

# Child Care Services

## DECAL KOALA Required Reporting

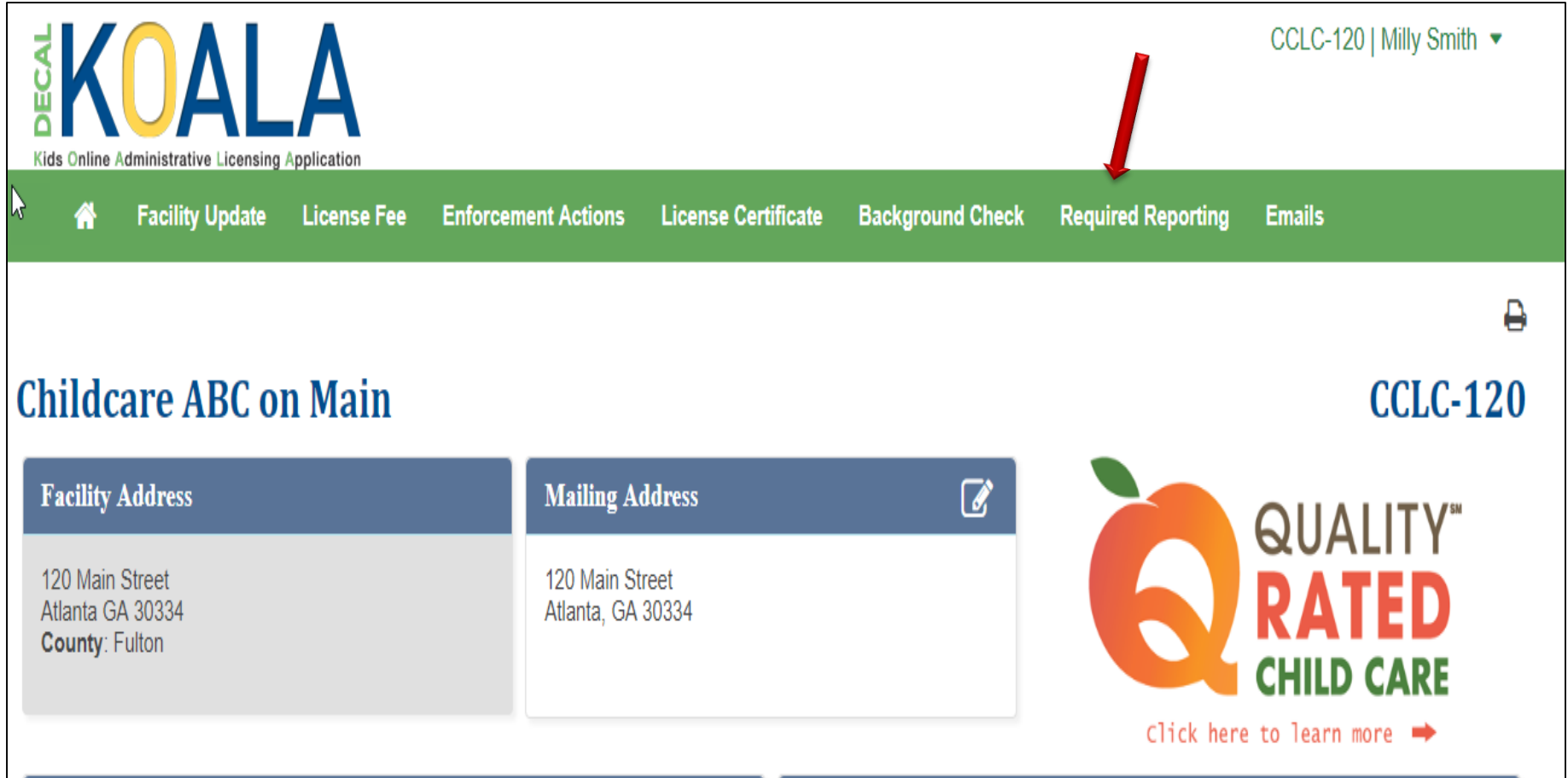
# DECAL KOALA Update

Beginning June 18, 2018, licensed programs will be able to submit required reports from DECAL KOALA.

# Required Reports

- Reports that require DECAL to be notified within 24 hours or the next business day include:
  - death of a child,
  - serious illnesses or injuries that require hospitalization or professional medical attention,
  - missing children,
  - fire or structural disaster,
  - emergency relocation of children, and
  - when an employee acquires a criminal record.

