

LINKS

- ▶ Facility
- ▶ Facility History
- ▶ Visit
- ▶ Permit
- ▶ Capacity, S/C Ratio
- ▶ Owner
- ▶ Administrator
- ▶ Complaint
- ▶ Action
- ▶ Sanitation Inspection
- ▶ Criminal Records
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HELP!
HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Form

ID: <input type="text" value="41001070"/>		Operation Type: <input type="text" value="Center"/>		Save
Status: <input type="text" value="Active"/>				
Name of Operation: <input type="text" value="PRECIOUS BEGINNINGS CHILD DEVELOPMENT CENTER"/>				
Date Received: <input type="text" value="1/23/2006"/>		Received by: <input type="text" value="BRIDGETTE CAMPBELL"/>		View Only
Complaint referred to:				
<input type="radio"/> A/N Case number <input type="text" value="0106-231L"/>		Consultant <input type="text" value="AUDREY DAVIS"/>		
<input checked="" type="radio"/> Licensing Date sent <input type="text" value="1/24/2006"/>				
		Date received <input type="text" value="1/24/2006"/>		
		Completed Date <input type="text"/>		
DSS Conclusions <input type="text"/>		Case Time Frame		Type of Closure
Received: <input type="text"/>		From: <input type="text"/>		(A/N Only) <input type="text"/>
		Field Case Decision: <input type="text"/>		Date Mailed: <input type="text"/>
		To: <input type="text"/>		
Contact (Investigation method)				
Date: <input type="text" value="2/27/2006"/>		Time in <input type="text"/> Time		
Total minutes: 95		out <input type="text"/>		
<input type="text" value="Minutes"/>		Time in <input type="text"/> Time		
		out <input type="text"/>		
Ref. Code: <input type="text" value="05"/>		No. children present <input type="text" value="17"/>		
		Operational Status <input type="text" value="Legal/Regulated"/>		
Complaint Allegation <input type="text"/>		Complaint Category <input type="text" value="Licensing"/>		
An unannounced visit was made to this Center to investigate the attached complaint				

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- ▶ **HELP!**

HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Allegation

Legal/Regulated ▼

Complaint Category

Licensing ▼

An unannounced visit was made to this Center to investigate the attached complaint report which states that visual supervision is not maintained at all times and staff/child ratios are not maintained.

Nature/Resolution:

<input checked="" type="checkbox"/> Staff/Child ratio	<input checked="" type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Medications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Build/fire code	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Staff qualifications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nutrition	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Permit restrictions	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Transportation	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sanitation/Health	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Capacity	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Records	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input checked="" type="checkbox"/> Supervision	<input type="radio"/> S <input type="radio"/> U <input checked="" type="radio"/> O	<input type="checkbox"/> Discipline	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Unlicensed Facility	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Criminal record	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Abuse/Neglect	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Unreported accident	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Neglect	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nurture/Care/Treatment of Children	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Developmentally Appropriate Activities	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Safe Environment	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Other	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor			

List to use: Center ▼

Type: Complaint Lic ▼

Violations

Item Section List ▲

301 B1 Center
1301G3 Center

New

Edit

Delete

View

Edit All

MS Word

Add Section

Observations

LINKS

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HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

List to use:

Type:
Violations

Item Section List

301 B1 Center
1301G3 Center

New

Edit

Delete

View

Edit All

MS Word

Add Section

Observations

During today's visit, there were two caregivers present with two groups of children. One group was cared for in the room for infants and consisted of [REDACTED] children ages 0 to 2. The other caregiver cared for 12 children age 1 to school age.

You, co-owner stated that you do not recall a time in January when there was no caregiver in the room for infants. The teacher for infants did not remember if she was off that day for an appointment. You did not have staff records on site to verify what staff was present on 1/11/06. There was not enough information available to determine if the portion of the complaint pertaining to supervision could be substantiated. During today's visit all children were visually


Comments

A return unannounced visit will be made to monitor violations cited during this visit.

Technical assistance and other topics discussed during today's visit are:

Today I explained to you that staff/ child ratios must be maintained at all times including rest time.

New child care rules which went into effect January 1, 2006 were reviewed with you and a packet explaining the new rules left with you.



