” includes more intensive office-oriented developments such as “office parks” and “business parks” that are directly accessible to the interstate highway system.
2. This property served as home to Universal Restaurant & Coco’s restaurant.

FACTS & ISSUES:

1. Article VI of the Zoning Ordinance outlines the procedure for bringing a Conditional Use Permit application to the Mayor and Council.
2. The Conditional Use requires one acre with a 150 foot frontage to operate an assembly. The frontage at the site 110ft which doesn’t meet code standards.
3. The Conditional Use also requires that “Churches and other Places of Worship” site be located along a collector road or greater. The site is located along Lee Street.
4. One space shall be provided for the larger of every four seats or for each 25 square feet of floor area available for chairs in the largest assembly room in the auditoriums or stadiums of schools and public buildings, places of worship or other locations of public assembly. Lodges and fraternal or social organizations shall provide one space for each 100 square feet of gross floor area.

Staff feels that the 13 parking spaces are not adequate for a place of assembly and the restaurant that is located next door.

5. After visiting the location, there are extreme issues with the exterior siding on the small building in which the HVAC is house.

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

April, 3, 2017

Signature

City Clerk’s Office

Fiscal Impact*(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)***Exhibits Attached** *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Application Acceptance - Islamic Center - 29 Lee St.pdf final
- Survey of Site - 29 Lee Street
- Publication Affidavit - Legal Display

Staff Recommendation *(Type Name, Title, Agency and Phone)***Denial**



MEMORANDUM

To: Mohammad Iftkhar
29 Lee Street
Jonesboro, GA 30236

From: Ricky L. Clark, Jr.
124 North Avenue
Jonesboro, GA 30236

Date: March 10, 2017

Re: Notification of Request for a Conditional Use Request – **29 Lee St.**

Dear Mr. Iftkhar,

This letter is to serve as notification that the City of Jonesboro has accepted your request to consider a conditional use to operate an Islamic Center at property located at 29 Lee Street.

A Public Hearing has been scheduled for Monday April 10, 2017 before the Jonesboro Mayor and City Council to consider the request as described above. The Jonesboro Mayor and Council will first discuss this item at their next Work Session on Monday, April 3, 2017. Your presence is **strongly recommended** at both meetings.

Both meetings will be held at 6:00 p.m. in the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro GA 30236.

Sincerely,

Ricky L. Clark, Jr.
City Administrator

Baseball

•From Page 8A

contests. In Wednesday's 7-3 loss, Wayland Lloyd struck out six in three innings of work. The Panthers fell 5-3 on Thursday. Joan Rodriguez struck out nine in six innings in the loss. Forest Park has region games this week against Jonesboro, Tucker and Drew.

Jonesboro Cardinals (3-3, 2-2)

The Cardinals earned their first Region 4-AAAAAA win of the season last Friday by a score of 21-6 against Lovejoy. Logan Richardson struck out eight batters in 5.1 innings of work. Seth Leonard drove in three runs, while Justin Marshall added three hits and 2 RBIs. Brandon Garner also recorded 2 RBIs. On Monday, Jonesboro topped Forest Park by a score of 12-0. Aaron Strickland threw a no-hitter for the Cardinals. He struck out 10 in seven innings of work. Sieas Elliott added three hits and 2 RBIs. The Cardinals will wrap up the series against Forest Park on Wednesday before facing Mundy's Mill on Friday.

Lovejoy Wildcats (0-3, 0-2)

The Wildcats lost 21-6 to Jonesboro last Friday in their only action of the week. Jay Moore pitched 5.1 innings and struck out six in the loss. Azariel Ector and Seth Tyus each reached

base twice. Lovejoy will return to action this week with region games against Mundy's Mill and Stephenson.

Morrow Mustangs (3-12, 0-8)

The Mustangs were swept in three games last week by Region 3-AAAAA foe Griffin. Morrow was shut out in two of those games. In Wednesday's 8-0 loss, Josh Miles struck out four in five innings of work. Of the six runs he allowed, only two were earned. Denard Miller, Akeem Newton and Josh Lowery each recorded hits. Morrow will face Fayette County in region action this week.

Mount Zion Bulldogs (2-11, 1-5)

The Bulldogs were swept in two games last week by Stephenson. Mount Zion led for most of last Wednesday's 8-6 loss but ended up losing as Stephenson scored three runs from the fifth inning on. Mount Zion fell 15-5 to Stephenson on Friday. The Bulldogs opened this week against Tucker, losing 10-0. They play Tucker again today.

Mundy's Mill Tigers (10-4, 6-0)

The Tigers continued their perfect start to Region 4-AAAAAA play last week with two wins over MLK. The Tigers won 12-2 on Wednesday. Derrick Lindsey recorded three hits

and Nick Harmon drove in two runs. Jason Ceballos picked up the win on the mound with 4.1 innings of work. The Tigers followed that up with an 8-3 win on Friday. Melvin Crawford drove in three runs with two hits. David Crawford added two hits. Seven pitchers combined to allow five hits. Mundy's Mill got a 16-0 win over Lovejoy last Wednesday. The Tigers play Lovejoy again today and Jonesboro on Friday.

North Clayton Eagles (0-9, 0-6)

The Eagles are still winless this season after being swept by Eastside last week in a three-game series. North Clayton has been beaten by the run-rule in five of its six games in Region 4-AAAA play. The Eagles will play Druid Hills in a three-game series this week.

Riverdale Raiders (4-6, 0-4)

The Raiders won two nonregion games last week against Forest Park. In Wednesday's 7-3 win, O'Chodd Anderson pitched a complete game, striking out 13 hitters. Kyran Coleman recorded two hits for the Raiders. On Friday, the Raiders won 5-3 behind a strong performance from Jeromy Rosado. He struck out 15 in seven innings. Coleman recorded 2 RBIs. Riverdale faces Starr's Mill in Region 3-AAAAA action this week.

•From Page 8A

to shoot. But I just took the job."

Munford made 11 shots through three rounds. Mount Zion's Tamera Tilley (6) and Lovejoy's Symone Williams (5) also shot the ball well in the contest.

Morrow's DiJon Brown lights it up to win boys three-point contest

While there was drama in the girls three-point contest, the boys' was much more straightforward. Morrow's DiJon Brown drilled nine shots in the first round and then nine more in the finals against North Clayon's Joseph Polk to win the event.

Brown said he practiced for the event and was prepared for the unusual circumstances.

"I prepared. I went to the gym yesterday and got the shots up," he said. "I'm a competitor and I like competition. All my friends right here are competitors too. I like to be the best at what I do. It's a check off my list, I wanted to win a three-point

All-Star

contest in my life."

Polk made eight shots in the opening round. Elite Scholars Academy's Cam Wade (7), Riverdale's Jonathan Foster (6), Mundy's Mill's Tyree Keith (6) and Jonesboro's Ellis Wester (6) also had quality showings.

Forest Park's Avery Wilson wins slam dunk contest

There were several exciting dunks in the slam dunk contest, but Forest Park senior Avery Wilson was the most consistent. He made the finals and needed just one dunk to beat Drew's Michael Brown and Mount Zion's Ebtimi Orubina and claim the trophy.

Wilson scored the highest overall score after his two dunks in the opening round. Orubina, who leaped over two friends for his first dunk, and Brown tied, setting up a three-way championship.

Once Brown and Urubina failed to get any of their dunks down, Wilson only needed to finish an attempt to win the contest. He did so

by throwing the ball off the backboard, catching it and dunking it with two hands.

South boys win contest on Jaylon Terrell's last-second dunk

The boys game remained close, but Forest Park won the majority of the contest as the players involved tempted long 3-point dunks in hopes of pleasing the crowd.

But with two minutes remaining and the score close, both teams got into a frantic battle. The North held a slight late in the game until South tied the game with a turnover by the South. The North a chance to win the game, but a missed shot led to a fast break for Jonesboro's Jaylon Terrell, who dunked with 10 seconds left to put his team up by 10 points. The North had the last shot but it was not enough.

The MVPs of the game were North Clayton's Ahsan Asadullah (North) and Mundy's Mill's Malolo (South).

Team

•From Page 8A

the Second Team in Class AAAAA. Ivery averaged 19 points and 12 rebounds for the Tigers this season.

Union Grove's Wesley Simpson and Eagle's Landing's Mohammed Abubakar earned Honorable Mention honors. Simpson averaged 11 points and 6.0 assists for the Wolverines, while Abubakar averaged nearly a double-double for Eagle's Landing.

Girls Class AAAAA

Locust Grove's Zamiya Passmore and Stockbridge's Alexis Poole were named to the Second Team in Class AAAAA. Passmore helped the Lady Wildcats reach the state

playoffs by averaging 21 points, 5.0 rebounds and 6.4 assists per game. Poole, who will play at Kennesaw State next season, averaged 23 points and 12.5 rebounds per game.

Morrow's Da'Ja Green and Eagle's Landing's Kiera Howard earned Honorable Mention honors. Green averaged 18 points per game. Howard led the Lady Eagles to the Elite Eight while recording 11.8 points, 4.3 assists and 6.2 steals per game.

Boys Class AAAA

Henry County senior Javon Greene was named Best Scorer and to the First Team in Class AAAA. Greene averaged 21 points per game for Henry

County's Final Four Teammate Damion Johnson was also a First Team selection after averaging 19 points per game.

North Clayton senior Ahsan Asadullah was named Honorable Mention. He averaged 13.0 points and 8.5 rebounds per game.

Girls Class AA

Henry County junior Brooke Moore was named to the First Team in Class AAAA. Moore averaged 24.4 points and 3.7 rebounds per game for the Lady Warhawks this season. Luella's Zaria Bailey was chosen as an Honorable Mention. She averaged 15.1 points and 4.3 assists per game for Lady Lions.

NOTICE OF PUBLIC HEARINGS FOR ZONING MATTERS

The Board of Commissioners for Clayton County, Georgia, will hold a Public Hearing to consider the request of the foregoing amendments at 7:00 p.m., on Tuesday, April 4, 2017 at the Commissioners' Board Room of the Clayton County Administration Building, 112 Smith Street, Jonesboro, Georgia.

The Applicant, Clayton County Government, Planning and Zoning Office, is requesting revocation of the 2012 rezoning of the subject parcel from RMX to MMX with a conditional use permit for an assisted living facility, for property located at 6288 Old Dixie Road, Jonesboro, GA 30236 and known as parcel number 13-115C-C002. The subject property is approximately 6.65+/- acres of land.

The public is invited to attend and speak at the hearings, pursuant to the procedures in the Zoning Ordinance. Written comments may also be submitted before the hearings to the Community Development Department.

Copies of the requests for zoning amendment are available for public inspection at the Community Development Department, P.K. Dixon Building, Annex 2, 121 South McDonough Street, Jonesboro, Georgia.

476279-1

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Ionesboro at 6:00 P.M. on Monday, April 10,2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Self-Contained Ice Kiosk Machine at the property located at 8870 Tara Blvd, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

Public Hearing will be held by the Mayor and Council of City of Ionesboro at 6:00 P.M. on Monday, April 10,2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Other Educational Services at the property located at 216 N. McDonough Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

An application has been submitted to the City of Ionesboro Mayor and City Council for a Retail Package Dealer license to sell beer/wine at 211 N. Main Street. The legal business name is SS RAJ Inc., dba QIK PIK. Amarpal S. Raina has requested to be the License Representative. The application will be granted or denied by Mayor and City Council at 6:00 p.m. on Monday, April 10,2017. The required Public Hearing will also be held at that time. The meeting will be held at the Jonesboro Planning Department located at 170 South Main Street.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Ionesboro at 6:00 P.M. on Monday, April 10,2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Islamic Center place of worship at the property located at 29 Lee Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.D

WORK SESSION – D

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Council to consider Conditional Use Permit No. 17CU-002 at 216 N. McDonough Street as requested by Joi Wilkes to allow on premise tutoring services.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Article VI of the Code of Ordinances

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

No

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

According to the City's 2025 Future Land Use Map, the site is identified as "Office/Residential". Office/Residential allows for a mixture of office and residential uses in such a way as to foster a live-work environment. Professional offices (architecture, interior design, finance, real estate) may locate at ground level with residential condominium or apartment units above.

Facts

1. This property has been home to a tutorial services business since 2013. A conditional use permit was approved by Mayor & Council. The applicant is seeking to purchase the building but the application requires approval of Mayor & Council first.
2. Article VI of the Zoning Ordinance outlines the procedure for bringing a Conditional Use Permit application to the Mayor and Council.
3. The site is in the H-2 District.
4. The Conditional Use Permit requires that the business must be located on a street having a classification of collector or greater. **Requirement met.**
5. The site has a total of seven parking spaces in the rear within a fenced in yard.
6. Section 86-198 establishes the conditions required for this NAICS 6116.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

\$700 Conditional Use Application Fee

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Legal Display Ads March 22 29-2017
- Conditional Use Application - 216 N. McDonough Street

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City Administrator

Date

April, 3, 2017

Signature

City Clerk's Office

State of Georgia
County of Clayton

Personally appeared before the undersigned, **Donna Goodson**, who after being first duly sworn states that she is the **Circulation Manager** for the **Clayton News**, official legal organ of **CLAYTON COUNTY, GEORGIA**, and that upon her own personal knowledge she knows that the advertisement, a true copy of which is hereto annexed, was published in said newspaper of general circulation on the following dates:

Newspaper Ad # 476522

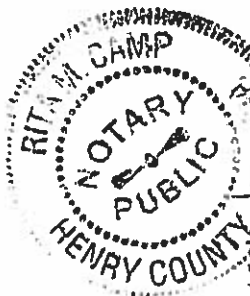
Run Dates: March 22, 29-2017

Donna Goodson
Donna Goodson, Affiant

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Other Educational Services at the property located at 216 N. McDonough Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator



Sworn to and subscribed before me this 29th day of March, 2017

Rita M. Camp

Signed Rita M. Camp, Notary Public
My commission expires November 23, 2020

State of Georgia
County of Clayton

Personally appeared before the undersigned, Donna Goodson, who after being first duly sworn states that she is the **Circulation Manager** for the Clayton News, official legal organ of CLAYTON COUNTY, GEORGIA, and that upon her own personal knowledge she knows that the advertisement, a true copy of which is hereto annexed, was published in said newspaper of general circulation on the following dates:

Newspaper Ad # 476523

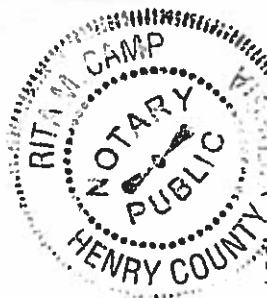
Run Dates: March 22, 29-2017

Donna Goodson
Donna Goodson, Affiant

Legal Notice

An application has been submitted to the City of Jonesboro Mayor and City Council for a Retail Package Dealer license to sell beer/wine at 211 N. Main Street. The legal business name is SS RAJ Inc., dba QIK PIK. Amarpal S. Raina has requested to be the License Representative. The application will be granted or denied by Mayor and City Council at 6:00 p.m. on April 10, 2017. The required Public Hearing will also be held at that time. The meeting will be held at the Jonesboro Police Department located at 170 South Main Street.

Ricky L. Clark, Jr.
City Administrator



Sworn to and subscribed before me this 29th day of March, 2017

Rita M. Camp

Signed Rita M. Camp, Notary Public
My commission expires November 23, 2020

State of Georgia
County of Clayton

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Newspaper Ad # 476524

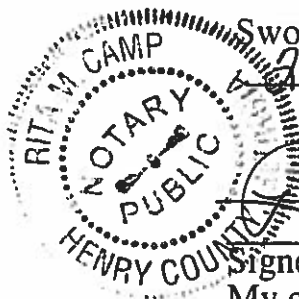
Run Dates: March 22, 29-2017

Donna Goodson
Donna Goodson, Affiant

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Self-Contained Ice Kiosk Machine at the property located at 8870 Tara Blvd, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator



Sworn to and subscribed before me this 29th day of March, 2017

Rita M. Camp

Signed Rita M. Camp, Notary Public

My commission expires November 23, 2020

State of Georgia
County of Clayton

Personally appeared before the undersigned, **Donna Goodson**, who after being first duly sworn states that she is the **Circulation Manager** for the **Clayton News**, official legal organ of **CLAYTON COUNTY, GEORGIA**, and that upon her own personal knowledge she knows that the advertisement, a true copy of which is hereto annexed, was published in said newspaper of general circulation on the following dates:

Newspaper Ad # 476525

Run Dates: March 22, 29-2017

Donna Goodson
Donna Goodson, Affiant

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Islamic Center place of worship at the property located at 29 Lee Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Sworn to and subscribed before me this
29th day of March, 2017



Rita M. Camp

Signed Rita M. Camp, Notary Public
My commission expires November 23, 2020

State of Georgia
County of Clayton

Personally appeared before the undersigned, **Donna Goodson**, who after being first duly sworn states that she is the **Circulation Manager** for the **Clayton News**, official legal organ of **CLAYTON COUNTY, GEORGIA**, and that upon her own personal knowledge she knows that the advertisement, a true copy of which is hereto annexed, was published in said newspaper of general circulation on the following dates:

Newspaper Ad # 476526

Run Dates: March 22, 29-2017

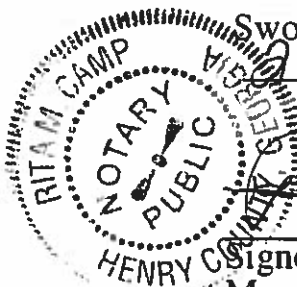
Donna Goodson
Donna Goodson, Affiant

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a zoning appeal for property located at 253 North Main Street St. A, Jonesboro, Georgia 30236.

Applicant - Alianza Latin Group

Ricky L. Clark, Jr.
City Administrator



Sworn to and subscribed before me this 29th day of March, 2017

Rita M. Camp

Signed Rita M. Camp, Notary Public
My commission expires November 23, 2020

State of Georgia
County of Clayton

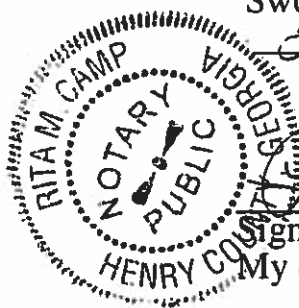
Personally appeared before the undersigned, **Donna Goodson**, who after being first duly sworn states that she is the **Circulation Manager** for the **Clayton News**, official legal organ of **CLAYTON COUNTY, GEORGIA**, and that upon her own personal knowledge she knows that the advertisement, a true copy of which is hereto annexed, was published in said newspaper of general circulation on the following dates:

Newspaper Ad # 476837

Run Dates: March 22, 29-2017

Donna Goodson
Donna Goodson, Affiant

Sworn to and subscribed before me this
29th day of March, 2017



Rita M. Camp
Signed Rita M. Camp, Notary Public
My commission expires November 23, 2020

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow a Daycare Facility at the property located at 118 Stockbridge Rd. Jonesboro, Georgia 30236.
Ricky L. Clark, Jr.
City Administrator



CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

CONDITIONAL USE PERMIT APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

APPLICATION FEE: \$700.00 (Non-Refundable).

Date of Application: Feb. 22, 2017

Property Owner Authorization

I (We) Willie S. Smith the
 owner(s) of the following property located at: 216 N. McDonald
Street Jonesboro, GA 30236

Tax Parcel Number: _____ Size of Property: _____

Located in Zoning District Historic do hereby request permission for a
 conditional use for the above described property under the Zoning Ordinance zoned for

the following purposes:

☒ Tutoring / training / education

Attachment: Conditional Use Application - 216 N. McDonough Street (1130 : Kingdom Full Gospel Ministries)

Property Owner Information

Name: Willie S. Smith
 Mailing Address: 10968 Big Sky Dr.
 City: Hampton State: GA Zip: 30236
 Phone: (Day) 678-462-6212 (Evening) "Same"

Applicant's Information

(If Different from Owner's Information)

Name: KFGM - Kingdom Full Gospel Ministries (Joi Wilkes)
 Mailing Address: 10715 Village Crossing
 City: Jonesboro State: GA Zip: 30238
 Phone: (Day) 404-775-5048 (Evening) _____

Jonesboro Property Information

Existing Uses and Structures: The Learning Center / Tutoring
 Property address: 216 N. McDonough St Jonesboro, GA
 Surrounding Uses and Structures: (See Official Zoning Map): _____
 Surrounding Zoning:
 North: Plumbing South: Security East: Gas station West: Residential
 Details of Proposed Use: Outreach Ministry; Training, tutoring, Inspirational / motivational programs, Community Activities
 Public Utilities: All
 Access, Traffic and Parking: Accessible / 15-20 parking spaces
 Special Physical Characteristics: _____

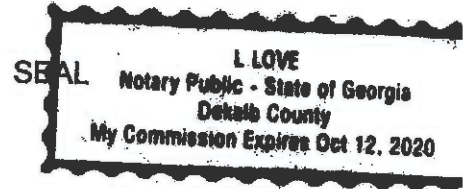
Attachment: Conditional Use Application - 216 N. McDonough Street (1130 : Kingdom Full Gospel Ministries)

The City may require submission of additional information as may be useful in understanding the proposed use and development of the property.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ALL ATTACHED INFORMATION IS TRUE AND CORRECT:

Date: 2/22/17 Signed: [Signature]

Notary: [Signature] 2/22/17



FOR OFFICE USE ONLY:

Date Received: 02/22/17 Received By: [Signature]

Fee Amount Enclosed: \$ 700.00

Public Notice Sign Posted (Date) _____

Legal Ad Submitted (Date) _____

Legal Ad Published (Date) _____

Date Approved: ____/____/20____

Date Denied ____/____/20____

Permit Issued ____/____/20____

Comment:

Attachment: Conditional Use Application - 216 N. McDonough Street (1130 : Kingdom Full Gospel Ministries)

PROPERTY OWNER'S AUTHORIZATION

The undersigned below, or as attached, is the owner of the property which is subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of an amendment to the property.

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Clayton County, Georgia.

I hereby depose and say that all above statements and attached statements and/or exhibits submitted are true and correct, to the best of knowledge and belief.

PROPERTY OWNER:

Willie S. Smith
PRINT NAME

Willie S. Smith
SIGNATURE/DATE

APPLICANT:

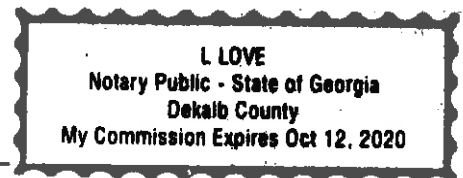
Joi Denise Wilkes
PRINT NAME

Joi Wilkes
SIGNATURE/DATE

NOTARY:

L Love 2/22/17
SIGNATURE/DATE

SEAL



Attachment: Conditional Use Application - 216 N. McDonough Street (1130 : Kingdom Full Gospel Ministries)

Clayton County, Georgia
 Real Estate Transfer Tax
 Paid \$ 76
 Date 2-24 2014
JACQUILINE D. WILLS
 Clerk, Superior Court

FILED
 CLAYTON CO.

2014 FEB 24 PM

JACQUILINE D. WILLS
 CLERK SUPERIOR

STATE OF GEORGIA
 COUNTY OF CLAYTON

After recording, return to: STEPHEN F. WHITE, ATTORNEY AT LAW, P.C.,
 9425 S. MAIN STREET, JONESBORO, GA 30236 (770)477-1500

WARRANTY DEED

THIS INDENTURE, made this 31st day of January, 2014, between **DAVID J. WALKER** and **BOBBY E. FARMER** of the State of Georgia, hereinafter referred to as GRANTORS, and **CALL TO MANHOOD MINISTRIES, INC.**, a Georgia corporation, hereinafter referred to as GRANTEE.

WITNESSETH: That said GRANTORS, for and in consideration of the sum of TEN (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, have granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said GRANTEES (the terms "GRANTORS" and "GRANTEE" include the respective heirs, successors and assigns of each where the context requires or permits), the following described real property, to wit:

All that tract or parcel of land lying and being in Land Lot 240 of the 13th District of Clayton County, Georgia, being Lot 6, Property of Henry C. Davidson, as per plat recorded at Plat Book 3, page 108, Clayton County Records, and being more particularly described as follows:

BEGINNING at an iron pin on the east side of North McDonough Street 370.6 feet southwesterly and south from the corner formed by the intersection of the southeasterly side of North McDonough Street with the southerly side of Johnson Street (formerly Cemetery Street) as measured along the southeasterly and east of North McDonough Street, said beginning point being at the southwest corner of Lot 5 of said property; thence south along the east side of North McDonough Street 70 feet to an iron pin; thence east 200 feet to an iron pin and Lot 7 of said property; thence north along the west line of said Lot 7 a distance of 70 feet to an iron pin and Lot 5 of said property; thence west along the south line of said Lot 5 a distance of 201.6 feet to an iron pin on the east side of North McDonough Street and the point of beginning; being improved property known as No. 216 North McDonough Street, Jonesboro, Georgia,

Subject to easements and restrictions of record.

TO HAVE AND TO HOLD the said tract or parcel of land, with all and singular the rights, members and appurtenances thereof, to the same being, or in anywise appertaining to the only proper use, benefit and behoof of the said GRANTEES, forever, in **FEE SIMPLE**.

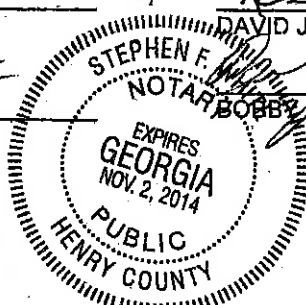
AND THE SAID GRANTORS will warrant and forever defend the right and title to the above described property, unto the said GRANTEE against the claims of all persons whomsoever.

IN WITNESS WHEREOF, GRANTORS has signed and sealed this deed the day and year above written.

Signed, sealed and delivered
 in presence of:

UNOFFICIAL WITNESS

NOTARY PUBLIC



DAVID J. WALKER

(SEAL)

BOBBY E. FARMER

(SEAL)



CITY OF JONESBORO
124 North Avenue
Jonesboro, Georgia 30236
City Hall: (770) 478-3800
Fax: (770) 478-3775
www.jonesboroga.com

maria

ZONING VERIFICATION REQUEST

Important Notice:

BEFORE leasing, purchasing, or otherwise committing to a property you are STRONGLY ADVISED to confirm that the zoning and physical layout of the building and site are appropriate for the business use intended and will comply with the City's Zoning Ordinance. This includes having a clear understanding of any code restrictions, limitations or architectural guidelines that may impact your operation and any building and site modifications that may be necessary to open your business. This document does not authorize a business to conduct business without an Occupational Tax Certificate. This could result in closure and/or ticketing.

Applicant's Information

Name of Applicant: Joel Wilkes
Name of Business: Kingdom Full Gospel Ministries
Property's Address: 216 N. McDonough St., Jonesboro, GA. 30236
Email Address: jwil1@hotmail.com
Phone: (Day): (604) 775-5048 (Evening): (Same)

Property Information

Current Use of Property: Education / Tutoring

Proposed Use of Property (Please provide in great detail the intended use of the property):

Provide youth career training, tutoring services for elementary and middle school students; After School Activities for elementary to high school students, various occupational, inspirational and motivational speakers, coordinate and host family activities.

Joel Wilkes
Applicant's Signature

2/13/2017
Date

FOR OFFICE USE ONLY:

Current Zoning: H 2

NAICS Code: 6116

Required Zoning: _____

Conditional Use Needed? ☒ Yes or ☐ No


☐ APPROVED

DENIED ☐

Comments:

86-198
Richard Lane
Zoning Official Signature

02/14/17
Date

	CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary		Agenda Item # 5.E WORK SESSION – E
			COUNCIL MEETING DATE April 3, 2017
	Requesting Agency (Initiator) Office of the City Administrator	Sponsor(s) Mayor Day	
Requested Action <small>(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)</small> Discussion regarding Resolution #2017-003 recognizing Georgia Cities Week, April 23-29, 2017 and encouraging all citizens to support the celebration and corresponding activities.			
Requirement for Board Action <small>(Cite specific Council policy, statute or code requirement)</small>			
Is this Item Goal Related? <small>(If yes, describe how this action meets the specific Board Focus Area or Goal)</small> Yes Recreation, Entertainment and Leisure Opportunities			
<div style="display: flex; justify-content: space-between;"> <div> Summary & Background </div> <div style="font-size: small;"> <small>(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)</small> </div> </div> <p>The Georgia Municipal Association (GMA) is sponsoring Georgia Cities Week in Georgia April 23-29, 2017 to showcase and celebrate cities and the many services they provide. Cities provide a higher level of service than most governments, are generally rated higher by the public than any other level of government, and yet, many residents are unaware of how city services impact their lives. Through Georgia Cities Week, GMA and related organizations hope to heighten the public's awareness of city government's role in enhancing the quality of life in communities.</p> <p>GMA's Georgia Cities Week is part of an on-going effort to raise public awareness about the services that cities perform and to educate the public on how city government works. Cities are encouraged to involve their local schools, businesses, legislators, Chambers of Commerce, media and civic clubs in planning Georgia Cities Week activities.</p> <p>The City of Jonesboro will be hosting an Open House on Friday, April 28th between the hours of 10 am – 2 pm at our departments and sharing our facilities and equipment, as well as our work, with citizens.</p>			
<div style="display: flex; justify-content: space-between;"> <div> Fiscal Impact </div> <div style="font-size: small;"> <small>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</small> </div> </div>			
Exhibits Attached <small>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</small> <ul style="list-style-type: none"> RES 2017-03 - GA Cities Week 			
Staff Recommendation <small>(Type Name, Title, Agency and Phone)</small> Approval			

FOLLOW-UP APPROVAL ACTION (City Clerk)		
Typed Name and Title Ricky Clark, City Administrator	Date April, 3, 2017	
Signature	City Clerk's Office	

STATE OF GEORGIA
CITY OF JONESBORO

RESOLUTION NO. 2017- 03

A RESOLUTION OF THE CITY OF JONESBORO RECOGNIZING GEORGIA CITIES WEEK, APRIL 23-29, 2017 AND ENCOURAGING ALL CITIZENS TO SUPPORT THE CELEBRATION AND CORRESPONDING ACTIVITIES.

WHEREAS, city government is the closest to most citizens, and the one with the most direct daily impact upon its residents; and

WHEREAS, city government is administered for and by its citizens, and is dependent upon public commitment to and understanding of its many responsibilities; and

WHEREAS, city government officials and employees share the responsibility to pass along their understanding of public services and their benefits; and

WHEREAS, Georgia Cities Week is a very important time to recognize the important role played by city government in our lives; and

WHEREAS, this week offers an important opportunity to spread the word to all the citizens of Georgia that they can shape and influence this branch of government which is closest to the people; and

WHEREAS, the Georgia Municipal Association and its member cities have joined together to teach students and other citizens about municipal government through a variety of different projects and information; and

WHEREAS, Georgia Cities Week offers an important opportunity to convey to all the citizens of Georgia that they can shape and influence government through their civic involvement.

NOW, THEREFORE BE IT RESOLVED THAT THE CITY OF JONESBORO DECLARES APRIL 23-29, 2017 AS GEORGIA CITIES WEEK.

BE IT FURTHER RESOLVED THAT THE CITY OF JONESBORO ENCOURAGES ALL CITIZENS, CITY GOVERNMENT OFFICIALS AND EMPLOYEES TO DO EVERYTHING POSSIBLE TO ENSURE THAT THIS WEEK IS RECOGNIZED AND CELEBRATED ACCORDINGLY.

SO RESOLVED AND EFFECTIVE, this 10th day of April, 2017.

{Signatures on following page}

APPROVED:

Joy B. Day, Mayor

ATTEST:

Ricky L. Clark, Jr., City Clerk

APPROVED AS TO FORM:

Steve Fincher, City Attorney

(SEAL)



STATE OF GEORGIA
CITY OF JONESBORO

RESOLUTION NO. 2017- 03

A RESOLUTION OF THE CITY OF JONESBORO RECOGNIZING GEORGIA CITIES WEEK, APRIL 23-29, 2017 AND ENCOURAGING ALL CITIZENS TO SUPPORT THE CELEBRATION AND CORRESPONDING ACTIVITIES.

WHEREAS, city government is the closest to most citizens, and the one with the most direct daily impact upon its residents; and

WHEREAS, city government is administered for and by its citizens, and is dependent upon public commitment to and understanding of its many responsibilities; and

WHEREAS, city government officials and employees share the responsibility to pass along their understanding of public services and their benefits; and

WHEREAS, Georgia Cities Week is a very important time to recognize the important role played by city government in our lives; and

WHEREAS, this week offers an important opportunity to spread the word to all the citizens of Georgia that they can shape and influence this branch of government which is closest to the people; and

WHEREAS, the Georgia Municipal Association and its member cities have joined together to teach students and other citizens about municipal government through a variety of different projects and information; and

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BE IT FURTHER RESOLVED THAT THE CITY OF JONESBORO ENCOURAGES ALL CITIZENS, CITY GOVERNMENT OFFICIALS AND EMPLOYEES TO DO EVERYTHING POSSIBLE TO ENSURE THAT THIS WEEK IS RECOGNIZED AND CELEBRATED ACCORDINGLY.

SO RESOLVED AND EFFECTIVE, this 10th day of April, 2017.

{Signatures on following page}

Attachment: RES 2017-03 - GA Cities Week (1129 : 2017 Georgia Cities Week - Resolution)

APPROVED:

Joy B. Day, Mayor

ATTEST:

Ricky L. Clark, Jr., City Clerk

APPROVED AS TO FORM:

Steve Fincher, City Attorney

(SEAL)



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.F

- F

COUNCIL MEETING DATE
April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Conditional Use #17CU-003 to operate a Self-Contained Ice Making Kiosk at property located at 8870 Tara Blvd.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Sec 86-157

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

The City has received an application for a conditional use to operate a Self-Contained Ice Making Kiosk at the property located at 8870 Tara Blvd which is within the Tara Blvd Overlay District. The owner is George H. Green Oil, LLC. Pursuant to Sec. 86-157(1) No on premise vending sales shall be permitted. The location has an automotive shop and an emission shop on the premises. Staff has no problem with approval of this item; however, upon viewing other kiosks sites, we have found that there are other kiosks that look newer than the site proposed for our area. In addition, when originally presented with this item, the rendering provided at that time is different from the one we have now. Further, staff requests that if approved, the owner is required to have the top-mounted coolers motors screened in some shape of form.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Conditional Use Application - 8870 Tara Blvd.
- Publication Affidavit - Legal Display
- TaraSouth-C1

Staff Recommendation *(Type Name, Title, Agency and Phone)*

If Conditions Are Met, Staff Recommends Approval.

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

April, 3, 2017

Signature

City Clerk's Office



CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

CONDITIONAL USE PERMIT APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

APPLICATION FEE: \$700.00 (Non-Refundable).

Date of Application: 27 Feb 2017

Property Owner Authorization

I (We) George H. Green Oil Inc. the

owner(s) of the following property located at: 8870 Tara Blvd., Jonesboro, GA 30236

Tax Parcel Number: 05241A A053 Size of Property: 1 acre

Located in Zoning District C-2 do hereby request permission for a conditional use for the above described property under the Zoning Ordinance zoned for the following purposes:

Ice Kiosk

Attachment: Conditional Use Application - 8870 Tara Blvd. (1138 : Conditional Use - Ice Kiosk)

Property Owner Information

Name: George H. Green Oil, Inc.

Mailing Address: PO Box 127

City: Fairburn State: GA Zip: 30213

Phone: (Day) (770) 964-6125 (Evening) _____

Applicant's Information

(If Different from Owner's Information)

Name: Piney Springs LLC

Mailing Address: 500 Tuxedo Lane

City: Peachtree City State: GA Zip: 30269

Phone: (Day) (404) 425-4100 (Evening) (404) 425-4100

Jonesboro Property Information

Existing Uses and Structures: auto emissions inspections and repairs (former auto service station)

Property address: 8870 Tara Blvd. Jonesboro, GA 30236

Surrounding Uses and Structures: (See Official Zoning Map): bail bonds, residential, retail

Surrounding Zoning:

North: C-2 South: C-2 East: R-2 West: C-2

Details of Proposed Use: fully self-contained ice making kiosk

Public Utilities: water, sewer (not necessary), electric, gas, telephone, catv

Access, Traffic and Parking: existing business provides full accessibility and ample traffic control

Special Physical Characteristics: former auto service station provides ample access

Attachment: Conditional Use Application - 8870 Tara Blvd. (1138 : Conditional Use - Ice Kiosk)



Attachment: Conditional Use Application - 8870 Tara Blvd. (1138 : Conditional Use - Ice Kiosk)

ICE HOUSE MODEL



OVERVIEW

The Ice House model was Twice the Ice's first vending machine model. Capable of holding 6,500 lbs of ice, it is the best in its class. It is ideal for busy business centers or other high traffic locations. SmartIce™ Remote Management System included with all units.

Key Characteristics

- Optimal for high traffic locations.
- Our largest ice vending machine model.
- Offers a choice between bagged or direct-to-cooler ice.
- Available 24 hours a day, 7 days a week.
- Maintenance very minimal.
- Has several payment options: cash, vend coupons, credit/debit, or tokens.
- Can serve up to 50,000 customer visits per year.
- SmartIce™ Remote Management System included.

Operational Specifications

- Dimensions: 8' 6" W x 24' D x 15' H (the size of 2 parking spaces)
- Product
 - Bulk ice.
 - Bagged ice: 10 lb., 16 lb. and 20 lb. options.
 - Filtered water: 1, 3 and 5 gallon options.
- Ice storage bin: 6,500 lbs.
- Ice production capability: 4,500 - 13,000 lbs. per day.
- Set retail price in \$.05 increments.

Warranty

All Ice House models have a one-year full coverage warranty, and each major component has its own policy. Due to our superior engineering, our machines are expected to last almost 30 years, and major components will last around 15 years.



Baseball

•From Page 8A

contests. In Wednesday’s 7-3 loss, Wayland Lloyd struck out six in three innings of work. The Panthers fell 5-3 on Thursday. Joan Rodriguez struck out nine in six innings in the loss. Forest Park has region games this week against Jonesboro, Tucker and Drew.

Jonesboro Cardinals (3-3, 2-2)

The Cardinals earned their first Region 4-AAAAAA win of the season last Friday by a score of 21-6 against Lovejoy. Logan Richardson struck out eight batters in 5.1 innings of work. Seth Leonard drove in three runs, while Justin Marshall added three hits and 2 RBIs. Brandon Garner also recorded 2 RBIs. On Monday, Jonesboro topped Forest Park by a score of 12-0. Aaron Strickland threw a no-hitter for the Cardinals. He struck out 10 in seven innings of work. Sieas Elliott added three hits and 2 RBIs. The Cardinals will wrap up the series against Forest Park on Wednesday before facing Mundy’s Mill on Friday.

Lovejoy Wildcats (0-3, 0-2)

The Wildcats lost 21-6 to Jonesboro last Friday in their only action of the week. Jay Moore pitched 5.1 innings and struck out six in the loss. Azariel Ector and Seth Tyus each reached

base twice. Lovejoy will return to action this week with region games against Mundy’s Mill and Stephenson.

Morrow Mustangs (3-12, 0-8)

The Mustangs were swept in three games last week by Region 3-AAAAA foe Griffin. Morrow was shut out in two of those games. In Wednesday’s 8-0 loss, Josh Miles struck out four in five innings of work. Of the six runs he allowed, only two were earned. Denard Miller, Akeem Newton and Josh Lowery each recorded hits. Morrow will face Fayette County in region action this week.

Mount Zion Bulldogs (2-11, 1-5)

The Bulldogs were swept in two games last week by Stephenson. Mount Zion led for most of last Wednesday’s 8-6 loss but ended up losing as Stephenson scored three runs from the fifth inning on. Mount Zion fell 15-5 to Stephenson on Friday. The Bulldogs opened this week against Tucker, losing 10-0. They play Tucker again today.

Mundy’s Mill Tigers (10-4, 6-0)

The Tigers continued their perfect start to Region 4-AAAAAA play last week with two wins over MLK. The Tigers won 12-2 on Wednesday. Derrick Lindsey recorded three hits

and Nick Harmon drove in two runs. Jason Ceballos picked up the win on the mound with 4.1 innings of work. The Tigers followed that up with an 8-3 win on Friday. Melvin Crawford drove in three runs with two hits. David Crawford added two hits. Seven pitchers combined to allow five hits. Mundy’s Mill got a 16-0 win over Lovejoy last Wednesday. The Tigers play Lovejoy again today and Jonesboro on Friday.

North Clayton Eagles (0-9, 0-6)

The Eagles are still winless this season after being swept by Eastside last week in a three-game series. North Clayton has been beaten by the run-rule in five of its six games in Region 4-AAAA play. The Eagles will play Druid Hills in a three-game series this week.

Riverdale Raiders (4-6, 0-4)

The Raiders won two nonregion games last week against Forest Park. In Wednesday’s 7-3 win, O’Chodd Anderson pitched a complete game, striking out 13 hitters. Kyran Coleman recorded two hits for the Raiders. On Friday, the Raiders won 5-3 behind a strong performance from Jeromy Rosado. He struck out 15 in seven innings. Coleman recorded 2 RBIs. Riverdale faces Starr’s Mill in Region 3-AAAAA action this week.

•From Page 8A

to shoot. But I just took the job.”

Munford made 11 shots through three rounds. Mount Zion’s Tamera Tilley (6) and Lovejoy’s Symone Williams (5) also shot the ball well in the contest.

Morrow’s DiJon Brown lights it up to win boys three-point contest

While there was drama in the girls three-point contest, the boys’ was much more straightforward. Morrow’s DiJon Brown drilled nine shots in the first round and then nine more in the finals against North Clayon’s Joseph Polk to win the event.

Brown said he practiced for the event and was prepared for the unusual circumstances.

“I prepared. I went to the gym yesterday and got the shots up,” he said. “I’m a competitor and I like competition. All my friends right here are competitors too. I like to be the best at what I do. It’s a check off my list, I wanted to win a three-point

All-Star

contest in my life.”

Polk made eight shots in the opening round. Elite Scholars Academy’s Cam Wade (7), Riverdale’s Jonathan Foster (6), Mundy’s Mill’s Tyree Keith (6) and Jonesboro’s Ellis Wester (6) also had quality showings.