# Click on Required Reporting



DECAL **KOALA**  
Kids Online Administrative Licensing Application

CCLC-120 | Milly Smith ▼

Home Facility Update License Fee Enforcement Actions License Certificate Background Check **Required Reporting** Emails

Childcare ABC on Main


CCLC-120

**Facility Address**

120 Main Street  
Atlanta GA 30334  
County: Fulton

**Mailing Address**

120 Main Street  
Atlanta, GA 30334

 **QUALITY  
RATED  
CHILD CARE**

Click here to learn more ➔

# What to Report

## Required Reporting

Childcare ABC on Main

CCLC-120 ▾

Rule **591-1-1-.29** of the Bright from the Start Rules and Regulations for Child Care Learning Centers and Family Child Care Learning Homes requires the following to be reported to Bright from the Start within **24 hours** or the next business day following the reportable situation:

- any death
- any serious illness or injury requiring hospitalization or professional medical attention
- any situation where a child becomes missing while in care
- any fire
- any structural disaster
- any emergency situation that requires temporarily relocating children
- the name of any Employee who acquires a Criminal Record

To Search Licensing Rules, [click here](#)

If you have any questions about this online process please contact your Consultant or call the CCS Intake number 404-657-5562.

➕ Add Required Report

# Click on Add Required Report (green button)

If you have any questions about this online process please contact your Consultant or call the CCS Intake number 404-657-5562.

+ Add Required Report

## Incident Reports





▼ Show Filters

View

Edit

Delete

Print

	<a href="#">View</a>	<a href="#">Date Submitted</a>	<a href="#">Incident Report Number</a>	<a href="#">Status</a>	<a href="#">Date&amp;Time of the Incident</a>	<a href="#">Type of Incident</a>	
1.		05/24/2018	RR-114	Submitted Online	05/24/2018 8:30 AM	Serious injury requiring hospitalization or professional medical care	
2.			RR-113	In-Progress	Unknown	Criminal Record acquired by employee	

Back

# Saved and Submitted Reports

Saved and Submitted reports appear in a list at the bottom of the Required Reporting Home Page.

- Saved report
  - Status is In-Progress-DECAL can't see it
  - Can open, edit, or delete
  - Reminder emails sent 4 hours and 12 hours after a report is saved.
- Submitted report
  - Status is Submitted Online
  - Consultant receives notification email
  - Can open, view, and print
  - Can upload documents for five business days from the date the report is submitted.

# Complete the information on this page

If you need to report multiple incidents use more than one required report.

What are you Reporting today? (Select One)

- ☐ Criminal Record acquired by employee
- ☐ Death of a child while in care
- ☒ Serious injury requiring hospitalization or professional medical care
- ☐ Serious illness requiring hospitalization or professional medical care
- ☐ Missing child
- ☐ Fire
- ☐ Any emergency requiring temporary relocation of children
- ☐ Structural disaster
- ☐ Other

Date of Incident:

05/24/2018

Time of Incident:

8:45 AM

☐ Date and Time of Incident is unknown

**At the time and location of incident:**

Total number of staff:

2

Total number of children:

14

Summary of Incident:

Child was on the floor playing with a toy. He got up and took a step, tripped, and fell. His forehead hit the floor and he had a cut that was bleeding.

Describe action(s) taken to prevent reoccurrence:



Click on Add Child/Parent (blue button)

Children/Parent Information

Add Child/Parent

Witness(es)?

Add Witness

Name(s) of staff person(s) responsible for child at the time of Incident?

First Name:

Last Name:

Add Staff

Name(s) of person who provided First Aid onsite?

First Name:

Last Name:

Add Staff

# Complete child and parent/guardian information

## Add Child/Parent

### Child Information

First Name:  Last Name:  Date of Birth:   Age:  Sex:

### Parent/Guardian Information

First Name:  Last Name:   
Address:  City:  State:  Zip:   
Cell Phone:  Home Phone:  Work Phone:

Were Parents/Guardian contacted?

- ☐ Yes  
☐ No

Does the Child remain enrolled in the Facility?

- ☐ Yes  
☐ No

# Complete how parents were contacted

## Add Child/Parent

### Child Information

First Name:  Last Name:  Date of Birth:  Age:  Sex:

### Parent/Guardian Information

First Name:  Last Name:   
Address:  City:  State:  Zip:   
Cell Phone:  Home Phone:  Work Phone:

Were Parents/Guardian contacted?

- ☒ Yes  
☐ No

How were the parents contacted?