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- ▶ [Administrator](#)
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HELP!

HELPFUL HINTS

Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

List to use:

Type:

Violations

Item Section List

301 B1 Center

1301G3 Center

New

Edit

Delete

View

Edit All

MS Word

Add Section

Observations

supervised.

You did not have attendance records for children or staff available for January 11th for my use in determining staff/ child ratios for that day. However, during today's visit, one staff cared for 12 children age 1 to school age. Another staff cared for [REDACTED] children ages 0 to 2. Since staff child ratios were out of compliance during today's visit, the allegation regarding staff child ratio is substantiated.

Four violations were cited in the process of investigating the contents of the complaint as follows:

ABC

Comments

New child care rules which went into effect January 1, 2006 were reviewed with you and a packet explaining the new rules left with you.

You said the Owner of Precious Beginnings attended a training on the new sanitation rules. You received a sanitation inspection from Paula Cox, Environmental Health Specialist in Guilford County in January 2006. You received 9 demerits and a "superior" rating.

You can reach me by phone at 748-4661 if you need additional assistance.

ABC

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▶ HELP!

HELPFUL HINTS

Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Form

ID: <input type="text" value="41001070"/>		Operation Type: <input type="text" value="Center"/>	
Status: <input type="text" value="Active"/>		<input type="button" value="Save"/>	
Name of Operation: <input type="text" value="PRECIOUS BEGINNINGS CHILD DEVELOPMENT CENTER"/>			
Date Received: <input type="text" value="4/2/2007"/>		Received by: <input type="text" value="LKNIGHT"/> <input type="button" value="View Only"/>	
Complaint referred to:			
<input type="radio"/> A/N <input checked="" type="radio"/> Licensing	Case number: <input type="text" value="0407028L"/>	Consultant: <input type="text" value="DPARRISH"/>	
	Date sent: <input type="text" value="4/2/2007"/>		
	Date received: <input type="text" value="4/2/2007"/>		
	Completed Date: <input type="text"/>		
DSS Conclusions: <input type="text"/>		Case Time Frame	Type of Closure
Received: <input type="text"/>		From: <input type="text"/>	(A/N Only) <input type="text"/>
		Field Case Decision: <input type="text"/>	Date Mailed: <input type="text"/>
		To: <input type="text"/>	
Contact (Investigation method)			
Date: <input type="text" value="4/3/2007"/>		Time in	
Total minutes: 95		Time out	
<input type="button" value="Minutes"/>		Time in	
		Time out	
Ref. Code: <input type="text"/>		No. children present	
		<input type="text" value="16"/>	
Complaint Allegation		Operational Status	
		<input type="text" value="Legal/Regulated"/>	
		Complaint Category	
		<input type="text" value="Licensing"/>	

The daycare has been using the open for beating as the has had been cut off for a

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HELPFUL HINTS
Hint

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Licensing ▼

The daycare has been using the oven for heating as the gas had been cut off for a period of time. The lights in the daycare have been cut off several times. It is unknown if the daycare has running water at this time.

Nature/Resolution:

<input type="checkbox"/> Staff/Child ratio	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Medications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Build/fire code	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Staff qualifications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nutrition	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Permit restrictions	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Transportation	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sanitation/Health	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Capacity	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Records	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Supervision	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Staff <input type="checkbox"/> Children <input type="checkbox"/> Program	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Unlicensed Facility	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Discipline	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Criminal record	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Unreported accident	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Abuse/Neglect	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nurture/Care/Treatment of Children	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Neglect	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Safe Environment	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Developmentally Appropriate Activities	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor		<input checked="" type="checkbox"/> Other <input type="text"/>	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O

List to use: Center ▼

Type: Complaint Lic ▼

Violations

New

Edit

Delete

View

Edit All

MS Word

Add Section

Observations

LINKS

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▶ **HELP!**
HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

List to use: Center ▼	Violations <div style="border: 1px solid black; height: 150px; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">▲</div> <div style="position: absolute; bottom: -10px; left: 50%; transform: translateX(-50%);">▼</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">New</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Edit</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Delete</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">View</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Edit All</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">MS Word</div> <div style="border: 1px solid black; padding: 2px;">Add Section</div> </div>
Type: Complaint Lic ▼		
Observations		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">ABC ✓</div>		
Comments		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">ABC ✓</div>		