Forest Park’s Avery Wilson wins slam dunk contest

There were several exciting dunks in the slam dunk contest, but Forest Park senior Avery Wilson was the most consistent. He made the finals and needed just one dunk to beat Drew’s Michael Brown and Mount Zion’s Ebtimi Orubina and claim the trophy.

Wilson scored the highest overall score after his two dunks in the opening round. Orubina, who leaped over two friends for his first dunk, and Brown tied, setting up a three-way championship.

Once Brown and Urubina failed to get any of their dunks down, Wilson only needed to finish an attempt to win the contest. He did so

by throwing the ball off the backboard, catching it and dunking it with two hands.

South boys win contest on Jaylon Terrell’s last-second dunk

The boys game remained close, but Forest Park won the majority of the contest as the players involved tempted long 3-point dunks in hopes of pleasing the crowd.

But with two minutes remaining and the score close, both teams got frantic and provided a frantic finish. The North held a slight late in the game until South tied the game with a turnover by the South. The North a chance to win the game, but a missed shot led to a fast break for Jonesboro’s Jaylon Terrell, who dunked with 10 seconds left to put his team up by 10 points. The North had the last shot but it was not enough.

The MVPs of the game were North Clayton’s Ahsan Asadullah (North) and Mundy’s Mill’s Malolo (South).

Team

•From Page 8A

the Second Team in Class AAAAA. Ivery averaged 19 points and 12 rebounds for the Tigers this season.

Union Grove’s Wesley Simpson and Eagle’s Landing’s Mohammed Abubakar earned Honorable Mention honors. Simpson averaged 11 points and 6.0 assists for the Wolverines, while Abubakar averaged nearly a double-double for Eagle’s Landing.

Girls Class AAAAA

Locust Grove’s Zamiya Passmore and Stockbridge’s Alexis Poole were named to the Second Team in Class AAAAA. Passmore helped the Lady Wildcats reach the state

playoffs by averaging 21 points, 5.0 rebounds and 6.4 assists per game. Poole, who will play at Kennesaw State next season, averaged 23 points and 12.5 rebounds per game.

Morrow’s Da’Ja Green and Eagle’s Landing’s Kiera Howard earned Honorable Mention honors. Green averaged 18 points per game. Howard led the Lady Eagles to the Elite Eight while recording 11.8 points, 4.3 assists and 6.2 steals per game.

Boys Class AAAA

Henry County senior Javon Greene was named Best Scorer and to the First Team in Class AAAA. Greene averaged 21 points per game for Henry

County’s Final Four Teammate Damion Ivery was also a First Team selection after averaging 19 points per game.

North Clayton senior Ahsan Asadullah was named Honorable Mention. He averaged 13.0 points and 8.5 rebounds per game.

Girls Class AA

Henry County junior Brooke Moore was named to the First Team in Class AAAA. Moore averaged 24.4 points and 3.7 rebounds per game for the Lady Warhawks this season. Luella’s Zaria Bailey was chosen as an Honorable Mention. She averaged 15.1 points and 4.3 assists per game for Lady Lions.

NOTICE OF PUBLIC HEARINGS FOR ZONING MATTERS

The Board of Commissioners for Clayton County, Georgia, will hold a Public Hearing to consider the request of the foregoing amendments at 7:00 p.m., on Tuesday, April 4, 2017 at the Commissioners’ Board Room of the Clayton County Administration Building, 112 Smith Street, Jonesboro, Georgia.

The Applicant, Clayton County Government, Planning and Zoning Office, is requesting revocation of the 2012 rezoning of the subject parcel from RMX to MMX with a conditional use permit for an assisted living facility, for property located at 6288 Old Dixie Road, Jonesboro, GA 30236 and known as parcel number 13-115C-C002. The subject property is approximately 6.65+/- acres of land.

The public is invited to attend and speak at the hearings, pursuant to the procedures in the Zoning Ordinance. Written comments may also be submitted before the hearings to the Community Development Department.

Copies of the requests for zoning amendment are available for public inspection at the Community Development Department, P.K. Dixon Building, Annex 2, 121 South McDonough Street, Jonesboro, Georgia.

476279-1

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Ionesboro at 6:00 P.M. on Monday, April 10,2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Self-Contained Ice Kiosk Machine at the property located at 8870 Tara Blvd, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

Public Hearing will be held by the Mayor and Council of City of Ionesboro at 6:00 P.M. on Monday, April 10,2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Other Educational Services at the property located at 216 N. McDonough Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

An application has been submitted to the City of Ionesboro Mayor and City Council for a Retail Package Dealer license to sell beer/wine at 211 N. Main Street. The legal business name is SS RAJ Inc., dba QIK PIK. Amarpal S. Raina has requested to be the License Representative. The application will be granted or denied by Mayor and City Council at 6:00 p.m. on Monday, April 10,2017. The required Public Hearing will also be held at that time. The meeting will be held at the Jonesboro Planning Department located at 170 South Main Street.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Ionesboro at 6:00 P.M. on Monday, April 10,2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Islamic Center place of worship at the property located at 29 Lee Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.G

WORK SESSION – G

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action (Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)

Council to consider Conditional Use Permit #17CU-004 to allow a childcare center (Ms. Pam's Precious Angels Family Childcare Center) at property located at 118 Stockbridge Road by Tamarra Johnson. (previously 16CU-006).

Requirement for Board Action (Cite specific Council policy, statute or code requirement)

Article VI of the Code of Ordinances

Is this Item Goal Related? (If yes, describe how this action meets the specific Board Focus Area or Goal)

Community Planning, Neighborhood and Business Revitalization

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Purpose:

1. To consider a Conditional Use Permit to allow a Childcare Facility at property located at 118 Stockbridge Road.

History:

1. The location has been vacant for a number of years. According to the City's 2025 Future Land Use Map identifies the property as "Office/Business". "Office/Business" includes more intensive office-oriented developments such as "office parks" and "business parks" that are directly accessible to the interstate highway system.
2. City records do not show where a business license was obtained for this location in previous years.
3. This location went before the Jonesboro Mayor & Council in June of 2016 to rezone the property from H-1 Historic District to H-2 District.
4. The applicant applied for a zoning verification on April 15, 2016 to house a Childcare Center at the subject property located at 118 Stockbridge Road. The application was denied due to the H-1 District not allowing for such use. In the H-2 District, the use is permitted.
5. On May 13, 2013, by a unanimous vote, a conditional use was approved for the current property to operate a pre school/day care.

FACTS & ISSUES:

1. This item was brought before Mayor & Council last year and there was substantial conversation surrounding a possible gravesite. To date, staff has not been able to locate any records relative to such site. After review of the modified submitted plans, none of the proposed day care site will infringe upon the gravesite..
2. The Conditional Use Permit also requires that a daycare site be located along a collector road or greater. The site is located at Stockbridge Road.
3. The Conditional Use Permit requires one acre with 150 feet of road frontage to operate a daycare center. However, the site has 0.82 acres and 105 feet of road frontage. Requirement not met.
4. The applicant has advised that the site will have a maximum occupancy of 138 kids and a max of 15 teachers.
5. Section 86-410 of the Code of Ordinances states that there must be 1 space for each employee and 1 space for every ten students, and area sufficient for safe and convenient loading of students. Section 86-407 provides guidelines for

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

April, 3, 2017

Signature

City Clerk's Office

handicap accessible spaces.

6. According to the attached drawings, the site shows a proposed 12 spaces. With 5 employees and 50 children, 10 spaces are needed. Requirement met (according to drawing).
7. 15 teachers = 15 parking spaces ; 138 kids = 14 parking spaces. Total of 29 parking spaces to include 2 handicap accessible.
8. The site must provide an outdoor play area containing 100 square feet for each child at play. With 138 proposed children, the site would need 13,800 sq. ft.. In addition, such play area shall be fenced using a minimum fence height of four feet and established in the rear yard.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

\$700.00 – Application Fee

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- BOUNDARY (2)
- Daycare-draft fence for playground
- Conditional Use - 118 Stockbridge Road - Legal Notice
- Credential Letter
- Bright from the Start - Licensing
- Letter of Request - 118 Stockbridge Rd - Ms Pam

Staff Recommendation *(Type Name, Title, Agency and Phone)*
Discussion

THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF ONE FOOT IN 23,569 FEET AND AN ANGULAR ERROR OF 0.01" PER ANGLE POINT AND WAS ADJUSTED USING THE COMPASS RULE THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND WAS FOUND TO BE ACCURATE WITHIN ONE FOOT IN 100,000+ FEET.

EQUIPMENT USED: TOPCON GTS-313.
AS PER OFFICIAL FLOOD INSURANCE MAPS BY THE FEMA. THIS PROPERTY IS NOT LOCATED WITHIN A DESIGNATED FLOOD HAZARD AREA AS PER COMMUNITY - PANEL NUMBER 13063C0088E DATED: SEPTEMBER 5, 2007

SURVEYOR'S CERTIFICATION:
I HEREBY CERTIFY THAT THIS PLAT IS TRUE AND CORRECT AND WAS PREPARED FROM AN ACTUAL SURVEY OF THE PROPERTY MADE ON THE GROUND BY ME OR UNDER MY SUPERVISION, AND THAT THE MONUMENTS REFERENCED HEREON, EXIST AND THEIR SIZES, LOCATIONS AND MATERIALS ARE CORRECTLY SHOWN.

CURVE DATA CHART				
CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	1390.52'	15.79'	15.79'	S 05°14'58" W
C2	3575.66'	105.33'	105.33'	S 05°59'25" W
C3	1390.52'	208.15'	207.96'	S 00°38'08" W
C4	3420.02'	110.89'	110.89'	S 88°17'21" W

LINE CALL CHART		
LINE	BEARING	DISTANCE
L1	S 04°40'43" W	59.55'
L2	S 89°28'53" E	66.23'



LEGEND

WOOD POWER POLE-----○

STEEL POWER POLE-----○

EX. OVERHEAD POWER LINES-----E

LIGHT POLE-----⚡

EX. FENCE-----X

IPS = IRON PIN SET (#4 REBAR)

OTF = OPEN TOP PIPE

DB = DEED BOOK

PB = PLAT BOOK

PG = PAGE

N/F = NOW OR FORMERLY

EX = EXISTING

RCP = REINFORCED CONCRETE PIPE

HANDICAP PARKING = ♿

SEWER MANHOLE-----⊕

EX. WATER METER-----⊕

EX. WATER VALVE-----⊕

EX. SINGLEWING CATCH BASIN

STORM STRUCTURE-----○

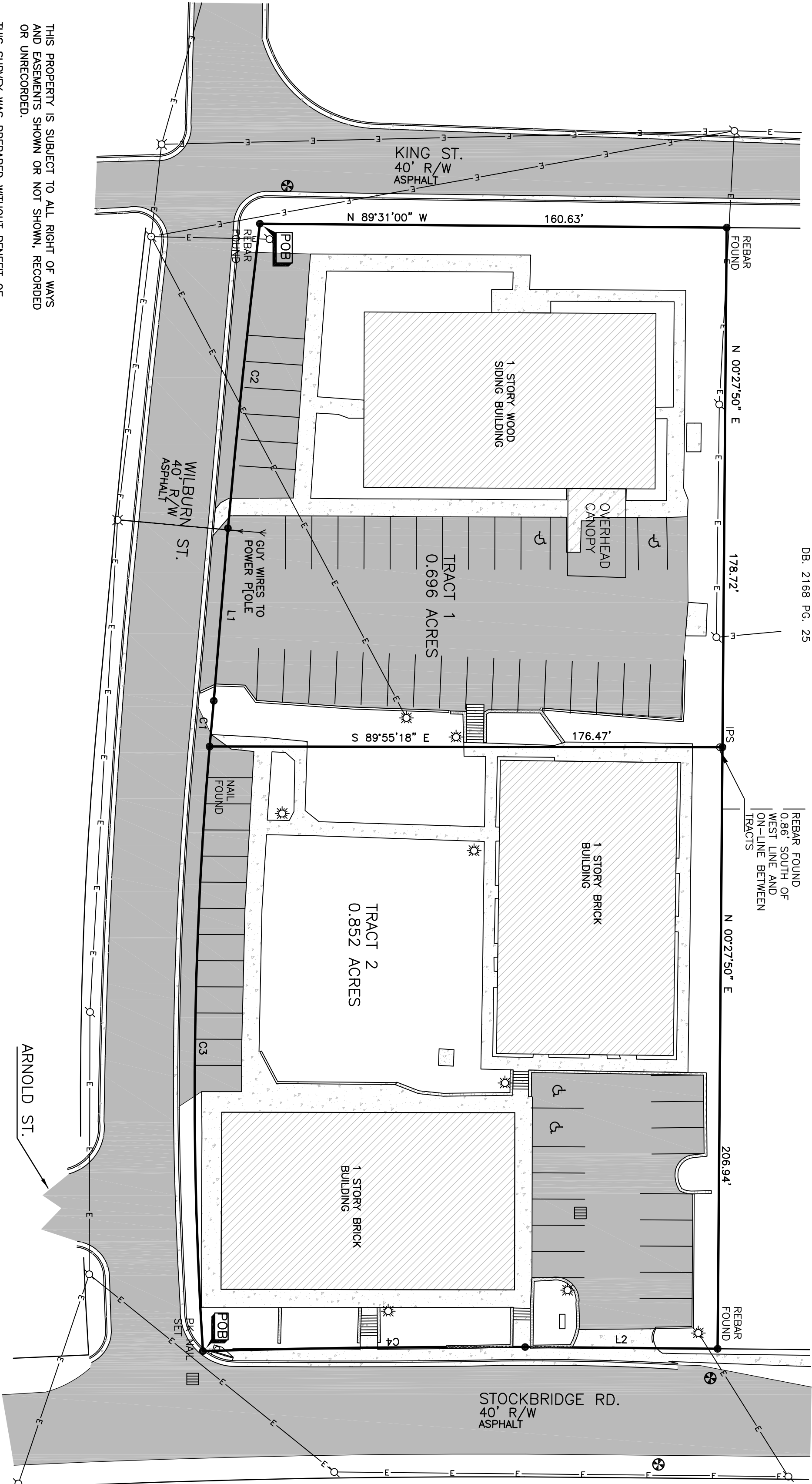
STORM GRATE INLET-----⊕

EX. BUILDING-----▨

EX. ASPHALT-----▨

EX. CONCRETE-----▨

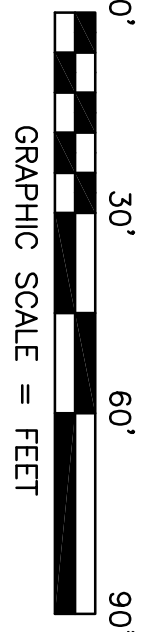
EX. ROCK WALL-----⊕



THIS PROPERTY IS SUBJECT TO ALL RIGHT OF WAYS AND EASEMENTS SHOWN OR NOT SHOWN, RECORDED OR UNRECORDED.

THIS SURVEY WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT WHICH COULD REVEAL ENCUMBRANCES NOT SHOWN.

UTILITIES SHOWN ARE LOCATION VISIBLE AT TIME OF SURVEY. ADDITIONAL UTILITIES MAY EXIST ABOVE OR BELOW GROUND. THE SURVEYOR ACCEPTS NO RESPONSIBILITY FOR THE COMPLETENESS OF THIS DATA.



PROJECT NO.: B11073

DRAWN BY: TLM

SCALE: 1" = 30'

DATE: 9-28-2011

BOUNDARY SURVEY

JONESBORO HOLDINGS LLC

TRACT 1 0.696 ACRES

TRACT 2 0.852 ACRES

LAND LOT 241, 13th. DISTRICT

JONESBORO, CLAYTON COUNTY, GEORGIA

SIBLEY-MILLER

SURVEYING & PLANNING INC.

2062 HWY. 42 NORTH
McDONOUGH, GA. 30253
PHONE: (770) 320-7555
FAX: (770) 320-7333
www."sibleysurveying.com"

* TOPOGRAPHICAL SURVEYS
* LAND SURVEYING
* LAND PLANNING
* CONSTRUCTION LAYOUT
* LAND DEVELOPMENT DESIGN
* CIVIL ENGINEERING

THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF ONE FOOT IN 23,566 FEET AND AN ANGULAR ERROR OF 0.01" PER ANGLE POINT AND WAS ADJUSTED USING THE COMPASS RULE THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND WAS FOUND TO BE ACCURATE WITHIN ONE FOOT IN 100,000+ FEET.

EQUIPMENT USED: TOPCON GTS-313.
AS PER OFFICIAL FLOOD INSURANCE MAPS BY THE FEMA. THIS PROPERTY IS NOT LOCATED WITHIN A DESIGNATED FLOOD HAZARD AREA AS PER COMMUNITY - PANEL NUMBER 13063C0088E DATED: SEPTEMBER 5, 2007

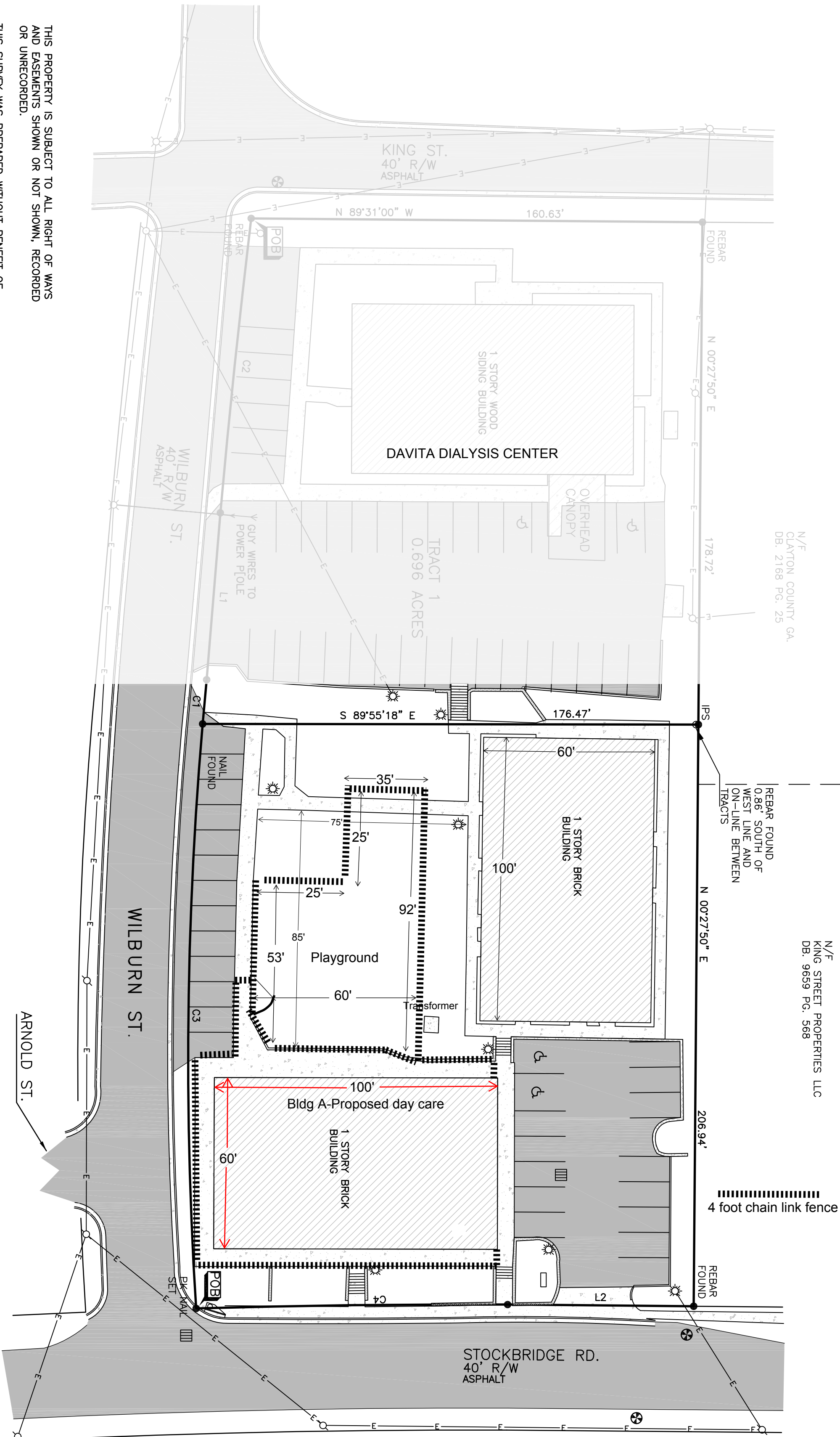
SURVEYOR'S CERTIFICATION:
I HEREBY CERTIFY THAT THIS PLAT IS TRUE AND CORRECT AND WAS PREPARED FROM AN ACTUAL SURVEY OF THE PROPERTY MADE ON THE GROUND BY ME OR UNDER MY SUPERVISION, AND THAT THE MONUMENTS REFERENCED HEREON, EXIST AND THEIR SIZES, LOCATIONS AND MATERIALS ARE CORRECTLY SHOWN.

CURVE DATA CHART				
CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	1390.52'	15.79'	15.79'	S 05°14'58" W
C2	3575.66'	105.33'	105.33'	S 05°59'25" W
C3	1390.52'	208.15'	207.96'	S 00°38'08" W
C4	3420.02'	110.89'	110.89'	S 88°17'21" W

LINE CALL CHART		
LINE	BEARING	DISTANCE
L1	S 04°40'43" W	59.55'
L2	S 89°28'53" E	66.23'



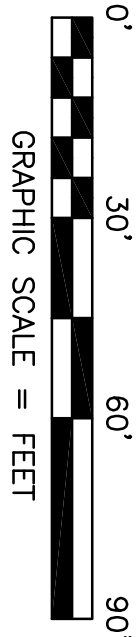
LEGEND	
WOOD POWER POLE-----X	SEWER MANHOLE-----
STEEL POWER POLE-----X	EX. WATER METER-----
EX. OVERHEAD POWER LINES-----E	EX. WATER VALVE-----
LIGHT POLE-----X	EX. SINGLEWING CATCH BASIN
EX. FENCE-----X	STORM STRUCTURE-----
IPS = IRON PIN SET (#4 REBAR)	STORM GRATE INLET-----
OTIP = OPEN TOP PIPE	EX. BUILDING-----
DB = DEED BOOK	EX. ASPHALT-----
PB = PLAT BOOK	EX. CONCRETE-----
N/F = NOW OR FORMERLY	EX. ROCK WALL-----
RCP = REINFORCED CONCRETE PIPE	
HANDICAP PARKING = ♿	



THIS PROPERTY IS SUBJECT TO ALL RIGHT OF WAYS AND EASEMENTS SHOWN OR NOT SHOWN, RECORDED OR UNRECORDED.

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* LAND DEVELOPMENT DESIGN
* CIVIL ENGINEERING

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on July 11, 2016 in the chambers of the Jonesboro Municipal Court facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow a Child Care Center at property located at 118 Stockbridge Road, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Publish 6/25 and 6/29

June 25, 2016

To Whom It May Concern,

My name is Elizabeth Abdinoor Burns, M. Ed and I am the President of NOOR Childcare Solutions, LLC.

I have worked in the childcare industry for over 25 years assisting programs with national accreditation, providing technical assistance in the classroom and helping administrators navigate the states rules and regulations.

I was a licensing consultant with Bright from the Start for 10 years and spent 4 of those years opening programs throughout the state. I have taken that extensive knowledge and now assist potential childcare owners with opening their own centers. Some of the work I do is scout locations, complete the application paperwork, work with the county Fire Marshall and county officials on local ordinances, arrange classrooms and purchase materials.

My goal is to ensure applicants are successful throughout the licensing process and that they are able to receive their license within a timely manner.

Sincerely,

Elizabeth Abdinoor Burns, M.Ed

Applicant's Guide to Licensing for Child Care Learning Centers



Bright from the Start
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive, SE
Suite 670, East Tower
Atlanta, Georgia 30334
404-657-5562
www.dec.al.ga.gov

Revised January 2016

Applicant's Guide to Licensing

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Section A: Introduction

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STEPS FOR SUCCESSFUL APPLICATION

1. Obtain the licensing application package (Applicant's Guide to Licensing) and become familiar with appropriate rules for the type of facility you are planning. The package may be downloaded from Bright from the Start website www.decal.ga.gov
2. Attend a Licensure Orientation Meeting (LOM) conducted by Bright from the Start: Georgia Department of Early Care and Learning. Classes are held monthly and schedules are posted on the website at www.decal.ga.gov
3. Classes are free and no registration is required, but space is limited.
4. Determine what other local and state agencies have jurisdiction for the facility and become familiar with their requirements. Examples are agencies that have jurisdiction for fire, zoning, building, and health regulations and/or requirements that will apply to the facility. Begin securing the appropriate approvals needed for the facility from these agencies.
5. Plan your facility for compliance with the rules and submit your completed application to the Applicant Services Unit (ASU) at Bright from the Start: Georgia Department of Early Care and Learning. The mailing address is: 2 Martin Luther King Jr. Drive SE, Suite 670, East Tower, Atlanta, GA 30334.

Submit your Application Part A including a detailed and readable floor and site plan and the facility's detailed operation plan along with the applicable checklist for each. Each checklist should be very detailed and should provide all the information requested.

Part A application includes:

- Written zoning approval for the type of facility you are planning must be included with this initial application. This approval must state that the property is zoned for the type of facility you are planning.
- A certificate of completion from a Licensure Orientation Meeting must be submitted with the application. A copy is acceptable.
- If you do not own the property/building where the facility will be located, a lease agreement must be included with the application.
- Specifically for corporations, a certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable.
- Also for corporations, all information listed on the application regarding your corporation should match the information listed with Secretary of State. This can be verified at www.sos.ga.gov/corporations

6. After Part A, floor, site, and operation plans have been approved by an ASU consultant and all work is completed, submit application Part B with all required remaining approvals to the ASU consultant for review and approval.

Part B approvals include:

- a. Complete Part B application.
- b. A certificate of completion of a 40-hour director's training course that has been approved by the Department. The director responsible for the day-to-day operation of the center shall complete the training.
- c. Results of satisfactory fingerprint record checks for all staff completed via Live Scan.
- d. Confirmation of public sewage and public water, or an approval letter from the local health department indicating safe drinking water and an approval for septic tank usage for the capacity of the facility.
- e. Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for fire approval.
- f. Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for building approval and occupancy, or a letter stating no building inspection/approval needed for occupancy.
- g. Completed vehicle inspection.
- h. Completed Initial Licensing Study Staff Profile form for facility staff.
- i. Map or directions to the facility.
- j. Director's employment application and director's education credential (i.e. copy of degree, CDA, etc.).

7. After approval of application Part B, your ASU consultant will contact you to review the 28 page Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations. If your facility is approved during the on-site inspection, post "**Permission to Operate**" notice, begin operation, and pay your annual licensing fee within 30 days in order to receive your licensing certificate. License fee payments can be made at www.decalkoala.com once you have created an account.

APPLICATION DEFINITIONS

Child Care Learning Center:

- is operated by a person, partnership, association, society, agency, corporation, institution, or group that receives pay for care of children.
- children remain less than 24 hours per day.
- provides care for 7 or more children, under 18 years of age.

NOTE: If you plan to operate a Family Child Care Learning Home in a private residence to serve 3 to 6 children not related to you, you **do not** need to obtain a license through the process described in this manual. You **will** need to contact the Bright from the Start: Georgia Department of Early Care and Learning to obtain the necessary registration materials.

Section B:

Application for License

Part A

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BRIGHT FROM THE START
 Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE
 Suite 670, East Tower
 Atlanta, Georgia 30334
 www.dec.state.ga.us

APPLICATION FOR LICENSE PART A

License or Commission **(CHECK ONE)**

Child Care Learning Center: _____ License _____ Commission

A license to operate a Child Care Learning Center is issued to the governing body of the center, meaning the person or entity that owns the center.

Owner/Applicant Information:

Facility/Site Information:

 (Name of Corporation/LLC/Individual
 Owner/Board)

 (Name of Center)

 (Mailing Address) (City/Zip) (County)

 (Site Address) (City/Zip) (County)

 (Daytime Telephone No.)

 (Facility Telephone No.)

 (E-mail Address) **(required)**

 (Facility fax number)

Type of Ownership **(CHECK ONE)**

_____ Individual

_____ Corporation

_____ Partnership

_____ Board-Sponsored

Profit/Nonprofit **(CHECK ONE)**

_____ Profit

_____ Nonprofit

Location Change? ☐ Yes ☐ No (NOTE: If this is a change of ownership, a different application is required.)

If yes, this is a change in location, please provide the current address of the facility:

Facility Name/ Current Address _____

Is facility currently operating? ☐ Yes ☐ No

Corporation EIN# _____ or Individual Owner SSN# _____

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

A corporate owner must submit a copy of corporation papers including Certificate of Incorporation, Articles and By-Laws, when applicable. Board-sponsored facilities must submit a list of board members and minutes from the most recent board meeting approving the facility.

Person Legally Responsible for business and Official Address for all Correspondence:	For Corporations and LLCs Only: Name and Address of Agent for Service for Facility: (person registered with the Secretary of State's office as the agent)
Name	Name
Street or P.O. Box	Street or P.O. Box
City/State/Zip	City/State/Zip
E-mail Address	E-mail Address

Do you own any exempt child care facilities in the State of Georgia? ____ Yes ____ No

If yes, list the official name and address of the exempted program.

(Name, Site Address, City, State, Zip and County)

Do you own the building in which the program is housed? ____ Yes ____ No

If no, please provide the landlord's name and address and include a copy of the current lease agreement:

Landlord's Name and Mailing Address: _____

Proposed Schedule:

Proposed Months of Operation: _____
Proposed Days of Operation: _____
Proposed Hours of Operation: _____

Note: Please list specific months, specific days of the week and actual clock hours.

Proposed Age Range of Children to be served:

From _____ Through _____

Note: Please list actual ages (i.e. 6 weeks through 12 years)

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Infants & Toddlers (Ages 0-2) | <input type="checkbox"/> Transportation/Field Trips |
| <input type="checkbox"/> Preschoolers (ages 3-4) | <input type="checkbox"/> Evening Care (7:00 pm – 12 midnight) |
| <input type="checkbox"/> School Age (Ages 5+) | <input type="checkbox"/> Night Care (12 midnight – 6:00 am) |
| <input type="checkbox"/> School Age Only | <input type="checkbox"/> Mildly Ill Care |
| <input type="checkbox"/> Subsidized Care | <input type="checkbox"/> Swimming |

The following items must be submitted with this application Please check that all are attached:

- ☐ Two (2) copies of readable Floor Plan (1 copy must be 8 ½ " x 11")
- ☐ Two (2) copies of readable Site Plan (1 copy must be 8 ½ " x 11")
- ☐ Completed Floor Plan Checklist and Site Plan Checklist
- ☐ One (1) copy of detailed Operation Plan with completed checklist
- ☐ Large, self-addressed stamped envelope for return of your plans
- ☐ Copy of zoning approval from the agency with jurisdiction or letter stating no zoning is required
- ☐ Copy of Certificate of Licensure Orientation Training
- ☐ Signed and notarized "Affidavit for Lawful Presence Verification" form (owner completes)
- ☐ Signed lease agreement for facility, if applicable

Has the center identified the facility director? ☐ yes ☐ no

If yes, please list director's name: _____

Please note that in order to obtain a valid license; the director, and required employees, must have received a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your license application is completed more than twelve months from the date the director and employees received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you submit a new national fingerprint criminal record check application for the director and the required employees through Cogent.

I hereby apply for a license and agree to the following:

- A. I understand that submission of this application is the initial step in obtaining a license. Upon receipt, review, and approval of the completed application, a Child Care Consultant will conduct an inspection of the center. This inspection includes an assessment of required approvals, such as fire safety, an evaluation of the physical plant, staffing, and services.
- B. I understand that the issuance of a new license may be denied for failure to comply with licensing requirements.
- C. I understand that a child care license is nontransferable.
- D. I will ensure that the child care learning center adheres to all licensing requirements.
- E. I assume responsibility for conducting the affairs of the child care learning center herein described and for meeting all applicable regulations.
- F. I understand that the child care learning center is subject to unannounced inspections by Bright from the Start: Georgia Department of Early Care and Learning at any time during operation hours.
- G. I understand that a license to operate a child care learning center is not transferable to another individual or location.
- H. I understand that remodeling or modification to the child care learning center requires a plan review by Bright from the Start: Georgia Department of Early Care and Learning before new construction, alterations, or additions can begin.
- I. I understand that rule violations, which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care, may result in adverse action by Bright from the Start.
- J. I understand that, if incorporated, I am required to retain an attorney to represent the corporation in any appeal or other litigation scheduled to be heard before the Office of State Administrative Hearings or any other judicial body. "(O)nly a licensed attorney is authorized to represent a corporation in a proceeding in a court of record, including any proceeding that may be transferred to a court of record from a court not of record." Eckles d/b/a/ Atlanta Technology Group v. Atlanta Technology Group, Inc., 267 GA. 801 (1977). See also Office of State Administrative Hearings Administrative Rules of Procedure, Ga. Comp. R & Regs. 616-1-2-.34(1).
- K. I understand that, pursuant to O.C.G.A. § 20-1A-4(9), Bright from the Start: Georgia Department of Early Care and Learning recommends that all child care providers licensed or registered by the Department maintain insurance coverage sufficient to protect the provider's clients. I understand that if I do not maintain liability insurance, I will have to notify parents, obtain a written acknowledgment from parents, and post a notice at the child care facility stating that I do not maintain liability insurance.

False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof.

Signature of individual owner **or** Corporation/LLC name

Date

*

Signature of Board Chairman/President/CEO

Date

(*use this line only if you are a corporation/LLC/Board-sponsored)

Frequently Asked Questions for Lawful Presence Verification

1. Why do I have to complete the Affidavit for Lawful Presence Verification?

Effective January 1, 2012, Georgia law (O.C.G.A. Section 50-36-1) requires all applicants for a public benefit to verify their lawful presence in the United States before receiving the benefit. A Bright from the Start license or registration is a public benefit issued to the owner of a child care facility each year. Therefore, Bright from the Start must have the required verification documents before the annual license will be issued. An applicant is required to submit a completed and notarized “Affidavit and a copy of a secure and verifiable document **or** affirm that these documents were previously submitted. **You cannot pay your license fee or receive your new license each year until the Affidavit or Affirmation for Lawful Presence Verification has been completed, whichever is applicable.**

2. Am I required to submit an Affidavit for Lawful Presence Verification every year?

Those owners who were previously verified as U.S. citizens does not have to re-submit lawful presence verification. Their previous verification of U.S. citizenship continues to meet the requirements of the law. Child care learning center applicants must affirm each year that the lawful presence documents were submitted if the owner is the same.

Those owners who previously submitted the lawful presence documents and are not U.S. citizens are required to submit the lawful presence documents every year. An Affidavit form is e-mailed on November 1st each year to owners who were previously submitted the documents as a legal permanent resident, qualified alien or non-immigrant.

3. What is an Affirmation for Lawful Presence Verification?

Completing an Affirmation is the process of confirming whether or not the owner previously submitted the documents and was verified as a U.S. citizen by Bright from the Start. Those owners who have previously been verified as a U.S. citizens are required to complete the Affirmation at www.decalkoala.com annually as part of the license fee payment process.

4. Where can I find an Affidavit for Lawful Presence Verification form?

An Affidavit form, pre-printed with your facility information, will be automatically e-mailed to those owners who are not U.S. citizens each year on November 1st. Those owners who are U.S. citizens will complete an Affirmation at www.decalkoala.com. If the Affirmation indicates the applicant is a different person than last year who has not previously completed an Affidavit for Lawful Presence Verification (Option 4), a pre-printed Affidavit form will be e-mailed to the center.

5. What qualifies as a “secure and verifiable document”?

Only the documents approved by the Office of the Attorney General of Georgia are acceptable for processing. The most common copies of “secure and verifiable documents” are:

- U.S. issued passport or passport card
- U.S. military ID
- U.S. issued driver’s license

An entire list of acceptable documents can be found below.

6. Am I required to send an original document of one of the “secure and verifiable documents” on the Attorney General’s list?

No, a photocopy of the document (front and back, if there is anything on the back of the document) is acceptable and preferred.

7. Where do I send the Affidavit for Lawful Presence Verification and the secure and verifiable document?

The notarized Affidavit **and** copies of the front and back of the secure and verifiable document may be faxed to 404-463-7262 **or** scanned and e-mailed to ccsaffidavit@dec.al.ga.gov. Fax and e-mail are preferred and will allow the shortest processing time. If necessary, you may mail them to:

Bright from the Start
Georgia Department of Early Care and Learning
Attention: CCS Affidavits
2 Martin Luther King Jr. Drive SE, 670 East Tower
Atlanta, Georgia 30334

Do not submit the FAQ's, instructions or list of secure and verifiable documents. These were sent to assist you and are not part of the Affidavit.

8. What should I do if the owner listed on the Affidavit form is incorrect?

The owner information printed on the Affidavit is the information we have on file for this facility. If this information is incorrect, please contact your licensing consultant immediately.

9. Can the Lawful Presence Verification form be notarized by a notary outside of Georgia?

Yes. The notary will list the appropriate state in the space provided.

10. Can the Lawful Presence Verification form be submitted with the notary's stamp or seal or is one or the other required?

Either the stamp or the seal may be used to notarize the Affidavit form. A form without a stamp or a seal will be returned.

11. I already sent these forms to another department or division. Do I have to submit them again?

Yes, the law requires the department to obtain the forms for each benefit that will be issued.

Contact ccsaffidavit@dec.al.ga.gov for assistance with the Affidavit or Affirmation for Verification of Lawful Presence.



Bright from the Start: Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive SE, 754 East Tower, Atlanta, Georgia 30334
O.C.G.A. § 50-36-1(e)(2) Affidavit For Lawful Presence Verification

License Number _____

Facility Name _____

Facility Address _____

Facility Owner _____

By completing this affidavit under oath, as an applicant for the license or registration listed below, as referenced in O.C.G.A. Sec. 50-36-1, I _____

[printed name of person]

verify one of the following with respect to my application for a public benefit from Bright from the Start: Georgia Department of Early Care and Learning, as referenced in O.C.G.A. Sec. 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**
- 2) _____ I am a legal permanent resident of the United States, 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a legible front and back copy of secure and verifiable document from the list below that includes your alien number.**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____ **(Required)**

I also verify I have provided at least one secure and verifiable document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. **The secure and verifiable document I have provided with this affidavit is:** _____ **(Identify the document, such as driver's license, Temporary Resident Card, passport, etc).**

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Georgia law, O.C.G.A. Sec. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Completed in _____ (city), _____ (state).

Signature of Applicant _____

Printed Name of Applicant _____

Mailing Address: _____
 Street or P.O. Box City State Zip

Contact Phone Number _____ E-mail Address _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

My Commission Expires: _____

NOTARY PUBLIC _____

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSE – PART A

1. License or Commission: Check either License or Commission. Note that a Child Care Learning Center is defined as providing group care, for pay, without transfer of legal custody, for seven (7) or more children.

Commission: A certificate conferring authority to perform various acts or duties.

****You are required to complete the same process whether you are seeking a license or commission to operate.**

2. Applicant Information: The applicant information defines the person or entity that has legal ownership of the business. (This information will be the same for owner/applicant on page 1 and page 3.)

Sole Proprietorship: Complete this section if one person owns all the assets of the business and is solely liable for all debts of the business.

Partnership: Complete this section if two or more people own the business. A partnership is a voluntary contract between two or more persons to carry on as co-owners, a business for profit. (Reference Formal Partnership Requirements document.)

Corporation: Complete this section if a corporation owns the business. The **name of the corporation** will be shown as **applicant**.

The mailing address is the same as the principal mailing address of the corporation. This information must be consistent with documents filed with the Secretary of State's Office. The Certificate of Incorporation, Articles of Incorporation, and the By-Laws must also be attached to the application.

Board Sponsored: Complete this section if a board **owns** the business. The name of the Board will be shown as applicant. Minutes from the board meeting approving the facility's operation, and a list of board members must also be attached to the application.

Association: Complete this section if an association such as a community association or parent association owns the business. An association is used to indicate a collection or organization of persons who have joined together for a certain or common purpose. The name of the association and the primary mailing address will be shown as the applicant.

Limited Partnership: Complete this section if a Limited Liability Partnership or Limited Liability Company owns the business. The name of the LLP/LLC will be shown as applicant. The Certificate of Organization and the Articles of Organization are also

required to be attached to the application. The applicant information listed for the LLP/LLC must be consistent with documents filed with the Secretary of State's Office.

3. Name of Center: Write the name of the center exactly as you want it to appear on the license/commission. Show the complete address for where the center will be located including the county and zip code. Effective 5/7/09 all centers are required to furnish the Department e-mail contact information so that this agency may contact the center and send information via e-mail. Please be sure to list your e-mail address accurately in this section. (Rule #591-1-1-.16(g) in the Rules for Child Care Learning Centers)
 4. Type of Ownership: Check the one that applies to your center. Remember to attach supporting documentation depending on the type of ownership.
 5. Person Legally Responsible and Official Address for all Communication: This information is the same for an individual owner as shown on Page 1 of Application Part A under Applicant Information. For facilities owned by a corporation or a board, this would be the Chief Executive Officer (CEO) or Board Chairman.
 6. Name and Address of Agent for Service for Facility: This section is to be completed only for corporations, Limited Liability Partnerships, and Limited Liability Companies. The agent's name and address must be consistent with documents filed with the Secretary of State's Office.
 7. Miscellaneous Information: (A) Provide specific information about any exempt programs operated by you in Georgia. (B) If you do not own the building where the business is to be located, provide the name and complete address of the landlord. You are also required to attach a copy of the signed Lease Agreement with the application. (C) Be specific on the proposed months of operation (January-December), the proposed days of operation (Monday-Friday), and the proposed hours of operation (6:30 a.m.- 7:00 p.m.). (D) Be specific and show the actual ages of the children you propose to serve (6 weeks-12 years). (E) Check all the services you propose to provide.
- *Attach the required copies of the Floor Plan, the Site Plan, the Operation Plan, and the completed checklists, as well as a self-addressed, stamped envelope to the application.
8. Owner(s) of Center: This information should be consistent with Page 1, Applicant Information. If owned by an individual, the individual owner will sign on this line. If owned by a corporation, the **corporation name** will go on Page 3 and the CEO will sign below (this should be a signature for the CEO - not a printed name).
 9. Board Chairman/President: This information should be consistent with Page 2, Person Legally Responsible, and should be a signature - not a printed name.



Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

Nathan Deal
Governor

Amy Jacobs
Commissioner

Formal Partnership Requirements

A license can only be issued to one individual, and cannot be shared. So, *for example*, if John Smith and Susan Jones apply for a Child Care Learning Center license to operate ABC Day Care, we can only grant a license to John Smith OR Susan Jones to operate ABC Day Care at a specific location. If Mr. Smith elects to be the license holder, the license would be held by John Smith d/b/a ABC Day Care. He would be listed as an individual owner.

If two individuals wish to apply for a license as a partnership, the applicant(s) will be required to provide the Department with a **Partnership Agreement**.

A **Partnership Agreement** is a legal document. Partnerships do not have to register with the Georgia Secretary of State, but they are required to have a partnership agreement, business name and Employer ID Number. A partnership agreement would include a business name. The license could then be granted to the partnership.

For example, John Smith and Susan Jones form Smith Jones Partnership. Smith Jones Partnership wants to open a child care learning center called ABC Day Care. We could issue a license to Smith Jones Partnership d/b/a ABC Day Care if Smith Jones Partnership a copy of their partnership agreement is included with the application. Partnerships would not be required to have a registered agent.

A **partnership agreement** does not have to be done by an attorney. There are free forms on-line. If the partnership is the last names of the partners, the department can accept anything they choose to draw up. However, if they are using a fictitious name for the partnership name, they **need to register that fictitious name as a trade name**. They would need to provide us with proof that that had been done.

Using the examples from last time:

John Smith and Susan Jones form Smith Jones Partnership. In order for us to grant a license to Smith Jones Partnership, all we need to see is a document with the title "Partnership Agreement" that is signed by Mr. Smith and Ms. Jones. They could write it themselves.

However, if John Smith and Susan Jones form Kid Care Partnership, we can only grant a license to Kid Care Partnership if we have 1) a document with the title "Partnership Agreement" signed by Mr. Smith and Ms. Jones (it can be written by Mr. Smith and Ms. Jones), and 2) proof that Mr. Jones and/or Ms. Smith registered the trade name Kid Care Partnership with the state of GA. This is done by completing a filing with the appropriate county superior court clerk and paying a fee. If we receive an application from Kid Care Partnership, we would respond by asking for the partnership agreement and proof of registration of the trade name.

April 28, 2015

CHECKLIST – APPLICATION PART A

Applicant's Name: _____

Facility Name: _____ County: _____

Owner/Applicant information correct: _____

EIN Number or SSN: _____

Corporation/LLC information correct: _____

Certificate of Incorporation/Certificate of Organization: _____

Articles of Incorporation/Organization: _____

Corporation by-laws or Operating Agreement: _____

Name reservation Certificate, Trade Name: _____

Copy of Zoning Approval from appropriate agency with local jurisdiction attached, or a letter stating no zoning required: _____ (Must be dated within the past 12 months)

Agent for Service information complete: _____ (Must match Sec. of State)

Owner of building is applicant: Yes ____ or No ____ Landlord information: _____

Copy of lease agreement (with all signatures) included: _____

Center's proposed months, days, and hours of operation shown: _____

Months of operation: _____

Days of operation: _____

Hours of operation: _____

Age range of children to be served: _____

Application includes all appropriate signatures: _____

Large, self-addressed, stamped envelope included: _____

LOM certificate attached: _____

Completed and Notarized "Affidavit for Lawful Presence Verification" form from owner and Verifiable documents (front and back copy) attached: _____

ADDITIONAL COMMENT:

Please note: Your parent policies and daily schedules should match Application Part A for the months, days, hours, and age range of children to be served.

Section C:

Criminal Records Checks

Criminal Records Checks Guidelines.....	1C
Livescan Procedure.....	2C
Criminal Records Check Application.....	3C
Criminal Records Check Application Instructions.....	4C

CRIMINAL RECORDS CHECK GUIDELINES

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires satisfactory criminal records checks on directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or director of a child care facility.

Director is defined as the chief administrative or executive officer of a facility. This person is responsible for the daily on-premises supervision, operation and maintenance of the facility.

Georgia law requires that a criminal records check clearance for an employee or director be on file before the person begins employment. This clearance must be on file for the director before the center can be initially licensed.

FINGERPRINT PROCESSING: The director and all employees are required to contact Cogent Systems to register for fingerprinting. They may register online at www.ga.cogentid.com or by calling 1-888-439-2512. They must also submit a notarized criminal records check application to Bright from the Start by fax to 404-657-8936 or mail to Criminal Records Check office; 2 Martin Luther King Jr. Drive, SE; Suite 754, East Tower; Atlanta, Georgia 30334.

Who must be fingerprinted?

- a) Director of licensed facilities.
- b) All employees in a licensed facility
- c) Any director of a licensed facility who becomes a director of another licensed facility must be re-fingerprinted if it has been more than (12) twelve months since their last satisfactory fingerprint check results. If the fingerprint records check determination was processed less than (12) twelve months earlier, a copy of current results must be submitted for verification.

Please note that in order to obtain a valid license the director and all employees must have had a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your application is completed more than twelve months from the date the director and employees received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you submit a new national fingerprint criminal record check application through Cogent.

Employee is defined as any person other than a director, employed by a facility to perform at any of the facilities any duties which involve personal contact between that person and any child being cared for at the facility and also includes any adult person who resides at the facility or who, with or without compensation, performs duties for the facility which involves personal contact between that person and any child being cared for by the facility.

**Who must have a criminal records check determination?
All Employees must have them.**

An Employee is defined as anyone who:

A. Performs duties for the facility with or without compensation

AND

B. Involves personal contact with child(ren) in care

OR

C. Resides at the facility

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

TO BE COMPLETED BY APPLICANT:

COGENT Registration ID: _____

(Please read instructions on the following pages before completing this application.)

1. APPLICANT/ ☐ Owner (present in facility)

2. PROGRAM TYPE:

- EMPLOYEE TYPE:** ☐ Director/Provider
☐ Employee /Resident
☐ Temporary/Substitute Caregiver
☐ Independent Contractor
☐ Volunteer
☐ Student-In-Training (must submit proof of enrollment with this application)

- ☐ Child Care Learning Center
☐ Family Child Care Learning Home
☐ Exempt Program
☐ Head Start Program
☐ Support Center

Date of Hire: _____

3. PRINT FULL NAME: _____

LAST FIRST MIDDLE MAIDEN /ALIAS DATE OF BIRTH

GENDER RACE SOCIAL SECURITY NUMBER STATE/COUNTRY OF BIRTH

HEIGHT WEIGHT EYE COLOR HAIR COLOR () HOME TELEPHONE NUMBER

() CELL PHONE NUMBER PERSONAL E-MAIL ADDRESS

HOME ADDRESS: STREET CITY STATE ZIP

MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP

4. HAVE YOU RESIDED IN A STATE OR TERRITORY OTHER THAN GEORGIA IN THE PAST FIVE YEARS? ☐ NO ☐ YES

IF YES, PLEASE LIST _____

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning ("Department") to receive any criminal history record information pertaining to me which may on file with any criminal justice agency in the United States or its territories. I further authorize the Department to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature and that Georgia law authorizes the Department to require additional fingerprint records checks when the department has reason to believe that I have a criminal record that renders me ineligible to have contact with children in the center or during the course of a child abuse investigation.

APPLICANT'S SIGNATURE_____
DATE**6. TO BE COMPLETED BY DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR:**_____
NAME OF PROGRAM_____
PROGRAM IDENTIFICATION NUMBER_____
PROGRAM STREET ADDRESS_____
CITY, STATE, ZIP_____
PROGRAM MAILING ADDRESS_____
CITY, STATE, ZIP

7. My signature indicates that I am the Director, Provider or Program Administrator, and that I have verified the above information on the applicant.

SIGNATURE DATE_____
PROGRAM TELEPHONE NUMBER_____
NAME (PRINTED)

MAIL TO:
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
ATTENTION: RECORDS UNIT
 2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
 Atlanta, Georgia 30334
 (404) 656-5957

FOR INTERNAL USE ONLY

Received _____

Post Marked _____

☐ S-I-T - enrollment
☐ DUPLICATE ☐ INCOMPLETE ☐ NO RESULTS ☐ REJECTED: reason code / quality of prints / other _____

(SEE INSTRUCTIONS ON BACK OF FORM)

Revised 10/06/2015

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

To receive a fingerprint records check determination letter, you must complete all of the following steps:

1. Complete the online application and submit or complete this paper application and mail it to the DECAL Records Unit
2. Register with the COGENT system
3. Scan your fingerprints through COGENT

INSTRUCTIONS FOR COMPLETING PAPER FINGERPRINT RECORDS CHECK APPLICATION

(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING SECTIONS:

First, write your COGENT ID number at the top of the form in the space provided.

1. Check the box that identifies the type of fingerprint records check applicant.
2. Check the box that identifies the type of child care facility or program.
3. Print your full name, including your MAIDEN name and any known ALIASES. DO NOT use initials if you have a given name.
 Print your date of birth.
 Print your gender: Female, Male, Unknown.
 Print your race: Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White (includes Mexicans and Latinos).
 Print your Social Security Number.
 Print your place of birth: List the state/territory if you were born in the United States. If you were born outside of the United States, list the country in which you were born.
 Print your height.
 Print your weight.
 Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel, Maroon, Multicolored, Pink or Unknown.
 Print the color of your hair: DO NOT abbreviate: Brown, Black, Blue, Grey, Red, Orange, Purple, Pink, Sandy, White, Blonde, or Unknown.
 Print your home and cell telephone numbers with area code.
 Print your complete home address.
 Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line. *Note that record check results will be mailed both to the center and to the mailing address entered here.*
4. Indicate whether you have lived in a state or territory of the United States other than Georgia any time within the past five years. If you have, list those states or territories. DO NOT abbreviate.
5. Read the consent statement. Sign and date on the spaces provided if you agree to the terms of the consent statement.

DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR WILL COMPLETE THE FOLLOWING SECTIONS:

6. Print the name of your program as it appears on your license, registration, permit, exemption or commission certificate.
 Print the license, registration, permit, exemption or commission number of your program.
 Print the program's physical address.
 Print the program's mailing address, if different than the physical address.
Note that record check determination letters will be emailed ONLY to the primary email address on file with the state.
7. Director, Provider or Program Administrator must sign his/her name as it would appear on business letter.
 Print the name of the Director, Provider or Program Administrator name below the signature.
 Print the date signed.
 Print the program telephone number.
8. MAIL the completed, and signed form to:

BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

Attention: Records Unit

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
 Atlanta, Georgia 30334

Revised 10/06/2015

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

APPROVED IDENTITY VERIFICATION DOCUMENTS

DECAL requires valid and unexpired picture identification documents.
 As a primary form of picture identification one of the following will be accepted with your application:

EITHER

Primary Document (provide one of the following:)

1. State Issued Driver's License with Photograph
2. State Issued Identification Card with Photograph
3. US Passport with Photograph
4. US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
5. Government Issued Employee Identification Card with Photograph (Federal, State, County or City)
6. Tribal Identification Card with Photograph

OR

In the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

Secondary Documents:

One form of ID from this list:

7. State Government Issued Certificate of Birth
8. Social Security Card
9. Certificate of Citizenship (N560)
10. Certificate of Naturalization (N550)
11. INS I-551 Resident Alien Card Issued since 1997
12. NS I-688 Temporary Resident Identification Card
13. INS I-688B, I-766 Employment Authorization Card

AND

Two forms of ID from this list:

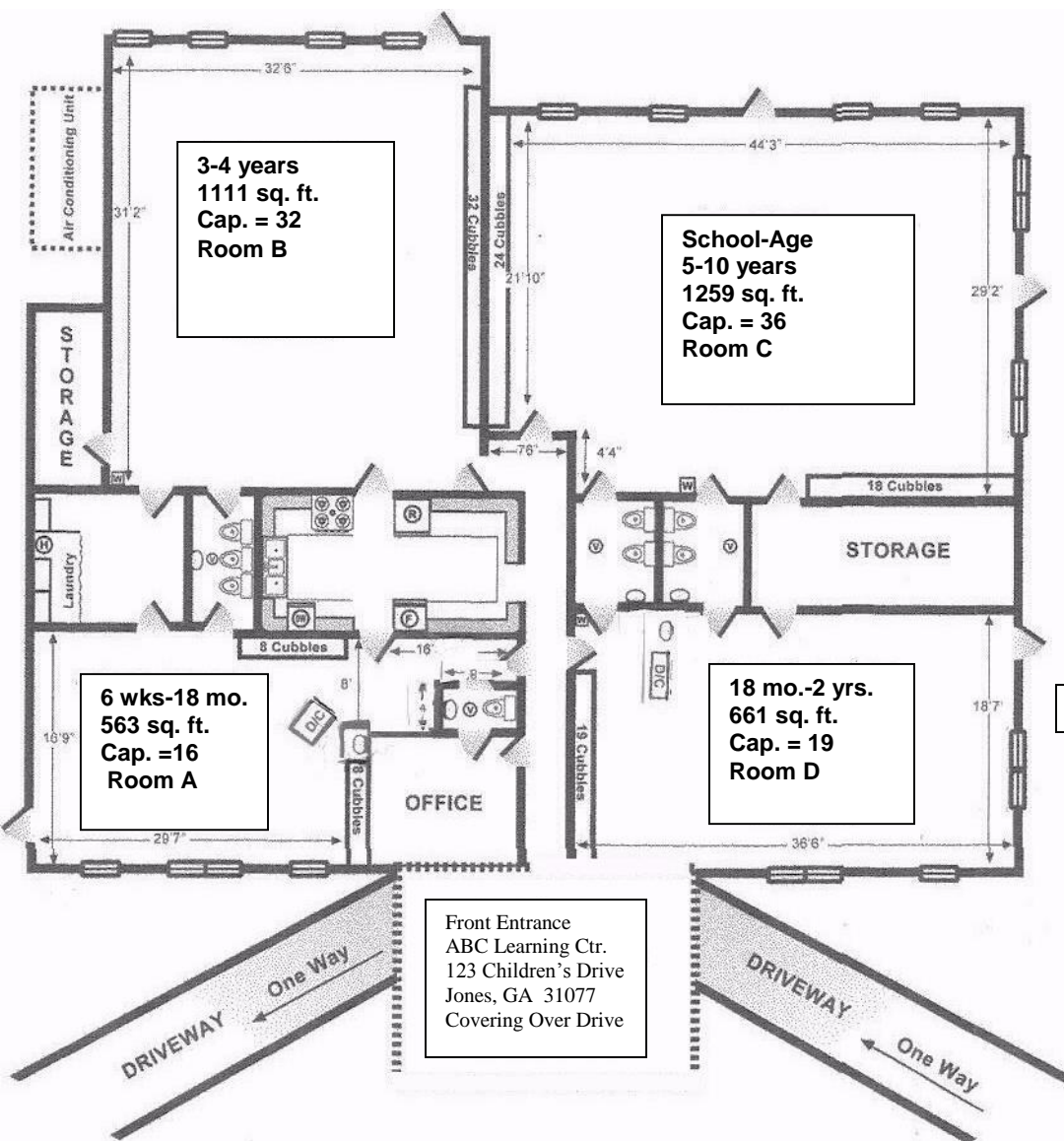
14. Utility Bill (with current address)
15. Voter Registration Card
16. Vehicle Registration Card/Title
17. Paycheck Stub with Name/Address
18. Cancelled Check or Bank Statement

Section D:

Physical Plant Requirements

Sample Floor Plan.....	1D
Licensed Capacity Requirements/Conversion Table.....	2D
Example.....	3D
Windows.....	4D
Staff: Child Ratios.....	5D
Mixed Age Groups.....	6D
Diaper Changing Area	7D
Storage Space/ Bathrooms	8D
Kitchen/Laundry/ Building Safety and Repair	9D
Floor Plan Checklist	10D

SAMPLE FLOOR PLAN



General

Ceiling Height = 8'
 Built in Diaper Change Table (D/C) size = 8' x 2'
 Hot and Cold Water at Diaper Change Tables.
 Ill children will stay in office.
 Six Double lights (fluorescent) in each room.
 Gas heat/cooling units located outside building.
 Hot Water Heater (gas) located in laundry room.
 Building on ground level.
 Floor: Carpet/Vinyl.
 Walls: Painted Sheetrock
 Ceiling: Acoustical Tile

Windows

All Windows are 5' x 2'6" = 13 sq. ft.
 All Windows 38" from floor.
 50% of Windows screened and operable (S/) portion 2'8" x 2'8").
 Blinds at Windows to dim light during nap.

Kitchen

Electric Stove, domestic.
 Three-Compartment Sink.
 One Dishwasher.
 Formica Counters.
 35' Linear foot of counters with Storage Area.
 Wall hung cupboards over all counters for food storage, dishes and glasses.
 Kitchen light shielded with glass protector.

Legend



=Two Windows
 =Toilet
 =Sink
 =Water Fountain
 =Vent
 =Hot Water
 =Heater
 =Refrigerator
 =Freezer
 =Dishwasher
 =3 compartment sink
 =4' Chain Link Fence

LICENSED CAPACITY REQUIREMENTS

Intent: To ensure that the indoor environment provides adequate space for growth and development through exploration, freedom of movement, etc. According to the American Academy of Pediatrics, crowding reduces the ability to control the spread of infection, and has a negative effect on children's activities and state of mind. Inadequate space can lead to aggressive, destructive, unfocused behavior.

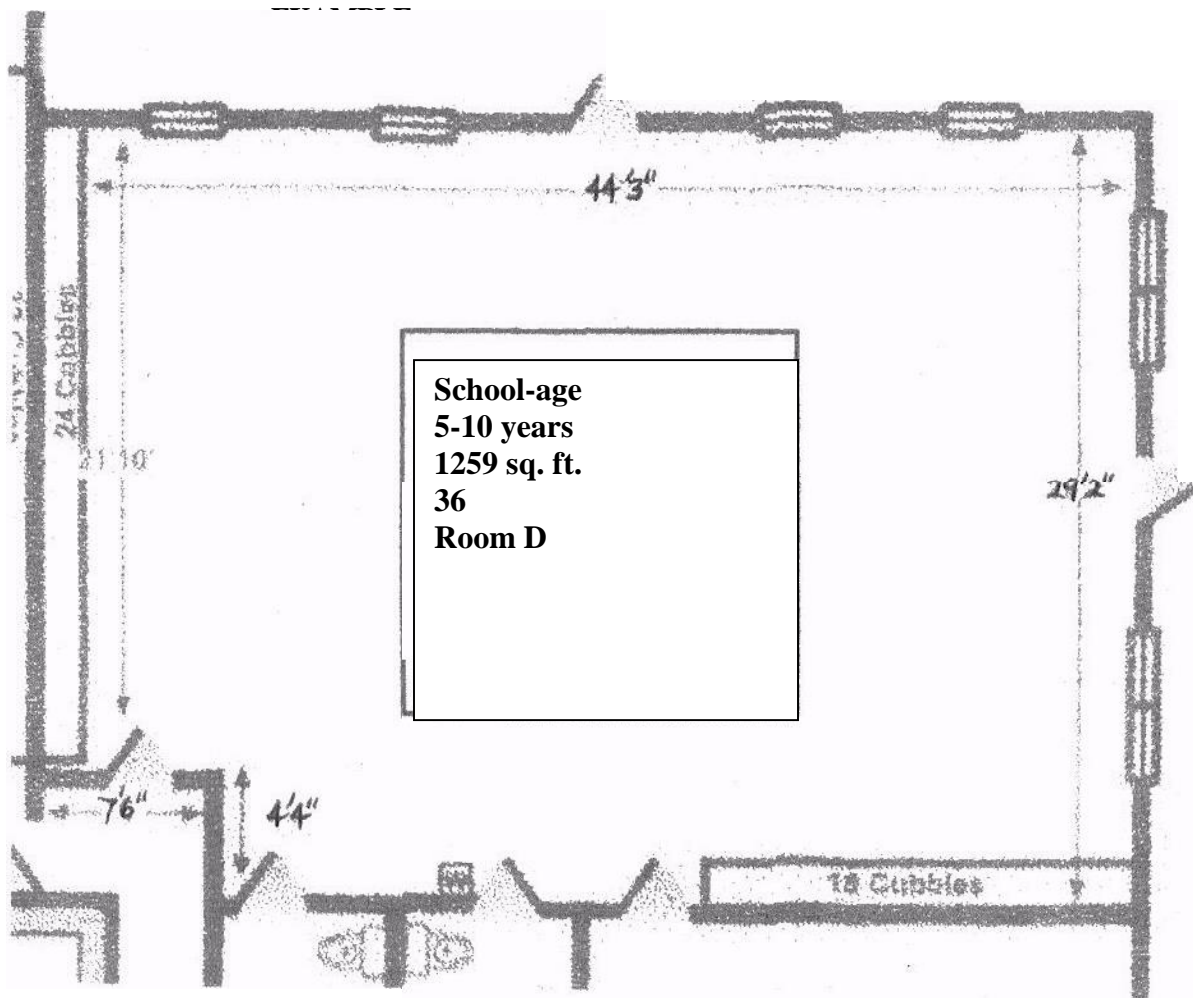
The licensed capacity of each child care room is figured in the following way:

To determine the square footage of each room and the total licensed capacity of the center:

- Measure the length and width of a room from inside wall to inside wall. (Use the conversion chart below to convert inches to decimals.)
- Multiply the length times the width to get the total square footage of the room/area.
- Space occupied by closets, door inserts, bathrooms and wall protrusions will not be counted to determine the licensed capacity of a room. These areas will be deducted from the total square footage of the room to get a measurement of usable floor space. Show the measurements of these areas on your floor plan.
- To determine the capacity of the room divide the useable floor space by 35 square feet. Express the figure as a whole number by rounding decimals of .50 and above up, and those of .49 and below down.
- After measuring all rooms used by children, add the capacity of each room together to get the total licensed capacity for the center.
- Kitchens, bathrooms, closets, halls, storage areas or rooms, offices, rooms designated for staff use and other single use areas shall be excluded in determining usable space.

CONVERSION TABLE (inches to decimals)

1 INCH=.08	7 INCHES=.58
2 INCHES=.17	8 INCHES=.67
3 INCHES=.25	9 INCHES=.75
4 INCHES=.33	10 INCHES=.83
5 INCHES=.42	11 INCHES=.92
6 INCHES=.50	



ROOM SPACE: $1291 - 32 = 1259$ divided by $35 = 35.9 =$ (round up) **36 children**

$29'2" \times 44'3"$

$(2"=.17)(3"=.25)$

$29.17 \times 44.25 = 1290.7$ (round up)=**1291** square feet

Less the entrance protrusion:

$7'6" \times 4'4"$

$(6"=.50)(4"=.33)$

$7.50 \times 4.33 = 32.4$ (round down)=**32**

WINDOWS

WINDOW SPACE REQUIREMENTS FOR CENTERS WITHOUT CENTRAL HEAT & AIR

(NOTE: THIS ONLY APPLIES IF YOU DO NOT HAVE A CENTRAL UNIT OR AIR CONDITIONER UNITS.)

The window space in each child care room is determined in the following way:

- When central heat and air is not provided total window space per room must be 5% of the useable floor space.
- Multiply useable floor space by .05 to determine required window space.
- 50% of required window space must be screened and operable.
- To determine amount of space of the window multiply the length times (X) the width of the window to obtain the total square footage.

WINDOW SPACE REQUIREMENTS FOR CENTERS HAVING NO VENT FANS OVER THE DIAPERING SURFACES

- If no exhaust/ventilation fan is over the diapering area, operable window space must equal 2.5% of the useable floor space.

Example: A room in the center has 1,259 square feet of usable floor space and will house diapered children, but there is no vented exhaust fan present in the room.

$1,259 \times 2.5\% = 31$ square feet of screened and operable window space needed.

To measure screened and operable window space:

Open the window to the maximum opening position.

Measure the screened open area.

(Ex. $2'2'' \times 2'0'' = 4.3$ (round down) = 4 square feet of screened and operable space for this window.

If this room needs 31 square feet of screened and operable space, then you would need 8 windows screened and operable.

Note: Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

STAFF: CHILD RATIOS

CHILD CARE LEARNING CENTER Rule #591-1-1-.32(1)

AGE	# ADULTS	# CHILDREN
Birth to 18 months (not walking)	1	6
One (1) year olds (walking)	1	8
Two (2) year olds	1	10
Three (3) year olds	1	15
Four (4) year olds	1	18
Five (5) year olds	1	20
Six (6) year olds and older	1	25

MIXED-AGE GROUPS FOR CHILD CARE LEARNING CENTERS

Children may be combined in mixed-age groups as follows:

For Centers with a licensed capacity of 19 or more children:

- Infants and children younger than three (3) years of age cannot be mixed with children three (3) years of age and older except as set forth below:
 - o During the first hour of the center's operation and the last hour of operation, infants and children younger than three (3) years may be grouped with older children as long as staff:child ratios and group size are met based on the age of the youngest child in the group.
 - o Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the agreement of the older child's parent(s) and is developmentally appropriate for the child.
- In mixed-age groups, the required staff:child ratios shall be based on the age of the youngest group of children that includes more than twenty percent (20%) of the total number of children in the mixed-age group.

For Centers with a licensed capacity of 18 or fewer children:

Children of different ages may be mixed together in one room as long as the following staff:child ratio requirements are met:

- The age of the youngest child present under three (3) years of age shall determine the staff:child ratio for the group in which the child(ren) under three (3) years of age are cared for.
- Where all of the children in any group are three (3) years of age or older, the age of the majority of the children in the group shall determine the staff:child ratio.

DIAPER CHANGING AREAS

The rules require the diaper changing surface must:

- be located in child care rooms.
- be non-porous and easily cleaned.
- be large enough to contain the child being diapered.
- have guards (straps) or rails on sides to protect the child from falling.

However, those children who sleep in their cribs may be changed in them.

The diaper changing area must:

- provide for caregivers to wash their hands with liquid soap and warm running water immediately before and after each diaper change.
- have lavatories with hot and cold running water adjacent to the diapering area. This means that the sink should be within arm's reach of the staff who is attending the child on the diapering surface.
- have liquid soap and paper towels, single-use cloths, and storage for disinfectants to keep them inaccessible to children.
- have a closed container for diaper disposal. This container must latch or be inaccessible to children who are housed in the classroom.
- have ventilation. This can be provided by a functioning exhaust fan or by the required amount of screened/operable windows.

Note: Position diaper changing tables so that staff members can see the entire classroom as they diaper. This will enable staff to supervise all of the children during diapering activities. If diapering tables do not face the classroom, a written supervision plan for extra staff will be required. Diaper changing tables must be within arm's reach of the diapering sink.

STORAGE SPACE/BATHROOMS

CHILDREN'S STORAGE

- Play equipment requiring little adult supervision must be on low open shelves in the classroom.
- Individual storage spaces for children's personal belongings (i.e. coats, bookbags, etc.) must be accessible (within reach) of children (1 year of age and older). Storage spaces should be large enough to accommodate the size of the child's belongings.
- Diaper bags must be stored out of reach of children and should be accessible to the diaper changing area.
- Sleeping equipment (i.e. mats, cots) can be stored in the classroom, but must be stored to prevent children's access and to allow maximum use of the play space.

TEACHERS' SUPPLIES

- Must be kept out of reach of the children. (Examples: Teachers' purses, White-out, adult scissors, staplers, bulletin board pins, aerosol cans, etc.)

HAZARDOUS ITEMS

- First aid supplies, cleaning supplies, tools, and medicines must be kept out of reach of the children in a locked area (cabinets, closets, etc.).

BATHROOMS

- Bathrooms must be fully enclosed.
- Bathrooms must have proper ventilation either through a screened and operable window or a functioning exhaust fan.
- If you install any toilet or lavatory of adult height that would be used by children in any room of your facility, you must provide steps or a platform.

- Refer to your copy of the Child Care Learning Center rule book for the required number of sinks/toilets. Note that all applications received after 12/22/09 are required to meet revised Rule 591-1-1-.06(1) for the correct number of toilets. Two potty chairs are no longer allowed as a substitute for an additional toilet.
- Your building should be designed to allow for supervision of children during toileting. Bathrooms must be in or adjacent to classrooms for children 2 years of age. This means a shared wall or immediately across from the classroom door with a direct line of sight. For children 3 years of age and older, bathrooms must be no more than 40 feet from the classroom door. A written supervision plan must be on file whenever bathrooms are not located in the classrooms.
- Toilet facilities for four-year-old and older children must be screened for privacy (for example: partitions or dividers between toilets).
- Supplies should be within children's reach (i.e. tissue should be within the child's reach when seated on the toilet, and liquid soap and paper towels should be within the child's reach at the sink). The use of a stool or platform is permissible for the child to reach the sink and all supplies.

KITCHEN/LAUNDRY/BUILDING SAFETY & REPAIR

If you plan to use non-disposable eating and drinking utensils, kitchens must have proper dishwashing facilities.

- This includes either a three compartment sink, or a two compartment sink with a dishwasher that meets sanitizing criteria.
- An approved dishwasher must have a sani-cycle, or the dishwasher must maintain rinse water at a temperature of 150 degrees Fahrenheit or higher.

If you have difficulty locating a suitable dishwasher, you may consider installing a booster water heater, a separate hot water heater, or using an approved sanitizing agent.

- The refrigerator temperature must be 40 degrees or lower, and the freezer temperature must be 0 degrees.
- Areas for food preparation must be non-porous, easily cleaned, and free of unsealed cracks or seams.
- Areas for storage of food, eating utensils, and cookware must be provided.
- If your facility plans to serve catered food, the caterer must have a Food Service Permit and a current inspection report and provide you with current copies of both documents to maintain in your records.

LAUNDRY

- Must be separate from child care areas.
- Must contain covered storage for soiled linens.

Note: Children cannot pass through kitchens or laundry areas to reach other parts of the facility or the playground.

BUILDING SAFETY AND REPAIR

- Walls, floors and ceilings should not have holes, cracks or tears, chipping paint, peeling wallpaper, or sharp edges.

- Carpeting and vinyl must be pulled tightly and the seams secured to avoid any hazards, such as tripping.
- Screens, guards or other types of barriers must protect any type of heating or cooling equipment accessible to children. Screens should not get hot to the touch.
- It is important to develop a system of maintaining the building in good repair.

FACILITY TYPE:

- ☐ (CCLC) Child Care Learning Center
(7 or more children)

FLOOR PLAN CHECKLIST

Applicant(s) Name(s) _____

Contact Person _____

Address _____

Telephone Number(s) _____

Facility Name _____

Address _____

Telephone Number(s) _____








County _____





Instructions:




When preparing a drawing of your floor plan, be certain that all items are shown on your plans and/or in the appropriate section of this checklist.



1. Submit two (2) copies of a building floor plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8½" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. An evaluated copy will be returned to you.
2. Submit a copy of this completed Floor Plan Checklist.
3. Submit a self-addressed, stamped envelope (sufficient in size with adequate postage) for you to receive a copy of your reviewed plans and checklist.
4. Applicant Services Unit will use the checklist to evaluate your plan using the following key:
M - Met, **NM** - Not Met, **NA** - Not Applicable, **D** - Discussion, and
? - Question/Further clarification needed
 CCLC = Rules and Regulations for Child Care Learning Centers




Will the program operate in a private residence? _____ Yes _____ No

Office Use Only	Office Use Only	Office Use Only	<p>Please draw / clearly indicate the following information</p> <p>marked with a “” on your floor plan drawing</p> <p>AND answer questions noted on each item.</p> <p><u>Do not skip any item on this checklist.</u> Write N/A if it does not apply.</p>
Review Date:	Review Date:	Review Date:	
			<p> 1. Label each child care room with a letter and specify the age group to be housed in each room. (i.e. Room A- 6 wks. to 12 months) Please draw the entrance to the facility. (Account for all ages listed on Appl. Part A)</p>
			<p>2. Are there any partial walls (those not floor to ceiling)? ____ Yes ____ No</p> <p> If yes, please draw partial walls with a broken line (----). Give dimensions (height and length) of these walls. Write N/A if there are no partial walls.</p>
			<p> 3. Draw the location of all doors (interior and exterior).</p>
			<p> 4. Draw in the measurements of each child care room. Calculate and show the total square footage in each room. (Measurements are determined baseboard to baseboard. Measurements must also be shown for deductions in the room such as restrooms, closets, wall partition(s), wall inserts, heaters with protective barriers, etc.). Use the directions in the Applicant's Guide. (Ex. 16'2" x 9'7"= 155 sq. ft.) CCLC #591-1-1-.19(1)</p>
			<p> 5. Are there any parts of the building or residence that will not be used for the child care program? If yes, explain the use of the other areas and draw in on your plan. (Child Care Learning Centers attached to a private residence should show child care room(s) in relation to the private residence) (Church or school centers should show child care rooms in relation to other rooms within the building and in relation to other buildings/offices on the grounds.) (If none, write N/A)</p> <p>_____</p> <p>_____</p> <p>CCLC #591-1-1-.19(1)</p>
			<p> 6. Draw the location of each bathroom in relation to the child care areas. The rules require that children's bathrooms be adjacent to the child care rooms. Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom- i.e. door is in classroom). Note: Bathrooms for children age 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or less from classroom door.</p> <p>CCLC #591-1-1-.06(2)</p>
			<p>7. Are bathrooms fully enclosed? _____ Yes _____ No</p> <p>NOTE: Bathrooms must be fully enclosed (i.e. no partial walls and no half doors).</p> <p>CCLC #591-1-1-.06(4)</p>

			<p> 8. Draw the location of each flush toilet, each potty chair, and each sink to be used by children. There are a total of _____ flush toilets _____ potty chairs and _____ sinks. (Fill in total numbers to be provided.)</p> <p>Do the sinks for children have warm, running water? ____ Yes ____ No CCLC #591-1-1-.06(1)</p>
			<p>9. Are the toilets and sinks child-sized? ____ Yes ____ No</p> <p>If not, explain your plan to make them accessible to children. (Ex. stools/ platforms) _____</p> <p>CCLC #591-1-1-.06(5)</p>
			<p>10.  If you do not have central heat and air, draw the location of all windows. Give the measurements for the screened area of the window. If you do have central heat/ air, write N/A. _____</p> <p>CCLC #591-1-1-.25(4)</p>
			<p>11. Are there any windows with glass 24" or less from the floor? ____ Yes ____ No</p> <p>12. Are there any full length glass doors in the building? ____ Yes ____ No</p> <p>If yes, do those windows/doors have an etching/label indicating they are "tempered/safety glass"? ____ Yes ____ No</p> <p>If not, indicate the method used to provide a protective barrier over the windows/doors. (Ex. plastic lattice, Plexiglas)</p> <p>_____</p> <p>CCLC #591-1-1-.25(21)</p>
			<p>13.  Draw the location of the hot water heater(s). If accessible to children, describe the barrier that will be used. (Ex. In a latched closet, or cabinet with a latch) _____</p> <p>CCLC #591-1-1-.25(12)</p>
			<p>14.  Draw the location of laundry areas. If accessible to children, describe the barrier that will be used. (Ex. Latch/ lock on door)</p> <p>(If no laundry area is on site, describe your plan for laundry.)</p> <p>_____</p> <p>CCLC #591-1-1-.17(9)</p>

			<p>15.  Draw the location of the diaper changing area in <u>each room</u> housing children 2 years of age and younger. Regulations state that children's diapers or disposable pull-ups may be changed in their own crib, or on a non-porous diapering surface with guards or rails. Describe which surface you will use and indicate what type of safety barrier you will have to prevent falls.</p> <p>Note: It is recommended that diapering tables be positioned so that staff can see the classroom while diapering.</p> <p>_____</p> <p>_____</p> <p>Do your diaper changing tables face a wall? ____ Yes ____ No</p> <p>If yes, please provide a written supervision plan which requires additional staff to be present in the classroom during diaper changing activities.</p> <p>CCLC #591-1-1-.10(3)</p>
			<p>16.  A sink is required next to each diapering area for hand washing. Draw the location of the diapering sink on the plan. <u>The diapering sink must be in the classroom and not inside the bathroom.</u></p> <p>Do the diapering sinks have running <u>heated</u> water? ____ Yes ____ No</p> <p>Are the diapering sinks within arm's reach from the diapering surface? ____ Yes ____ No</p> <p>CCLC #591-1-1-.10(2)</p>
			<p>17. Are there any child care areas situated in a basement? ____ Yes ____ No</p> <p>Note: The rules prohibit the use of any basement areas more than 25 linear feet from a window as well as the use of rooms with floor levels lower than three feet or more below ground level on all sides.</p> <p>CCLC #591-1-1-25(19)</p>
			<p>18.  Draw the location of the kitchen and label the kitchen sink and all major appliances. (Ex. Stove, microwave, refrigerator).</p> <p>What method of dishwashing will you use? (check one)</p> <p>____ Triple basin sink</p> <p>____ Two basin sink <u>and</u> dishwasher with Sani-cycle or capability of maintaining a rinse water temperature of 150 degrees Fahrenheit</p> <p>____ Two basin sink <u>and</u> use of all disposable service items for children's use (dishes, cups/glasses, utensils)</p> <p>CCLC #591-1-1-.18(4)</p>
			<p>19. Are any ceiling heights less than 7 feet? ____ Yes ____ No</p> <p>If yes, specify which rooms and indicate the height:</p> <p>_____</p> <p>CCLC #591-1-1-.25 (1)</p>

			<p>20. What type of heating system (i.e. central, space heater, or floor furnace) is used? _____</p> <p> If floor furnace or space heater, please show on plan where are units located. Describe the barriers that will be used to prohibit the children's accessibility (Barriers should not get hot to the touch.)</p> <p>_____</p> <p>CCLC #591-1-1-.25(12)</p>												
			<p>21. What type of cooling system (i.e. central, window unit) is used? _____</p> <p> If window unit or fans, please draw on plans where these are located. Describe the barriers that will be used to prohibit the children's accessibility. (Children should not be able to touch control knobs)</p> <p>_____</p> <p>CCLC #591-1-1-.25(12)</p>												
			<p>22. Regulations require ventilation in diapering rooms, bathrooms, and kitchen. This can be provided by functioning exhaust fans and a duct system, or by operable, screened windows. Describe below the type of ventilation to be provided in each area. <u>If windows are used in the diapering areas, please give the number of windows and measurements of the operable, screened portion of each window.</u> (Ex. 3 windows @ 24" x 22" each)</p> <table border="1"> <tr> <td>1. Diaper rooms</td><td>Exhaust fan or windows?</td></tr> <tr> <td colspan="2">CCLC #591-1-1-25(4)</td></tr> <tr> <td>2. Bathrooms</td><td>Exhaust fan or windows?</td></tr> <tr> <td colspan="2">CCLC #591-1-1-.25(4)</td></tr> <tr> <td>3. Kitchen</td><td>Exhaust fan or windows?</td></tr> <tr> <td colspan="2">CCLC #591-1-1- 18(2)</td></tr> </table>	1. Diaper rooms	Exhaust fan or windows?	CCLC #591-1-1-25(4)		2. Bathrooms	Exhaust fan or windows?	CCLC #591-1-1-.25(4)		3. Kitchen	Exhaust fan or windows?	CCLC #591-1-1- 18(2)	
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3. Kitchen	Exhaust fan or windows?														
CCLC #591-1-1- 18(2)															
			<p>23. Do you have any water fountains in the building? ____ Yes ____ No</p> <p>CCLC #591-1-1-.18(2)</p> <p>If yes, list below the manufacturer's name and the <u>model #</u> of the water fountains.</p> <p>_____</p> <p>If no, please describe how you will offer water to children. (Ex. Water pitcher & disposable cups) _____</p> <p>CCLC #591-1-1-.17(5)</p>												

			<p>24. Describe the type of materials used for:</p> <table border="1"> <tr> <td>A. Floors (Ex. Carpet/tile)</td><td></td></tr> </table>	A. Floors (Ex. Carpet/tile)	
A. Floors (Ex. Carpet/tile)					
			<p>25. Describe the individual storage areas/cubbies for each child's possessions and draw their location <u>in</u> each room. Children's individual storage for outer garments and personal possessions must be within children's reach. Diaper bags must be stored <u>out</u> of children's reach. (The number of storage bins/cubbies must match the capacity of each room.)</p> <p> _____</p> <p>_____</p> <p>CCLC #591-1-1-.25(6)</p>		
			<p>26. Where will you store hazardous/bulk/seasonal supplies? These must be inaccessible to children in a locked or latched storage area. (Draw on the floor plan if in the building.)</p> <p> _____</p> <p>_____</p> <p>CCLC #591-1-1-.25(13)</p>		
			<p>27. Describe below your plan for food service (Ex. Cooking done on-site, parent provided, catered).</p> <p>_____</p> <p>28. If food is provided by a source other than the center, the food must come from a facility with a food service permit and current food inspection score. Give the name of the food service facility.</p> <p>_____</p> <p>CCLC #591-1-1-.15(10)</p>		
			<p>29. What type of counter surface (Ex. Formica, stainless steel) will be used for food preparation?</p> <p>_____</p> <p>CCLC #591-1-1-.18(2)</p>		
			<p>30. Where will supplies of food be stored? (Draw on plan-shelves or pantry)</p> <p> _____</p> <p>_____</p> <p>CCLC #591-1-1-.18(5)</p>		
			<p>31. Where will food service equipment (i.e. pots, pans) be stored?</p> <p>_____</p> <p>CCLC #591-1-1-18(2)</p>		
			<p>32. Describe type of protective shield or guard on kitchen lights and stove hood light(s). (This shield would prevent glass from falling into food if a bulb breaks.)</p> <p>_____</p> <p>_____</p> <p>CCLC #591-1-1-.18(2)</p>		

			<p>33. Indicate the source of water supply: _____ County/City</p> <p>If not on city or county water, you will be required to submit written approval from local county health department officials with Part B of your application. If county officials will not give you written approval, follow their instructions to obtain approval from the agency having jurisdiction over the well. (Ex. Environmental Protection Division)</p> <p>CCLC #591-1-1-.25(20)</p>
			<p>34. Indicate the source of sewage disposal: _____ County/City or _____ Septic Tank. If a septic tank is used, you will be required to submit written approval from the local county health department officials with Part B of your application. Ask the health official to document the number of children the septic tank will accommodate.</p> <p>CCLC #591-1-1-.25(20)</p>

(PLEASE DO NOT WRITE BELOW THIS LINE)

OFFICE USE ONLY:

Approval is based on submission of written materials; final approval will be based on the on-site inspection.