- ☐ Text ☐ In person ☐ Email ☒ Phone

Date Parent Contacted:

Time Parents Contacted:

Does the Child remain enrolled in the Facility?

- ☒ Yes  
☐ No

# Complete medical information and **Save**

## Medical Information:

Child received professional medical attention on:

05/24/2018



Medical facility/hospital which provided medical care:

Atlanta Urgent Care

Facility/hospital Phone:

(404) 123-4569

Physician who provided medical care

Physician Phone:

(xxx) xxx-xxxx

Briefly describe care provided by medical facility/physician?

Child received two stitches in his forehead.

Save

Cancel

# Click on Add Witness

## Children/Parent Information

Add Child/Parent

Child Information	Parent Information	Medical Information	
 Name: Johnnie Jones Date of Birth: 02/08/2017	Name: Mary Jones Address: 456 Second Avenue Work Phone:	Child Rec Medical Attention: 05/24/2018 Facility Name: Atlanta Urgent Care Facility Phone: (404) 123-4569	

## Witness(es)?

Add Witness

First Name	Last Name	Relationship	Address	City	State	Zip Code	Cell Phone	Home Phone	Work Phone	
 Margaret	Wilson	Staff	789 First Avenue	Atlanta	Georgia	30317	(770) 987-6541			

Name(s) of staff person(s) responsible for child at the time of Incident?

Add Staff

Name(s) of person who provided First Aid onsite?

Add Staff

## Enter Witness information and **Save**

Childcare ABC on Main

CCLC-120 ▼

### Add Witness

First Name:

Last Name:

Relationship:

Address:

City:

State:

Zip:

Cell Phone:

Home Phone:

Work Phone:



Save

Cancel

Click Add Staff to enter names of person(s) responsible for child and who provided first aid

### Children/Parent Information

Add Child/Parent

	Child Information	Parent Information	Medical Information	
	Name: Johnnie Jones Date of Birth: 02/08/2017	Name: Mary Jones Address: 456 Second Avenue Work Phone:	Child Rec Medical Attention: 05/24/2018 Facility Name: Atlanta Urgent Care Facility Phone: (404) 123-4569	

### Witness(es)?

Add Witness

	First Name	Last Name	Relationship	Address	City	State	Zip Code	Cell Phone	Home Phone	Work Phone	
	Margaret	Wilson	Staff	789 First Avenue	Atlanta	Georgia	30317	(770) 987-6541			

Name(s) of staff person(s) responsible for child at the time of Incident?

Add Staff

Name(s) of person who provided First Aid onsite?

Add Staff


# Enter the name of the staff person responsible for the child at the time of the incident and **Save**

Childcare ABC on Main
CCLC-120 ▼

Name(s) of staff person(s) responsible for child at the time of Incident?

First Name:  
Margaret

Last Name:  
Wilson


Save Cancel

Once you Save, you go back to where you can click on Add Staff again to add additional names.


Name(s) of staff person(s) responsible for child at the time of Incident?

First Name	Last Name	
Margaret	Wilson	

Add Staff

Name(s) of person who provided First Aid onsite?

First Name	Last Name	
Margaret	Wilson	


Add Staff




# Click Upload to upload documents

**Name(s) of staff person(s) responsible for child at the time of Incident?**

First Name:  Last Name:



Add Staff

First Name	Last Name	
Margaret	Wilson	

**Name(s) of person who provided First Aid onsite?**

First Name:  Last Name:

Add Staff

First Name	Last Name	
Margaret	Wilson	
Millie	Smith	

**Upload Additional Documents**

Examples of documents that may be uploaded include staff and director statements, pictures, and diagrams, if applicable.

Upload

Click on the down arrow to select the type of document you will upload

Childcare ABC on Main

CCLC-120 ▼

### Upload Additional Documents

The following types of documents are valid to upload on this page: PDF, JPG, JPEG, GIF, PNG, BMP, TIF, TIFF, PIC.

Type:

Select -->



Select File:

[Choose File](#) No file chosen

Upload

Cancel

# Select your document

The screenshot shows a web browser window with the URL `decalkoalatest.dec.state.ga.us/Provider/RequiredReport/Add`. The page header includes the KOALA logo and navigation links: Facility Update, License Fee, Enforcement Actions, License Certificate, Background Check, Required Reporting, and Emails. The user is logged in as CCLC-120 | Milly Smith. The main content area is titled "Childcare ABC on Main" and "Upload Additional Documents". A yellow box states: "The following types of documents are valid to upload on this page: PDF, JPG, JPEG, GIF, PNG, BMP, TIF, TIFF, PIC." Below this is a "Type:" dropdown menu. A red arrow points to the dropdown menu, which is open, showing a list of document types: Select -->, Incident Report, Diagram, Director Statement, Medical Documentation, Photo, Staff Statement, and Other. The bottom of the page features links for Frequently Asked Questions, Legal Notice, and Resources, along with a copyright notice for 2018 Bright from the Start: Georgia Department of Early Care and Learning.