LINKS

- ▶ Facility
- ▶ Facility History
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HELP!
HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Form

ID: Name of Operation:

Date Received: Received by:

Complaint referred to:

☒ A/N Case number Consultant
☐ Licensing Date sent
Date received
Completed Date

DSS Conclusions

Received:

Case Time Frame

From:

Field Case Decision:

To:

Type of Closure

(A/N Only)

Date Mailed:

Contact (Investigation method)

Date: Time in
out Time
Total minutes: 60 Minutes Time in
out Time

Ref. Code:

No. children present

Operational Status

Complaint Category

Complaint Allegation

LINKS

- ▶ Facility
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- ▶ Capacity, S/C Ratio
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HELP!

HELPFUL HINTS

Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Category

A/N ▼

Nature/Resolution:

<input type="checkbox"/> Staff/Child ratio	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Medications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Build/fire code	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Staff qualifications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nutrition	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Permit restrictions	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Transportation	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sanitation/Health	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Capacity	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Records	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Supervision	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Staff <input type="checkbox"/> Children <input type="checkbox"/> Program	
<input type="checkbox"/> Unlicensed Facility	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Discipline	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Criminal record	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Unreported accident	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input checked="" type="checkbox"/> Abuse/Neglect	<input type="radio"/> S <input checked="" type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nurture/Care/Treatment of Children	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Neglect	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Safe Environment	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Developmentally Appropriate Activities	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor		<input checked="" type="checkbox"/> Other <input type="text"/>	<input type="radio"/> S <input checked="" type="radio"/> U <input type="radio"/> O

List to use: Center ▼

Type: Complaint A/N ▼

Violations

New

Edit

Delete

View

Edit All

MS Word

Add Section

Observations

LINKS

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▶ [HELP!](#)

HELPFUL HINTS

[Hint](#)

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

<p>List to use: Center ▼</p> <p>Type: Complaint A/N ▼</p>	<p>Violations</p> <div style="border: 1px solid black; height: 150px; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">▲</div> <div style="position: absolute; bottom: -10px; left: 50%; transform: translateX(-50%);">▼</div> </div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">New</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Edit</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Delete</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">View</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Edit All</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">MS Word</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Add Section</div>
Observations		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">ABC ✓</div>		
Comments		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">ABC ✓</div>		

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▶ **HELP!**
HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Form

ID:	41001070	Operation Type:	Center	<input type="button" value="Save"/>
Status:	Active			
Name of Operation:	PRECIOUS BEGINNINGS CHILD DEVELOPMENT CENTER			
Date Received:	9/22/2004	Received by:	BLOVETT	View Only

Complaint referred to:

<input checked="" type="radio"/> A/N <input type="radio"/> Licensing	Case number	0904-127A	Consultant	MARGARET NICHOLS
	Date sent	9/22/2004		
	Date received	9/22/2004		
	Completed Date			

DSS Conclusions

Unsubstantiated

Received: 1/14/2005

Case Time Frame

From:

Field Case Decision:

To:

Type of Closure

(A/N Only) NSNA

Date Mailed: 1/18/2005

Contact (Investigation method)

Date: 9/23/2004

Total minutes: 100

Minutes

Ref. Code: 2

Complaint Allegation

Time in

out

Time in

out

No. children present

0

Operational Status

Legal/Regulated

Complaint Category

A/N

LINKS

- ▶ **Facility**
- ▶ Facility History
- ▶ Visit
- ▶ Permit
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▶ **HELP!**
HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

List to use: Center ▼

Type: Complaint A/N ▼

Violations

Item Section List ▲

1320G2 Center
1323G2 Center
1324G2 Center

New

Edit

Delete

View

Edit All

MS Word

Add Section

Observations



Comments



LINKS

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- ▶ Owner
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HELP!
HELPFUL HINTS
Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Form

ID:	41001070	Operation Type:	Center	<input type="button" value="Save"/>
Status:	Active			
Name of Operation:	PRECIOUS BEGINNINGS CHILD DEVELOPMENT CENTER			
Date Received:	10/13/2006	Received by:	LKNIGHT	<input type="button" value="View Only"/>