☐ FLOOR PLAN APPROVED

☐ FLOOR PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

☐ ☐ ☐ FLOOR PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review. Please include a **large** self-addressed, stamped envelope.

COMMENTS:

REVIEWED BY: _____

DATE _____

REVIEWED BY: _____

DATE _____

REVIEWED BY: _____

DATE _____

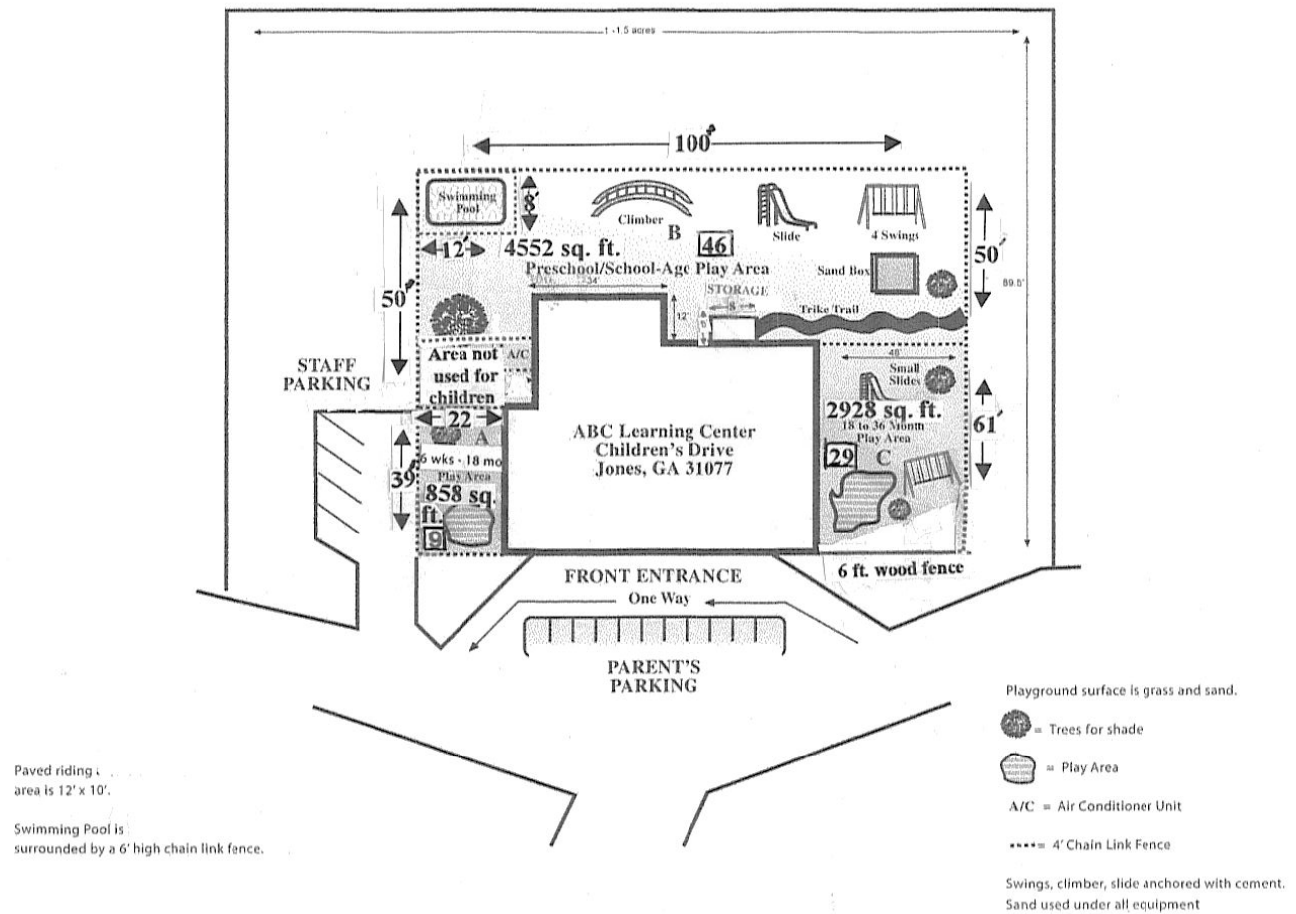
Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

Section E:

Site Requirements

Sample Site Plan.....	1E
Playground Location/Size.....	2E
Ground Covering/Shade.....	3E
Fencing.....	4E
Play Equipment and Surfaces	5E
Fall Zone Swings.....	6E
Fall Zone Slides.....	7E
Fall Zone Revolving Devices	8E
Playground Maintenance Checklist.....	9E
Site Plan Checklist.....	10E

SAMPLE SITE PLAN



PLAYGROUND LOCATION

The playground, just like the interior space, has specific requirements. The first requirement is that it should be adjacent to the facility (indicate location on your site plan). If not, a safe route to the playground must be approved by Bright from the Start: Georgia Department of Early Care and Learning. Children should not cross driveways or parking lots to reach their playground. Children less than 3 years of age may not pass through the rooms of older children to reach the playground. Children 3 years of age and older may not pass through younger children's rooms to reach the playground. The entrance to the center cannot be through the playground unless that passageway is fenced separately from the playground space.

PLAYGROUND SIZE

How to calculate useable playground space

- Child care learning centers are required to have 100 square feet of useable play space per child for each group using the play area at any one time.
 - Child care learning centers with a capacity of 19 or more children must have enough playground space to accommodate at least 1/3 of the center's total licensed capacity.
 - Child care learning centers with a capacity of 7 to 18 children must have enough playground space to accommodate the facility's total licensed capacity at one time.
- Document the exact dimensions of the playground in feet and inches on your plans.
- To obtain the square footage, multiply the length times the width of the playground. To determine the capacity divide the total square footage by 100.
 - If the playground is not uniformly shaped (i.e. square or rectangular), please measure it in segments.

- Remember to deduct any areas that subtract from useable space such as areas for storage buildings, swimming pools, and heating or cooling units.
- If the playground is divided into individual sections to accommodate individual age groups, each fenced area must comply with the rules.

Note: Please consider supervision when designing outdoor play areas. Children are not visible, and cannot be adequately supervised, on a playground that has hidden areas or on one that wraps around a portion of the building.

GROUND COVERING

- Choose from a variety of surfaces such as grass, wood chips, sand, etc.
- Hard surfaces, such as pavement or gravel, cannot exceed $\frac{1}{4}$ of the total outside surface. Therefore, your playground may not be constructed over concrete or asphalt without first removing this hard surface.
- The playground area must not contain any hazards, such as, but not limited to:
 - Uneven turf
 - Holes
 - Exposed tree roots
 - Rocks
 - Briars/thorny plants
 - Mushrooms
 - Active ant beds

SHADE

- Shade may be provided by:
 - Trees
 - Equipment with shade coverings
 - Man-made structures (i.e. gazebos/canopies)
- Shade provided by your building cannot be the only source.
- Shade must be provided within each individually fenced area.

FENCING

- **Provide at least a 4-foot-high fence around the play area.**
 - **Fencing material must be non-hazardous without any protruding metal or wires.**

The following are approved fencing materials, if they are at least 4 feet tall:

- Chain Link (with closed, bent wire - no sharp points exposed along the top or the bottom)
- Wooden (no gaps between boards, no splinters, no nail points or protruding nail heads)
- PVC/plastic picket fence (gaps between pickets must be less than 3 ½ inches)
- Wrought Iron (gaps between rails must be less than 3 ½ inches)

Materials not approved: Barbed wire, chicken wire, farm wire (rectangular openings), lattice (plastic or wood)

- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.
- Any bolts used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.
- Bolts and screws protruding from the playground entrance gate or from divider fences could present a hazard to children on either side.
- Any barrier other than fencing must be approved by the Department.
- The location of the gas meter and/or the heating and cooling equipment must be indicated on the site plan.
 - The type of barrier/fence used to prevent children from coming into contact with this equipment must also be noted on the site plan.

NOTE: If barriers (i.e. landscape timbers, PVC pipe perimeters) are used on the playground to contain loose fill materials like sand/mulch, do not install the barriers close to the fence line as the height of the barrier would

reduce the overall height of the fence. This can also create a gap (between the fence and the barrier) where children's feet can slip causing a potential injury.

PLAY EQUIPMENT AND SURFACES

- Provide enough age appropriate outdoor play equipment to offer a variety of activities.
- Equipment must be in safe operating condition with no rusted, broken, or missing parts, and with no protruding nails or screws.
- Tires used for play must have holes bored in them so that water drains out.
- Specific requirements for swings and climbing equipment include:
 - Must be anchored securely in the ground.
 - Chain hooks on swings must be clamped tight.
 - Slides should be installed in shaded areas.
 - A resilient or bouncy surface such as wood chips, sand, mulch, or pea gravel must be provided underneath and in the fall zone.
 - The depth of the resilient surface is determined by the height of the equipment.
 - Six inches of resilient surface is required underneath and within the fall zone of equipment five feet or higher.
 - If the equipment is less than five feet in height, the required depth of the resilient surface is three inches.
 - Barriers may be needed to maintain loose fill materials at the proper depth (see note above regarding placement of barriers).
 - Any barrier, such as timbers or PVC pipes, built to contain the resilient surface must be installed outside of the fall zone of the equipment.

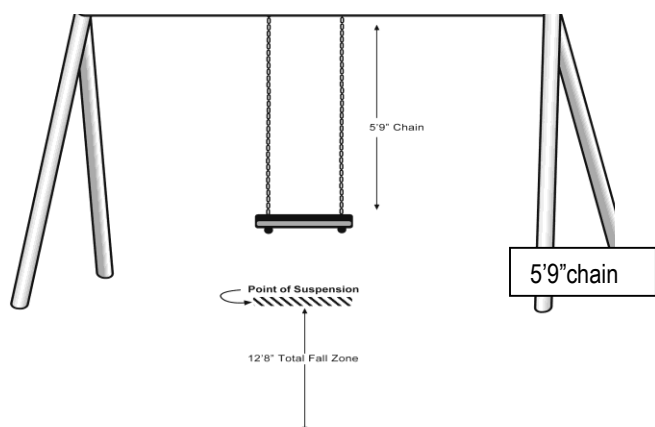
- If a synthetic material is to be used for the resilient surfacing, contact the Applicant Services Unit for approval of the material prior to installation. You will be required to provide testing specifications on the product you plan to install.
- It is important to develop a system to check the playground equipment and to measure the resilient surface regularly to ensure that both are maintained adequately.
- Safety or encroachment zones of at least 6 feet should be created between pieces of equipment as well as between the equipment and fencing.

FALL ZONES

An area extending four feet from climbing structures; five feet from the bottom and side of the exit area of a slide (other parts of the slide are climbing structures); seven feet plus the length of the chain from a swing's point of suspension in each direction; and seven feet from a merry-go-round and other revolving device.

Fall Zones – Swings

(Seven feet plus the length of the chain from swing's point of suspension, must extend in front and in back of the stationary swing)

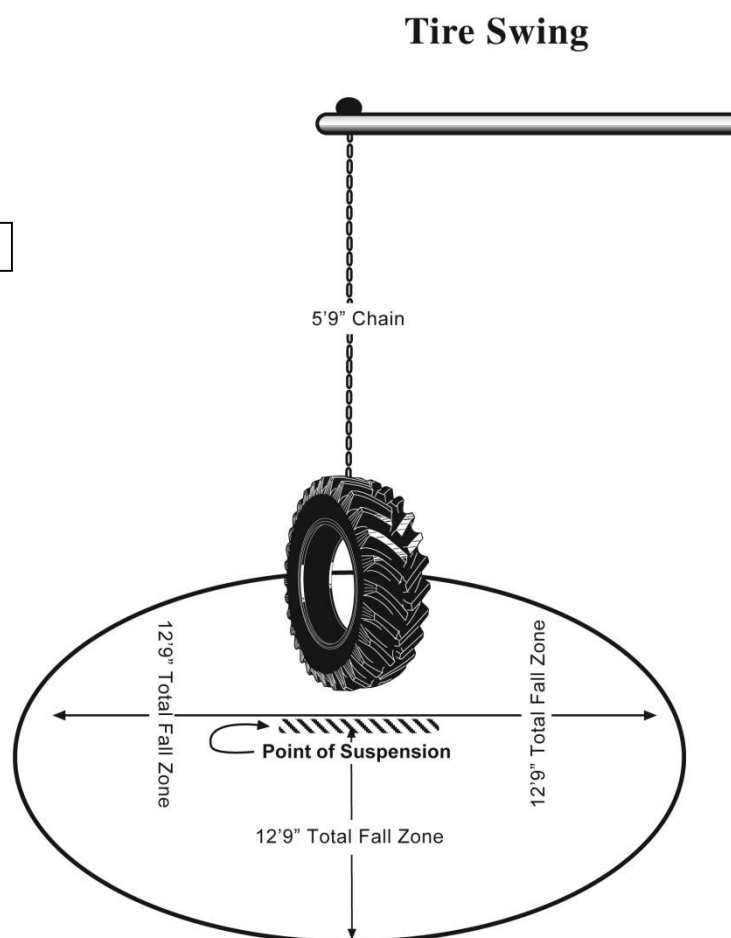


Example:

Chain = 5'9"

$5'9'' + 7' = 12'9''$ fall zone

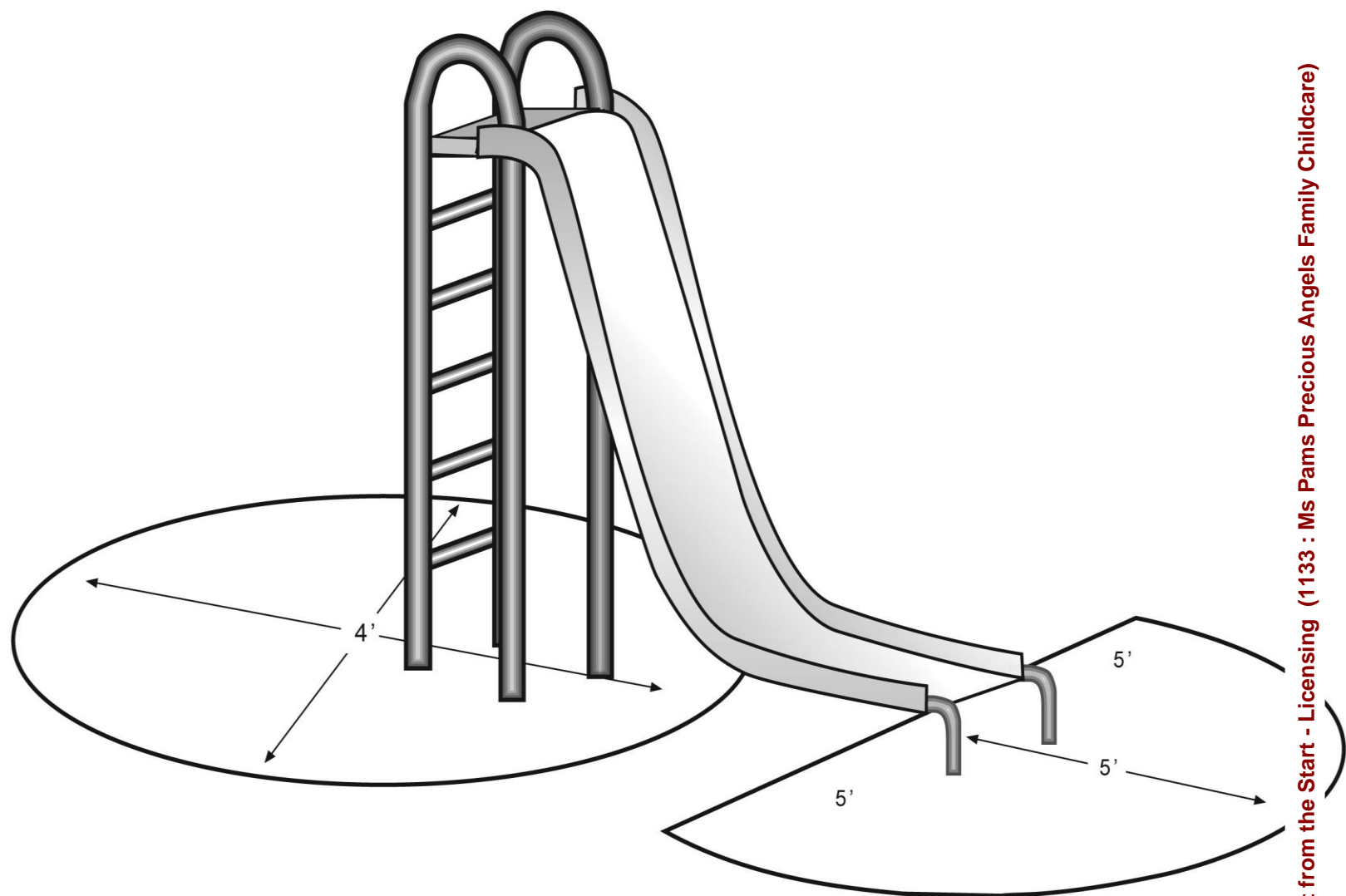
(Required in front & in back of stationary swing)



Entrapping Equipment

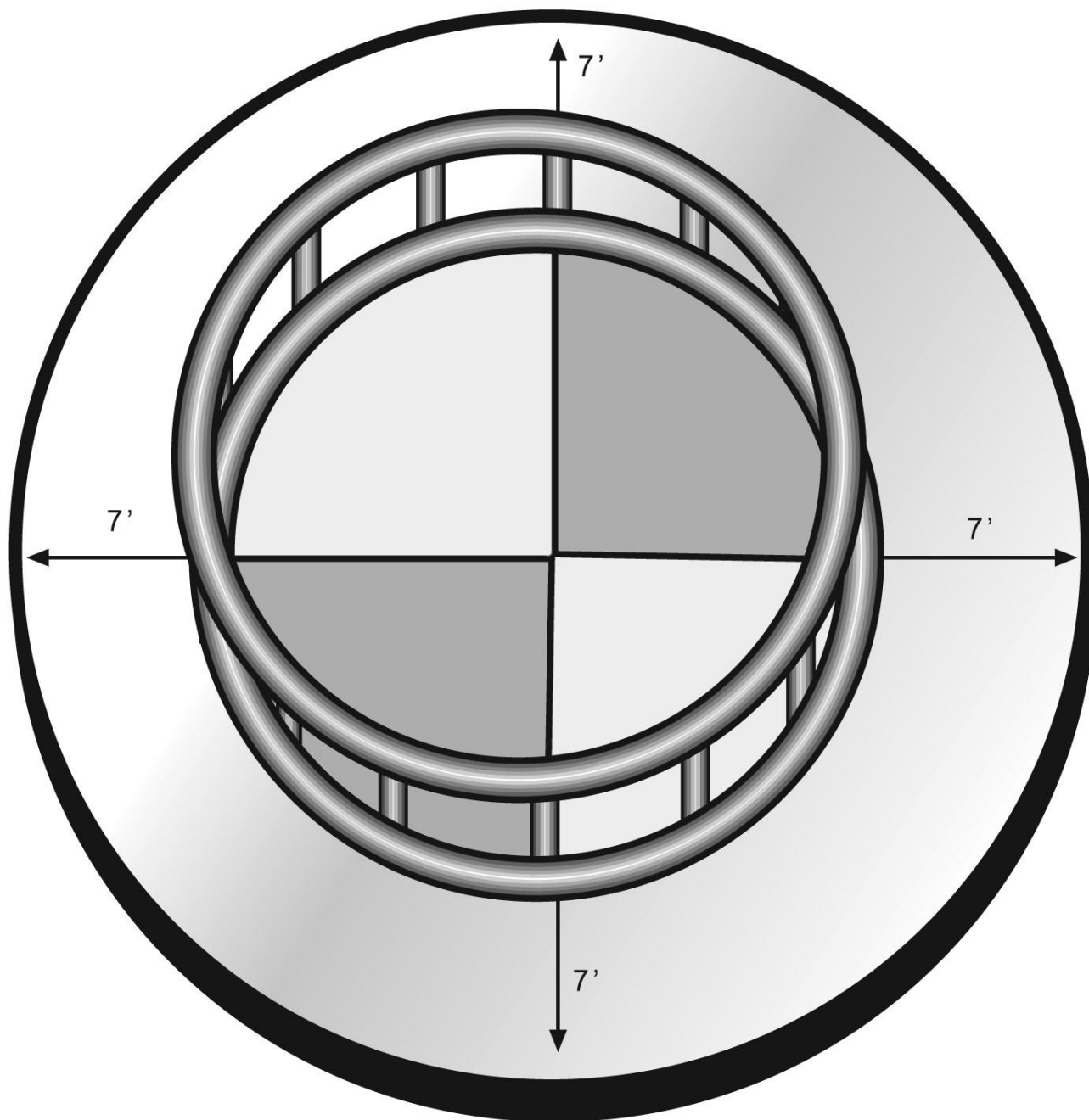
A component or group of components on play equipment that forms angles or openings that could entrap a child's head by being, (1) too small to allow the child to withdraw his/her head easily, and (2) placed so that the child would be unable to support his/her weight by means other than the head or neck.

Fall Zones - Slides



(Area extending four feet from climbing structures; five feet from bottom and sides of the exit zone of the slide.)

Fall Zones - Revolving Devices



(Merry-Go-Rounds, rotating teeter totters, swing-on gates.)

PLAYGROUND MAINTENANCE CHECKLIST

Instructions: Check the entire playground at least once each week. Train all personnel to be alert to playground hazards, and report them promptly. Avoid the use of hazardous equipment until repaired.	Date Checked	Repair or Removal Needed	Date Repaired or Removed
1. Is there at least six to ten inches of deep resilient ground cover (sand, pea gravel, wood chips, etc.) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?			
2. Is the entire outside play area free of hazards? Such as: Poisonous plants _____ Glass _____ Trip hazards _____ Uneven turf _____ Exposed bricks/cinder blocks _____ Exposed concrete edges _____ Open grating _____ Slippery areas _____ Dead tree limbs _____ Briars/thorny plants _____ Exposed tree roots/rocks _____ Accessible sharp fence wire _____ Accessible woods _____ Inadequate clearance between equip. _____ Poor drainage areas _____ Ants/Bees/Spiders _____			
3. Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?			
4. Are there outdoor equipment hazards such as: Exposed nails/screws/nuts/bolts _____ /pipes _____ Splintered/deteriorated wood _____ Open/deformed "S" or "C" hooks/ _____ rings/links, etc. _____ Crush/pinch points _____ Areas of entrapment _____ Unprotected protrusions _____			

Broken/missing steps/rungs/hand rails/handles/slides/ladders _____ Sharp edges _____ Broken seats/parts/equipment _____ Obstructions on slides _____ Equipment off track/unsecured to fulcrum _____ Frayed/broken ropes _____ Chipped/peeling paint _____ Worn swing hangers/chains _____ Broken supports/anchors _____ Bars/rungs/handholds stay in place when grasped; don't wobble/turn _____			
5. Are there openings that could trap a child's head? (Gaps should be less than 3½ inches or greater than 9 inches.)			
6. Are timbers rotting, splitting, termite infested, excessively worn, or splintering?			
7. Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)			
8. Are there protrusions on any equipment that can catch clothing?			
9. Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?			
10. Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?			
11. Is the fence at least 4 feet high and in good repair? Can gates be secured? Any 4 inch gaps a child could squeeze through? Any sharp wires that could cut or scratch a child?			
12. Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?			
13. Do trees, grass, and shrubs need care/trimming?			
SIGNATURE OF PERSON CONDUCTING THE PLAYGROUND CHECK _____			

FACILITY TYPE:

- ☐ (CCLC) Child Care Learning Center
(7 or more children)

SITE PLAN CHECKLIST

Applicant(s) Name _____

Contact Person _____

Address _____

Telephone Number (s) _____

Facility Name _____

Address _____

Telephone Number (s) _____







County _____




Instructions:

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CCLC = Rules and Regulations for Child Care Learning Centers

Office Use Only	Office Use Only	Office Use Only	<p>Please draw/clearly indicate the following information marked with a “” on your floor plan drawing</p> <p>AND answer questions noted on each item.</p> <p>Do not skip any item on this checklist. Write N/A if it does not apply.</p>
Review Date:	Review Date:	Review Date:	
			 1. Draw the location of parking for parents and staff. (Assure that there is enough to accommodate staff vehicles and the peak arrival and departure times for the safe pick-up and delivery of children.) CCLC #591-1-1-.25(16)
			 2. Draw the measurements of each playground and the age range of children that will use each playground. (Ex. 120 feet x 90 feet= 10,800 sq. feet) If more than one playground is planned, show each playground and designate each with a letter. NOTE: Facilities are not required to have separate play areas for all age groups. Refer to Applicant’s Guide for additional information. (Give dimensions of any heating/cooling equipment areas on the playground. These should be fenced off from children’s access.) NOTE: For child care learning centers with a capacity of 19 or more children, the total playground capacity must accommodate at least 1/3 of the center’s overall capacity. For child care learning centers with capacity of 7 to 18 children, the playground capacity must match or exceed the center’s overall capacity. CCLC #591-1-1-.26(1)
			 3. Are there any buildings or storage areas on the playground? ____ Yes ____ No If yes, please draw the location on the plan and give measurements of the building. Are these buildings able to be locked? ____ Yes ____ No Is access blocked both underneath and behind these buildings? ____ Yes ____ No CCLC #591-1-1-.26(1)
			4. Is there a swimming pool (in ground or above ground) on site? ____ Yes ____ No  If yes, please draw the location on the plan and describe below the method used to make it inaccessible to children when not in use. (Ex. Locked fence) _____ CCLC #591-1-1-.35(2)
			 5. Draw the location of the playground in relationship to the building, and show the route children will use to safely reach the playground <u>from each room</u> . (Note: In CCLCs with a capacity of 19 or more children, children less than 3 years of age may not pass through older children’s rooms to reach the playground, nor may children 3 years and older pass through the rooms of younger children.) CCLC #591-1-1-.26(3)

			<p>6.  Draw the location of the playground equipment (climbers, swings, sandboxes slides, etc.). A variety of age appropriate equipment for all children served must be provided.</p> <p>CCLC #591-1-1-.26(6)</p>
			<p>7.  Draw the location of fencing and the gates used to protect children from traffic and other hazards. Rules require the fence to be at least four feet in height. Fencing must be non-hazardous material and must have no gaps between rails or posts that measure larger than 3½ inches.</p> <p>Type of fence? _____ Height of fence? _____</p> <p>CCLC #591-1-1-.26(4)</p>
			<p>8.  Describe below the type of ground covering that will be on the completed playground. (Ex. Grass & mulch) Draw any paved or concrete surface areas on the plan. Show the measurements of paved or concrete surfaces.</p> <p>NOTE: Rules require hard surface to be limited to no more than ¼ of the total outdoor play area.</p> <p>_____</p> <p>Is there any concrete or asphalt beneath the grass/ground cover on your playground? _____</p> <p>CCLC #591-1-1-.26(5)</p>
			<p>9. Shade will be provided on each playground by:</p> <p>_____</p> <p>(Shade can be provided by trees, awnings, covered sandboxes, etc. Shade provided by the building cannot be the only shade.)</p> <p>CCLC #591-1-1-.26(3)</p>
			<p>10. State below the type and depth of resilient surface used beneath and in fall zones of swings and climbing equipment (i.e., sand, wood chips). NOTE: The required depth beneath and in the fall zone for equipment less than 5 feet high must be at least 3 inches; for equipment 5 feet and higher, the required depth is at least 6 inches. Barriers may be needed to maintain the proper depth.</p> <p>Refer to the Applicant's Guide for distances required for fall zones, for resilient surface materials, and for depth requirements. (Ex. Swing chain length - 4'2" plus 7' = 11'2" in front, and in back of swing at rest. Total swing fall zone area for this example would be 22'4".)</p> <p>TYPE _____ DEPTH _____</p> <p>CCLC #591-1-1-.26(7)</p>
			<p>11. Climbers and swings must be anchored. Describe below how you will do this: (Ex. Concrete footings, etc.) Note: Anchoring material must be securely covered.</p> <p>_____</p> <p>_____</p> <p>CCLC #591-1-1-.26(7)</p>

12. Is the gas meter and/or heating and cooling equipment located on the playground? ____ Yes ____ No



If yes, please indicate the protective barrier to prevent children's access and draw the location of the equipment and barrier on your plan:

Note: This barrier must be at least 4 feet in height.

CCLC #591-1-1-.26(6)

13. Describe your specific plan for keeping the playground safe and the depth of the resilient surfacing material maintained. See Applicant's Guide for information about Playground Maintenance. (Plan for daily maintenance like measuring resilient surface and long-term work like grass cutting, adding resilient surface, painting equipment, etc.) * * A sample playground checklist form is found in the resource section.

CCLC #591-1-1-.26(7-8)

(PLEASE DO NOT WRITE BELOW THIS LINE)

OFFICE USE ONLY:

Approval is based on submission of written materials; final approval will be based on the on-site inspection.

☐ SITE PLAN APPROVED

☐ SITE PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)

☐ ☐ ☐ SITE PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review. Please include a large self-addressed, stamped envelope.

COMMENTS:

REVIEWED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

Section F: Operation Plan

Operation Plan Defined..... 1F

Operation Plan Checklist 2F

The Operation Plan Checklist has been created from the rules and regulations for your use as a guide in the development of the operation plan for your facility. Sample forms have also been created for your use based on the rules and regulations and are included in the Resource Section of this Applicant's Guide.

OPERATION PLAN DEFINED

Your Operation Plan covers the day-to-day operation of your center.

Items that are included in your operation plan are:

- Personnel Policies/Handbook: This is the handbook given to your staff and should cover all information in your policies and procedures as well as all requirements for your staff.
- Policies and Procedures/Parent Handbook: This covers all information that your parents need to know about the day-to-day operation of the center and should be organized in an easily readable format that parents can turn to for answers about the type of services you will provide.
- Schedules: Each classroom is required to have posted a daily schedule of age-appropriate activities that children are involved in at the center.
- Menus: Menus are a required posted item and a sample menu for your center must be submitted.
- Emergency Plans: Your parental policies and procedures may state that emergency plans have been developed and are posted for parent viewing. You must submit for review your step-by-step plans for each of the emergency situations listed on the operation plan checklist.
- Transportation Plan: Written plan required for routine transportation or field trips.
- Operation Plan Checklist: Please include your checklist in its entirety when submitting your operation plan materials for review.
- Forms: Sample forms have been provided for many of the items required. Any forms that you will be using other than the sample forms provided by Bright from the Start must be submitted for review.

PERSONNEL POLICIES

The following policies are stipulated in the rules and should be included in your personnel policies/ employee handbook. These items can be copied word for word.

Contagious Diseases: Staff, or any other persons being supervised by the staff, shall not be allowed in the center who knowingly have, or present symptoms of a fever or diarrhea.

Smoking: Staff or other persons shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation. (Note: Current Fire Safety laws prohibit smoking on the premises of the child care center.)

Prohibited Substances: Staff, chaperons, and students in training shall not be under the influence of or consume alcohol, marijuana or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

Assignment of employees: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Work Schedules: Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.

First Aid and CPR: At least fifty percent (50%) of the caregiver staff and the director shall have current evidence of training in first aid and cardiopulmonary resuscitation (CPR). There must always be an employee with evidence of current First Aid training and CPR on the center premises whenever children are present, on any center-sponsored field trip, and on any center vehicle transporting children.

EMPLOYEE FILES

During your Initial Licensing Study, the following items must be in each employee's file, including the director's file:

- 1) Application for Employment: There is a sample form for this. If not using the Bright from the Start sample, make sure that **all** information on the sample is included on your application (i.e. questions about CPR and First Aid, information regarding whether the person has ever been investigated or charged with abuse, neglect, etc.). Make sure that **all** questions are answered and that staff do not leave any blanks.
- 2) Ten Year Work History: There is a sample form for this. This should go back ten years, even if the person has not consistently worked for ten years (i.e. student, homemaker, unemployed). The ten year history should reflect what the person has been doing for the past ten years. If the person did not work between two jobs, have them write "no work" or "unemployed" so that the entire ten year period is covered.
- 3) Credential/Degree Verification: Effective December 1, 2012, a copy and/or written verification of the credential or degree awarded to directors and lead teachers (see qualification requirements) must be on file.
- 4) Orientation: There is a sample form for this. This covers training prior to being placed in a classroom, and includes information regarding the center's rules, Bright from the Start's rules and regulations, etc. The orientation training form must be signed and dated by the person(s) conducting the orientation as well as by the employee.
- 5) CPR and First Aid verification: Must be geared towards infant/child (not adult only), and must include the date and signature of the instructor. Make sure that trainers are BFTS approved. A copy of this should be placed in each employee's file. **Note:** At least 50% of the caregiver staff are required to have this training at the point of licensure and ongoing. The director and the person responsible for driving the vehicle are also required to have this training. If the driver does not have training, a certified person is required to be on the vehicle with them at all times.
- 6) CRC: This is an employee's criminal background check. A copy of this must be in each employee's file.
- 7) Any Additional Training: Sample forms are available to keep track of training.
- 8) **NOTE:** The director is required to have the same information in his/her file as other employees have in theirs. **Directors are required to have the approved 40 hour director's training prior to licensure.**

GUIDELINES FOR CREATING POLICIES AND PROCEDURES

Use this form to assist you in writing your Center Policies and Procedures**. If you have covered each item listed on this guide, you will have covered each of the topics required.

May also be used as your parent handbook

TO CREATE YOUR CENTER POLICIES AND PROCEDURES INCLUDE THE FOLLOWING INFORMATION PLUS ALL ITEMS REQUIRED IN THE OPERATION PLAN CHECKLIST:

- ___ 1. Ages of Children Served;
- ___ 2. Months of Operation;
- ___ 3. Days of Operation;
- ___ 4. Hours of Operation;
- ___ 5. Dates center is closed, (i.e. holidays, inclement weather, vacation closing, etc.);
- ___ 6. Admission requirements including parental responsibilities for supplying and maintaining accurate required record information and escorting child to and from the center;
- ___ 7. Standard fees, payment of fees, fees related to absences and vacations and other charges such as insurance, transportation, etc;
- ___ 8. Transportation provided (if any) is to include procedure to be followed if no one is home or at the designated drop-off site to receive a transported child, i.e., school, home pickup/delivery, special events such as dance lessons, swim lessons, etc.; (If you offer no transportation, state this in your policies so parents will know.)
- ___ 9. Guidance and discipline techniques (need to state general philosophy of classroom management, statement of discipline techniques to be used and statement of disallowed discipline techniques as described in rules and regulations);

___ 10. Handling emergency medical care including place(s) the children will be taken for emergency medical care, identification of the facility's primary medical resource and method used to transport the child to this location;

___ 11. Description of information required before administering medication and recording noticeable adverse reactions to the medication. Include times medication will be administered, how to obtain and complete the medication form, how long authorization is in effect (i.e., limited to no more than two weeks unless written authorization from the physician), and procedure for delivery and pickup of medication;

___ 12. Notifying parents of child's illness, injury, exposure to a notifiable communicable disease, parents' responsibility to inform center of a communicable disease, exclusion of sick child with 101 degrees or higher oral temperature and any other symptom such as diarrhea, sore throat, etc.; (Describe in your policies the way you will notify parents of these things happening.)

___ 13. Exclusion of children with communicable disease as defined in the chart of communicable disease and their recommendation for re-admission (chart should be posted in the center);

___ 14. Protection of children inside the facility in the event of severe weather and evacuation of the building in the event of fire, gas leak, bomb, and physical plant problems (i.e. describe the steps you will take to protect the children while in the center or on the vehicle. Note: The emergency plans for fire and severe weather should also be posted in the center);

___ 15. Description of any special procedures to be followed in the caring for a child, including any special services, which the center agrees to provide to a child with special needs;

___ 16. A description of the meals and snacks served; provisions for food provided by parents, and how exceptions, such as for allergies, or food from home, will be handled; description of food service;

___ 17. Written parental authorization for child to participate in field trips, special activities away from the center and water related activities occurring in water that is more than two feet deep, if the center participates in any such activity, and if the center is to provide routine transportation for the child to and from school, home or center, i.e., for field trips written permission of each trip, method of transportation for swimming activities include location, fees if any, equipment needed by children, certification of lifeguard;

___ 18. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment;

___ 19. Required to report any suspected child abuse, neglect, exploitation or deprivation to the Department of Family and Children Services;

___ 20. Required to report any suspected case of notifiable communicable disease to the local county Health Department;

___ 21. If infant care is provided, need to include policies and procedures on written feeding plan, which includes parents' instructions for feeding of formula or breast milk, updating of plan, provision of formula/breast milk bottles which are identified with child's name and current date, handling of leftover formula/breast milk, provision of baby food, provision of diapers, use of pacifier;

___ 22. Information on facility's safe sleep policy;

___ 23. If you want parents to provide articles such as combs, toothbrushes, sheets, covers, change of clothing, you need to outline in your procedure;

___ 24. Statement to inform parents of posted notices to include the license, copy of rules, review of evaluation report, communicable disease chart, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather and fire, and statement for visitors. If you have no liability insurance coverage for the children, you must post a notice alerting parents of this fact. There is a sample form for this.

CHILDREN'S FILES

The following items are to be in each file. Sample forms are provided in your Applicant's Guide. Please check all children's files that were under former ownership for completeness and accuracy. If changing enrollment applications over to your facility information – please have completed by date of initial licensing study. Note: Children's files must be maintained for a period of one year after the child is no longer in care at the facility.

1. Enrollment Form: This should be completed prior to the children being left in your care. Make sure that all questions are answered and that no blanks are left. Ask that parents not use NA. All questions are applicable and should be answered or have NO or NONE, (i.e. allergies).
2. Emergency Medical Authorization: Again, NO blanks and must be completed prior to the child being left in your care. Make sure that the Doctor's name and phone number are completed and readable.
3. Parental Agreement: This lists the services that you provide and what both you and the parent agree to. You may want to add to this agreement, for example: information about receiving, reading, and understanding the parent handbook.
4. Parent Acknowledgement Page: Signed document which indicates that parents have been provided a copy of the facility's policies and procedures, have been encouraged to participate in facility activities, and have been told that they will be advised of their child's progress.
5. Parent Notice of No Liability Insurance: This lets parents know that you do not have liability insurance to protect their child in the event of an injury, etc. (If you do carry this insurance, you do not need this form in children's files.)
6. Other forms:
 - Incident Report
 - Infant Feeding Plan (a copy should also be kept in the child's assigned room)
 - Authorization for Medication
 - Vehicle Emergency Medical Information (a copy should also be kept on the vehicle)
 - Transportation Agreement (a copy should also be kept on the vehicle)
 - Field Trip Permission Form

SCHEDULES

A daily schedule is required by the rules to be posted in each classroom. These schedules should be age appropriate and individual to each classroom. One schedule is not appropriate for use for an entire center as children of different ages and abilities will require longer or shorter times for different activities.

Schedules should show all hours of operation, from the time the center opens until the time the center closes. (Refer to your Application A to ensure the schedules match the hours of operation and the ages served.)

Schedules are to include indoor and outdoor play, a balance of quiet and active periods, free choice and teacher-directed activities, individual, small group, and large group activities, and cover the seven interest areas (i.e. large muscle activities, small muscle/manipulative activities, language and reading, arts and crafts, dramatic play, rhythm and music, and science and nature). Schedules should reflect children's activities – not the activities of the caregivers.

The required amount of outdoor time must be shown on your schedule. The rules require one and one-half (1 ½) hours of outdoor play daily for children age 1 year and older, and one (1) hour per day for infants.

Snacks and meals must be shown on your schedules; a minimum of 2 hours between each meal and snack must be reflected.

If you provide care for school-age children, a part-day schedule (reflecting children's activities before and/or after school hours) and a full day schedule will be required (if applicable).

WEEKLY MENU

A weekly menu reflecting the meals and snacks served at the facility is required by the rules to be posted near the front entrance for parent viewing. Substitutions should be posted on the menu as they occur.

Your menu should include clearly identified food and drinks and fulfill required components and creditable food items described in the U.S.D.A. guidelines.

Each meal and snack that is to be served is to be on your weekly menu.

If you are providing evening or night care, those meals and snacks should be reflected as well.

Staff must follow the infant feeding plans completed by the parents for children under one year of age. The feeding plan should be updated by the parents each time the child's feeding requirements change.

If your center will serve catered food, a copy of the establishment's food service permit, as well as a copy of their most recent inspection report, should be submitted. You will still be required to post a menu which lists the catered food served.

If parents will be providing meals, the center must adhere to the "Criteria for Sack Lunches" memo (see Resource section of Applicant's Guide). Parents will be required to provide meals which meet USDA requirements, and the center will be required to maintain additional foods on hand to supplement children's meals as needed. The center must also adhere to the food preparation area requirements listed in the rules.

EMERGENCY PLANS

Each facility must have step-by-step procedures stating how emergencies are handled. Each item listed on the operation plan checklist should be written out as a separate plan. Emergency plans should be developed for the following:

1. Fire
 2. Severe Weather
 3. Loss of Heating
 4. Loss of Cooling
 5. Loss of Water
 6. Loss of Electricity
 7. Structural damage to the building
 8. Serious injury to a child
 9. Death of a child
 10. Loss of a child from the facility
 11. Loss of a child from a field trip
- When writing your emergency plans, your plans should be specific to your program and to your building.
 - Start from the beginning of the emergency and continue until the emergency situation is over.
 - Make sure plans are step-by-step.
 - Give staff specific jobs.
 - Decide where you would go if you had to evacuate the building and grounds.
 - Ensure that your plans are usable by your staff.
 - Include reporting the incident to Bright from the Start within 24 hours or the next business day after the incident.