Required Report Application

Not secure | decalkoalatest.dec.state.ga.us/Provider/RequiredReport/Add

**DECAL KOALA**  
Kids Online Administrative Licensing Application

CCLC-120 | Milly Smith

Facility Update License Fee Enforcement Actions License Certificate Background Check Required Reporting Emails

Childcare ABC on Main CCLC-120

Upload Additional Documents

The following types of documents are valid to upload on this page: PDF, JPG, JPEG, GIF, PNG, BMP, TIF, TIFF, PIC.

Type:

Select -->

Select -->

Incident Report

Diagram

Director Statement

Medical Documentation

Photo

Staff Statement

Other

Frequently Asked Questions Legal Notice Resources

©2018 Bright from the Start: Georgia Department of Early Care and Learning

Links 2:42 PM

# Click on Choose File

**DECAL KOALA**  
Kids Online Administrative Licensing Application

CCLC-120 | Milly Smith ▼

[Home](#) [Facility Update](#) [License Fee](#) [Enforcement Actions](#) [License Certificate](#) [Background Check](#) [Required Reporting](#) [Emails](#)

Childcare ABC on Main CCLC-120 ▼

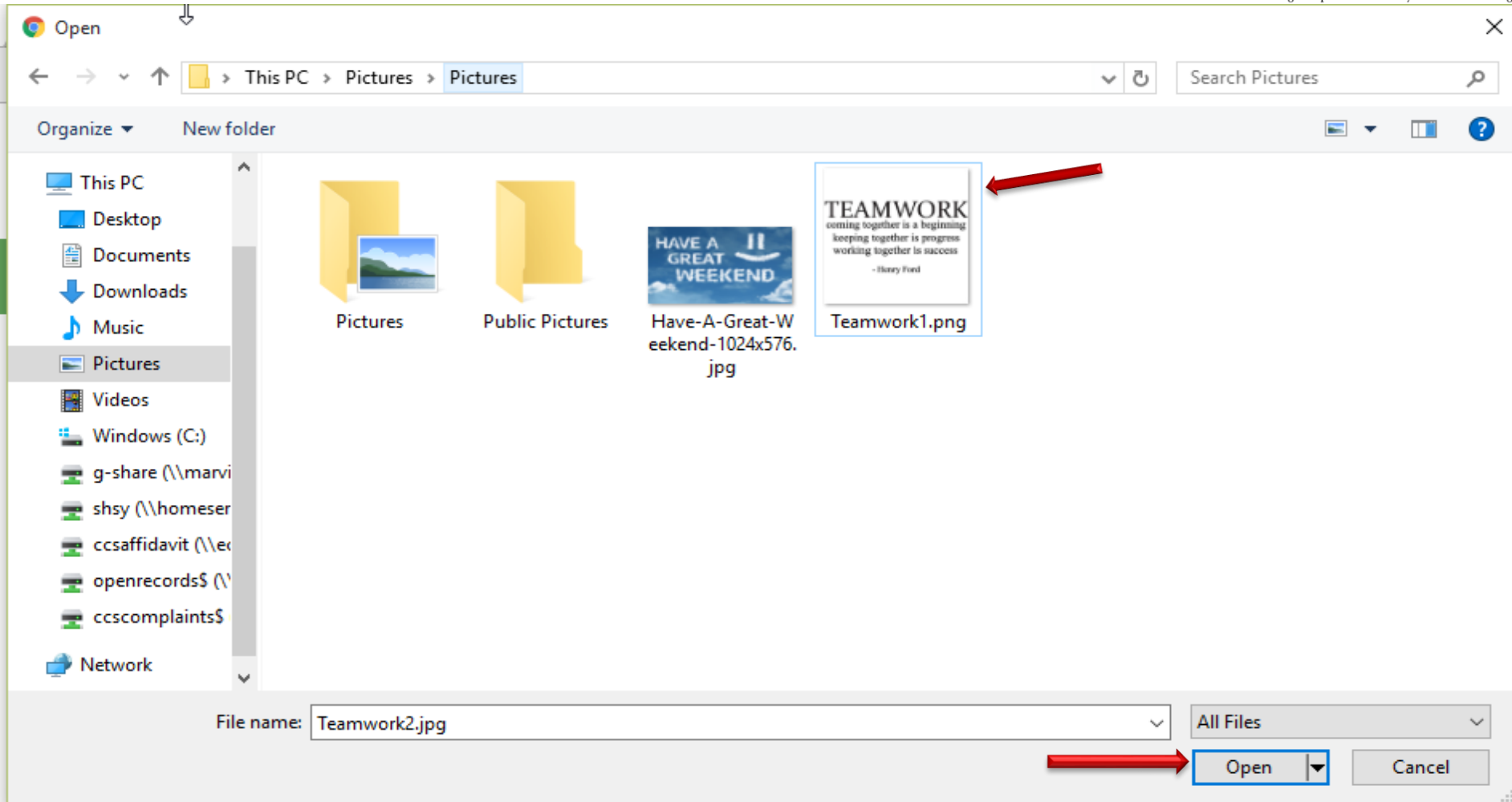
**Upload Additional Documents**

The following types of documents are valid to upload on this page: PDF, JPG, JPEG, GIF, PNG, BMP, TIF, TIFF, PIC.

Type:  
Photo ▼

Select File:  
 No file chosen

# Click on your document and then click Open



# Click Upload to save the document

Childcare ABC on Main

CCLC-120 ▼

Upload Additional Documents

The following types of documents are valid to upload on this page: PDF, JPG, JPEG, GIF, PNG, BMP, TIF, TIFF, PIC.

Type:  
Photo ▼

Select File:  

Choose File Teamwork1.png

Upload

Cancel

Click **Submit** to save

## Upload Additional Documents

Examples of documents that may be uploaded include staff and director statements, pictures, and diagrams, if applicable.

Upload

Document Type	File Name	Description	
 Photo	BftS.jpg		
 Photo	Teamwork1.png		

 Submit