Complaint referred to:

<input type="radio"/> A/N <input checked="" type="radio"/> Licensing	Case number	1006-237L	Consultant	AUDREY DAVIS
	Date sent	10/13/2006		
	Date received	10/13/2006		
	Completed Date	11/14/2006		

DSS Conclusions

Received:

Case Time Frame

From:

Field Case Decision:

To:

Type of Closure

(A/N Only)

Date Mailed:

Contact (Investigation method)

Date: 11/14/2006

Total minutes: 60

 Minutes

Time in

Time

out

Time in

Time

out

No. children present

9

Operational Status

Legal/Regulated

Complaint Category

Licensing

Complaint Allegation

An unannounced visit was made to this center to follow-up on allegations regarding

LINKS

- ▶ Facility
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- ▶ Owner
- ▶ Administrator
- ▶ Complaint
- ▶ Action
- ▶ Sanitation Inspection
- ▶ Criminal Records
- ▶ WORKS
- ▶ Search Page
- ▶ Logout

HELP!

HELPFUL HINTS

Hint

If you investigated a complaint in conjunction with another visit, you may need to show your type of contact as 'Other'.

Complaint Allegation

Legal/Regulated ▼

Complaint Category

Licensing ▼

An unannounced visit was made to this center to follow-up on allegations regarding the operator's attempt to falsify information.

The Reporter stated that staff files contained NC Early Childhood Credential

Nature/Resolution:

<input type="checkbox"/> Staff/Child ratio	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Medications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Build/fire code	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Staff qualifications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nutrition	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Permit restrictions	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Transportation	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sanitation/Health	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Capacity	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Records	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Supervision	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Staff <input type="checkbox"/> Children <input type="checkbox"/> Program	
<input type="checkbox"/> Unlicensed Facility	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Discipline	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Criminal record	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Unreported accident	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Abuse/Neglect	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Nurture/Care/Treatment of Children	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Neglect	
<input type="checkbox"/> Safe Environment	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O	<input type="checkbox"/> Developmentally Appropriate Activities	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor		<input checked="" type="checkbox"/> Other falsification of information	<input checked="" type="radio"/> S <input type="radio"/> U <input type="radio"/> O

List to use: Center ▼

Type: Complaint Lic ▼

Violations

Item Section List ▼

108 G3 Center

New

Edit

Delete

View

Edit All

MS Word

Add Section

Observations

LINKS

- ▶ [Facility](#)
- ▶ [Facility History](#)
- ▶ [Visit](#)
- ▶ [Permit](#)
- ▶ [Capacity, S/C Ratio](#)
- ▶ [Owner](#)
- ▶ [Administrator](#)
- ▶ [Complaint](#)
- ▶ [Action](#)
- ▶ [Sanitation Inspection](#)
- ▶ [Criminal Records](#)
- ▶ [WORKS](#)
- ▶ [Search Page](#)
- ▶ [Logout](#)

▶ [HELP!](#)

HELPFUL HINTS

[Hint](#)

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List to use:

Type:

Violations

Item Section List

108 G3 Center

New

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MS Word

Add Section

Observations

During today's visit, files for two former staff members were observed which contained Credential certificates dated March 21, 2005.

The co-owner's file also contains a Credential certificate dated December 16, 2001.

A call was placed to the Work Force office of the Division of Child Development. Susan Summerlin, Education Evaluator, assisted me by looking up the three individuals in the system. Ms. Summerlin stated that the Division of Child Development has not issued Credential Certificates to any of the individuals in question. She stated further that the Work Force office is the only office that



Comments

This attempt to falsify information will result in a recommendation to the Raleigh office of the Division of Child to issue an Administrative Action against this license.

Please keep in mind that if an Administrative Action is issued, you will be required to notify in writing all parents of children currently enrolled at this center of the details surrounding the Action. The Action must be maintained for three years in 3-ring binder easily visible to parents.

All staff must meet the requirements of their position when hired or be in the process of meeting the requirements within six months of employment.



