

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

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"/>		<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="1/23/2006"/>		Received by: <input type="text" value=""/>		<input type="button" value="View Only"/>
Complaint referred to:				
<input type="radio"/> A/N Case number <input type="text" value="0106-231L"/>		Consultant <input type="text" value=""/>		
<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" value=""/>				
DSS Conclusions <input type="text" value=""/>		Case Time Frame		Type of Closure
Received: <input type="text" value=""/>		From: <input type="text" value=""/>		(A/N Only) <input type="text" value=""/>
		Field Case Decision: <input type="text" value=""/>		Date Mailed: <input type="text" value=""/>
		To: <input type="text" value=""/>		
Contact (Investigation method)				
Date: <input type="text" value="2/27/2006"/>		Time in		
Total minutes: 95		out		
<input type="button" value="Minutes"/>		Time in		
		out		
Ref. Code: <input type="text" value="05"/>		No. children present		
		<input type="text" value="17"/>		
Complaint Allegation		Operational Status		
		<input type="text" value="Legal/Regulated"/>		
		Complaint Category		
		<input type="text" value="Licensing"/>		
An unannounced visit was made to this Center to investigate the attached complaint				

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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

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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: <input type="text" value="Center"/>	Violations Item Section List ▲ 301 B1 Center 1301G3 Center	New Edit Delete View Edit All MS Word Add Section
Type: <input type="text" value="Complaint Lic"/>		
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		
<input checked="" type="checkbox"/> ABC		
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.		
<input checked="" type="checkbox"/> ABC		

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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: <input type="text" value="Center"/>	Violations Item Section List ▲ 301 B1 Center 1301G3 Center	New Edit Delete View Edit All MS Word Add Section
Type: <input type="text" value="Complaint Lic"/>		
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 █████ 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:		
<input type="checkbox"/> 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 █████ 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.		
<input type="checkbox"/> ABC ✓		

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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="REDACTED"/> <input type="button" value="View Only"/>	
Complaint referred to:			
<input type="radio"/> A/N Case number: <input type="text" value="0407028L"/>		Consultant: <input type="text" value="REDACTED"/>	
<input checked="" type="radio"/> Licensing 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" value=""/>	Case Time Frame From: <input type="text"/> Field Case Decision: <input type="text"/> To: <input type="text"/>	Type of Closure (A/N Only) <input type="text" value=""/> Date Mailed: <input type="text"/>
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Contact (Investigation method)

Date: <input type="text" value="4/3/2007"/>	Time in	Time	
Total minutes: 95	out		
<input type="text" value="Minutes"/>	Time in	Time	
	out		
Ref. Code: <input type="text"/>	No. children present		
	<input type="text" value="16"/>		
	Operational Status		
	<input type="text" value="Legal/Regulated"/>		
	Complaint Category		
	<input type="text" value="Licensing"/>		

The daycare has been using the oven for heating as the gas had been cut off for a

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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="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 <input type="text"/>	<input type="radio"/> S <input type="radio"/> U <input type="radio"/> O

List to use: ▼

Type: ▼

Violations

- New
- Edit
- Delete
- View
- Edit All
- MS Word
- Add Section

Observations

LINKS

- ▶ Facility
- ▶ Facility History
- ▶ Visit
- ▶ Permit
- ▶ Capacity, S/C Ratio
- ▶ Owner
- ▶ Administrator
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- ▶ 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'.

List to use: <input type="text" value="Center"/>	Violations	<input type="button" value="New"/>
Type: <input type="text" value="Complaint Lic"/>	<input type="text"/>	<input type="button" value="Edit"/>
		<input type="button" value="Delete"/>
		<input type="button" value="View"/>
		<input type="button" value="Edit All"/>
		<input type="button" value="MS Word"/>
		<input type="button" value="Add Section"/>
Observations		
<input type="text"/>		
<input type="button" value="RBC"/>		
Comments		
<input type="text"/>		
<input type="button" value="RBC"/>		