# How to Upload Documents

- Click on the blue Upload button
- Click on the down arrow to see the list of document types
- Select a document type
- Click on Choose File
- Select a document or photo from your computer
- Click Open
- Then click the green Upload button.

You can follow the same process to upload multiple documents.



# Select the option that best describes the injury

## Type of Injury (Select One)

Select the injury that required professional medical attention that most closely applies. If there is more than one injury, select the most severe.

- ☒ Abrasions/Cuts/Scratches (includes carpet burns)
- ☐ Allergic reaction- Select the specific type of injury, swelling, difficulty breathing, Skin irritation(redness/rash/hives)
- ☐ Bite (animal, insect, human) – Select the specific type of injury caused by the bite
- ☐ Broken bone/fracture
- ☐ Bruises/Contusions
- ☐ Burn, not specified
- ☐ Burn-chemical
- ☐ Burn-electrical
- ☐ Burn-hot surface/flames
- ☐ Burn-scalding (hot water, steam)
- ☐ Burn-sunburn
- ☐ Choking-swallowed foreign object (beads, wood chips, coins, etc.)
- ☐ Concussion
- ☐ Crushing
- ☐ Dental injury (tooth chipped, loosened, knocked out)
- ☐ Dislocation (nursemaid's elbow)
- ☐ External head injury- Select specific type of injury (abrasion/cuts/scratches, broken bone/fracture, bruises/contusion, burn, swelling)
- ☐ Foreign object in nose
- ☐ Foreign object in ear
- ☐ Hematoma
- ☐ Internal head injury other than concussion
- ☐ Near drowning/drowning
- ☐ Poisoning
- ☐ Severed body part
- ☐ Skin irritation(redness/rash/hives)
- ☐ Sprain or Strain (pulled or torn ligament, muscle, or tendon)
- ☐ Sting (insects) – Select specific type of injury caused by sting (swelling, Skin irritation (redness/rash/hives)
- ☐ Strangulation
- ☐ Swelling
- ☐ No physical injury observed
- ☐ Unknown
- ☐ Not Applicable

Select the body part that was injured. Use the body parts diagram to assist you.