LINKS

- ▶ [Facility](#)
- ▶ [Facility History](#)
- ▶ [Visit](#)
- ▶ [Permit](#)
- ▶ [Capacity, S/C Ratio](#)
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- ▶ [Administrator](#)
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HELP!
HELPFUL HINTS
Hint

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List to use:

Type:
Violations

Item Section List

108 G3 Center

New

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MS Word

Add Section

Observations

individuals in the system. Ms. Summerlin stated that the Division of Child Development has not issued Credential Certificates to any of the individuals in question. She stated further that the Work Force office is the only office that distributes these certificates.

You, co-owner of this facility stated that you will go GTCC tomorrow, November 15, 2006 and request that an official transcript be mailed directly from GTCC to my office .

Since three North Carolina Early Childhood Credential certificates which appear in the files could not be verified in Raleigh, this complaint is substantiated.


Comments

This attempt to falsify information will result in a recommendation to the Raleigh office of the Division of Child to issue an Administrative Action against this license.

Please keep in mind that if an Administrative Action is issued, you will be required to notify in writing all parents of children currently enrolled at this center of the details surrounding the Action. The Action must be maintained for three years in 3-ring binder easily visible to parents.

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LINKS

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- ▶ Facility History
- ▶ Visit
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HELP!
HELPFUL HINTS
Hint

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Complaint Form

ID: <input type="text" value="41001070"/>		Operation Type: <input type="text" value="Center"/>		<input type="button" value="Save"/>	
Status: <input type="text" value="Active"/>					
Name of Operation: <input type="text" value="PRECIOUS BEGINNINGS CHILD DEVELOPMENT CENTER"/>					
Date Received: <input type="text" value="12/14/2004"/>		Received by: <input type="text" value="BRIDGETTE CAMPBELL"/>		<input type="button" value="View Only"/>	
Complaint referred to:					
<input type="radio"/> A/N		Case number: <input type="text" value="1204-202L"/>		Consultant: <input type="text" value="AUDREY DAVIS"/>	
<input checked="" type="radio"/> Licensing		Date sent: <input type="text" value="12/15/2004"/>			
		Date received: <input type="text" value="12/15/2004"/>			
		Completed Date: <input type="text"/>			
DSS Conclusions: <input type="text"/>		Case Time Frame		Type of Closure	
Received: <input type="text"/>		From: <input type="text"/>		(A/N Only) <input type="text"/>	
		Field Case Decision: <input type="text"/>		Date Mailed: <input type="text"/>	
		To: <input type="text"/>			
Contact (Investigation method)					
Date: <input type="text" value="12/15/2004"/>		Time in		Time	
Total minutes: 90		out			
<input type="text" value="Minutes"/>		Time in		Time	
		out			
Ref. Code: <input type="text" value="10"/>		No. children present		<input type="text" value="16"/>	
		Operational Status		<input type="text" value="Legal/Regulated"/>	
Complaint Allegation		Complaint Category		<input type="text" value="Licensing"/>	

LINKS

- Facility
- Facility History
- Visit
- Permit
- Capacity, S/C Ratio
- Owner
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HELPFUL HINTS

Hint

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Complaint Allegation

Legal/Regulated ▼

Complaint Category

Licensing ▼

Nature/Resolution:

<input type="checkbox"/> Staff/Child ratio	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Medications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input type="checkbox"/> Build/fire code	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Staff qualifications	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input type="checkbox"/> Nutrition	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Permit restrictions	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input type="checkbox"/> Transportation	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Sanitation/Health	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input checked="" type="checkbox"/> Capacity	<input type="radio"/> S <input checked="" type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Records	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input type="checkbox"/> Supervision	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Staff <input type="checkbox"/> Children <input type="checkbox"/> Program	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input type="checkbox"/> Unlicensed Facility	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Discipline	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Criminal record	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
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<input type="checkbox"/> Safe Environment	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>	<input type="checkbox"/> Developmentally Appropriate Activities	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>
<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor		<input type="checkbox"/> Other	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O <input checked="" type="radio"/>

List to use: Center ▼

Type: Complaint Lic ▼

Violations

Item Section List ▲
1052C3 Center

New

Edit

Delete

View

Edit All

MS Word

Add Section

LINKS

- ▶ [Facility](#)
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Comments