TRANSPORTATION

A written transportation plan must be included with your operation plan and be a part of your policies and procedures.

Types of transportation include:

- Routine transportation
- Field trip transportation

Your written transportation plan includes:

1. Name of licensed driver and evidence of current driver's license
2. Written transportation agreement with the parent
3. List of children to be transported
4. Checklist for the accounting of children
5. Transportation record
6. Vehicle emergency medical information
7. Annual vehicle inspection form
8. Evidence of First Aid and CPR training for the driver
9. Field trip permission form

Include written procedures for any alternate transportation used, such as contracted transportation.

FACILITY TYPE:

- ☐ (CCLC) Child Care Learning Center
(7 or more children)

OPERATION PLAN CHECKLIST

Applicant(s) Name	_____
Contact Person	_____
Address	_____
Telephone Number (s)	_____
Program Name	_____
Address	_____
Telephone Number (s)	_____
County	_____

1. Submit copies of forms and/or documentation to show compliance with each item listed below along with this checklist to the Applicant Services Unit. Keep one copy of the checklist and attachments for your files.
2. Submit a self-addressed, stamped envelope sufficient in size with adequate postage to receive your copy of the evaluated checklist.

All items listed below should be represented on the operation plan, or answered on the checklist, which is attached to your plan. Applicant services Unit will use this checklist to evaluate your plan using the following key:

M – Met, **NM** – Not Met, **NA** – Not Applicable, **D** – Discussed, **?** - Question/Further clarification needed

CCLC = Rules and Regulations for Child Care Learning Centers

NOTE: If using the sample forms developed by Bright from the Start, you may indicate this on your checklist by writing **SF** rather than sending copies of the sample forms. Please be advised there are only sample forms for items starred (*); therefore, on items not starred you must develop your own forms for these items and submit a copy for review/approval.

FORMS

- The attached checklist is a list of forms required for the daily operations of a child care program.
- Please note that sample forms ARE available in this packet and on the website for your use. If you choose to use the sample forms provided by Bright from the Start, please write “SF” next to each heading, but DO NOT write in the gray boxes.
- DO NOT send copies of the Bright from the Start sample forms.
- If you choose to develop your own form(s) then please include a sample copy or review with the checklist.

CHILD CARE LEARNING CENTERS

STAFF RECORDS:

A record must be established on each staff person including the director, which will be the licensee in some cases. Submit the forms you will use to capture the required information below. **Write SF if you are using the SAMPLE FORM from the Applicant Guide for this item. Please note that only items starred (*) have sample forms.**

Gray boxes	Office Use Only		Staff Application Form / Staff attendance record
Review Date:	Review Date:	Review Date:	
			*Staff Application FORM must include the following:
			Name
			Date of Birth
			Current address
			Current telephone number
			Employment History (10 year)
			Education (Eff. 12/2012- Copies/written verification of credential/degree will be required for directors and lead teachers)
			Qualifying work experience (commensurate with position)
			The following 3 statements are required on staff applications: 1. Staff has never been shown by credible evidence, e.g. a court or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.
			2. Staff has not made any false statements on their application regarding their qualifications.
			(Under the American with Disabilities Act of 1991, all programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but <u>only</u> if the program supervisor is made aware that an accommodation is required. If a staff member is disabled and requires accommodation, they may request it at <u>any</u> time during the interview process. They are obligated to inform the program director of their needs <u>if</u> it will impact their ability to perform the job for which they are applying.) 3. Staff has read the job description for the position for which they are applying, staff members are in all respects, able to adequately perform the duties as described.

			Proof that staff members do not have a criminal record. CCLC# 591-1-1-.24
			* Daily Attendance FORM for <u>employees</u> which must be kept by the center for a six-month period. CCLC# 591-1-1-.24(g)
			NOTE: Orientation must be conducted with new staff prior to assignment to children or task CCLC #591-1-1-.33 and #591-1-1-.24(d)
			* Orientation FORM used to document staff orientation is attached. It must include:
			The center's policies and procedures;
			Emergency weather plans;
			Employee's assigned duties and responsibilities;
			Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;
			The rules and regulations set forth in Rules #591-1-1. Such instruction shall require new staff to be generally familiar with the health and safety requirements for caring for the children that are set forth in the specified sections;
			Childhood injury control;
			The administration of medicine;
			Reducing the risk of Sudden Infant Death Syndrome (SIDS);
			Hand washing;
			Fire Safety;
			Water Safety;
			Prevention of HIV/Aids and blood borne pathogens;
			Child care training requirements;
			Signature and date of person providing orientation;
			Signature and date of person receiving orientation.

CHILDREN'S RECORDS:

A record containing the following information must be maintained for each child enrolled. Submit a sample of your FORM for children's enrollment. It must include the items listed below #1-5, if all are applicable.

NOTE: During the licensure visit, organization of records will be evaluated. Forms must be available for parents to complete.

****If you use the sample forms from the Applicant's Guide, write SF by each item covered by that form.**

			1. *Child Enrollment FORM must include the following:
			Identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both parents, name of school, and name of guardian if applicable;
			Identifying information about the parents or guardian to include: names of both parents, guardian if applicable, home and work addresses, and home and work telephone numbers;
			Name (s) and information about the person(s) to whom the child may be released. Such information shall contain the authorized person's address, telephone numbers, relationship to child and to parent(s) or guardian, and other identifying information;
			Emergency contact information to include name and telephone number of person(s) to contact in emergencies when the parent or guardian cannot be reached;
			Evidence of age-appropriate immunizations or a signed affidavit against such immunizations;
			Primary care physician's or clinic's name and telephone number;
			Statement regarding known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's program and activities;
			Description of any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs. CCLC #591-1-1-.08 (a-h)
			2. * Parental Agreements with Child Care Facility FORM: Signed agreement between the center and the parent to include:
			Description of general services to be provided by the center to the child including whether the center is providing meals and snacks;
			A description of the information that will be required of the parent before the center will dispense any medication and the parent's acknowledgment that they will provide all the necessary information;

		<p>Parents' acknowledgment of the following:</p> <p>That when the parents, or persons authorized by the parents, pick up or drop off their child at the center, they will not allow their child to enter or leave the center without being escorted, and that the center will not permit the child to enter or exit the center without an escort;</p>
		<p>That the parents are responsible for keeping the center advised of significant changes as the changes occur in the information that the parents provided at the time of enrollment concerning phone numbers, work locations, emergency contacts, family physician, etc.;</p> <p>CCLC #591-1-1-.08(j-m)</p>
		<p>That the center director or designee has:</p> <p>a) Provided the parents a copy of the center's policies and procedures;</p> <p>b) Advised the parents of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs;</p> <p>c) Encouraged parents' participation in center activities.</p> <p>CCLC #591-1-1-.21(2)</p>
		<p>3. * Emergency Medical Authorization FORM:</p> <p>Signed Authorization to obtain emergency medical care</p> <p>CCLC #591-1-1-.23(a)</p>
		<p>5. *Parent/Guardian Notice of No Liability Insurance and Acknowledgment FORM:</p> <p>(Note: Only applicable to facilities which do not carry liability insurance. Mark N/A if you carry liability insurance.)</p> <p>Form must be signed by parent or guardian to acknowledge that they are aware that the facility does not carry liability insurance and form shall be maintained on file while the child is enrolled and for 12 months after the child's last date of attendance.</p>
		<p>Additional forms related to the care of children:</p>
		<p>*Daily attendance record FORM - A child's daily attendance records for the twelve (12) preceding months must be maintained but need not be filed in each child's record. These records shall be made available to the Department in printed or written form upon request.</p> <p>CCLC #591-1-1-.08(o)</p>
		<p>*Arrival and Departure Records FORM</p> <p>Records of a child's daily arrival and departure for the twelve (12) preceding months shall be maintained but need not be filed in each child's record. Records, in written or electronic format, must be completed by child's parent, guardian or person(s) authorized by the parent or guardian to drop off and pick up the child each time an individual drops off and picks up the child.</p> <p>Documentation on the form must include: the date, child's name, arrival and departure times, and signature or initials of the individual(s) dropping off and picking up the child.</p>

			NOTE: Policies must be implemented which require staff to match identifying information provided by the parents to the person picking the child up. CCLC #591-1-1-.08(p)
			*Guide for Authorization for Medication FORM to include the following: Note: If you will not dispense routine medication write NA. This must match the parent handbook.
			Date;
			Full name of the child;
			Name of medication;
			Prescription number, if any;
			Dosage;
			The dates to be given;
			The time of day medication is to be dispensed;
			Signature of parent.
			Verification that medication was dispensed according to the parents' authorization, shall include:
			The date, time and amount of medicine given;
			Adverse reactions noted, if applicable;
			The signature/initials of persons administering the medication.
			CCLC # 591-1-1-.20
			* Report of Incident Requiring Professional Medical Attention FORM , to include:
			Child's Name;
			Type of illness or injury;
			Date of illness or injury;
			How illness or injury occurred;
			Staff present;
			Method of notifying parent; and
			Services provided to the child. CCLC #591-1-1-.08(i)
			TRANSPORTATION/FIELD TRIP FORMS *if transportation is not provided write NA
			Description of transportation services provided: (check all applicable)
			_____ Routine (school, home pick-up delivery, etc.);

			____ Field trips;
			____ Contractual transportation services;
			____ Emergency only;
			____ Facility owned/leasing vehicle;
			____ Staffs' vehicle;
			____ Parents' vehicle;
			____ None provided (If none provided, submit plan for emergency transportation (i.e. personal vehicle, ambulance/911))
			*Transportation Agreement FORM , if the center is to provided routine transportation for the child to or from school, home or center. The authorization shall specify the following: Note: This form is required for home and school transportation, but not field trips.
			Routine pick up location;
			Routine pick up time;
			Routine delivery location;
			Routine delivery time;
			Name of any person authorized to receive the child, and the procedure to be followed if the authorized person is not present at the drop-off site to receive the child. CCLC #591-1-1-.36(5)
			* Transportation Record FORM , to include:
			A checklist for accounting for the loading, and unloading of children at any location;
			The signature of person conducting the check;
			Facility's checklist: including staff's signature and date, ensuring vehicle use for regular transportation is clean, free of hazards, in safe repair and is equipped with a recommended dry chemical, Type IA-10BC fire extinguisher, required first aid supplies, and functioning heater.
			* Vehicle Emergency Medical Information FORM in the vehicle for each child being transported by the center. The emergency medical information form for each child shall include a listing of the child's allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the center uses in the area where the center is located and the telephone numbers where the parents can be reached.

			* Weekly Transportation Checklist for Accounting of Children FORM , to include:
			Names of all children transported and each child's:
			Pick up location;
			Pick up time;
			Delivery location;
			Delivery time;
			Length of time on the vehicle;
			Alternate delivery location if parent is not at home; and
			Name of person to receive child.
			Identification of the center's:
			Name;
			Driver;
			Telephone.
			*Annual Transportation Vehicle Safety Inspection Certification FORM to include a satisfactory annual safety check of: tires, headlights, horn, tail suspension, exhaust system, steering, windshield and windshield wipers (NOTE: You will submit a completed inspection form with Application Part B.) CCLC #591-1-1-.36(4)(a)
			* Field trip permission FORM , is to include: * if field trips are not provided write NA
			The name/address of the trip destination;
			The date of the trip;
			Time of departure; and
			Estimated arrival time back at the center; and
			Parent's signature and date of approval. CCLC # 591-1-1-.13(1-2)
			*Infant feeding plan FORM for children under one (1) year of age to include:
			The amount of formula to be given;
			Instructions for the introduction of solid foods;
			The amount of food to be given;
			Notation of any type(s) of commercial premixed formula which may not be used in an emergency because of food allergies;

			The parent shall sign and date the feeding plan.
			CCLC #591-1-1-.15(2)
			*Safety drill information FORM: Provide a copy of the form which will be used to document drills for Fire, Tornado and other emergency situations . (Note: Fire drills must be conducted monthly. Tornado and other emergency situation drills must be conducted every six months. The documentation must show the dates and times of the drills and be kept on file for two years.

POLICIES AND PROCEDURES

- The following checklist is for the program's written Policies and Procedures Manual.
- This will be the parent handbook you would give to parents during enrollment.
- Please make sure that all information included is specific for YOUR program.
- Please indicate on the checklist the page number (PG) of where each item can be found in the parent handbook.
- NOTE: **NO** sample form is available for this section. **POLICIES AND PROCEDURES** for Parents:

Policies and procedures must be written since they govern the operations of the center. They must be kept current, be made available to parents and must include at least the following:

Note: Everything on these two pages must be covered in your policies for parents (i.e. parent handbook, policy manual). Note-Your policies should match Application Part A for the ages served, and the months, days, and hours of operation.

			Ages of children served; (should match ages listed on Appl. A) PG:
			Months of operation; (same as Appl. A) PG:
			Days of operation; (same as Appl. A) PG:
			Hours/ time of operation; (same as Appl. A) PG:
			Days/ times center is closed; (holidays) PG:
			Description of enrollment and admission requirements which specifies : 1.the parents' responsibilities for supplying & updating needed information to the center; and 2. escorting the child to and from the center; PG:
			A fee and payment schedule that specifies the standard fees, fees related to absences and vacations and other charges and fees such as transportation and late fees; PG:
			Full description of the facility's transportation and field trip services; -If transportation/field trips are <u>not</u> provided, <u>state this.</u> (Routine transportation will not be provided at this program.) -If a public school bus picks up and delivers to facility, state this. -If provided to or from school or home, include these details and procedures if no one is at drop-off site to receive child; -If you offer field trips, tell parents what vehicle their child will ride in like parent cars or center van PG:
			Description of behavior management and discipline actions used by the center. PG:
			A description of meals and snacks served, including guidelines for food brought from the child's home * This should match Application A and the sample menu you provide. PG:
			Statement which expresses permission for access by the child's parents to all center areas used by the child. PG:
			Summary of child abuse reporting law requirements PG:
			Nondiscrimination statement PG:
			Description of center sponsored religious and cultural activities, if any PG:
			Description of facility's safe sleep policy PG:
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's diapering procedures PG:
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's toilet training procedures PG:
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's feeding procedures PG:

			Handling emergency medical care, including <u>place(s)</u> the children will be taken for emergency medical care; PG:
			Administering medication and recording noticeable adverse reactions to the medication.* If the program will not administer routine medication state this PG:
			<u>Procedures</u> for notifying parents of: (In each case include HOW you will notify parents) PG:
			Illness, (NOTE: A child shall not be accepted nor allowed to remain at the center if the child has the equivalent of a one hundred and one (101) degrees or higher oral temperature and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat; PG:
			Injury (to include minor injuries which do not require professional medical attention, and serious injuries which do require professional medical attention) PG:
			Exposure to a notifiable communicable disease; (Example: Chicken Pox. <u>How</u> will you let parents know their child was exposed? Letter? Sign on door? Etc.) PG:
			Noticeable adverse reactions to prescribed medication(s); PG:
			Policy on exclusion of sick children; PG:
			Protection of children in the event of emergencies. (<u>You may simply state in procedures that "emergency plans have been developed and are posted for parent viewing"</u>); PG:
			Severe weather/ tornado; PG:
			Fire; PG:
			Physical plant problems, such as power failure, that affects climate control or structural damage. CCLC #591-1-1-.21 PG:

Staff Handbook

- The following section includes items required in your staff handbook.
- Please provide a complete organized copy of the handbook.
- The checklist accounts for **SEVEN** statements that **MUST BE** included in the Staff Handbook.
- However, you may include additional information to your center's Staff Handbook (i.e. Dress code, time off policy, reduction in childcare rates, etc.).
- **Please indicate which page(s) of the Staff Handbook the seven required statements can be found on the checklist.**

Staff Policies

Staff Policies: The following seven (7) policies are specified by the rules. Please ensure staff members are aware of these policies by including them in your personnel policies or employee handbook in addition to other information you share with new staff.

			Hygiene/ Contagious Diseases: Staff, or any other persons being supervised by the staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea. PG:
			Prohibited Substances/ No Smoking: Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation. PG:
			Prohibited Substances/ Alcohol and Illegal Drugs: Staff, chaperones and students in training shall not be under the influence of or consume alcohol, marijuana or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible. PG:
			Diapering Areas and Practices/ Hygiene: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties. PG:
			Staff/ Work Schedules: Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period. PG:
			Staff/ Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules. PG:
			Staff/ First Aid and CPR: At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip. PG:

Menus, Schedules and Lesson Plans

- The following section covers the program's Menu, Daily Schedules and classroom Lesson Plans.
- These forms **MUST BE** specific to **YOUR** program. There are sample blank forms for you to use as templates however you must complete these and submit to accurately reflect your center's plan for developmentally appropriate activities, schedules and menus.
- **Lesson Plans:** Please provide a sample lesson plan for each age group in your program. This will include a full-day after-school lesson plan, a half-day after-school lesson plan, and an infant lesson plan.

NOTE: If you have multiple classrooms of the same ages please submit one lesson plan for that age group if each room will be doing the same activities.

- **Daily Schedules:** Please provide a daily schedule for **EACH** classroom in your building, including a full-day after-school schedule, a half-day after-school schedule, and an infant schedule.

NOTE: The full day after-school schedule will cover the times they attend the program when they are out of school for holidays and spring/summer breaks.

Please ensure that outdoor play times allow for each classroom to meet the minimum time required by the rules without overcrowding the playground. Therefore, if you have limited playground space you will need to ensure your outdoor times are staggered so that the capacity of the playground is not exceeded by having multiple classrooms outside at the same time.

- **Menu:** Please use the sample meal planner provided. Be sure that you have met all required components for each meal and snack. Complete and submit the meal planner form with sample foods you would serve for one week. The sample menu you submit must include the meal times that are indicated in your parent handbook and on Application Part A (Ex: Breakfast, lunch and afternoon snack; Morning Snack, Lunch and Afternoon snack; Breakfast, morning snack, lunch and afternoon snack, etc.)

ADDITIONAL INFORMATION TO BE SUBMITTED:

			DAILY SCHEDULES: Note: Submit a copy of your schedule for <u>each</u> classroom
			1. Daily schedule for <u>all</u> ages served, beginning when center opens and ending at time center closes, to include: (match times listed on Appl. A for opening & closing)
			Age-appropriate activities for all hours of operation, from center opening until closing. Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, language experiences, arts and crafts, dramatic play, rhythm and music, and nature and science experiences;
			Required amount of outdoor play. (One and a half hours for one year and older. At least one hour for children under one year.) (Assure that groups rotate appropriately so that playgrounds are not over capacity.)
			At least two hours required between meals and snacks;
			Part-day/full-day schedules for school age, if applicable. (Half day schedule for after-school, full day schedule for summer or holidays when children are present all day.) CCLC #591-1-1-.03
			LESSON PLANS: Note: Submit samples of completed lesson plans for <u>each</u> age group.
			Each lesson plan must represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development: ____ Physical development (fine & large motor) ____ Emotional and Social development ____ Language and Literacy development ____ Cognitive development
			Note: Lesson plans must reflect that staff members use a variety of teaching methods to accommodate the needs of children's different learning styles/abilities. (i.e. different types of materials to meet physical abilities- ex: knobbed puzzles, chunky paint brushes)

			<p>PROPOSED WEEKLY MENU:</p> <p>Menus submitted are to include:</p>
			Clearly identified food items and drinks. Example: apple, orange, banana – not “fruit;” vegetable, chicken noodle, tomato soup- not “soup;”
			Required components and creditable food items and drinks, quantities, etc. described in U.S.D.A guidelines. (Refer to Applicant Guide, Use the meal planner form to meet USDA guidelines. Ex. Lunch-Meat/protein, bread, milk, 2 veg. Or 1 fruit and 1 veg.);
			<p>Morning snack, lunch, afternoon snack and any other meals or snacks served.</p> <p>CCLC # 591-1-1-.15(5-6)</p>

Emergency Plans

- The following section covers the program's Emergency Plans for nine specific categories.
- The plans **MUST BE** specific for **YOUR** program. **NO** sample forms are available.
- The emergency plans for fire and severe weather must be posted on the parent information board near the entrance to the building. If provided in your policy and procedures, they should be the same.
- Please make sure the plans for **each** area are **specific** and **complete**. They should cover the plan from the beginning of the emergency until the end. They should list the responsible parties for each action, for example:
 1. The director will pull the fire alarm
 2. Each lead staff will grab their classroom roster, etc.

			Written plans for Emergency Situations: (These should be detailed and specific to your center. You will write them now, train your staff with them, and use them as reference when
--	--	--	---

			an emergency happens.) NOTE: These should include step-by-step procedures to <u>include graphics</u> and written procedures for the following:
			Fire (evacuation of building);
			Tornado/Severe weather (protection inside building);
			Physical plant problems, to include: ____ loss of heating , ____ loss of cooling system , ____ loss of water , ____ loss of electricity and, ____ structural damage . Include, if applicable, place (s) children may be taken in emergency until parents can be notified, etc.;
			Serious injury/death;
			Loss of child (wanders away from facility or on field trip). CCLC #591-1-1-.21(i)

PLEASE DO NOT WRITE BELOW THIS LINE)

OFFICE USE ONLY: OPERATION PLAN

Approval is based on submission of written materials, final approval will be based on the on-site inspection.

☐ PLAN APPROVED

☐ PLAN APPROVED WITH THE FOLLOWING STIPULATIONS

☐ ☐ ☐ PLAN NOT APPROVED - ADDRESS ALL ITEMS MARKED NM OR?
RETURN REVISED PLAN & APPLICABLE FORMS WITH THIS ORIGINAL
CHECKLIST AND A SELF ADDRESSED, STAMPED ENVELOPE

COMMENTS:

REVIEWED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

Section G:

APPLICATION

PART B

Application Part B – Checklist1G

Application Part B.....2G

Initial Licensing Study Staff Profile Form.....3G

CHECKLIST- APPLICATION PART B:
PLEASE INCLUDE THE FOLLOWING:

Applicant's Name: _____

Facility Name: _____ **County:** _____

Check off as you obtain each of the following to be sent in:

- ___ 1. Completed Application Part B with correct name, address, signatures. (Note: It should match Application Part A for many details.)
- ___ 2. Completed vehicle inspection (DECAL sample available). Date _____
- ___ 3. State Fire Marshall's (404-656-0659) report showing the recommendation for a certificate of occupancy (CO). Date _____ Limit _____ (dated within past 12 months)
- ___ 4. Building Inspector's Report or certificate of occupancy or letter stating you have met the building codes for your particular city or county or a letter stating that your particular city or county does not have building codes. Date _____ Limit _____ (dated within past 12 months)
- ___ 5. Results of criminal records check on director and all staff. Date _____ (Clearances must be dated within the past 12 months)
- ___ 6. Map or directions to the Child Care Learning Center.
- ___ 7. Confirmation of city water and sewer (copy of the bill will suffice). Date _____
- ___ 8. If you do not have city water and sewer, water approval and septic tank capacity (attach written verification from health department indicating the number of persons the septic tank can accommodate). Date _____ Limit _____
- ___ 9. Certificate of Completion of a Department-approved 40-hour director's training course.
- ___ 10. If food is catered:
 - 1) A copy of food service permit; and
 - 2) Copy of current health inspection with graded score.
- ___ 11. Copy of Director's Application for qualifications (Director's employment application)
- ___ 12. Copy of Director's Educational Credential (i.e. copy of Degree, CDA, etc.)
- ___ 13. Completed Initial Licensing Study Staff Profile form listing all staff ready for operation. (Note: Sample form included in Part B section of Applicant's Guide)
- ___ 14. Proof of Zoning (This should have been submitted with Application Part A unless you have been in the application process for over 1 year).



BRIGHT FROM THE START
 Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE
 Suite 670, East Tower
 Atlanta, Georgia 30334
 www.dec.state.ga.us

APPLICATION FOR LICENSE - PART B

License or Commission (Check one):

Child Care Learning Center: _____ License _____ Commission

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

Applicant Information:

Facility Information:

 (Name of Corporation/LLC/Individual
 Owner/Board)

 (Name of Center)

 (Mailing Address) (City/Zip) (County)

 (Site Address) (City/Zip) (County)

 (Daytime Telephone No.)

 (Facility Telephone No.)

 (Date of Birth)

 (Facility Fax No.)

 (E-mail Address)

 (E-mail Address- required for application approval)

Director Information:

Attach results of the criminal records check.

 (Title) (First, MI, Last Name)

Have you ever been involved in legal proceedings in which
 issues were raised regarding the care and treatment of your
 own children or any children for whom you were responsible?

☐ Yes ☐ No

 (Date of Birth)

If yes, please attach a statement giving dates and the name
 and location of the court involved, the outcome of the
 proceedings and a detailed description of the alleged facts
 giving rise to the court proceeding.

 (Social Security Number)

 Director's E-mail address

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

Is the facility currently operating? ☐ Yes ☐ No

This is to certify that I have met all applicable rules as evidenced by the following:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All plans have been submitted and approved by local building and the governing fire safety authorities and Child Care Learning Center Licensing Department. Verification of plans approval for building and fire are attached. If no local building ordinances, attach a written statement from the local government official stating no building ordinances are needed for your location. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Construction of outdoor areas have been completed according to my approved site plans and <u>all work has been completed.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I have taken all actions as outlined in my approved floor plans and <u>all work has been completed.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Zoning- If no ordinance, attach a written statement from the local government official stating no zoning ordinance is required for your location. (N/A if you have already submitted this with Application Part A.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Vehicle Inspection Form |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Water approval, from Health Department if other than city/county |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Sewer approval, from Health Department if other than city/county
Septic Tank Capacity _____ (attach written verification from Health Department)
Approved for _____ # of Persons |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Fire Inspection (including certificate of occupancy or written approval from governing fire agency) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Caterer's Food Inspection Permit (if applicable) and copy of current inspection report |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. I obtained criminal Records Check results on all employees from COGENT livescan and all were completed within the last 12 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. A completed "Initial Licensing Study Staff Profile" form is attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Child care rooms are equipped with furniture and toys as required. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. I have posted all required written items in the front entrance of the child care facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The outdoor play space is equipped and the correct area and depth of surfacing is in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Certificate of completion for the 40-hour director's training course is attached. |

I understand that if an on-site inspection is conducted and my facility is not in compliance with the rules, permission to operate may not be granted and my application to operate may be denied.

Under provision of the "Children and Youth Act" O.C.G.A. Sec. 49-5-1 et. Seq: I/We hereby apply for a license and hereby agree to adhere to the rules and regulations which apply to my facility and to the following conditions:

- A. I/We have read and understand the application and the regulations for Child Care Learning Center facilities.
- B. I/We assume responsibility for conducting the affairs of the facility herein described and for meeting the applicable regulations.
- C. I/We understand that the facility is subject to inspection by Bright from the Start: Georgia Department of Early Care and Learning at any time during operating hours. To interfere with such inspections may subject me/us to misdemeanor charges and may also have an adverse impact on my/our license.
- D. I/We understand that a license to operate a Child Care Learning Center is not transferable to another individual or location.
- E. I/We understand that remodeling or modification to the facility requires a plan review from Bright from the Start: Georgia Department of Early Care and Learning before starting new construction, alterations or additions.
- F. I am/We are responsible for compliance with the rules and regulations as set forth in the rules and regulations for Child Care Learning Centers, Chapter 591-1-1. I/We understand that rule violations which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care may subject me/us to civil penalties of up to \$500 per violation for each day the violation exists.
- G. I/We understand that failure to comply with the regulations may result in denial or revocation of the license to operate the facility.
- H. I/We declare there have been no licensure/revocation proceedings initiated against me/us within one year of the date of this application.
- I. I/We understand that before the official Bright from the Start: Georgia Department of Early Care and Learning (BFTS) initial license will be issued to the facility, a License Fee based on the facility's overall capacity must be submitted to www.decalkola.com. The License Fee is an annual fee that is due by December 31 of each year that the facility is in operation.

A map is enclosed with the directions to my center.

False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof.

Name of Corporation/LLC or individual owner

Director of Center, if different from Owner(s)

Board Chairman /President /CEO
(signature)

Date

LICENSE FEE MUST BE SUBMITTED PRIOR TO YOUR OFFICAL LICENSE BEING ISSUED BY BRIGHT FROM THE START.

The Georgia Legislature passed House Bill 1055 which requires annual fees for applications for licensure or commission as a Child Care Learning Center.

The following fees apply, based upon the facility's anticipated capacity :

FACILITY CAPACITY	FEE AMOUNT	LATE FEE AMOUNT
Capacity fewer than 25 children	\$50.00	\$25.00
Capacity 26 to 50 children	\$100.00	\$50.00
Capacity 51 to 100 children	\$150.00	\$75.00
Capacity 101 to 200 children	\$200.00	\$100.00
Capacity 201 or more children	\$250.00	\$125.00

License Fees are non-refundable.

A License will be revoked for failure to pay the License fee.

****NOTE: Fees are paid AFTER the Initial Licensing Study and after Permission to Operate has been given. Payment of this fee is due within 30 calendar days of issuance of Permission to Operate. Payments can be made online at:**

www.dec.al.koala.com once you have set up an account,

or

**by sending a money order or certified check, payable to Bright from the Start:
Georgia Department of Early Care and Learning.**

**Mail to:
Bright from the Start: Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 670 East Tower
Atlanta, Georgia 30334**

INITIAL LICENSING STUDY
STAFF PROFILE

NAME OF CENTER _____

ADDRESS _____ CITY & ZIP _____ COUNTY _____

TELEPHONE NUMBER _____ DIRECTOR _____ TOTAL # STAFF _____

DAYS/HOURS OF OPERATION _____

Personal Data				Information on file? Place check in these columns						Qualifications			Training/Driver Info			
NAME	Date Hired	Job Title	Birth Date	SSN	Address	Phone	10 Yr. work History	Orientation	CRC	Not on Sex Off. Reg.	Educ. Attn'd/ work exp.	Qual. Stmt.	40-hour Director's Training (NA if not applicable)	CPR Date	1 st Aid Date	D.L. Class/ Exp. Dat

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

Section H: RESOURCE MATERIALS

Resource Forms

Sample Staff Forms

Staff Application.....	1H
10 Year Employment History.....	2H
Staff Policies.....	3H
Employee's Documentation Record.....	4H
Documentation of Orientation.....	5H
Initial Staff Training Record.....	6H

Sample Children's Record Forms

Sample Children's Enrollment Form/Emergency Med. Auth./Parental Agreement (3 pgs.)....	7-9H
Medication Authorization.....	10H
Infant Feeding Plan.....	11H
Children's Daily Attendance Record.....	12H
Incident Report Form.....	13H
Parent Acknowledgement of No Insurance.....	14H

Food Service Forms

Food Service	20H
USDA Food Guide Pyramid.....	29H
USDA Meal Pattern Requirements for Children.....	31H
Weekly Menu Form (2 pages).....	32-33H
Manual Dishwashing diagram.....	34H
Sack Lunch Criteria.....	35H

Sample Transportation Forms

Transportation Guidelines.....	14H
Vehicle Safety Inspection	15H
Transportation Agreement.....	16H
Field Trip Permission/Checklist.....	17H
Weekly Transportation Checklist (2 pages).....	18-19H

Items to be Posted

Parents' Rights Poster	36H
Handwashing Poster.....	37H
Common Infectious Diseases.....	38H
Parent Notice that the center has No Insurance.....	39H

Other

Pandemic Flu Preparation Checklist.....	40H
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Sample Staff Forms

Staff Application
10 Year Employment History
Documentation of Orientation
Daily Staff Attendance Record.....
Staff Policies & Procedures.....

(CENTER NAME)

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST)

SPOUSE'S NAME

HOME ADDRESS

PHONE NUMBER

BIRTH DATE

SOCIAL SECURITY NUMBER

(Circle One)

If you are under age 18, can you submit a work permit if hired?

YES

NO

If you are not a US citizen, do you have a VISA to work in the US?

YES

NO

If yes, what kind of Visa classification do you have?

Visa Registration Number: _____ Expiration Date _____

Has bond or security clearance ever been denied and/or canceled?

YES

NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

PLACE

DATES

DIPLOMA, CERTIFICATE,
DEGREE

ELEMENTARY

SECONDARY

COLLEGE

OTHER

Experience with groups of children

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

(Circle One)

Have you attended/completed any child care training courses?

YES

NO

If yes list:

PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST TEN YEARS, BEGINNING WITH YOUR MOST CURRENT OR LAST EMPLOYER. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g. student, housewife, unemployed, etc. If you need addition space please use separate employment record form.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

Have you attended/completed any child care training courses?

YES

NO

Do you have a criminal record?

YES

NO

If yes, explain: _____

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? YES NO

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? YES NO

If no, please explain. _____

Do you have a valid driver's license?

YES

NO

If yes, give license number and class of license: _____

Have you had CPR training within the past two years?

YES

NO

If yes, give expiration date: _____

Have you had first aid training within the past three years?

YES

NO

If yes, give expiration date: _____

Bright from the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate?

YES

NO

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____

DATE _____

10 YEAR EMPLOYMENT HISTORY

Social Security Number

Name

Address

Record of Employment: Past 10 Years (If unemployed between 2 jobs/dates, write “no work”. Leave no gaps.)

Month/Year	Name and Address of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task and to be placed in each employee's file)

Employee's Name _____ Date of Employment _____

Employee received orientation in the following:

Facility's Policies and Procedures ☐

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities ☐
- 2. Physical environment and equipment ☐
- 3. Emergency situations ☐
- 4. Food service and nutrition ☐

Employee's Assigned Duties and Responsibilities ☐

Reporting Requirements for:

- 1. Suspected Child Abuse, Neglect or Deprivation ☐
- 2. Communicable Diseases ☐
- 3. Serious Injuries ☐
- 4. Missing/Lost Children ☐

Emergency Weather Plans ☐Childhood Injury Control ☐The Administration of Medication ☐

Reducing the Risk of Sudden Infant

Death Syndrome (SIDS) ☐Hand Washing ☐Fire Safety ☐Water Safety ☐Prevention of HIV/Aids and blood borne pathogens ☐Approved Child Care Training Requirements ☐Other (list) ☐

Signature of Person Providing Orientation_____
Signature of Employee Receiving Orientation_____
Date_____
Date

DAILY STAFF ATTENDANCE RECORD

Date _____

Class

[illegible]

Additional Staff Policies & Procedures (Page to be added to Staff Policies/Staff Handbook)

Hygiene/Contagious Diseases:

Staff or any other persons being supervised by staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea.

Prohibited Substances/No Smoking:

Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds or in any vehicle being used to transport children during the hours that the center is in operation.

Prohibited Substances/Alcohol and Illegal Drugs:

Staff, chaperones, and students in training shall not be under the influence of or consume alcohol, marijuana or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

Diapering Areas and Practices/Hygiene:

Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Staff/Work Schedules:

Staff shall not be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

Staff/Substitute Employees:

The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.

Staff/First Aid and CPR:

At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip.

Sample Children's Record Forms

Sample Children's Enrollment Form.....	Page 1 of 4
Emergency Medical Authorization.....	Page 2 of 4
Parental Agreements with Child Care Facility.....	Page 3 of 4
Safe Sleep Policy	Page 4 of 4
Medication Authorization	
Infant Feeding Plan	
Children's Daily Attendance Record	
Report of Incident Requiring Professional Medical Attention	
Parent Liability Acknowledgement (use when the center has no insurance).....	

SAMPLE CHILDREN'S ENROLLMENT FORM

Page 1 of 4

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ OtherChild's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Phone #(s) _____

Name _____ Phone #(s) _____

Name _____ Phone #(s) _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of (Facility name) _____

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge _____

Signature

Date: _____

DECAL SAMPLE

Safe Sleep Practices Policy

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____

MEDICATION AUTHORIZATION

Child's Full Name _____

Name of Medication _____

Prescription Number _____

Time Medication is to be Given _____

Amount of Medication to be Given _____

Date(s) to be Given _____

Signature of Parent or Guardian_____
Date**For Center Use**

	Date	Time Given	Amount	Any Adverse Reactions	Administered By
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication what action was taken? Describe.

INFANT FEEDING PLAN

Child's full name _____ Date _____ Date of birth _____

Does child take bottle? Yes [] No []
 Is the bottle warmed? Yes [] No []
 Does the child hold own bottle? Yes [] No []
 Can the child feed self? Yes [] No []

Does the child eat: (Check all that apply)

Strained foods [] Whole milk []
 Baby foods [] Table foods []
 Formula [] Other []
 Breast Milk []

What type of formula used? _____

Amount of formula/breast milk to be given? _____

Updated amounts of formula/breast milk: _____ Date: _____
 Amount: _____ Date: _____
 Amount: _____ Date: _____
 Amount: _____ Date: _____

Does the child take a pacifier? Yes [] No [] If yes, when? _____

Food likes _____

Dislikes _____

Allergies? (Include any premixed formula) _____

FORMULA/ BREAST MILK			FOOD		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods _____

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

PARENTS' SIGNATURE: _____ Date: _____

DAILY ATTENDANCE/ ARRIVAL & DEPARTURE RECORD

591-1-1-.08(o-p) Attendance & Arrival/ Departure Records: A child's daily attendance and arrival and departure records for the twelve (12) preceding months must be maintained.

Facility name: _____

Classroom / Ages served: _____

DATE: _____

Staff Name:	Sign-in	Sign-out	Sign-in	Sign-out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's Name	Birthdate	Age	Arrival Time	Parent/Guardian Signature	Departure Time	Parent/Guardian Signature	Notes on daily attendance:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total							

KEY: X-Absent / T-Transition to another Room (attendance in other room must be recorded on the record for that room)

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

REQUIRED REPORT OF INCIDENT

Consultant Name/Consultant Fax

Rule #591-1-1-.29 for Child Care Learning Centers requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care be reported to the Bright from the Start **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider _____ Phone _____

Address _____

City _____ County _____

Name of Child _____ DOB _____ Sex _____

Name of Parent/Guardian of Child _____

Address _____

Work Number _____ Home Number _____ Cell Number _____

Date, Place and Time of Incident _____ (am/pm)

Describe the activity the child was engaged in at the time of the incident _____

Name(s) of staff present at the activity _____ Total # staff/children present _____

Name(s) of other witnesses _____

Parent/Guardian Notified ☐ Yes ☐ No Time Notified _____ Method of Notification _____

When did child receive professional medical attention? ☐ NA _____

Name of facility/physician which provided medical care. ☐ NA _____

Describe medical attention/care/steps to locate child by facility _____

Describe care provided by medical facility/physician ☐ NA _____

Describe the child's injury ☐ NA _____

Does the child remain enrolled in the facility? ☐ Yes ☐ No

Describe action(s) taken to prevent reoccurrence _____

Additional Comments _____

Signature of Director/Provider _____ Date _____

(Make out form in duplicate: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian _____ Date _____

Signature of Staff Person _____ Date _____

**** Please notify your consultant that the incident report is being faxed to ensure that it is received. ****

Form may be submitted without parent's signature to ensure it is submitted within 24 hours or the next business day.

FOR CONSULTANT USE ONLY:

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Diapering | <input type="checkbox"/> Infant Sleep Safety | <input type="checkbox"/> Playground | <input type="checkbox"/> Swimming Pools & water-related activities |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Medication | <input type="checkbox"/> Staff:Child Ratios | <input type="checkbox"/> Transportation/Field Trips |
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Physical Plant-Hazards | <input type="checkbox"/> Supervision | <input type="checkbox"/> Other |


Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

Food Service Forms

Food Service	
USDA Food Guide Pyramid	
USDA Meal Pattern Requirements for Children.....	
Weekly Menu Form (2 pages)	
Manual Dishwashing diagram	
Sack Lunch Criteria.....	

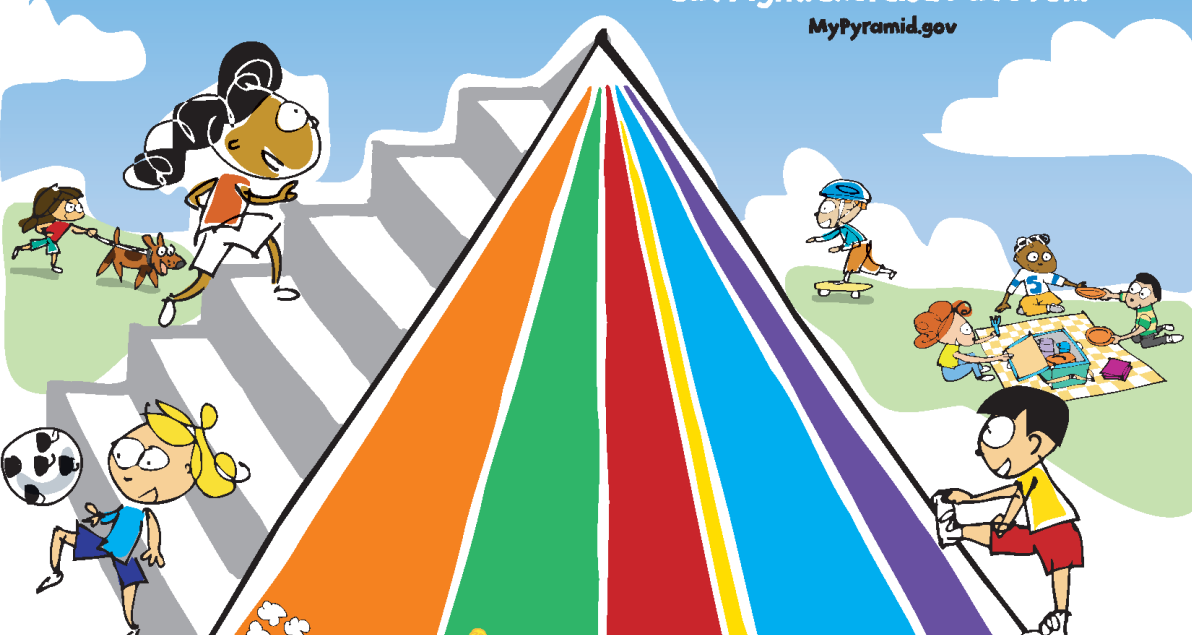
FOOD SERVICE

- Children must receive nutritious meals and snacks while at the facility
- These meals and snack can be provided by your facility or by parents
- All meals and snacks provided at your facility must comply with USDA standards
- Weekly menus must clearly identify all foods for meals and snacks your facility plans to serve
- Two hours are required between each required meal and snack



MyPyramid

Eat Right. Exercise Have Fun.
MyPyramid.gov



Grains	Vegetables	Fruits	Milk	Meat & Beans
<p>Make half your grains whole</p> <p>Start smart with breakfast. Look for whole-grain cereals.</p> <p>Just because bread is brown doesn't mean it's whole-grain. Search the ingredients list to make sure the first word is "whole" (like "whole wheat").</p>	<p>Vary your veggies</p> <p>Color your plate with all kinds of great-tasting veggies.</p> <p>What's green and orange and tastes good? Veggies! Go dark green with broccoli and spinach, or try orange ones like carrots and sweet potatoes.</p>	<p>Focus on fruits</p> <p>Fruits are nature's treats – sweet and delicious.</p> <p>Go easy on juice and make sure it's 100%.</p>	<p>Get your calcium-rich foods</p> <p>Move to the milk group to get your calcium. Calcium builds strong bones.</p> <p>Look at the carton or container to make sure your milk, yogurt, or cheese is lowfat or fat-free.</p>	<p>Go lean with protein</p> <p>Eat lean or lowfat meat, chicken, turkey, and fish. Ask for it baked, broiled, or grilled – not fried.</p> <p>It's nutty, but true. Nuts, seeds, peas, and beans are all great sources of protein, too.</p>

For an 1,800-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov

Eat 6 oz. every day: <small>at least half should be whole</small>	Eat 2 1/2 cups every day	Eat 1 1/2 cups every day	Get 3 cups every day: <small>for kids ages 2 to 8, it's 2 cups</small>	Eat 5 oz. every day
---	---------------------------------	---------------------------------	--	----------------------------


Oils Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.