Body Part(s) Affected (Check all that apply)

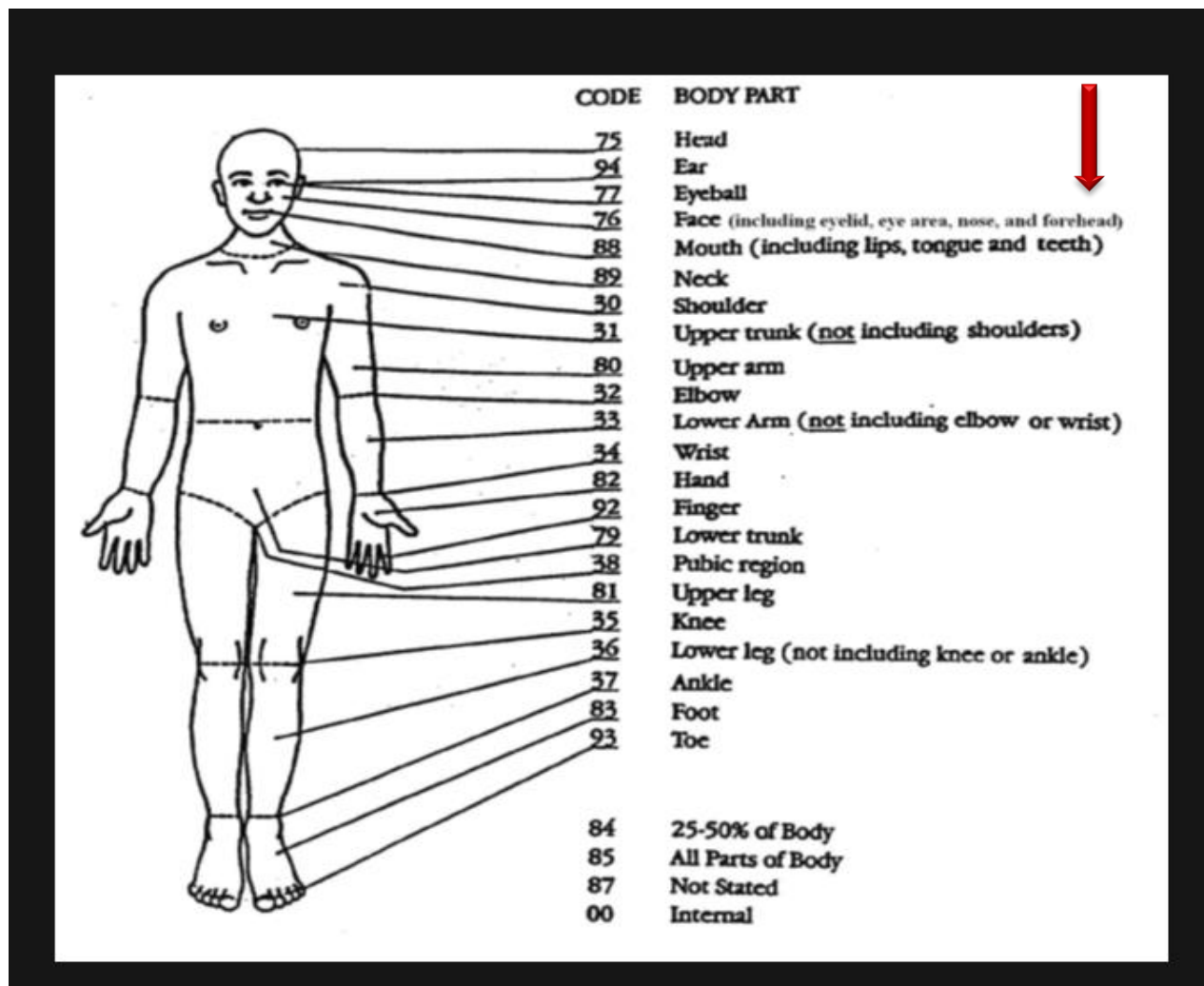


Select each body part that required professional medical attention. [Click here](#) for Body Parts Diagram.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Ankle   | <input type="checkbox"/> Finger                                     | <input type="checkbox"/> Neck                                      |
| <input type="checkbox"/> Arm, lower (not elbow or wrist)                     | <input type="checkbox"/> Foot                                       | <input type="checkbox"/> Pubic region                              |
| <input type="checkbox"/> Arm, upper  | <input type="checkbox"/> Hand                                       | <input type="checkbox"/> Shoulder (including clavicle, collarbone) |
| <input type="checkbox"/> Back, lower   | <input type="checkbox"/> Head                                       | <input type="checkbox"/> Toe                                       |
| <input type="checkbox"/> Back, upper   | <input type="checkbox"/> Internal (use with aspiration & ingestion) | <input type="checkbox"/> Trunk, lower                              |
| <input type="checkbox"/> Ear   | <input type="checkbox"/> Knee                                       | <input type="checkbox"/> Trunk, upper (not including shoulders)    |
| <input type="checkbox"/> Elbow   | <input type="checkbox"/> Leg, lower (not including knee or ankle)   | <input type="checkbox"/> Wrist                                     |
| <input type="checkbox"/> Eyeball   | <input type="checkbox"/> Leg, upper                                 | <input type="checkbox"/> No body part affected                     |
| <input checked="" type="checkbox"/> Face (including eyelid, eye area & nose) | <input type="checkbox"/> Mouth (including lips, tongue & teeth)     | <input type="checkbox"/> Unknown body part affected                |