Find your balance between food and fun


- Move more. Aim for at least 60 minutes everyday, or most days.
- Walk, dance, bike, rollerblade – it all counts. How great is that!

Fats and sugars – know your limits

- Get your fat facts and sugar smarts from the Nutrition Facts label.
- Limit solid fats as well as foods that contain them.
- Choose food and beverages low in added sugars and other caloric sweeteners.




MyPyramid.gov
Steps to a Healthier You



U.S. Department of Agriculture
Food and Nutrition Service
September 2005
FNC-581

USDA is an equal opportunity provider and employer.



YOUTH
2010

Child and Adult Care Food Program Meal Patterns Revised 12/99

Amounts and Types of Foods To Be Served to Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
Breakfast: <ul style="list-style-type: none"> milk, fluid¹ juice or fruit or vegetable bread or bread alternate or cornbread, biscuits, rolls, muffins, etc including cereal cold, dry or cereal hot, cooked 	½ cup ¼ cup ½ slice ½ serving ¼ cup or 1/3 ounce ¼ cup	¾ cup ½ cup ½ slice ½ serving 1/3 cup or ½ ounce ¼ cup	1 cup ½ cup 1 slice 1 serving ¾ cup or 1 ounce ½ cup
Supplement (Snack) (select 2 out of 4 components) <ul style="list-style-type: none"> milk¹, fluid juice or fruit or vegetable meat or meat alternate egg (large) bread or bread alternate including cereal, cold, dry or cereal hot, cooked 	½ cup ½ cup ½ ounce ½ ½ slice ¼ cup or 1/3 ounce ¼ cup	½ cup ½ cup ½ ounce ½ ½ slice 1/3 cup or ½ ounce ¼ cup	1 cup ¾ cup 1 ounce ½ 1 slice ¾ cup or 1 ounce ½ cup
Lunch or Supper <ul style="list-style-type: none"> milk¹, fluid meat or poultry or fish or egg (large) or cheese or cooked dry beans or peas or peanut butter and other "butters" nuts and seeds² or yogurt vegetables and/or fruits³ (2 or more total) bread or bread alternate⁴ 	½ cup 1 ounce 1/2 1 ounce ¼ cup 2 Tbsp. ½ ounce 4 ounces ¼ cup ½ serving or ½ slice	¾ cup 1 ½ ounces 3/4 1 ½ ounces 3/8 cup 3 Tbsp. ¾ ounce 6 ounces ½ cup ½ serving or ½ slice	1 cup 2 ounces 1 2 ounces ½ cup 4 Tbsp. 1 ounce 8 ounces ¾ cup 1 serving or 1 slice

¹ Milk includes whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

² For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz of nuts or seeds = 1 oz of cooked lean meat, poultry or fish.

³ Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

⁴ Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

Weekly Menu Form

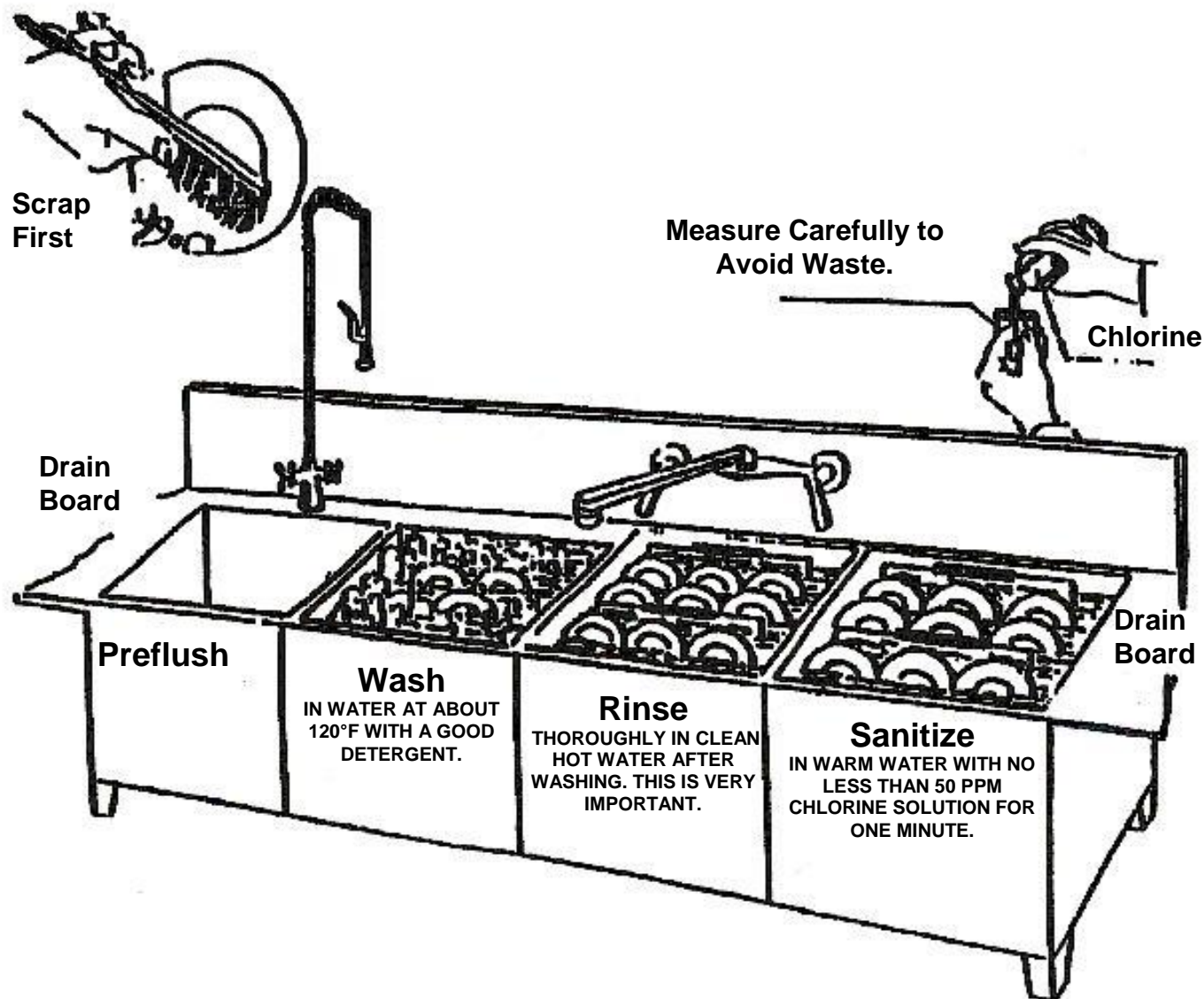
Provider's Name: _____								
Month/Year: _____								
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Calendar Date								
Breakfast	Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
AM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							
Lunch	Fluid Milk							
	Meat or Meat Alternate							
	Vegetable or Fruit							
	Vegetable or Fruit							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							

Weekly Menu Form

Provider's Name: _____								
Month/Year: _____								
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Calendar Date								
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate(s)							
	Meat or Meat Alternate							
Supper	Fluid Milk							
	Meat or Meat Alternate							
	Vegetable or Fruit							
	Vegetable or Fruit							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
Evening Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							

Manual Dishwashing – Chemical Method

Approved Procedure - Preflush, Wash, Rinse, Sanitize





Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE
Suite 754, East Tower
Atlanta, GA 30334

(404) 656-5957

Nathan Deal
Governor

Amy M. Jacobs
Commissioner

CRITERIA FOR SACK LUNCHES

1. Nutritional requirements as presently listed in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.
2. The center shall have a written agreement with parents as to the parent's responsibility to provide the child a nutritious sack lunch.
3. The center shall provide all parents written nutritional information concerning the content of sack lunches.
4. Food brought into the center shall be evaluated each day and if the child's lunch does not meet the nutritional requirements of 591-1-1-.15(1) the center must provide the child the additional food necessary to meet the requirements.
5. Individual lunches shall be labeled and children monitored to assure that there is no swapping of home-prepared food.
6. The center shall provide for proper storage and refrigeration of sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees or below. [591-1-1-.15(10)]

“Potentially hazardous food” means any perishable food, which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting rapid and progressive growth of infectious microorganisms.
7. If there is any food preparation done in the center, all related requirements in 591-1-1-.15 of the Bright from the Start Rules for Child Care Learning Centers must be met.
8. Each child shall be served at least 4 ounces of milk each day if not contraindicated by special diets. [591-1-1-.15(1)]

ITEMS TO BE POSTED

- All Items to be Posted
- Parents’ Rights.....
- Hand washing Poster.....
- Common Infectious Diseases.....
- Notice to Parents and Guardians (No Insurance).....
- Consumer Product Safety Commission Poster.....

ALL ITEMS TO BE POSTED

Each facility shall post in a designated area for public viewing near the front entrance the following:

- Current Child Care Learning Center license or commission
- Copy of state rules and regulations (or notice of where located)
- Notice which advises parents of their right to review a copy of the center's most recent license or commission evaluation report upon request to the center director (Parents Rights Poster)
- Current Communicable Disease chart
- Statement allowing parental access to all child care areas upon notifying any staff member of his or her presence (Parents Rights Poster)
- Names of persons responsible for the administration of the center in the administrator's absence
- Current week's menu for meals and snacks
- Emergency plans for severe weather and fire
- Statement requiring visitors to check in with staff when entering the center
- No Smoking sign
- Consumer Product Safety Poster
- No Liability Insurance notice (only if facility does not carry liability insurance)

Each Center shall post in other areas:

- Hand washing chart by each sink used by adults
- Daily schedules and lesson plans in each classroom

There must be an operable telephone in the facility. Each phone should have the following numbers posted by it:

- Regional Poison Control Center
- Local hospital/medical office/physician
- County health department
- Ambulance/ Rescue Squad Services/ 911
- Local fire department/ 911
- Local police department/ 911

PARENTS

YOU HAVE THE RIGHT:

1. To access this facility anytime your child is in care. However, you need to immediately make your presence known to the person in charge of the facility.
2. To review a copy of the facility's latest licensure evaluation report, ask the facility director for this report.

A copy of the rules and regulations, which apply to this facility, is posted near the front entrance. These rules establish minimum requirements for the health, safety, and well-being of all children in care.

The department is required by law to investigate all complaints regarding rule violations. These may be addressed to the Bright from the Start: Georgia Department of Early Care and Learning licensing office at (404) 657-5562.

VISITORS

Please check in with staff upon arrival to the facility.

GOOD HEALTH IS IN YOUR HANDS!



- Washing your hands is the simplest and most effective thing you can do to reduce the spread of colds, flu, skin infections and diarrhea.
- Every time you touch your hands to your mouth you can get sick.
- Eating, nail biting, thumb sucking, handling food, and touching toys are all ways germs can spread.
- Even shaking a hand or opening a door can transfer germs to your hands.

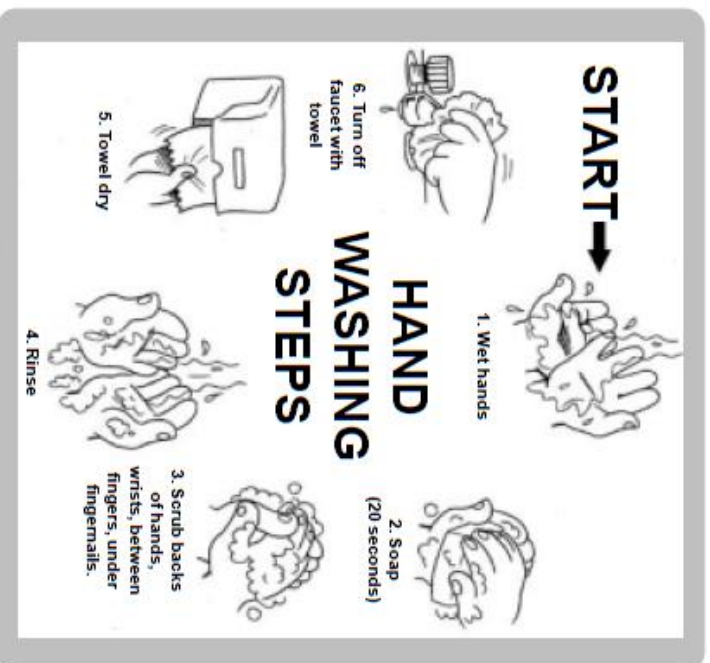
Always wash your hands . . .

Before

- preparing or eating food
- treating a cut or wound

After

- using the bathroom
- changing a diaper or helping a child use the bathroom (don't forget the child's hands!)
- handling raw meats, poultry or eggs
- touching pets, especially reptiles
- sneezing or blowing your nose, or helping a child blow his/her nose
- handling garbage
- tending to someone who is sick or injured



Georgia Department of Human Resources | Division of Public Health | <http://health.state.ga.us>

Childhood Infectious Illnesses (Communicable Disease Recommendations)

adapted from Childhood Infectious Illnesses poster—2008 edition
Children's Healthcare of Atlanta

EYE, EAR, NOSE, THROAT, AND CHEST

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Bronchiolitis, Bronchitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats <i>(respiratory diseases caused by many different viruses and occasionally bacteria)</i>	Variable, numerous causes	Contact with droplets from nose, eyes, or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, often from the day before symptoms begin up to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO ¹	<p>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable</p> <p>Illnesses caused by Influenza virus or pneumococcal bacteria can be reduced by timely immunization</p> <p>ADDITIONAL COMMENTS: Influenza: Annual Influenza vaccine recommended for children ages 6 months to 18 years as well as caregivers of young children (especially those <6 months); cover coughs and sneezes</p> <p>Respiratory Syncytial Virus: Avoid sharing linens, toys</p> <p>Cold Sore: Avoid kissing, sharing drinks or utensils</p>
Influenza* <i>(influenza virus)</i>	1 to 3 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until the first 7 days of illness	After 24 hours without fever and child's symptoms are improving	NO ¹	
Respiratory Syncytial Virus (RSV)	2 to 8 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until 3 to 8 days or longer	After 24 hours without fever and child's symptoms are improving	NO ¹	
Pinkeye <i>(Pink or red eye; eyelid swelling; tearing and/or discharge)</i>	Variable, depending on the cause—bacterial, viral or allergic	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	Depending on the cause, up to 2 weeks	On recommendation of physician; bacterial conjunctivitis requires antibiotic treatment	NO ¹	
Cold Sore <i>(Herpes simplex virus)</i>	2 days to 2 weeks	Direct contact with infected oral secretions or lesions (drooling, kissing, thumb-sucking)	While lesions are present	After lesions are scabbed over and drooling controlled	NO ¹	

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta

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EYE, EAR, NOSE, THROAT, AND CHEST

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Diphtheria* (<i>Corynebacterium diphtheria</i> bacteria)	2 to 7 days	Contact with discharges from the nose, eyes, mouth or skin lesions of infected individual	Onset of sore throat to 4 days after treatment has begun	After 2 negative cultures are obtained	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys Illnesses caused by influenza virus or pneumococcal bacteria can be reduced by timely immunization ADDITIONAL COMMENTS: Diphtheria: Timely immunizations; Booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults.
Mononucleosis (Mono) (Epstein-Barr virus)	4 to 7 weeks	Kissing on mouth; sharing objects contaminated with saliva	Variable, often prolonged	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO ¹	Mononucleosis: Avoid kissing, sharing drinks or utensils
Mumps* (Mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person	Peak infectious time begins 2 days before swelling, but may range from 7 days before to 9 days after	9 days after parotid gland (neck) swelling begins	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	Mumps: Timely immunizations
Strep Throat (Group A <i>Streptococcus</i> bacteria)	1 to 5 days	Contact with droplets from nose and mouth. Rarely, outbreaks can be caused by contaminated food	From onset of symptoms until 24 hours after treatment	After at least 24 hours of antibiotic treatment and no fever for 24 hours	NO ¹	Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling
Tuberculosis (TB)	Many infected persons do not develop disease and have no symptoms. Risk of developing active disease is highest during first 1 to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Children with TB may be infectious to others when they have active disease of the lungs or throat	Only when Health Department or physician gives permission	YES Treatment of contacts may be necessary	Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely
Whooping Cough** (<i>Bordetella pertussis</i> bacteria)	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Most infectious before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins	After appropriate antibiotic treatment for 5 days	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	Whooping cough: Timely immunizations; Booster dose of Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes

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GASTROINTESTINAL

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Viral Gastroenteritis <i>(vomiting and/or diarrhea)</i> <ul style="list-style-type: none"> Adenovirus Rotavirus Norovirus 	Varies with pathogen (pathogen is a disease-causing organism), usually 1 to 5 days	Contact with stool, saliva or vomit from infected individual directly or from surfaces. Norovirus highly infectious; frequent cause of outbreaks	From 2 days before illness until vomiting and diarrhea improve	No fever or vomiting for 24 hours and fewer than 5 stools per day	NO ¹	<p>For all Diseases: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff</p> <p>ADDITIONAL COMMENTS:</p> <p>Bacterial Gastroenteritis: Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.)</p> <p>Hepatitis A: Timely immunizations; consider Hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others</p> <p>Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas</p>
Bacterial Gastroenteritis <ul style="list-style-type: none"> Pathogenic <i>E. coli</i> <i>Salmonella</i> <i>Campylobacter</i> <i>Shigella</i> <i>Yersinia</i> 	Varies with pathogen, from 6 hours to 7 days	Contact with stool from infected individual (or occasionally pets); from contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present. Pathogenic <i>E. coli</i> and <i>Shigella</i> highly infectious in small doses	No fever and stools are formed or fewer than 5 stools per day; pathogenic <i>E. coli</i> and <i>Shigella</i> require 2 negative stool cultures (exceptions may rarely be allowed by local health department for older children)	YES Treatment of contacts not necessary; follow-up stool tests are necessary for <i>Shigella</i> and <i>E. coli</i> infections	
Giardia <i>(a parasite)</i>	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present.	When stools are formed or fewer than 5 stools per day	YES Treatment of contacts not necessary; follow-up stool tests not necessary	
Hepatitis A*	2 to 7 weeks (usually 25 to 30 days)	Eating contaminated food/water; close contact with infected individuals; contact with infected stool	From 2 weeks before illness until 1 week after jaundice has begun	After 1 week from the onset of jaundice	YES Young children (younger than 5) often asymptomatic; one case may indicate a childcare center outbreak. Treatment of contacts may be necessary	
Pinworms	2 to 8 weeks	Pinworms lay microscopic eggs near rectum, causing itching. Infection spreads through ingestion of pinworm eggs, after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy AND resolution of rectal itching. Re-infection is common	No restriction, but treatment should be given to reduce spread	NO ¹	

MENINGITIS

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Haemophilus influenzae type B* (Hib bacteria) <i>Meningitis or sepsis as determined by spinal tap/blood tests</i>	Variable, usually 1 to 10 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts may be necessary; ensure vaccination of contacts is up-to-date	<p>For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils</p> <p>ADDITIONAL COMMENTS: Haemophilus influenzae type B (Hib bacteria): Timely immunizations</p> <p>Meningococcal meningitis: Timely immunizations</p> <p>Streptococcus pneumoniae: Timely immunizations</p> <p>Viral Meningitis: Proper disinfection of changing tables</p> <p>Neisseria Meningitidis: (meningococcal bacteria): Timely immunizations</p>
Neisseria meningitidis (Meningococcal bacteria) <i>Meningitis or sepsis as determined by spinal tap/ blood tests</i>	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts may be necessary	
Streptococcus pneumoniae* (Pneumococcal bacteria) <i>Meningitis or sepsis as determined by spinal tap/ blood tests</i>	Variable, usually less than 4 days	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment, and child well enough to participate	YES Treatment of contacts not necessary and not beneficial	
Viral Meningitis (Usually enterovirus)	Variable, usually 3 to 6 days	Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people	From the day before the illness until a week after onset	After 24 hours without fever, and child well enough to participate	YES Treatment of contacts not necessary; no specific treatment available	

SKIN OR RASH

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Chickenpox** (<i>Varicella zoster virus</i>)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth, or skin lesions of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted	When all lesions have crusted	NO ¹	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues ADDITIONAL COMMENTS: Chickenpox: Timely immunizations; cover coughs and sneezes German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune)
Fifth Disease# (<i>Human parvovirus B19</i>)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person	Only during the week BEFORE rash develops	No need to restrict once rash has appeared	NO ¹	German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune)
German Measles** (<i>Rubella virus</i>)	14 to 23 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 5 days before until 7 days after the rash appears	7 days after the rash appears	YES Treatment of contacts usually not necessary; (exception: non-immune pregnant women)	Hand, Foot and Mouth Disease: Proper disinfection of changing tables, surfaces and toys
Hand, Foot and Mouth Disease (<i>Coxsackievirus</i>)	3 to 6 days	Contact with fecal, oral or respiratory secretions	May be contagious for several weeks after infection	After 24 hours without fever and child is behaving normally	NO ¹	Head Lice: Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding, clothes in hot water OR dry-clean OR seal in plastic bag for 10 days. Avoid sharing beds, combs, and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow/sleep mat
Head Lice (<i>parasites</i>)	Eggs (nits) hatch in 6 to 10 days	Close contact with infested individuals and sharing combs, brushes, hats, or bedding	When there are live insects on the head	After treatment, if crawling lice are gone. Remove nits; however nits alone should not be a reason for exclusion. Please read the product information carefully; some may not be appropriate for infants	NO ¹	
Impetigo (<i>Staphylococcus or Streptococcus bacteria</i>)	1 to 10 days	Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Impetigo: Trim fingernails Measles: Timely immunizations; cover coughs and sneezes

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta

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SKIN OR RASH

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Measles* (<i>Rubeola virus</i>)	7 to 18 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES Contacts may require treatment; program of vaccination may be recommended during outbreaks in childcare centers or schools	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues ADDITIONAL COMMENTS: MRSA: Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting. Molluscum: Avoid contact sports. During outbreaks, further restrict person-to-person contact Ringworm: Avoid direct contact with infected individuals; avoid sharing combs, brushes, hats, etc.; proper disinfection of surfaces and toys Roseola: Proper disinfection of surfaces and toys Scabies: All household members should be treated simultaneously to prevent re-infestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several weeks
MRSA (Methicillin-resistant <i>Staph aureus</i>) (a bacterial cause of skin boils and abscesses)	Variable, occasionally initially mistaken as spider bite	Direct skin contact with infected person, wound drainage, or contaminated surfaces. Increased risk in crowded conditions	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing. Exclude from high-risk activities such as close contact team sports until completely healed	NO [†]	
Molluscum (<i>Molluscum contagiosum virus</i>)	Usually 2 to 7 weeks, sometimes longer	Direct skin contact with wound or contaminated surfaces	Not very contagious	No restriction	NO [†]	
Ringworm on body and Ringworm on scalp (caused by fungus)	Unknown	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO [†]	
Roseola (virus)	About 10 days	Respiratory droplets, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO [†]	
Scabies (parasites)	Usually 4 to 6 weeks, 1 to 4 days after re-exposure	Skin contact with infested individual; contact with bedding or clothes of infected person	From up to 8 weeks before skin rash appears until it has been treated with a scabicide cream	The day after adequate treatment begins	NO [†] If two or more documented cases in one center, treatment of center contacts may be necessary	

* These diseases should have been vaccinated against, if immunizations are up to date. Chicken pox may still occur, but usually in a milder form.

These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric health care provider is recommended after known or suspected contact.

† To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (greater than three in the child care center or classroom) be reported to your county health department.

Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on an individual case-by-case basis.

Adequate handwashing facilities, policies, and procedures are the keys to excellent hygiene that will eliminate or minimize transmission of these diseases and keep students in school.

Developed courtesy of the John N. Goddard Office of Community Benefits at Children's Healthcare of Atlanta

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NOTICE TO PARENTS AND **GUARDIANS**

**THIS FACILITY DOES NOT CARRY
LIABILITY INSURANCE COVERAGE
SUFFICIENT TO PROTECT YOUR
CHILD/CHILDREN IN THE EVENT
OF AN INJURY, ETC.**

**PARENT/GUARDIAN NOTICE OF NO LIABILITY
INSURANCE AND ACKNOWLEDGMENT**

(Only Complete this Form if Instructed by your Child Care Provider)

I understand I am being informed in writing by signing this acknowledgment that this child care facility does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents’/Guardians’ Signature(s):

Date:

Date:

Printed Name(s):

Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.

NOTICE TO PARENTS AND VISITORS:

**The Consumer Product Safety Commission provides
important safety information about recalled children's
products.**

PLEASE VISIT THEIR WEBSITE:

www.cpsc.gov

OR CALL:

800-638-2772
TTY 800-638-8270

TRANSPORTATION GUIDELINES

Transportation Guidelines.....1
Transportation Vehicle Safety Inspection.....2
Transportation Agreement3
Vehicle Emergency Medical Information.....4

***Current transportation checklist (Field trip, Home, School) may be found on website:**

www.decal.ga.gov

(Child Care Services - Child Care Center Forms)



TRANSPORTATION GUIDELINES

To provide routine transportation services such as:

- School pick-up and delivery
- Home pick-up and delivery
- Field trips

A written Transportation Plan must be included with the Operation Plan.

The written Transportation Plan includes:

- Name of the licensed driver/ evidence of current driver's license
- Manufacturer's Rated Seating Capacity for each vehicle
- Checklist to account for the loading and unloading of children at each stop (see children's records)
- List of children to be transported (see children's records)
- Emergency medical information (see children's records)
- Annual Vehicle Inspection Form (this must be completed for each transportation vehicle used for routine and emergency purposes)
- Evidence of current first aid and CPR training for driver (see staff records)

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
ANNUAL
TRANSPORTATION VEHICLE SAFETY
INSPECTION CERTIFICATION

ITEMS TO BE INSPECTED	O.K.	DEFICIENT	CORRECTION OR ADJUSTMENTS MADE	REMARKS
Brakes				
Head Lights				
Tail Lights				
Stop Lights				
Turn Signals				
Tires				
Suspension				
Steering				
Windshield Wipers				
Windshield and Windows				
Exhaust System				
Horn				
Heating System				
Safety Alarm located at back of vehicle (If equipped)				
Safety Alarm functioning correctly (time delay to activation less than 1 minute) (If equipped)				

Owner/Operator of Vehicle: _____

Address: _____

Make/Model: _____

Tag Number: _____ **Odometer Reading:** _____

Mechanic's Signature:

Date of Inspection: _____

Reproduce Forms as Needed (Updated 9-2011)

Attachment: Bright from the Start - Licensing (1133 : Ms Pams Precious Angels Family Childcare)

TRANSPORTATION AGREEMENT

This is to certify that I give _____
Facility name

permission to transport my child _____
Child's name

From _____ at _____ (a.m./p.m.)
Pick-up Location

To _____ at _____ (a.m./p.m.)
Delivery Location

My child will be transported from _____ at _____ (a.m./p.m.)
Pick-up Location

on the following days (check all that apply):

_____ Monday
 _____ Tuesday
 _____ Wednesday
 _____ Thursday
 _____ Friday.

_____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
location

In the event that my child is not to be transported as outlined above, I agree to notify

_____.
Facility name

Signature _____ Date _____
(Parent/Legal Guardian)

VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Mother's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Person to notify in case of an emergency when parents cannot be reached:

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if _____

Facility name

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Witnessed by _____ Date _____

THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH

FACT SHEET

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

It is important to note that Child Care Providers compliance of the new law is effective July 1, 2012.

Exempt from Car Seat / Booster Seat Requirement



Standard School Bus



Multi-Function School Activity Bus (MFSAB)

NOT Exempt (see details below)



12 to 15 Passenger Van



Shuttle Bus (does not meet School Bus Standards)

For "Traditional" 12 or 15 Passenger Vans and Shuttle Buses

- All children under age 8 must be in a car seat or booster seat
- All children age 8 and older must be in seat belts

For School Buses and Multi-Function School Activity Buses (MFSAB)

- Children must be in a seat belt per child care licensing regulations
 - Car seats or booster seats are not required by law; however
- NOTE: In 1999, the National Highway Traffic Safety Administration (NHTSA) issued the, "Guideline for the Safe Transportation of Pre-School Age Children in School Buses." The NHTSA recommends using properly secured child restraint systems for pre-school age children. For more information, go to: <http://www.nhtsa.dot.gov/people/injury/buses/Guide1999/prekfinal.htm>

The law can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76.

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

Frequently Asked Questions about Child Care Transportation Vehicle Requirements

1. Define a 15-passenger van.

A 15-passenger van has five rows of seats and is intended to transport up to 15 people including the driver.

2. Can I continue to use a 15-passenger van to transport children?

Yes. You may continue to use vans to transport children. However, children under age 8 must be in an appropriate child restraint system (e.g. car seat or booster seat).

3. What is a Multi-Function School Activity Bus (MFSAB)?

A MFSAB meets all of Federal Motor Vehicle Safety Standards (FMVSS) for a school bus, but it is not painted yellow and does not have the stop lights, stop "arm", etc.

4. Why do vans have to use car seats and booster seats, but buses and MFSAB's do not?

School buses and MFSAB's must meet more stringent Federal Motor Vehicle Safety Standards for transporting children. They are designed to provide enhanced protection for their occupants in a crash. Features such as high-back padded seats, stronger seat mounts, and enhanced rollover protection significantly reduce injuries and fatalities.

5. What if my school bus (or Multi-Function School Activity Bus) does not have seat belts?

You may continue to transport children in school buses and MFSAB's without seat belts. However, if seat belts are available, the children must be using them to be in compliance with licensing rules and regulations.

6. What is an "appropriate" child restraint system?

There are hundreds of products designed to safely transport children. Always refer to the manufacturer's instructions and/or labels for the child restraint system for information on proper use of the restraint (i.e. age, height, and weight limitations) and how to install the restraint properly. Generally, car seats are more appropriate for smaller children, and booster seats should be used for larger children. Under Georgia law, an "appropriate" child restraint system is, *"appropriate for such child's height and weight and approved by the United States Department of Transportation under provisions of Federal Motor Vehicle Safety Standard 213 in effect on January 1, 1983, or at the time of manufacture."*

7. Are there any van exemptions based on the height or weight of the child?

Yes. The following exceptions are:

- If all other passenger seating positions with lap-shoulder belts are being used with an appropriate child restraint system, a child over 40 pounds may be in a lap belt only
- If a parent or guardian provides a written physician's statement that a physical or medical condition of the child prevents placing him or her in a child restraint system, the child is exempt
- If the child is over 4 feet 9 inches, the child may be placed in a seat belt only

8. What do I do about the seats in my van that do not have a shoulder belt?

Most car seats can be properly installed using a lap belt only. However, most booster seats require both a lap and a shoulder belt. Unless the manufacturer's instructions state otherwise, you may not use a booster seat with a lap belt only. Doing so could increase the chances of an injury in a crash. Under the law, you must first properly secure the children in child restraint systems. If all seating positions with lap and shoulder belts are occupied, you may place children weighing over 40 pounds into a seat with a lap belt only.


9. Where can I learn more about the seat belt law?

This law was enacted in July 2011 and can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76 at: <http://www.lexis-nexis.com/hottopics/gacode/Default.asp>.

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

10. How can I determine if a Bus is a School Bus or MFSAB?

All school buses and MFSAB's have a label from the manufacturer certifying that it is a school bus or MFSAB. The label is usually, "affixed to either the hinge pillar, door-latch post, or the door edge that meets the door-latch post, next to the driver's seating position, or to the left side of the instrument panel. If none of these locations are practicable, the label must be affixed to the inward-facing surface of the door next to the driver's seating position. A bus that meets the FMVSSs applicable to school buses will state "school bus" or "MFSAB" as its vehicle classification."

		HIGH POINT, NORTH CAROLINA MFD BY THOMAS BUILT BUSES INC.	
We Move People.		MADE IN U.S.A	02-2003
INC VEH MFD BY: GMC		DATE: 11-2002	
GVWR: 4537 KG (10000 LB)			
GAWR FRONT: 1860 KG (04100 LB) WITH 225/75R16 (D) TIRES			
16X6 RIMS AT 448 KPA (065 PSI) COLD SINGLE			
GAWR INTERMEDIATE:			
GAWR REAR: 3403 KG (07500 LB) WITH 225/75R16 (D) TIRES			
16X6 RIMS AT 448 KPA (065 PSI) COLD DUAL			
THIS VEHICLE CONFORMS TO ALL APPLICABLE			
FEDERAL MOTOR VEHICLE SAFETY STANDARDS			
IN EFFECT IN: 11-2002			
V.I.N.: 1G0HG31UX31144974		CHAS. ID. NO: 58332	
VEH. TYPE: SCHOOL BUS		(+DRIVER)- EQUIP. CAP: 014	
BODY ID: 35107-0312573-041MS			

U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements



5 New Federal Requirements:

- 🔒 Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits not allowed
- 🔒 Wood slats must be made of stronger woods to prevent breakage
- 🔒 Crib hardware must have anti-loosening devices to keep it from coming loose or falling off
- 🔒 Mattress supports must be more durable
- 🔒 Safety testing must be more rigorous

Beginning June 28, 2011 all cribs sold in the United States must meet new federal requirements for overall crib safety.

🔒 SafeSleep is a campaign of the U.S. Consumer Product Safety Commission.



www.cpsc.gov



NSN 11-2



www.cpsc.gov

Child Care Providers

Your Guide to New Crib Standards

Beginning **December 28, 2012**, any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011**, addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

What you should know....

- This is more than a drop side issue. Immobilizing your current crib will not make it compliant.
- You cannot determine compliance by looking at the product.
- The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.
- If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.
 - o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
 - Describe the product
 - Give name, full mailing address and telephone number for importer or domestic manufacturer
 - Identify the rule for which it complies (16 CFR 1219 or 1220)
 - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
 - Give date and location of manufacture and testing
 - o The crib must also have a label attached with the date of manufacture

What you should do....

- All child care facilities, family child care homes, and places of public accommodation:
 - o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
 - o Should not resell, donate or give away a crib that does not meet the new crib standards.
- Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.
- Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.



CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST



A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov/flu/school/ and www.healthykids.us/cleanliness.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov/od/oc/media/pressrel/r060223.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us/chapters/sick_main.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"> <input type="checkbox"/> How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) <input type="checkbox"/> How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.) <input type="checkbox"/> How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) <input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

March 20, 2006
Version 3.1



Section I:

Licensure Orientation

Meeting Information

(LOM Resources)



Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive, SE
Suite 670, East Tower
Atlanta, Georgia 30334
<http://www.dec.state.ga.us/>

Mission:

Bright from the Start: Georgia Department of Early Care and Learning delivers exemplary early care and education programs that improve the quality of early learning experiences, increase school readiness, and improve overall school performance.

Vision:

Bright from the Start: Georgia Department of Early Care and Learning will increase the number of Georgia's children and families who have access to quality early care and learning programs. More of Georgia's early care and learning programs will achieve and maintain higher, measurable, research-based standards.

Contact Information:

Programs:

Child Care Licensing.....	404-657-5562
Complaints/Concerns.....	404-657-5562
Criminal Records.....	404-656-5957
Exemptions.....	404-657-5562
Head Start Collaboration.....	404-651-7425
Pre-K.....	404-656-5957
Nutrition Services.....	404-656-5957
Quality Initiatives.....	404-656-5957
Training.....	404-656-5957



Applicant Services Unit (Licensing/Registration)

Lisa Rasmussen.....Director

Chrissy ClaytonLead Consultant

Shaheedah El-Amin.....Administrative Assistant

ASU Consultants

Brianne Kersey Southeast Georgia

Deborah Toney Metro Atlanta (Northeast Georgia)

Jamie Carta Southwest Georgia

Wakisha Carswell Metro Atlanta (Northwest Georgia)

Margaret Pringle Metro Atlanta (Northwest Georgia)

Shyreeta Hicks Metro Atlanta (Northeast Georgia)

Shenina Broaders Variances/Waivers

State Fire Marshall.....404-656-2056

Small Business Administration.....www.sba.gov

Charlotte Johnson (SBA)..... 404-331-0100

Insurance.....www.gainsurance.org

Secretary of State.....www.sos.georgia.gov

Office Hours: 8:00AM-5:00 PM Monday-Friday (closed on State Holidays)

Do you need to take the 40-Hour DIRECTOR TRAINING?

Bright from the Start requires directors of newly opening licensed childcare centers to take a 40-hour Director Training class. Pre-existing directors of licensed childcare facilities are not affected by this new requirement - only newly opening centers.

Option I: The list of approved 40-hour Director Trainings can be found from the "Find Training" option in the gold bar at the top of our homepage (www.training.decal.ga.gov).

Click on "General search" then "Basic search" then type "40-hour Director Training" in the keyword box and then search.

A list of approved trainings and the approved trainers' contact information will be displayed. You may contact any of these trainers to find out when and where their next training will be held and how to register.

Option II: You may check the Training Calendar on our website (www.training.decal.ga.gov) to locate 40-hour Director Trainings which may be currently scheduled.

The Training Calendar can be found by clicking the "Find Training" option in the gold bar at the top of our homepage. Simply click the "Training Calendar" option, select "Monthly View" and scroll through the calendar to find state-approved 40-hour Director Trainings which are coming up. The contact information can be found for the scheduled training. You may contact the trainer to find out how to register.

If you have questions regarding the 40-hour Director Training, please contact Training Approval at 706-542-6999.

****Please note that the Technical Certificate of Credit (TCC) in Program Administration (available at most Technical Colleges) will meet the Director's 40 hour training requirement, in addition to qualifying as one of the education requirements for the 2012 rule changes.**



Georgia State Fire Marshal's Office: Day-care Code Summary

Definitions:

1. Day-Care Home: Sub-classifications
 - a. Family Day-Care home: A building or portion of a building in which more than 3 but not more than 7 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (One staff member)
 - b. Group Day-Care home: A building or portion of a building in which not less than 7 but not more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (Two staff member)
2. Day-Care Center: Group Day-Care home: A building or portion of a building in which more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day.
Exception: Places of religious worship where providing Day-Care while services are being held in the building shall not comply with day-care requirements.

Note: Georgia Department of Early Care and Learning (DECAL) Licensing may differ (e.g. DECAL consider 18 clients as group day-care).

Facilities under the jurisdiction of the State:

1. Group Day-Care home having 7 to 12 children.
2. Day-Care Center having more than 12 children.

Facilities not under the jurisdiction of the State:

1. Family Day-Care home having less than 7 children (Local Fire Marshal).

New Day-Care / Existing Day-Care

1. Interior floor finishes in existing day care has no requirements, new requires Class I or II for corridors and exits
2. Fire Alarm Emergency forces notification (Central Station Monitoring) in existing day care not required for 100 or less occupant load.
3. Corridor walls in Existing Day-Care = ½ HR, New = 1-HR.

Who is require to submit Plans to Fire Marshal Office:

1. New Buildings or portions thereof used as Day-Care.
2. Addition made to, or used as Day-Care.
3. Alterations, modernizations, or renovations of existing Day-Care.
4. Existing buildings or portions thereof upon change of occupancy to a Day-Care.

What to submit to State Fire Marshal Office:

1. Day-Care plans (architectural, mechanical, plumbing, site, electrical).
2. 354 Plans Transmittal Letter.
3. Fees.

Architect/Engineer Seal Waiver:

OCGA § 25-2-4 Properly submitted plans shall include two (2) sets of architectural, mechanical, plumbing (if any gas piping is to be used), site (parking, fire hydrants, etc.), and electrical plans on minimum 22"x 34" (Engineering or ANSI D size) sheet of paper and one (1) set of specifications. All plans sheets must bear the seal of Georgia Registered Architect or Engineer. Each page must bear the seal. For minor additions and minor renovations a seal waiver is possible on a case-by-case basis (see OCGA § 43-15-24 for more information) provided the total completed construction cost (building, finishes, furnishings, electrical, mechanical, etc.) is less than \$100,000.

■ Cost Estimates for NEW Construction can be based upon the total area of the facility times:

- \$100.00 for 10,000 feet square and less
- \$.015 x square footage for +10,000 square feet

Mix Occupancies

Separation of 1-HR fire barrier fire-resistance walls between Day-Care and any other occupancies except as follows:

1. Church.
2. In one- and two-family dwellings.

Factors to determine if building require sprinkler system

1. Construction type of the building (any type if providing Exit doors leading to outside may exempt).
2. Number of Stories.
3. Age group of the children.

Occupant Load

Occupant Load = The floor area assigned for Day-Care usage / Occupant Load Factor (35 ft²).

Occupant Load = The floor area assigned for office usage / Occupant Load Factor (100 ft²).

Occupant Load = The floor area assigned for Kitchen usage / Occupant Load Factor (100 ft²).

Means of Egress Components:

1. Doors (clear width, panic hardware, etc.).
2. Stairs (handrail, guardrail, treads, risers, etc.).
3. Ramps (maximum elevation between landings, handrails, guardrails, etc.).
4. Corridor [width (mini. 36 in, and maneuvering type for Accessibility requirements 60 in), dead-end issue (20 ft, or 50 ft IF sprinklered), fire resistance (1-HR, or doors leading to outside), ADA requirements, etc.].
5. Number of Exits (minimum of two).
6. Arrangement of means of egress.
7. Travel distance (150 ft, or 200 ft IF sprinklered).
8. Common path (75 ft, or 100 ft IF sprinklered).

GA. Accessibility Code

1. Accessible parking space – regular AND Van accessible, including an accessible route
2. Ramps, Stairs (Change in elevation).
3. Handrail, Guards.
4. Detectable Warning at vehicular areas.
5. Sinks/lavatories shall be accessible.
6. New/renovated restrooms used primarily by children 3 years old and older (2 years old and younger are considered ‘diaper facilities’) must be made accessible for children’s dimensions (Doors shall not swing into the clear floor space of any fixture).
7. Water closets, Grab bars.
8. Drinking Fountains and Water Coolers.

Protection from hazards

1. Areas considered as a Hazards area requiring 1-hour fire barrier *and/or* sprinklered.
 - a. Storage, Janitor closet (1-hour fire barrier *or* sprinklered).
 - b. Laundry room (1-hour fire barrier and sprinklered if more than 100-ft², or if less than).
 - c. Mechanical room [water heater, furnace, etc.] (1-hour fire barrier *or* sprinklered).
2. Kitchen Hood to comply with NFPA 96 (commercial or residential hood)

Interior Finish

1. Interior wall and Ceiling finish (Class A, or Class B) classified based on test result of NFPA 255.
2. Interior Floor Finish (Class I, or Class II) classified based on test result of NFPA 255.

Fire Alarm System

1. Day-Care Center shall be provided with fire alarm system, Day-Care Home only requires smoke alarm.
2. Initiation of fire alarm shall be by manual means, by operation of smoke detectors, or any sprinkler system.
3. Notification devices (horn, strobe).
4. Installation of smoke detectors in all corridors, front of doors to stairways, sleeping room (classrooms), and any recreation or lounge areas.

Group Day-Care Home

1. Every story occupied by client shall have not less than two remotely located means of escape. Primary must be a door.
2. Emergency light (No requirements, but recommended).
3. Marking of means of egress (No requirements, but recommended).
4. Protection from Hazards (No requirements).

5. Interior Floor Finish (No requirements).
6. Fire Alarm System (No requirements)

Fire Emergency Response Plan

The facility shall have a comprehensive written fire emergency response plans. Copies of the plan shall be made available to all employees.

Inspections

Fire prevention inspections shall be conducted monthly by a trained senior member of the staff. A copy of the latest inspection report shall be posted in a conspicuous place in the Day-Care facility.

Furnishing and Decorations

Artwork and teaching materials shall be permitted to be attached directly to the walls and shall not exceed 20 percent of the wall area.

Staffing

<u>Staff-to-Client Ratio</u>	<u>Age (months)</u>
1:3	0-24
1:4	25-36
1:7	37-60
1:10	61-96
1:12	≥ 97
1:3	Client incapable of Self-preservation

Note: Georgia Department of Early Care and Learning (DECAL) Staffing requirements may differ from the above; however, they are typically more restrictive. Exceeding the above or Georgia Department of Early Care and Learning (DECAL) staffing requirements may subject the facility to additional fire safety requirements.

Contact Information

Allen LaBerteaux
Safety Fire Engineer

Address

Georgia State Fire Marshal's Office
Safety Fire Division
2 Martin Luther King Jr. Drive
Suite 620 West Tower
Atlanta, GA 30334

Phone/fax/ email/web

(404) 656-2292 (Direct phone line) / Fax number: 678-717-5877

alaberteaux@sfm.ga.gov
<http://www.GAInsurance.org/FireMarshal>

Georgia Accessibility (OCGA 120-3-20)

Section 406.2

Child care-giver training. A minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all directors, operators and all staff members of day-care centers and group day-care homes as defined by the Life Safety Code adopted by this Chapter. The curriculum for the fire safety training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office. All staff members shall receive this training within 90 days from receipt of a license, being commissioned or the opening of a new center or home. Any new staff member shall receive a minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training within 90 days of employment. In addition, a minimum of two hours fire safety refresher training recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all directors, operators and all staff members of day-care centers and group day-care homes every three years from the date initial training is received. The curriculum for the fire safety refresher training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office.

For information regarding fire safety training, please contact Ms. Wanda Butler at 404-656-7646 or by email at wbutler@sfn.ga.gov.



Acceptable Plan Submittal

Subject: Acceptable Plan Submittal

To All Child Care Providers Seeking Licensure

A properly submitted plan review package **MUST** include two (2) sets of **scaled** architectural, mechanical, plumbing, site, and electrical drawings on minimum **22"x 34"** (Engineering or ANSI D size) sheet of paper. Furthermore, a 354 Plans Transmittal Letter (see enclosed) **MUST** be completely filled out. You must specify the occupant load and the capacity (number of children you will be licensed for by DHR) on this form. Any submittal received without a COMPLETED 354 Transmittal Letter will be returned. This includes addendum, resubmission, and any other item that requires an engineer's review.

In order to serve you in a timely fashion, the following information listed below is required as a minimum to be noted and shown on each set of plans submitted for review and approval by the Georgia State Fire Marshal's Office.

- Site plans noting driveway (show relative elevations), parking, handicap parking, proximity of structure to other structures, distance of structures from other structures, walkways, ramps, stairs, fences, passenger loading zone, and location of air or heating unit on the outside
- Dimensions of **all** rooms
- Label all rooms and their use
- Dimensions of bathrooms (New construction must meet **GA Accessibility Code 120-3-20** requirements. Include elevations of all fixtures)
- Location and sizes of all doors, door width, corridors, and windows with **sill** height. Note which direction door swings, length of halls and corridors
- Location of fire alarm components which include pull stations, horn/strobe units, and fire alarm control panel (**Note Location Where Installed or Plan to Install**)
- Location of all smoke detectors (**Note Location Where Installed or Plan to Install**)
- Location of all exit signs (**Note Location Where Installed or Plan to Install**)
- Location of emergency lighting (**Note Location Where Installed or Plan to Install**)
- Location of portable fire extinguishers (Note size, type, and rating)
- Location of furnace and water heater. If unit is in attic, note location. Note BTU input rating of hot water heater and note CFM and BTU of furnace
- Location and type of stove (residential or commercial appliance)
- Location of all stairs (inside or outside), ramps, and slope of ramps
- Construction type on 354 Submittal Form. **Note: construction materials and components of the structure on the plans** (i.e. load bearing walls, interior walls, columns, etc.)
- Show building cross section (drawing of outside of structure) with elevation(s) related to grade
- Location and size of laundry room (residential or commercial appliances)

- If facility has a storage room, note size of room and what will be stored
- Location of fixed fire protection devices (i.e. cooking hood systems and fire sprinklers)

In addition to the information above, properly submitted plans **MUST** bear the seal of a Georgia Registered Architect. An engineer's seal is acceptable as provided under Chapter 15 of Title 43, as applicable under the engineer's license. If plans are not sealed, a written waiver request must be submitted to the Commissioner. (Please be advised that waiver of the seal is not an option for construction projects/alterations which costs are greater than \$100,000 per OCG 43-15-24b). ***This request letter must state construction/alteration cost as justification for omission of the seal of a Georgia registered architect/engineer on the submitted plans.*** Also, if the required seal is waived, **YOU** become responsible for **knowing and meeting** all code requirements. ***The letter must also state that you will assume responsibility for compliance with the code requirements.*** This office enforces NFPA 101-Life Safety Code, 2000 edition with Georgia State Modifications 120-3-3 (the office enforced the 1997 edition NFPA 101 before September 10, 2003), and the Georgia Accessibility Code 120-3-20.

Once plans are submitted to this office they are reviewed in the order they are received. Please be aware that this office reviews plans for the whole state. Therefore, please contact this office for the approximate return time for submitted plans. **Before any construction/ renovation work is started you must have a construction permit and approved plans from this office.**

When you submit your plans to this office they will be reviewed and comments will be made to inform you exactly what will need to be done in addition to what is drawn on the plans. The comments need to be addressed before a request for inspection is made. When your construction is 80% complete, you will need to request an inspection in writing.

At that time, a Fire Safety Compliance Officer will schedule an inspection with you. When you reach 100% completion and all code requirements are in compliance, the final inspection can be requested. If you are in compliance, you will be issued a certificate of occupancy, which in turn can be shown to DHR to complete licensure.

If you have any questions or require further assistance please call this office at 404-656-7087.

Sincerely,

Office of Commissioner of Insurance
Safety Fire Division

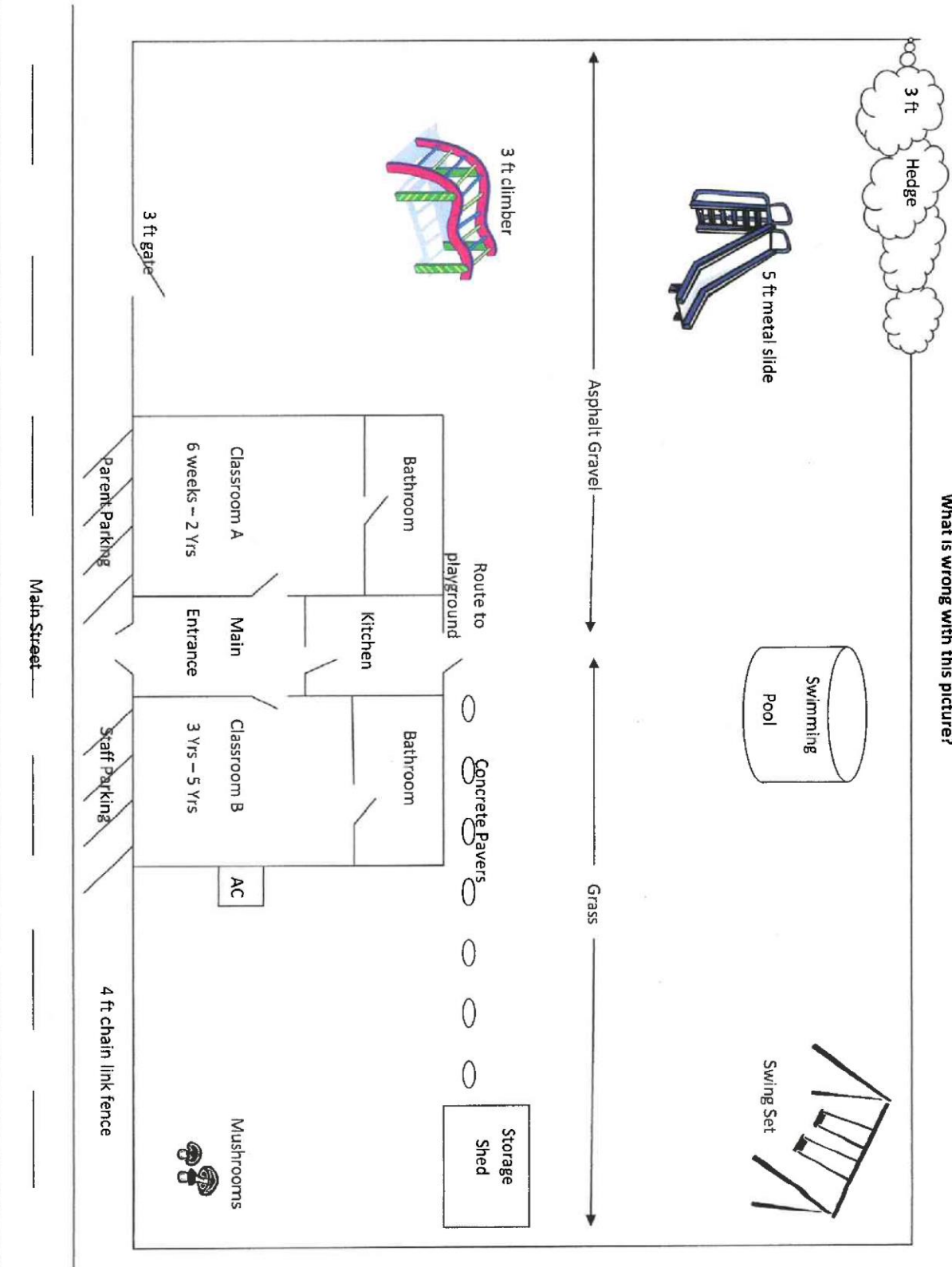
Data on fires that occurred in daycare facilities

Type of Fire	2006	2007	2008	2009	2010
Building fire	7	11	12	17	12
Fires in structures other than a building	1	0	1	0	0
Cooking fire/grease, confined to a container	5	14	8	8	21
Fuel burner/boiler malfunction, fire contained	1	0	0	0	0
Passenger Vehicle fire	1	7	4	3	3
Brush. brush & grass mixture fire	1	4	3	0	0
Grass fire	1	2	1	0	2
Outside rubbish fire	1	1	2	1	1
Dumpster/outside trash receptacle	4	0	1	0	0
Outside Equipment fire	0	1	1	1	0
Fire, other	5	0	4	0	0
Total	27	40	37	30	39
Dollar Loss	\$36,610	\$28,817	\$135,150	\$929,800	\$261,697
Casualties (Fire Service & Civilian)	0	0	0	1 injury	1 fatality 4 injuries

TRUE OR FALSE

- _____ Each classroom should be labeled with a letter and the age that will be housed in each room shown on your plan.
- _____ When submitting your floor plan to the Department, you must submit a scaled architectural drawing of the building.
- _____ Classrooms shall provide thirty-five (35) square feet of usable space per child.
- _____ A classroom designed for 15 two year old children would require one staff person.
- _____ Partial walls used to separate classrooms must be at least 50 inches tall.
- _____ Toilets and sinks that are accessible to the children should be located in or adjacent to the classrooms.
- _____ Three toilets and three sinks would limit building capacity to 100 children.
- _____ Bathrooms for children four years and older require partitions or dividers for privacy.
- _____ Cubbies are required in classrooms for two year old children and older.
- _____ Mats or Cots should be at least one inch thick.
- _____ Windows should be 24 inches or lower from the floor.
- _____ Diaper changing tables must be adjacent to the diapering sinks.
- _____ A diapering sink is not required for those centers whose staff plan to use disposable gloves.
- _____ Diapering sinks may be located in the bathroom.
- _____ Ventilation for diapering rooms may be provided by exhaust fans or the proper amount of screened and operable window space.
- _____ Water fountains or water coolers are required for your building.
- _____ A kitchen is not required for your child care learning center.
- _____ A dishwasher is required for all child care learning centers.
- _____ A well or septic tank is allowed for a child care facility.

What is wrong with this picture?



WHAT'S WRONG WITH THIS PICTURE?

Look at the sample site plan on the previous page and write down everything that you see that is not compliant with the rules and regulations. Remember that the site plan only deals with what is outside of the building: playgrounds, fencing, parking, roads, etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

TRUE OR FALSE ANSWERS

T

Each classroom should be labeled with a letter and the age that will be housed in each room shown on your plan.

Label your classrooms using A, B, C, etc. Next to the letter, show what age children will be housed in that particular room. Remember that children under three years of age cannot occupy the same licensed space as children ages 3 and older. Remember this is relation to route to the playgrounds, going to the restrooms, and entering and leaving the building. Children should not have to go through another class to move through the building.

F

When submitting your floor plan to the Department, you must submit a scaled architectural drawing of the building.

You do not have to submit an architectural drawing of your floor plan to this department but we do ask that you submit an accurate drawing of your floor plan. An architectural drawing of your floor plan is acceptable. You will need to check with Fire regarding requirements for submittal of plans to them.

T

Classrooms shall provide thirty-five (35) square feet of usable space per child.

To determine usable space, measure the length of the room by the width of the room measuring from baseboard to baseboard. This will give you your total square footage. Divide the total square footage by (35) thirty-five and this will tell you approximately how many children may occupy this space. Remember that any room reductions, (i.e.: bathrooms, closets, wall insets, etc.) are not included in your total square footage and should be subtracted. You will need to equip the classroom for the amount of children that it will hold.

F

A classroom designed for 15 two year old children would require one staff person.

The ratio for two-year-old children is one staff to ten children. A ratio of 15 children and one staff would be the ratio for three-year-old children.

F

Partial walls used to separate classrooms must be at least 50 inches tall.

Partial walls used to separate classrooms must be at least 48 inches (four feet) tall and must be indicated on your plans with a broken line (-----). Also include the height and width of the partial wall. A wall that juts out into a room is not a partial wall. If you have an area that has a part of a wall jutting out into the room, the opening must measure at least 2/3 of the length of the room to be considered one room. The same rule would apply if you were trying to make a smaller room and a larger room one big room.

T

Toilets and sinks which are accessible to the children should be located in or adjacent to the classrooms.

Accessible means that children are able to use the facilities without having to be held up or climbing to reach them. Sinks, toilets, water fountains, etc. should all be accessible to children. A step stool or small platform can be used to make facilities accessible. Make sure that these are sturdy and are made for that purpose. Remember that if you have school age children, some toilets and sinks may need to be larger.

F

Three toilets and three sinks would limit building capacity to 100 children.

Three toilets and three sinks would limit the building capacity to 50 children. Look at the chart in your Rules and Regulations to determine how many you will need for the numbers of children you will serve.

T

Bathrooms for children four years and older require partitions or dividers for privacy.

Toilet facilities for four (4)-year-old pre-kindergarten age children and older shall be suitably screened for privacy.

F

Cubbies are required in classrooms for two year old children and older.

Cubbies at the children's reach are required in classrooms for children one year old who are walking and older.

F

Mats or Cots should be at least one inch thick.

Mats should be at least two inches thick and cots must be at least two inches from the floor.

F**Windows should be 24 inches or lower from the floor.**

Windows should be 24 inches or higher from the floor. If windows are below 24 inches, indicate what type of protective barrier will be used if not tempered safety glass.

T**Diaper changing tables must be adjacent to the diapering sinks.**

If you have a child on the diaper change table, you should be able to keep your hand on this child and reach over and turn on the water. That is adjacent.

F**A diapering sink is not required for those centers whose staff plan to use disposable gloves.**

A sink is required next to each diapering area for hand washing. Gloves are not an approved replacement for a handwashing sink

F**Diapering sinks may be located in the bathroom.**

Diapering sinks must be located in the classroom, not in a bathroom, a "changing room" or another classroom. This also goes for the diaper change table itself.

T**Ventilation for diapering rooms may be provided by exhaust fans or the proper amount of screened and operable window space.**

To determine the proper amount of screened operable window space, open the window. Only the area that is open to the outside and is covered with a screen should be measured. Screened operable window space should be equal to or greater than 2.5% of the total square footage of the room to be considered ventilation for a diapering room.

F**Water fountains or water coolers are required for your building.**

Water fountains are not required for your building but if you have a water fountain or water cooler in your building, you must submit the manufacturers name and model number and indicate the location of each on your floor plan. You must indicate how you plan for children to get water.

T**A kitchen is not required for your day care center.**

If you will have food catered into your center, you must submit a copy of the caterers Food Service Permit and most recent Inspection Report from the Health Department.

F**A dishwasher is required for all day care centers.**

A dishwasher is not required. The rules state that you must have either: a three basin sink, OR a dishwasher with Sani-cycle (capable of maintaining 150 degrees), OR be restricted to the use of all disposables.

T**A well or septic tank may be used for day care centers.**

You must have written approval from the Health Department showing that it is approved for use in a Child Care Center and have load capacities listed on your approval letter.

WHAT'S WRONG WITH THIS PICTURE?**ANSWER SHEET**

1. Route to the playground is through the kitchen.
2. Hedge for fence.
3. No surfacing under slide/swings/climber. How much is needed? (Slide and swings 6 inches, climber 3 inches)
4. Pool not enclosed and locked.
5. Metal slide will get too hot in summer.
6. Asphalt ground – also takes up more than 1/4 of the playground space.
7. 3 foot gate (needs to be 4 ft.).
8. Pavers need to be removed or level with ground to prevent tripping.
9. Square footage measurements are missing from the plan.
10. Swings too close to the fence.
11. No shade is shown on the plan.
12. Building is set right in front of parking/street (should be set back some) to allow for safe pick up and drop off of children.
13. Enclose AC unit and storage shed to prevent access. Storage shed needs to be enclosed on back side and underneath if positioned up high.
14. Possible supervision problem on playground, based on shape.
15. Remove mushrooms.

Child Care Resource and Referral Agencies in the State of Georgia

Region 1: Child Care Resource and Referral Agency of North Georgia-Quality Care for Children, Inc.

913 N. Tennessee Street, Suite 202
Cartersville, GA 30120

Contact Gloria Calhoun

(770) 387-0828

Toll Free 1-800-308-1825

Fax (678) 721-6676

gloria.calhoun@qualitycareforchildrennwg.org

<http://www.qualitycareforchildren.org>

Region 2: Child Care Resource and Referral Agency of Metro Atlanta-Quality Care for Children, Inc.

Druid Point- 2751 Buford Hwy, Suite 500
Atlanta, GA 30324

Contact Pam Runkle

(404) 479-4233

Toll Free 1-877-722-2445

Fax (404) 479-4166

pam.runkle@qualitycareforchildren.org

<http://www.qualitycareforchildren.org>

Region 3: Georgia Regents University

277 Martin Luther King Jr. Blvd, Suite 104
Macon, GA 31201

Contact Julie Phillips

(478) 751-3000

Toll Free 1-877-228-3566

Fax (478) 751-3010

jphillips@gru.edu

<http://www.georgiahealth.edu/ccrr>

Region 4: Child Care Resource and Referral of Southwest Georgia at Albany-Dartton College

2429 Gillionville Rd.
Albany, GA 31701

Contact Soraya Kimbrel-Miller

(229) 317-6834
Toll Free 1-866-833-3552
Fax (229) 317-6968

soraya.kimbrel@darton.edu
<http://ccrr.darton.edu/>

Region 5: Child Care Resource and Referral Agency Of Southeast-Georgia at Savannah - Savannah Technical College

190 Crossroads Parkway
Savannah, GA 31407

Contact Sherry Costa

(912) 443-3011
Toll Free 1-877-935-7575
Fax (912) 966-6735

scosta@savannahtech.edu
<http://www.ccrrofsoutheastga.org/>

Region 6: Child Care Resource and Referral Agency of East Georgia-Quality Care for Children, Inc.

3706 Atlanta Hwy, Suite 1
Athens, GA 30606

Contact Vicki Hawkins

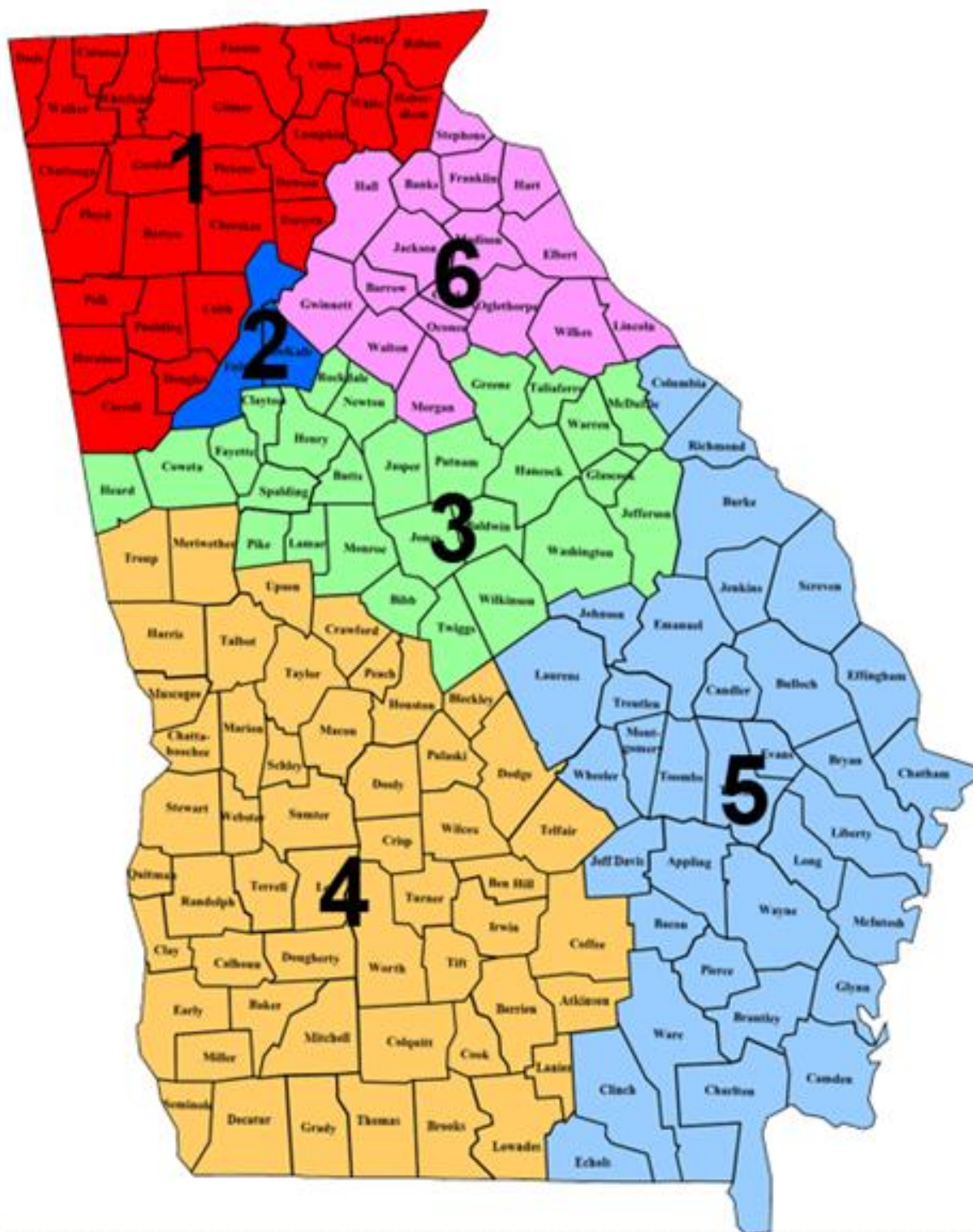
Toll Free 1-877-722-2445

Fax (404) 479-4166

vicki.hawkins@qualitycareforchildren.org
<http://www.qualitycareforchildren.org>

Regional Map

-  Region 1 - North Georgia
  Region 4 – Southwest Georgia
-  Region 2 – Metro Atlanta
  Region 5 – Southeast Georgia
-  Region 3 – Central Georgia
  Region 6 – East Georgia





LAW OFFICES OF NINFO & ASSOCIATES, P.C.

1198 Clark Street, N.W., Covington, Georgia 30014

Telephone (770) 784-8000 * Facsimile (770) 786-1111

Mario S. Ninfo
covmario@aol.com

Miguel M. Debon, Of Counsel
mmdebon@yahoo.com

March 13, 2017

Mr. Ricky Clark
City of Jonesboro Zoning
124 North Avenue
Jonesboro, Georgia 30236

Re: Clifford Rice
Permit for Daycare Facility at 118 Stockbridge Road

Dear Mr. Clark:

Thank you for meeting with me for an onsite inspection at the above location for the purpose of opening a Daycare Facility. We also inspected the area that you referred to as a "family gravesite", but you acknowledged that there is not one shred of evidence from the City, County, or the State to support the contention that it is in fact a gravesite. However, whether or not it is a grave, my client's proposed Daycare Facility will not invade it in any manner whatsoever.

Your records will show that approximately three years ago the subject location and property was in fact approved by the City of Jonesboro for a "conditional use" of a Daycare Facility, despite the presence of the purported gravesite. However, my client's interested party did not go through with the deal at that time, and the facility was not completed. Now, my client has a new party who is interested and will invest a considerable sum of money to completely renovate the buildings for a Daycare Facility which is indeed in the best interest of the community and the City of Jonesboro.

In view of the situation with the City of Jonesboro three years ago, I am requesting that you either renew or issue a new Permit instantler, so that my client may proceed with the plans for the opening of a Daycare Facility. Enclosed please find the Modified Plans for the Daycare Facility which clearly shows that the purported gravesite will ***not*** be encroached upon in any manner whatsoever and, in fact, it gives free access to anyone who may want to visit.

Attachment: Letter of Request - 118 Stockbridge Rd - Ms Pam (1133 : Ms Pams Precious Angels Family Childcare)

Mr. Ricky Clark
March 13, 2017
Page two

Thank you for your prompt attention to this matter in issuing a new Permit for the subject Daycare Facility. To the extent that the purported gravesite was the only single issue that has delayed the issuance of a Permit, I trust that there are no other issues to cause any further delay or additional cost to move forward with this project.

With my best regards, I am

Very truly yours,

Mario S. Ninfo

MSN//PERMIT
cc: Mr. Clifford Rice
Enclosures

Attachment: Letter of Request - 118 Stockbridge Rd - Ms Pam (1133 : Ms Pams Precious Angels Family Childcare)



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.H

WORK SESSION – H

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding zoning appeal as filed by Monica Barcos of Alianza Latin Group, for business to be located at 253 N. Main Street, Suite A.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Article XI of the Zoning Code (Appeals and Variances)

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes

Community Planning, Neighborhood and Business Revitalization

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

History:

The applicant is seeking to occupy the property located at 253 M. Main Street. The subject property contains 1.61 acres of commercial land previously used for a Beauty Salon. Very recently the applicant applied for zoning verification to house an insurance service and tax preparation services in Suite A. The insurance business will service those looking to obtain insurance services and financial services. As our "Table of Uses" does not allow for this particular use in the C2 District, I see no reason or cause of detriment to the premises by allowing this use. (See table 1a).

The location is within a planned development (plaza) that has seven units with 34 parking spaces at front and 21 parking spaces at back with a total of 55 parking spaces shared between the 7 units. The parking for the site is sufficient for business operations.

Table 1a

NAICS Code	USES	R-2	R-4	R-C	R-A	RM	H-1	H-2	O&I	MX	C-1	C-2	M-1	Code Section
5242	Insurance Agencies, Brokerages, and Other Insurance Related Activities	N	N	N	N	N	P	P	P	P	N	N	N	

The C-2 highway commercial district is established to accommodate intense retail and service commercial uses along Jonesboro's arterial highways. A broad range of such uses anticipates traffic from surrounding areas traveling through the city and affords a broad segment of the business community access to the large customer volumes associated with such locations. The automobile is the principal means of transit for shoppers in this district, and convenient on-premises parking is a primary concern. Given the value of arterial locations intended to capture heavy retail traffic, such industrial uses as manufacturing, distribution and processing are prohibited in order to reserve high visibility and enhanced access locations for highway commercial uses.

The allowable zoning districts for this business would be H-1; H2; O&I & the MX District.

Based upon our Code, an applicant can appeal my decision under Article XI of the Zoning Code (Appeals and variances).

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City Administrator

Date

April, 3, 2017

Signature

City Clerk's Office

This would not be considered a variance because 86-344(6) provides that “[n]o variance may permit a use of buildings or structures not permitted by right in the district involved.” Since his appeal would be of a use of land that is nonpermitted, a variance would not be allowed. The applicant is required to go through an appeal hearing before mayor & council as set forth in Article XI, Section 86-344:

Sec. 86-344. - Procedures.

Applications for a public hearing and decision on variances and administrative appeals shall be filed with the city clerk on forms provided by the city a minimum of 30 days prior to the hearing at which such applications will be heard. Each application shall contain such information as the city clerk may require sufficient to enable mayor and council to render a decision. No submitted application may be amended following public notice of the application; however, mayor and council may allow such application to be amended during the public hearing.

An appeal to mayor and council may be brought by any person having a substantial interest in any decision of the code enforcement officer or by any officer, department, board or agency of the city affected by any decision of the code enforcement officer pursuant to enforcement of this chapter. Such appeal shall be filed within ten business days following notice of the decision being appealed by filing a written notice of appeal with the code enforcement officer and specifying the grounds, thereof. The code enforcement officer shall forthwith transmit to the secretary of the mayor and council all the documents related to the decision being appealed.

About the Alianza Latin Group

The Alianza Latin Group was formed by the joint efforts of every bilingual member of our team with the sole commitment to serve our customers the way they never have been served before with integrity, humanity and quality. We offer the following services: *Insurance for homeowners, renters, auto & Motorcycle, Commercial, General Liability & Worker's Compensation Insurance, Income Tax Preparation , Translations (Spanish / English) and Notary Services

Staff Recommendation's:

- Approval

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Zoning Appeal Application - 253 N. Main Street
- Zoning Appeal - 253 N Main Street -Alianza Latin Group
- 253 N. Main Street -Zoning Appeal - Application Acceptance

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval



CITY OF JONESBORO
 124 North Avenue
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (770) 478-3775
 www.jonesboroga.com

ZONING APPEAL

PROCEDURE:

Date: 02/02/17

Sec. 86-344 An appeal to mayor and council may be brought by any person having a substantial interest in a decision of the code enforcement officer or by any officer, department, board or agency of the city affected by a decision of the code enforcement officer pursuant to enforcement of this chapter. Such appeal shall be filed within ten business days following notice of the decision being appealed by filing a written notice of appeal with the code enforcement officer and specifying the grounds, thereof. The code enforcement officer shall forthwith transmit to the secretary of the mayor and council all the documents related to the decision being appealed.

Applicant's Information

Name of Applicant: Monica Barcos
 Name of Business: Alianza Latin Group
 Property's Address: 253 N. Main St, Ste A. Jonesboro, GA 30236
 Email Address: monicabarcos01@gmail.com
 Phone: (Day): (770) 34-8220 (Evening): _____

Owner Information

Property Owner (Please Print): Tuan V. Nguyen
 Address: 4228 Crystal Hollow Pl City, State, Zip San Jose, CA 95128
 Email Address: tuan@usqualityceramics.com
 Phone: (Day): 408-386-3445 (Evening): _____

Property Information

Address: 253 N. Main St, Ste A City, State, Zip Jonesboro, GA 30236
 Current Use: Tax Preparation Current Zoning: C 2

Legal Description of Property (Please provide as an attachment)

Requirements

Please complete all attached forms, which must be typed or legibly printed; signatures must be in Blue Ink. The applicant or his agent must submit the ORIGINAL, SIGNED form to the Zoning Administrator located at City Hall, 124 North Avenue Jonesboro, Georgia.

Plans may or may not be appropriate to an appeal of a decision by a City official. If plans are appropriate, an accurate plan of the property drawn to a maximum scale of 1 inch = 50 feet must be submitted with the application. The plan must show the boundaries of the property, a North arrow, location and size of the property and the location, size height and use of all existing and proposed buildings, yards, driveways and parking areas. Such plans shall also identify the current use of each adjoining property. Please submit a signed, typed or legible printed original application and 7 copies along with 7 sets of plans.

Please explain the specific decision being appealed below. State the jurisdiction for the decision begin overturned, citing any ordinance language or other information that supports your position. Attach additional pages as necessary. Please describe the expected outcome of the appeal.

Denied Insurance Business Service @
253 N. Main St; Ste A. Jonesboro 30236
NAICS Code 5242-Ins. because of Zoning.
by Zoning Official R. Clark Jr.
I would like to be allow to offer Insurance
Svcs. & Financial Svc at this location and the
way offer to the City of Jonesboro & surround
towns a variety of Insurance Companies
(Standard & Non Standard) where they can
choose from, matching their needs & budget.

Attachment: Zoning Appeal Application - 253 N. Main Street (1127 : Zoning Appeal - Alianza Latin Group)

APPLICANT AFFIDAVIT

Personally appeared before me Monica Barcos who on oath deposes and says that the above is true to the best of his/her knowledge and belief:

[Signature]
Notary Public

January 31, 17
Date

[Signature]
Signature of Applicant

Monica Barcos
Print Name

112 Summer leigh dr.
Address

Stockbridge, GA 3028
City, State, Zip



OWNERS AFFIDAVIT

Personally appeared before me Phung Duong Group who on oath agrees with the above request and states that the information is true to the best of his/her knowledge and belief.

[Signature]
Notary Public

1/26/2017
Date

[Signature]
Zoning Administrator

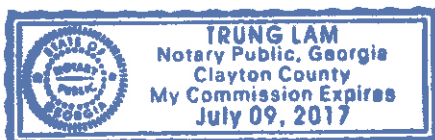
03/29/17
Date

[Signature]
Signature of Owner

Phung Duong Group LLC
Print Name

4831 Hendrix Dr
Address

Forest Park, GA 30297
City, State, Zip



Attachment: Zoning Appeal Application - 253 N. Main Street (1127 : Zoning Appeal - Alianza Latin Group)



ALIANZA LATIN GROUP
INSURANCE & TAXES

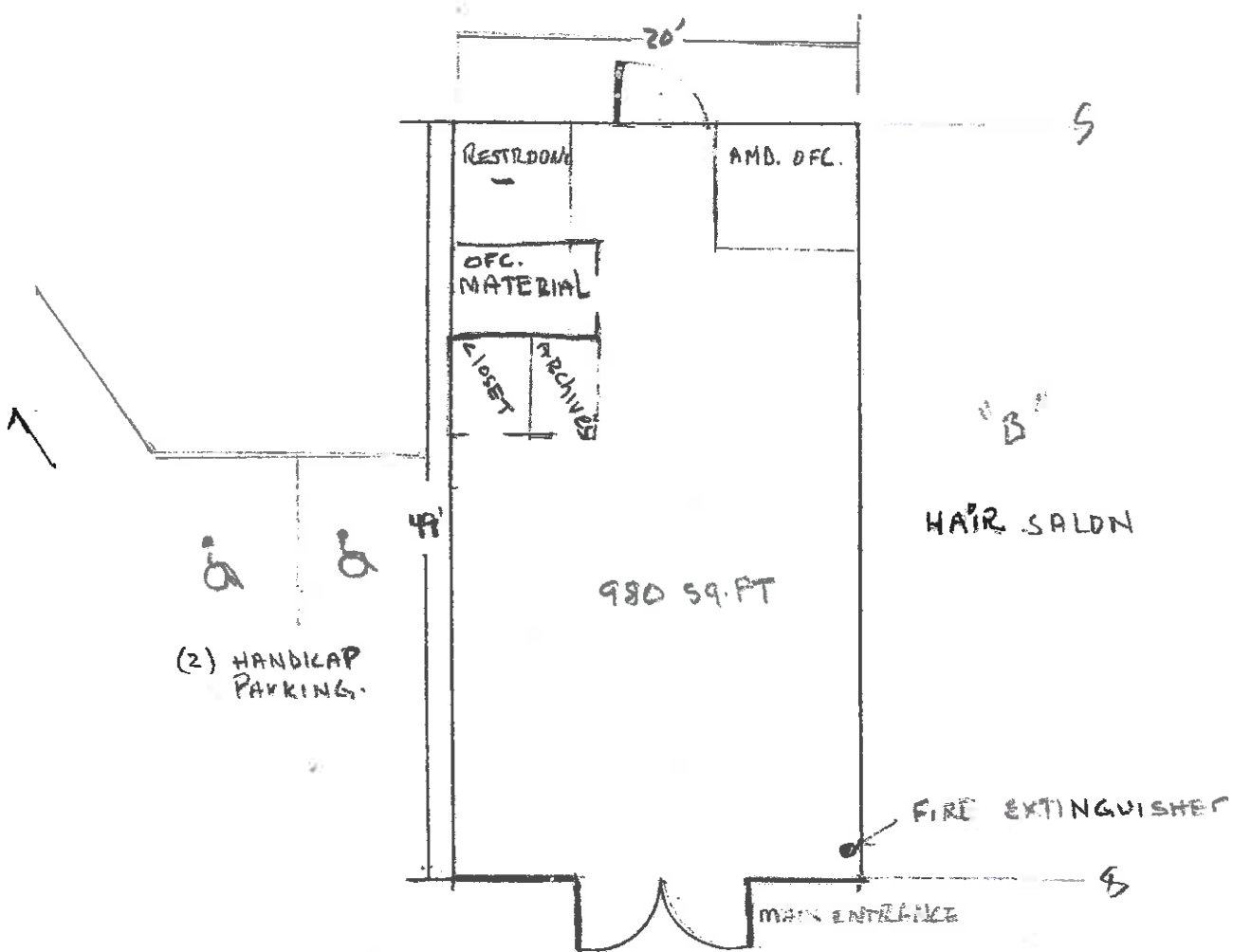
2-File



Auto, Home & Event Insurance
Income Tax Preparation
Notary Services

Monica Barros
253 N Main St, Ste A
Jonesboro, GA 30138
Telephone: (404) 533-1441
Fax: (404) 543-0382
www.alianzalatin.com
mbarros@alianzalatin.com

LOT SIZE: 1.61 ACRES



PARKING AREA



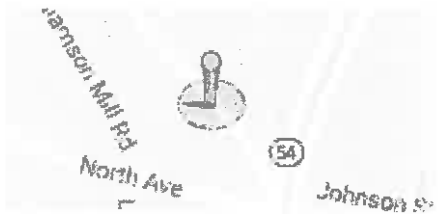
Google Maps 251 N Main St



Image capture: Jun 2016 © 2017 Google

Jonesboro, Georgia

Street View - Jun 2016



Attachment: Zoning Appeal Application - 253 N. Main Street (1127 : Zoning Appeal - Alianza Latin Group)

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Jonesboro at 6:00 P.M. on March 13, 2017 in the chambers of the Jonesboro Municipal Court facility, 170 South Main Street, Jonesboro, GA, to consider a zoning appeal for property located at 253 North Main Street, Jonesboro, Georgia 30236.