# Body Part Diagram



# Select where the incident or injury happened, either at the facility or on a field trip

## Where did the Incident/Injury happen? (Select One)

### At the facility:


- ☐ Activity-specific room (computer, gym, etc.)
- ☐ Bathroom
- ☐ Changing table
- ☒ Classroom 
- ☐ Crib
- ☐ Hallway
- ☐ Highchair
- ☐ Kitchen/separate dining area (not in classroom)
- ☐ Parking lot/Driveway
- ☐ Playground at facility
- ☐ Pool at facility
- ☐ Stairs
- ☐ Vehicle at facility
- ☐ Unknown at facility

### On a field trip:


- ☐ Amusement park
- ☐ Bowling alley/skating rink
- ☐ On road/highway/street (not in vehicle)
- ☐ On vehicle during routine or field trip transportation (away from facility)
- ☐ Other location not listed (specify in summary)
- ☐ Other public property (specify in summary)
- ☐ Park, beach, or recreation area
- ☐ Pool (away from facility)
- ☐ Public parking lot/parking garage
- ☐ Sports fields/stadiums
- ☐ Theater (movie or play)
- ☐ Unknown (away from facility)

# Select one activity and all actions that apply

## Activity at time of Incident/Injury (Select One)

- ☐ Arrival/departure
- ☐ Diapering/toileting
- ☐ Field trip
- ☒ Indoor activity 
- ☐ Meals/Snacks
- ☐ Nap/rest
- ☐ Outdoor play
- ☐ Transition between activities
- ☐ Transportation
- ☐ Other

## Action taken (Check all that apply)

- ☒ Advised further medical care
- ☐ Allowed/placed child to rest
- ☐ Applied bandage
- ☒ Applied ice 
- ☒ Applied pressure
- ☒ Child went home
- ☐ Cleaned/washed area
- ☒ Comforted child
- ☐ Contacted (DFCS)
- ☐ Contacted Emergency Services (911)
- ☐ Contacted Health Department
- ☐ Contacted Poison Control
- ☐ Elevated body part
- ☐ Followed child's emergency medical plan(s)
- ☐ Return to normal activity

## Save or Sign and Submit the report

### Signature of Director/Provider

☒ By submitting this required report, I,  indicate that I am the Director, Provider or Program Administrator for **CCLC-120, Childcare ABC on Main**, and I have the authority to submit this report as or on behalf of the owner of the program. I verify that the answers and information contained within are true and accurate to the best of my knowledge. I agree to respond promptly to requests for additional information and to provide the requested documents and/or information.

Save Submit Cancel

Thank you for successfully submitting Required Report # RR-115. A licensing consultant will contact you if further information is needed.



# Your reports will be listed at the bottom of the Required Reporting page

## Required Reporting

Childcare ABC on Main

CCLC-120 ▼

Rule **591-1-1-.29** of the Bright from the Start Rules and Regulations for Child Care Learning Centers and Family Child Care Learning Homes requires the following to be reported to Bright from the Start within **24 hours** or the next business day following the reportable situation:

- any death
- any serious illness or injury requiring hospitalization or professional medical attention
- any situation where a child becomes missing while in care
- any fire
- any structural disaster
- any emergency situation that requires temporarily relocating children
- the name of any Employee who acquires a Criminal Record

To Search Licensing Rules, [click here](#)

If you have any questions about this online process please contact your Consultant or call the CCS Intake number 404-657-5562.