Applicant – Alianza Latin Group

Ricky L. Clark, Jr., CMC
City Administrator

Publish 02/25 and 03/01



MEMORANDUM

To: Monica Barcos, applicant
Alianza Latin Group
112 Summer Leigh Drive
Stockbridge, Georgia 30281

From: Ricky L. Clark, Jr.
City Administrator
124 North Avenue
Jonesboro, GA 30236

Date: February 22, 2017

Re: Notification of Request for a Zoning Appeal – 253 N. Main Street Suite A

Mrs. Barcos,

This letter is to serve as notification that the City of Jonesboro has accepted your request to file a zoning appeal for the property located at 253 N. Main Street, Suite A.

A Public Hearing has been scheduled for Monday, March 13, 2017 before the Jonesboro Mayor and City Council to consider the request as described above. The Jonesboro Mayor and Council will first discuss this item at their next Work Session on Monday, March 6, 2017 . Your presence is strongly recommended.

Both meetings will be held at 6:00 p.m. in the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro GA 30236.

Sincerely,

Ricky L. Clark, Jr.
City Administrator



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.1

NEW BUSINESS – I

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding approval of Application 17ALCSUB-002, as submitted by Sports Cafe, requesting an alcohol sub-permit for Lee Street Park on May 13, 2017, June 3, 2017, July 1, 2017 & August 5, 2017.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Pursuant to Section 58-59, Alcohol Sub-Permits Must be Ratified by Mayor & Council

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes

Recreation, Entertainment and Leisure Opportunities

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Sports Cafe, located at 8501 Tara Blvd Jonesboro, Georgia is requesting to be granted an Alcohol sub-permit license to be an alcohol vendor for the following City of Jonesboro concerts: May 13, 2017, June 3, 2017, July 1, 2017 & August 5, 2017. Pursuant to Section 58-59 of the Code of Ordinances of the City of Jonesboro. No alcohol may be served and/or sold at any outdoor event unless the host receives an alcohol sub-permit. Where the outdoor event occurs in a park, the only type of outdoor event eligible for an alcohol sub-permit is an outdoor festival. Alcohol is not permitted in parks absent a permitted outdoor festival alcohol sub-permit. At current the applicant meets all requirements set forth for the sub-permit. The applicant currently holds a valid State of Georgia Alcohol License, Clayton County Caterers License & has passed the background check performed by the Jonesboro Police Department. In addition, the applicant has been cleared through our E-Verify system. Upon checking with the Clayton County Licensing Department, the applicant has not had any beer/wine/distilled spirits violations and recently was the vendor at our Downtown Street Festival held in September. Should Mayor & Council approve of the sub-permit, staff is requesting that the applicant be required to ensure that all id's are checked properly and that wristbands are used to distinguish those that can legally consume alcoholic beverages. Applicant will not be allowed to have any glass products or bottles. Further, Staff recommends that applicant vending space be separated from those serving/selling food. Finally, staff recommends that the applicant utilize proper signage to state that they are serving alcoholic beverages.

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

•

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

April, 3, 2017

Signature

City Clerk's Office



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.J

WORK SESSION – J

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Council to consider Application # 17ALC-003, a request for a *Retail Package Dealer* license to sell beer and wine beverages for property located at 211 N. Main Street dba Qik Pik.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

City Ordinance - Chapter 6. Alcoholic Beverages

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

PURPOSE:

To request Mayor and Council's consideration for a request for a Retail Package Dealer license to sell beer and wine beverages for property located at 211 N. Main Street Jonesboro, Georgia.

HISTORY:

1. Currently, the property serves as a gas station that has been approved for beer/wine packaged sales.
2. Our records show that the site has served as home to Qik Pik for numerous years. .

FACTS & ISSUES:

1. The alcoholic beverage license application was submitted by Amarpal S. Raina due to a recent change in ownership.
2. City Administrator Ricky Clark has reviewed the application packet. All requirements, per Chapter 6 - Alcoholic Beverages, were met.
3. The Jonesboro Police Department has conducted a computerized criminal history records check for the applicant and the results were found to be clear of any arrest within the State of Georgia (excludes a National record search).
4. There were no deficiencies found in Chevron's application. Based on all findings, the application was found to be sufficient and ready for Mayor and Council's consideration.
5. The subject site was cited on March 21, 2017 for selling alcoholic beverages without a license. The court date established is April 10, 2017.
6. The location has a convenience store on Site with eight gas stalls/pumps and 13 parking spaces in the front.

GENERAL NOTES (Per Section 4-46):

1. Nearest Church – 152 yards to Anglican Church
2. Nearest School – 212 Yards to Action DUI School
3. Nearest Alcoholic Treatment Center – 1078 yards to Clayton House
4. Nearest Public Library – 903 Yards to the library at 124 Smith Street

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

April, 3, 2017

Signature

City Clerk's Office

The annual license fee will be \$2,000.00

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

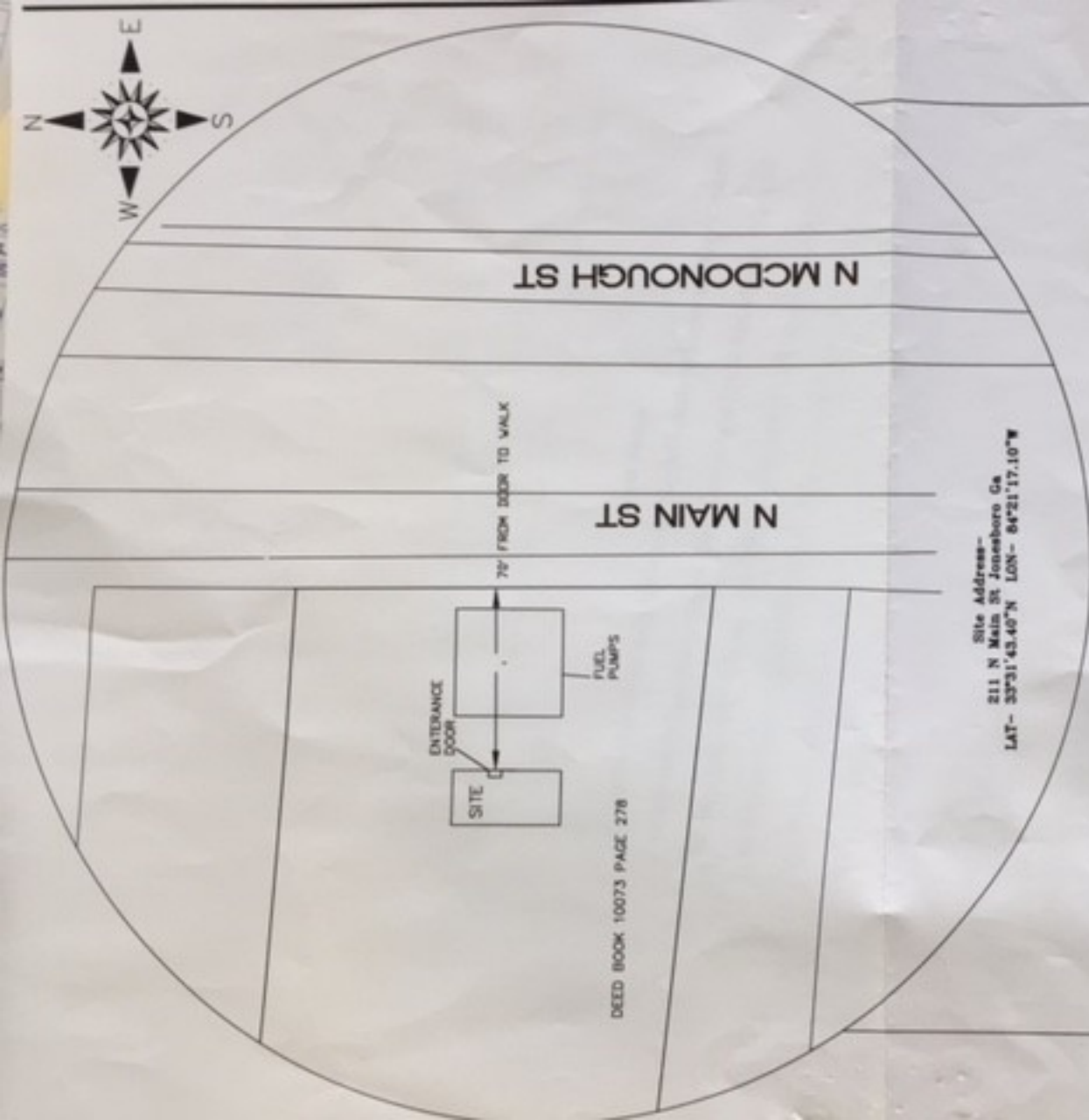
\$2,585.00 – License, Application & Fingerprinting

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Qik Pik - 211 N Main - Survey
- Publication Affidavit - Legal Display

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval



The following distances were measured according to the city of Jonesboro and State Of Georgia Code, and meet or exceed the requirements.

- CHURCH- 152' yards to
Anglican Church of St Francis, 199 North Main Street, Jonesboro, GA 30236
- SCHOOL- 212.99' yards to
Action DUI School, Inc. 226 North McDonough Street Jonesboro, GA 30236
- SCHOOL- 807' yards to
Lee Street Elementary School 178 Lee Street, Jonesboro, GA 30236
- LIBRARY- 903' yards to Clayton County Library System:
Jonesboro Branch 124 Smith Street Jonesboro, GA 30236
- ALCOHOL REHABILITATION CENTER- 1078' yards to
Clayton House Inc 110 Broad Street Jonesboro, GA 30236
- PARK- 834' yards to
Lee Park Jonesboro Ga 30236

0' 25' 50' 75' 100'

Extension

•From Page 1A

place in April 2016 to give the county an opportunity to update the current zoning ordinance. It puts a hold on all applications related to rezoning, zoning-

related permits, signage and variances.

Franklin-Warner said her phone has been ringing off the hook “that we’re closed for business.”

Turner echoed Franklin-Warner’s statement.

“I, too, get calls constantly,” he said. “We want to call ourselves a progressive county, but we still can’t get new development to build because we’ve got this moratorium we keep extending time and time

again.”

However, Commissioner Michael Edmondson disagreed.

“We’re open for business. We always have been,” he said. “If there’s a big development we can

make a hole in the moratorium like we did last time.”

Franklin-Warner said while it doesn’t stop businesses “what business owners are saying is they don’t want to go through the process that it takes to

be able to get any extension. They’re not going to take the time to jump through a million hoops.”

“At the end of the day,” Turner said, “we need to do better.”

Suspect

•From Page 1A

identified as Quantavious Rashawn Robinson, in a backyard of a Jonesboro home. Robinson is facing murder charges in an August 2015 shooting at Ms. Jack’s Place, the

Morrow bar and restaurant on Maddox Road. Authorities said victim Reginald Foster was shot in the face and later died at a local hospital.

Robinson, 28, of Atlanta was out of the Clayton County Jail on \$10,000

bond at the time of the Tuesday incident.

According to the Sheriff’s Office, the presumed Tuesday night accident was no collision, but a verbal altercation between Robinson and Foster’s family members.

Robinson was charged with aggravated assault, use of a firearm by a convicted felon, felony obstruction of a police officer, fleeing and eluding police, reckless conduct and reckless driving. He is being held in Clayton

County Jail.

“Sheriff Victor Hill has spoken to court officials requesting that Robinson be denied any bond in the future to make sure he faces the wall indefinitely at Georgia’s toughest paramilitary jail,” Hill’s office

stated.

Magistrate Court William West denied Robinson’s bond during a first appearance hearing March 22. He is scheduled to appear for a preliminary hearing before Judge at 8 a.m. May 5.

Legal Notice

An application has been submitted to the City of Lonesboro Mayor and City Council for a Retail Package Dealer license to sell beer/wine at 211 N. Main Street. The legal business name is SS RAJ Inc., dba QIK PIK. Amarpal S. Raina has requested to be the License Representative. The application will be granted or denied by Mayor and City Council at 6:00 p.m. on April 10, 2017. The required Public Hearing will also be held at that time. The meeting will be held at the Jonesboro Police Department located at 170 South Main Street.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

Public Hearing will be held by the Mayor and Council of City of Lonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Other Educational Services at the property located at 216 N. McDonough Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Lonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Islamic Center place of worship at the property located at 29 Lee Street, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Legal Notice

Public Hearing will be held by the Mayor and Council of the City of Lonesboro at 6:00 P.M. on Monday, April 10, 2017 in the chambers of the Jonesboro Municipal Court Facility, 170 South Main Street, Jonesboro, GA, to consider a Conditional Use Permit to allow Self-Contained Ice Kiosk Machine at the property located at 8870 N. Hwy 101, Jonesboro, Georgia 30236.

Ricky L. Clark, Jr.
City Administrator

Blue Breeze Cards must be replaced with Silver Cards!



After March 31, 2017
Blue Breeze cards cannot be reloaded.
After July 9, 2017
Blue Breeze cards will not be accepted.

Avoid losing any trips or value still loaded on your Blue Breeze card: Use all remaining trips or value on your Blue card before July 9, 2017.

Purchase a new, secure Silver Breeze card for \$2.00 at any rail station vending machine, Ride Store or online at www.Breezecard.com.



Go to www.itsmarta.com for FAQs or call MARTA’s Customer Service at 404-848-5000, M-F 8-5.

Georgia's Motoring Festival

Presented By **RacingJUNK.com**

NEW!
ATLANTA BARBEQUE CLASS
Heralding competition among many of the most notable barbeque connoisseurs in the South, the two-day contest the Summit Racing Equipment Atlanta Motorama is open to any and all barbeque competitors ready to put their secret recipe to the test.

ATLANTA MOTOR SPEEDWAY

APRIL 22-23, 2017
Saturday **9AM - 5PM** • Sunday **9AM - 4PM**
Adult • **\$12 per day** Child (age 6-11) • **\$5 per day**
Adult Weekend Pass • **\$20** Ages 5 & Under • **FREE**

ATLANTAMOTORAMA.COM



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.K

- K

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Resolution #2017-004 to adopt the LCI Plan as required by the Atlanta Regional Community Commission and authorizing the City Administrator to submit said plan to the Atlanta Regional Commission.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Requires Ratification from Mayor & Council

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes Economic Development

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

The Atlanta Regional Commission (ARC) awarded \$800,000 in Livable Centers Initiative (LCI) study grants to nine metro Atlanta communities and \$12 million in transportation funding to 11 other communities that have previously implemented completed LCI studies. Of the \$800,000, the City of Jonesboro was awarded \$80,000 to complete a major plan update that will account for the new MARTA bus service in the area and begin the process of planning for a future rail station, along with the expected economic growth.

Over the past months, the City has worked with TSW in completing the Major Update. Over the course of the past seven months, staff has worked with TSW to host focus group sessions, public meetings and facilitated steering committee meetings to ensure that it was a community oriented process.

The Atlanta Regional Commission (ARC) requires local governments to adopt, by resolution, a five year update that includes an Evaluation and Appraisal Report and an Implementation Plan with an updated (5) year Action Plan to be submitted five years after the plan is approved by the ARC ("LCI Five Year Plan to be submitted five years after the plan is approved by the ARC ("LCI Five Year Plan Update");

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

Exhibits Attached *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Blueprint Jonesboro DRAFT March 30

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City Administrator

Date

April, 3, 2017

Signature

City Clerk's Office

WHEREAS, the Atlanta Regional Commission's (ARC) Livable Centers Initiative (LCI) program encourages local governments to create plans that link transportation improvements with land use development strategies to create mixed use communities consistent with regional development policies.

WHEREAS, the ARC previously awarded the City of Jonesboro grant funds to conduct LCI plans for the City; and

WHEREAS, the Atlanta Regional Commission (ARC) requires local governments to adopt, by resolution, a five year update that includes an Evaluation and Appraisal Report and an Implementation Plan with an updated (5) year Action Plan to be submitted five years after the plan is approved by the ARC ("LCI Five Year Plan to be submitted five years after the plan is approved by the ARC ("LCI Five Year Plan Update"); and

WHEREAS, the LCI Plan is now complete and ready to be submitted to the Atlanta Regional Commission. Five Year Plan Update are now due to the ARC for the aforementioned LCI Plans.

NOW THEREFORE, THE CITY COUNCIL OF THE CITY OF JONESBORO GEORGIA, HEREBY RESOLVES to adopt the Jonesboro LCI Major Update Plan, attached hereto as Exhibit "A".

BE IT FINALLY RESOLVED that the City Administrator is authorized to submit the LCI Plan Update to the Atlanta Regional Commission.



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.L

WORK SESSION (Items A-E) – L

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Council to consider renewal of Property, Casualty & Loss insurance with OneBeacon, effective April 2017.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes Safety, Health and Wellbeing

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Each year we bid out services for property, casualty & loss. This year, after going to the market, we found that by staying with the current provider, One Beacon, that our rates would still increase 9%.

Here is the exposure breakout of renewal versus expiring:

LOB	2016	2017
General Liability/Public Official Liability	\$4,623,940	\$4,623,940
Employment Practices / Employee Benefit	57.5	57
LAW	26.375	29.25
Auto Liab	51	52
Auto Physical Damage	\$1,595,810	\$1,461,670
Property	\$6,239,175	\$8,762,366
Inland Marine (equipment)	\$215,460	\$215,460

About OneBeacon

As you know, OneBeacon Insurance Group is a collection of niche businesses that focus on solving the unique needs of particular customer or industry groups. We provide distinct products and offer tailored coverages and services, managed by seasoned teams of market specialists. OneBeacon Government Risks as a member of the OneBeacon Insurance Group is an A Rated Admitted Carrier. As specialists, the Government Risks division exclusively focuses on public entities on a national basis and possess significant experience meeting the needs of today's public entities.

OneBeacon has a strong footprint in Georgia including many partnerships with counties, cities and special districts.

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City
Administrator

Date

April, 3, 2017

Signature


City Clerk's Office

As an initial matter, we believe our dedicated service teams of claims, underwriting and risk control are of importance to our insureds and are unmatched in the industry. Through our partnership with LocalGovU, OneBeacon is able to provide meaningful on-line course content and resources for our clients, many of which at no cost through our Risk Management Online Training Center. This is in addition to their Quarterly In the KNOW e-newsletter and other timely communications. OneBeacon teams are not shared resources; they focus exclusively on serving the unique nuances of public entities, from loss prevention to cooperatively managing claims and litigation. They understand the unique defenses and the political environment in which your insureds operate and we get to know our insureds in order to build the foundation for a long term partnership.

Fiscal Impact*(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)***Exhibits Attached** *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

-

Staff Recommendation *(Type Name, Title, Agency and Phone)***Approval**

	CITY OF JONESBORO, GEORGIA COUNCIL Agenda Item Summary	Agenda Item # 5.M - M
		COUNCIL MEETING DATE April 3, 2017
Requesting Agency (Initiator) Office of the City Administrator	Sponsor(s)	
Requested Action <small>(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)</small> Discussion regarding an Intergovernmental Agreement between the City of Jonesboro and the City of Morrow for relocating our weather siren software, to authorize Mayor Day to execute the IGA, and for other purposes.		
Requirement for Board Action <small>(Cite specific Council policy, statute or code requirement)</small> Intergovernmental Agreement		
Is this Item Goal Related? <small>(If yes, describe how this action meets the specific Board Focus Area or Goal)</small> Yes Community Planning, Neighborhood and Business Revitalization		
Summary & Background <small>(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)</small> <p>At current the City possesses a siren system that activates local warning systems when the National Weather Services issues warnings for our community. This system as maintained by Sirens for Cities is housed at our Police Department. To ensure proper handling maintenance of our system to ensure that our residents are alerted during severe weather, it is essential to have the system monitored. Due to the makeup of our Police Department, there is no one to monitor the system all day.</p> <p>After speaking with the City of Morrow and assessing their needs as well as ours, we have come to a mutual agreement to relocate our software to the Morrow Fire Department since it is manned 24/7 – 365. Our residents would still receive the alerts and we would also upgrade the system and begin implementing a text alert system. Both entities will be responsible for the maintenance of the siren system. As prescribed within the MOU, each party is responsible for 50% of the costs for the initial upgrade which costs total under \$5,000. In the event that any portion of this agreement constitutes purchases over the amount of \$5,000, the contract would have to be renegotiated.</p>		
Fiscal Impact <small>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</small>		
Exhibits Attached <small>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</small> <ul style="list-style-type: none"> IGA - Tornado Siren Software 		
Staff Recommendation <small>(Type Name, Title, Agency and Phone)</small> Approval		

FOLLOW-UP APPROVAL ACTION (City Clerk)		
Typed Name and Title Ricky Clark, City Administrator	Date April, 3, 2017	
Signature	City Clerk's Office	

INTERGOVERNMENTAL AGREEMENT**between****THE CITY OF JONESBORO, GEORGIA****and****THE CITY OF MORROW, GEORGIA**

THIS INTERGOVERNMENTAL AGREEMENT is entered into this 14th day of March, 2017, between the CITY OF JONESBORO, GEORGIA ("Jonesboro"), a municipal corporation existing under the laws of the State of Georgia, and the CITY OF MORROW, GEORGIA ("Morrow"), a municipal corporation existing under the laws of the State of Georgia. The Parties may each be referred to as "Party" or jointly as "Parties."

WHEREAS, the governing body of Jonesboro is the Mayor and Council thereof; and

WHEREAS, the governing body of Morrow is the Mayor and Council thereof; and

WHEREAS, the Parties possess and maintain tornado sirens ("Sirens") on the premises of their respective properties; and

WHEREAS, the police department of Jonesboro possesses certain software called Storm Sentry ("Software") that activates its Sirens; and

WHEREAS, Morrow does not possess software that activates its Sirens, and instead, city staff must manually activate its Sirens; and

WHEREAS, Jonesboro does not possess a backup generator to power its Sirens; and

WHEREAS, Morrow possesses such a backup generator; and

WHEREAS, the Parties desire to pool resources to mutually benefit each other; and

WHEREAS, the actions to be taken herein will benefit the health, safety and general welfare of the citizens of the Cities; and

NOW THEREFORE, in consideration of the following mutual obligations, Jonesboro and Morrow agree as follows:

ARTICLE 1

EFFECTIVE DATE OF THIS AGREEMENT; DURATION OF CONTRACT TERM

1.1 This Agreement shall commence on the date of last signature of the Parties (“Effective Date”) and the obligations, duties and responsibilities created by this Agreement shall then begin, and, subject to the other provision of this Agreement, shall terminate at 11:59 p.m. on the date that is ten (10) years from its Effective Date, unless otherwise terminated as set forth herein.

ARTICLE 2

DUTIES, OBLIGATIONS, AND RESPONSIBILITIES

2.1 Jonesboro’s Duties.

2.1.1 Jonesboro will permit Morrow to jointly use the Software to activate its Sirens.

2.1.2 Jonesboro will permit a representative from Sirens for Cities, Inc. to physically remove the Software from its police department and reinstall it at a mutually-agreed upon location within Morrow’s Fire Department, located at 1500 Morrow Road, Morrow, Georgia 30260.

2.1.2 Jonesboro will allow its Software (and any upgrades to such Software) to be housed at Morrow throughout the term of this Agreement.

2.1.3 Jonesboro will purchase any new Sirens to be located upon its property and continue to pay the costs to maintain Sirens currently located upon its property.

2.2 Morrow’s Duties.

2.2.1 Morrow will provide a location in which the Software will be housed and connect such Software to its backup generator.

2.2.2 Morrow will pay the costs of power and any internet capacity necessary to support the Software.

2.2.3 Morrow will pay the costs for an initial upgrade (“Initial Upgrade of Hardware”) of the Hardware that will occur within the first year of the term of this Agreement.

2.2.4 Morrow will pay the costs to return to Jonesboro any Software components remaining after any upgrades to or malfunction of such Software components.

2.2.5 Morrow will pay the costs to maintain the Federal Communications Commission (“FCC”) license for the radio frequency 155.625 that may support the Software.

2.2.6 Morrow will purchase any new Sirens to be located upon its property and continue to pay the costs to maintain Sirens currently located upon its property.

2.2.7 Morrow will maintain and pay the costs to maintain insurance in an amount and type sufficient to cover any damage to the Software and the location where the Software is housed.

2.3 Joint Duties.

2.3.1 Each party will pay fifty percent (50%) of the costs for an initial upgrade (“Initial Upgrade of Software”) of the Software and Satellite dish that will occur within the first year of the term of this Agreement.

2.3.2 Each Party will pay fifty percent (50%) of the costs required to maintain and service the Software. If any such payment becomes due and payable, Jonesboro will submit an invoice for

Morrow's share of the amount due to Morrow within ten (10) days of its receipt of such invoice. Morrow shall pay such invoice within twenty (20) business days of its receipt of such invoice.

2.3.3 Each Party will pay fifty percent (50%) of the costs of any hardware upgrades subsequent to the Initial Upgrade of Hardware.

2.3.4 Each Party will pay fifty percent (50%) of the costs of any expenses required to maintain any warranties on the Software.

ARTICLE 3 TERMINATION AND REMEDIES

3.1 **For Convenience.** Notwithstanding any provision to the contrary in this Agreement, at any time, the Parties may agree in writing to terminate this Agreement, which termination shall be effective on a date sixty (60) days from the date of termination.)

3.2 **For Cause.** Notwithstanding any provision to the contrary herein, either Party may, by written notice, terminate this Agreement if the other Party fails to perform any of the provisions of this Agreement in any material respect and fails to cure such default within a period of thirty (30) days after receipt of such notice (or, if such default is a non-monetary default and is not reasonably capable of being cured within such thirty (30) day period, fails to commence action within such thirty (30) day period to cure such default and thereafter diligently prosecute such cure).

ARTICLE 4 CONTRACTOR

4.1 To the extent that it becomes necessary to use a contractor other than Sirens for Cities, Inc. to service the Software, the Parties shall renegotiate the terms of this Agreement.

ARTICLE 5 RENEGOTIATION DUE TO EXCESSIVE COSTS

5.1 In the event that the costs to maintain and/or service the Software exceed five thousand dollars (\$5,000.00) per year, the Parties shall renegotiate the terms of this Agreement.

ARTICLE 6 NOTICES

6.1 All required notices shall be given by certified first class U.S. Mail, return receipt requested. The Parties further agree to give each other non-binding duplicate email notice. Future changes in address shall be effective upon written notice being given to the other Party via certified first class U.S. mail, return receipt requested. Notices shall be addressed to the Parties at the following addresses:

If to Jonesboro:	City of Jonesboro Attn: City Administrator or City Clerk 124 North Avenue Jonesboro, Georgia 30236
------------------	---

rclark@jonesboroga.com

If to Morrow: City of Morrow
Attn: City Manager
1500 Morrow Road
Morrow, Georgia 30260
sylviaredic@cityofmorrow.com

With a copy to: City Attorney
Fincher & Denmark LLC
8024 Fair Oaks Court
Jonesboro, Georgia 30236
sfincher@fincherdenmark.com

ARTICLE 7 NON-ASSIGNABILITY

7.1 Neither Party shall assign any of the obligations or benefits of this Agreement.

ARTICLE 8 ENTIRE AGREEMENT

8.1 The Parties acknowledge, one to the other, that the terms of this Agreement constitute the entire understanding and Agreement of the Parties regarding the subject matter of the Agreement. This Agreement constitutes the entire understanding and agreement between the Parties concerning the subject matter of this Agreement, and supersedes all prior oral or written agreements or understandings. No representation oral or written not incorporated in this Agreement shall be binding upon Jonesboro or Morrow. All Parties must sign any subsequent changes in the Agreement.

ARTICLE 9 AMENDMENT

9.1 This Agreement may be amended only upon mutual consent of the Parties and upon written amendment.

ARTICLE 10 SEVERABILITY, VENUE AND ENFORCEABILITY

10.1 If a court of competent jurisdiction renders any provision of this Agreement (or portion of a provision) to be invalid or otherwise unenforceable, that provision or portion of the provision will be severed and the remainder of this Agreement will continue in full force and effect as if the invalid provision or portion of the provision were not part of this Agreement. No action taken pursuant to this Agreement should be deemed to constitute a waiver of compliance with any representation, warranty, covenant or agreement contained in this Agreement and will not operate or

be construed as a waiver of any subsequent breach, whether of a similar or dissimilar nature. This Agreement is governed by the laws of the state of Georgia without regard to conflicts of law principles thereof. Should any Party institute suit concerning this Agreement, venue shall be in the Superior Court of Clayton County, Georgia. Should any provision of this Agreement require judicial interpretation, it is agreed that the court interpreting or construing the same shall not apply a presumption that the terms hereof shall be more strictly construed against one Party by reason of the rule of construction that a document is to be construed more strictly against the Party who itself or through its agent prepared the same, it being agreed that the agents of all Parties have participated in the preparation hereof.

ARTICLE 11 BINDING EFFECT

11.1 This Agreement shall inure to the benefit of, and be binding upon, the respective Parties' successors.

ARTICLE 12 COUNTERPARTS

12.1 This Agreement may be executed in several counterparts, each of which shall be an original, and all of which shall constitute but one and the same instrument.

IN WITNESS WHEREOF, Jonesboro and Morrow have executed this Agreement through their duly authorized officers on the day and year first above written.

[SIGNATURES CONTINUED TO NEXT PAGE]

CITY OF Jonesboro, GEORGIA

_____(SEAL)
Joy Day, Mayor


Date: _____

ATTEST:

Ricky L. Clark, Jr., City Clerk

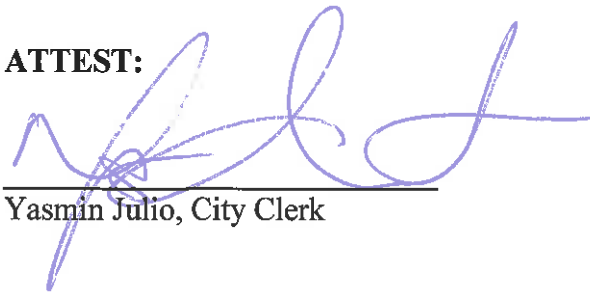
Attachment: IGA - Tornado Siren Software (1134 : IGA - Tornado Siren System)

CITY OF Morrow, GEORGIA

 (SEAL)
Jeffrey A. DeTar, Mayor

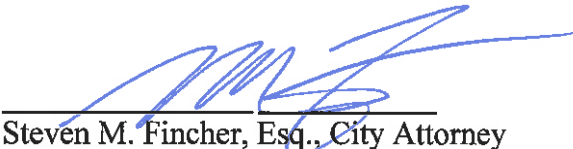
Date: 3/14/17

ATTEST:


Yasmin Julio, City Clerk



APPROVED AS TO FORM:


Steven M. Fincher, Esq., City Attorney



CITY OF JONESBORO, GEORGIA COUNCIL
Agenda Item Summary

Agenda Item #

5.N

- N

COUNCIL MEETING DATE

April 3, 2017

Requesting Agency (Initiator)

Office of the City Administrator

Sponsor(s)

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Discussion regarding Ordinance #2017-006 to establish a ninety three day moratorium on signs within the H-1 & H-2 District.

Requirement for Board Action *(Cite specific Council policy, statute or code requirement)*

Is this Item Goal Related? *(If yes, describe how this action meets the specific Board Focus Area or Goal)*

Yes Beautification, Historic Preservation

Summary & Background

(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)

Recently, the City Administrator requested guidance from both the Historic Preservation Commission and the Main Street Design Committee on their opinions of issuing a moratorium as we collaborate to create a sign design standard. The quality and amount of signs on buildings has a great impact on the appearance of a downtown area, either positive or negative. Guidelines for signage that govern an entire downtown area are an effective way to achieve the best possible appearance, enhancing the potential for businesses to be successful. Sign guidelines will be written to establish consistent standards for the Downtown Jonesboro Historic District, as well as encourage creativity and give the individual building owner flexibility. The guidelines are not intended to limit design; rather, to help owners understand their building features and how they will define the appropriate scale and placement of a sign. By following this set of guidelines, each and every storefront can become an individual statement for its market, while also appearing in harmony with neighboring businesses. Different types of signs serve different purposes in a downtown area. In most areas of any downtown, first impressions may be from an automobile, and certain signs are designed to be seen from that vantage point. Other signs are intended for the pedestrian to read while strolling the sidewalk. The building or business owner's choice of materials, size, scale and type of signage are reflective of the way that the sign is intended to be viewed. A general rule of identification is that any patron needs only to recognize where a business is once.

In order for the City Administrator to work with both the HPC & the Design Committee in preparing such a standard, time is needed. I am requesting that Mayor & Council approve adoption of the Moratorium to allow work on our very first design standard.

The Downtown Historic District Sign Guidelines will provide for the multiple types of commonly used signs that are required for the best business visibility. With the City of Jonesboro's rich architectural history, exemplified by distinct building styles over many periods of its history, simple "marketing" rules related to signage remain basic:

- "KEEP IT SIMPLE" • STAY IN CONTEXT • USE APPROPRIATE SCALE • FOLLOW GOOD SIGN PLACEMENT

Fiscal Impact

(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)

FOLLOW-UP APPROVAL ACTION (City Clerk)

Typed Name and Title

Ricky Clark, City Administrator

Date

April, 3, 2017

Signature

City Clerk's Office

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

-

Staff Recommendation *(Type Name, Title, Agency and Phone)*

Approval

WHEREAS, the governing body of the City of Jonesboro, Georgia (“City”) is the Mayor and City Council; and

WHEREAS, Georgia law recognizes that local governments may impose moratoria on zoning decisions, building permits, and other development approvals where exigent circumstances warrant the same, pursuant to case law found at *City of Roswell et al v. Outdoor Systems, Inc.*, 274 Ga. 130, 549 S.E.2d 90 (2001); *Lawson v. Macon*, 214 Ga. 278, 104 S.E.2d 425 (1958); *Taylor v. Shetzen*, 212 Ga. 101, 90 S.E.2d 572 (1955); and

WHEREAS, the Courts take judicial notice of a local government's inherent ability to impose moratoria on an emergency basis; and

WHEREAS, the Georgia Supreme Court, in the case of *DeKalb County v. Townsend*, 243 Ga. 80 (1979), held that, "To justify a moratorium, it must appear first, that the interests of the public generally, as distinguished from those of a particular class, require such interference; and second, that the means are reasonably necessary for the accomplishment of the purpose, and not unduly oppressive upon individuals." The City of Jonesboro has found that the interests of the public necessitate the enactment of a moratorium for health, safety, morals and general welfare purposes by means which are reasonable and not unduly oppressive; and

WHEREAS, the Mayor and Council of the City of Jonesboro have, as a part of planning, zoning and growth management, been in review of the City's Ordinances relative to sign permits and the historic zoning districts; and

WHEREAS, the Mayor and Council deem it important to develop a comprehensive plan which integrates all of these concerns and therefore considers this moratorium a proper exercise of its police powers; and

WHEREAS, the Mayor and Council have always had a strong interest in the promotion of the traditional police power goals of health, safety, morals, aesthetics and the general welfare of the community; and in particular the lessening of congestion on City streets, security of the public from crime and other dangers, promotion of health and general welfare

provision of transportation and other public requirements; and

WHEREAS, it is the belief of the Mayor and Council of the City of Jonesboro that the concept of "public welfare" is broad and inclusive; that the values it represents are spiritual as well as physical, aesthetic as well as monetary; and that it is within the power of the City "to determine that a community should be beautiful as well as healthy, spacious as well as clean, well balanced as well as carefully patrolled," *Berman v. Parker*, 348 U.S. 26, 75 S.Ct. 98 (1954); *Kelo v. City of New London*, 545 U.S. 469, 125 S. Ct. 2655, 162 L. Ed. 2d 439 (2005). It is also the opinion of the City that "general welfare" includes the valid public objectives of aesthetics, conservation of the value of existing lands and buildings within the City, making the most appropriate use of resources, preserving neighborhood characteristics, enhancing and protecting the economic well-being of the community, facilitating adequate provision of public services, and the preservation of the resources of the City; and

WHEREAS, the Mayor and Council are, and have been interested in, developing a cohesive and coherent policy regarding certain uses in the City, and have intended to promote community development through stability, predictability and balanced growth which will further the prosperity of the City as a whole; and

WHEREAS, the City encompasses several sensitive areas; and

WHEREAS, the City endeavors to protect its scenic character through undertaking proper controls on development; and

WHEREAS, the City regulates signage for purposes of protecting public safety in addition to the City's aesthetic interests; and

WHEREAS, the City seeks to maintain the status quo while evaluating whether it is necessary to revise and/or readopt its sign ordinances and, if necessary, undertaking to expeditiously revise and/or readopt its sign regulations; and

WHEREAS, the public health, safety, and general welfare of the citizens of the City will be positively impacted by the adoption of this Ordinance.

districts during this period of evaluation and/or revision of the sign regulations.

BE IT AND IT IS HEREBY ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF JONESBORO, GEORGIA and by the authority thereof:

The Mayor and Council do hereby impose a moratorium for the period of ninety-three (93) days on the erection or installation (or any other similar action) of, or the City's acceptance of applications or issuance of permits to erect or install (or to take any other similar action regarding), Signs, as defined within the Sign Ordinance of the City of Jonesboro (Article XVI of Chapter 86 of the Code of Ordinances, City of Jonesboro, Georgia), within the H-1 and H-2 historic districts of the City (collectively, the "Historic Districts"). During the course of this moratorium, City officials are directed to cease accepting applications to erect or install (or to take any other similar action regarding) any Sign within the Historic Districts. This is a temporary measure and shall be in place only until such time as the Mayor and Council and/or the Historic Preservation Commission have duly adopted a new or revised set of sign regulations applicable to the Historic Districts or until July 5, 2017, whichever comes first.

SECTION I

IMPOSITION OF MORATORIUM

(a) There is hereby imposed a moratorium on the erection or installation of (or any other similar action), or the City's acceptance of applications or issuance of permits to erect or install (or to take any other similar action regarding), Signs, within the Historic Districts.

(b) This moratorium shall be effective as of the date of its adoption.

(c) This moratorium shall expire on the date that Mayor and Council and/or the Historic Preservation Commission have duly adopted a new or revised set of sign regulations applicable to the Historic Districts or until July 5, 2017, whichever comes first.

(d) This moratorium shall have no effect upon approvals or permits previously issued or as to development plans previously approved by the City.

(e) As of the effective date of this Ordinance, no applications to erect or install (or to take any similar action regarding) signs will be accepted by an employee or officer of the City with respect to any property located within the Historic Districts, and any application so accepted for filing will be deemed in error, null and void and of no effect whatsoever and shall constitute no assurance whatsoever of any right to engage in any act, and any action in reliance on any such permit shall be unreasonable.

(f) However, notwithstanding the foregoing, a written application, including verified supporting data, documents, and facts, may be made which specifically requests a review by the Mayor and Council at a scheduled meeting of any facts or circumstances which the applicant feels substantiates a claim for the grant of an exemption from this Moratorium either by virtue of an existing vested right to proceed under the existing laws and regulations, or by virtue of exigent or emergency circumstances.

(g) The following procedures shall be put in place immediately. Under *Cannon v. Clayton County*, 255 Ga. 63, 335 S.E.2d 294 (1985); *Meeks v. City of Buford*, 275 Ga. 585, 571 S.E.2d 369 (2002); *City of Duluth v. Riverbroke Props.*, 233 Ga. App. 46, 502 S.E.2d 806 (1998), the Supreme Court stated, “Where a landowner makes a substantial change in position by expenditures and reliance on the probability of the issuance of a building permit, based upon an existing zoning ordinance and the assurances of zoning officials, he acquires vested rights and is entitled to have the permit issued despite a change in the zoning ordinance which would otherwise preclude the issuance of a permit.” Pursuant to this case, the City recognizes that, unknown to the City, de facto vesting may have occurred. The following procedures are established to provide exemptions from the moratorium where vesting has occurred:

- a. A written application, including verified supporting data, documents and facts, may be made requesting a review by the Mayor and Council at a scheduled meeting of any facts or circumstances which the applicant feels substantiates a claim for vesting and the grant of an exemption.

SECTION II.

(a) It is hereby declared to be the intention of the Mayor and Council that all sections, paragraphs, sentences, clauses and phrases of this Ordinance are and were, upon their enactment, believed by the Mayor and Council to be fully valid, enforceable and constitutional.

(b) It is hereby declared to be the intention of the Mayor and Council that, to the greatest extent allowed by law, each and every section, paragraph, sentence, clause or phrase of this Chapter is severable from every other section, paragraph, sentence, clause or phrase of this Ordinance. It is hereby further declared to be the intention of the Mayor and Council that, to the greatest extent allowed by law, no section, paragraph, sentence, clause or phrase of this Ordinance is mutually dependent upon any other section, paragraph, sentence, clause or phrase of this Ordinance.

SECTION III.

(a) This Ordinance shall be codified in a manner consistent with the laws of the State of Georgia and the City.

(b) In the event that any phrase, clause, sentence, paragraph or section of this Ordinance shall, for any reason whatsoever, be declared invalid, unconstitutional or otherwise unenforceable by the valid judgment or decree of any court of competent jurisdiction, it is the express intent of the Mayor and Council that such invalidity, unconstitutionality or unenforceability shall, to the greatest extent allowed by law, not render invalid, unconstitutional or otherwise unenforceable any of the remaining phrases, clauses, sentences, paragraphs or sections of the Ordinance and that, to the greatest extent allowed by law, all remaining phrases, clauses, sentences, paragraphs and sections of the Ordinance shall remain valid, constitutional, enforceable, and of full force and effect.

(c) The effective date of this Ordinance shall be the date of adoption unless otherwise stated herein.

(d) All Ordinances or parts of Ordinances in conflict with this Ordinance are, to the extent of such conflict, hereby repealed.

(e) The preamble of this Ordinance shall be considered to be and is hereby incorporated by reference as if fully set out herein.

SO ORDAINED this the ____ day of _____, 2017.

CITY OF JONESBORO, GEORGIA

JOY DAY, Mayor

Attest:

RICKY L. CLARK, JR., City Clerk

(Seal)

APPROVED AS TO FORM:

STEVEN M. FINCHER, City Attorney