➕ Add Required Report

## Incident Reports

▼ Show Filters

View

Edit

Delete

Print

	View	Date Submitted	Incident Report Number	Status	Date&Time of the Incident	Type of Incident	
1.		05/24/2018	RR-115	Submitted Online	05/24/2018 9:10 AM	Serious injury requiring hospitalization or professional medical care	
2.		05/24/2018	RR-114	Review Completed	05/24/2018 8:30 AM	Serious injury requiring hospitalization or professional medical care	

## Required Reporting

### Childcare ABC on Main

CCLC-120

<b>Facility Address:</b> 120 Main Street, Atlanta, GA, 30334	<b>CCR&amp;R Region:</b> 2	<b>Director/Admin Name:</b> Milly Smith	<b>Oversight:</b> Licensed
<b>County:</b> Fulton	<b>Facility Phone:</b> (404) 404-4040	<b>Email:</b> decalkoala@dec.al.ga.gov	<b>Child Care Type:</b> Child Care Learning Center (CCLC)
<b>Accepting New Children</b> <input type="checkbox"/>	<b>Facility Fax:</b> (404) 202-2020	<b>CCS Consultant:</b> Ashley Cunningham	<b>CCS Consultant Phone:</b> (866) 374-9389

Rules 591-1-1-.29 of the Bright from the Start Rules and Regulations for Child Care Learning Centers and Family Child Care Learning Homes require the following to be reported to Bright from the Start within 24 hours or the next business day following the reportable situation:

- any death
- any serious illness or injury requiring hospitalization or professional medical attention
- any situation where a child becomes missing while in care
- any fire
- any structural disaster
- any emergency situation that requires temporarily relocating children
- the name of any Employee who acquires a Criminal Record.

If you have any questions about this online process please contact your Consultant or call the CCS Intake number 404-657-5562.

### What are you Reporting today?

- ☐ Criminal Record acquired by employee
- ☐ Abuse reported to DFCS
- ☐ Death of a child while in care
- ☒ Serious injury requiring hospitalization or professional medical care
- ☐ Serious illness requiring hospitalization or professional medical care
- ☐ Missing child
- ☐ Fire
- ☐ Any emergency requiring temporary relocation of children
- ☐ Structural disaster
- ☐ Other



# Click the pencil and paper icon to reopen a saved report

+ Add Required Report

## Incident Reports






▼ Show Filters

View

Edit

Delete

Print

	View	Date Submitted	Incident Report Number	Status	Date&Time of the Incident	Type of Incident	
1.		05/24/2018	RR-115	Submitted Online	05/24/2018 9:10 AM	Serious injury requiring hospitalization or professional medical care	
2.		05/24/2018	RR-114	Review Completed	05/24/2018 8:30 AM	Serious injury requiring hospitalization or professional medical care	
3.			RR-113	In-Progress	Unknown	Criminal Record acquired by employee	

Back

# Mandatory vs Optional Information

- Some of the information asked for in the report is mandatory and some is not.
- A report can be Saved without all of the mandatory information.
- A report must have all of the mandatory information to be Submitted .
- You will see an error message in a light red box if there is information missing when you submit the report.

Please correct the following errors:

- Total Staff is required.
- Total Children is required.
- Director Name is required on the Signature statement.

# Questions?

## Contact:

- Your Consultant
- [decalkoala@dec.al.ga.gov](mailto:decalkoala@dec.al.ga.gov)
- 404-657-5562



Parents: Win **\$1,529** for college!

Child Care Centers: Win **\$529** for child care program!

For parents' chance to win

ENTER TO WIN

Enter by *August 1, 2018*

[WeCare529.com](http://WeCare529.com)

**DECAL** is partnering again this year with the Path2College 529 Plan, the official college savings plan for the state of Georgia, to sponsor the **5th Annual We Care, Child Care Sweepstakes**.

To increase your child care center's chances of winning **\$529**, all you have to do is promote the **We Care, Child Care Sweepstakes** by forwarding this email to your parents. The more parents that you have enter the sweepstakes, the greater your chances will be to win **\$529** for your child care center!



Four children will be randomly selected to win a **\$1,529** contribution to their Path2College 529 Plan account! The four child care programs that the winners attend will also win a **\$529** check made payable to their child care program!

LEARN MORE

Please refer to the Plan disclosure book at [path2college529.com](http://path2college529.com) prior to investing for details on risk, tax benefits, charges and expenses and whether your home state offers tax or other benefits such as financial aid, scholarship funds, or protection from creditors for investing in its own 529 plan. Investments in the Plan are neither insured nor guaranteed and there is the risk of investment loss. Consult your legal or tax professional for tax advice, including the impact of the new federal tax changes.

TIAA-CREF Tuition Financing, Inc. (TFI), Plan Manager. TIAA-CREF Individual & Institutional Services, LLC. Member FINRA and SIPC, distributor and underwriter for the Path2College 529 Plan.

164012