LINKS

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- ▶ 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:	<input type="text" value="41001070"/>	Name of Operation:	<input type="text" value="PRECIOUS BEGINNINGS CHILD DEVELOPMENT CENTER"/>	<input type="button" value="Save"/>
Date Received:	<input type="text" value="4/9/2003"/>	Received by:	<input type="text" value=""/>	View Only
Complaint referred to:				
<input checked="" type="radio"/> A/N	Case number	<input type="text" value="0403-037A"/>	Consultant	<input type="text" value=""/>
<input type="radio"/> Licensing	Date sent	<input type="text" value="4/9/2003"/>		
	Date received	<input type="text" value="4/9/2003"/>		
	Completed Date	<input type="text" value=""/>		

DSS Conclusions <input type="text" value=""/> Received: <input type="text" value=""/>	Case Time Frame From: <input type="text" value=""/> Field Case Decision: <input type="text" value=""/> To: <input type="text" value=""/>	Type of Closure (A/N Only) <input type="text" value=""/> Date Mailed: <input type="text" value=""/>
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Contact (Investigation method)

Date: <input type="text" value="4/15/2003"/>	Time in
Total minutes: 60	out
<input type="text" value="6"/> Minutes	Time in
	out
	Time

Ref. Code: <input type="text" value="6"/>	No. children present
	<input type="text" value="16"/>
	Operational Status
	<input type="text" value="Legal/Regulated"/>
Complaint Allegation	Complaint Category
	<input type="text" value="A/N"/>

LINKS

- ▶ Facility
- ▶ Facility History
- ▶ Visit
- ▶ Permit
- ▶ Capacity, S/C Ratio
- ▶ Owner
- ▶ Administrator
- ▶ Complaint
- ▶ Action
- ▶ Sanitation Inspection
- ▶ Criminal Records
- ▶ WORKS
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- ▶ 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 Category

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"/> 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 checked="" type="checkbox"/> Abuse/Neglect	<input type="radio"/> S <input checked="" 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="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 checked="" type="checkbox"/> Other <input type="text"/>	<input type="radio"/> S <input checked="" type="radio"/> U <input type="radio"/> O
<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor			

 List to use:

 Type:
Violations

Observations

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- ▶ **HELP!**

HELPFUL HINTSHint

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

List to use: <input type="text" value="Center"/>	Violations	<input type="button" value="New"/>
Type: <input type="text" value="Complaint A/N"/>	<input type="text"/>	<input type="button" value="Edit"/>
		<input type="button" value="Delete"/>
		<input type="button" value="View"/>
		<input type="button" value="Edit All"/>
		<input type="button" value="MS Word"/>
		<input type="button" value="Add Section"/>
Observations		
<input type="text"/>		
<input type="button" value="ABC ✓"/>		
Comments		
<input type="text"/>		
<input type="button" value="ABC ✓"/>		

LINKS

- ▶ Facility
- ▶ Facility History
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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="9/22/2004"/>		Received by: <input type="text" value=""/>		<input type="button" value="View Only"/>	
Complaint referred to:					
<input checked="" type="radio"/> A/N Case number <input type="text" value="0904-127A"/>		Consultant <input type="text" value=""/>			
<input type="radio"/> Licensing Date sent <input type="text" value="9/22/2004"/>					
		Date received <input type="text" value="9/22/2004"/>			
		Completed Date <input type="text" value=""/>			
DSS Conclusions <input type="text" value="Unsubstantiated"/>		Case Time Frame From: <input type="text" value=""/> Field Case Decision: <input type="text" value=""/> To: <input type="text" value=""/>		Type of Closure (A/N Only) <input type="text" value="NSNA"/>	
Received: <input type="text" value="1/14/2005"/>				Date Mailed: <input type="text" value="1/18/2005"/>	
Contact (Investigation method)					
Date: <input type="text" value="9/23/2004"/>		Time in		Time	
Total minutes: <input type="text" value="100"/>		<input type="text" value="Minutes"/>		out	
		Time in		Time	
		out			
Ref. Code: <input type="text" value="2"/>		No. children present <input type="text" value="0"/>			
		Operational Status <input type="text" value="Legal/Regulated"/>			
Complaint Allegation		Complaint Category <input type="text" value="A/N"/>			

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HELPFUL HINTSHint

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: <input style="width: 100%;" type="text" value="Center"/></p> <p>Type: <input style="width: 100%;" type="text" value="Complaint A/N"/></p>	<p>Violations</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Item</th><th>Section List</th></tr></thead><tbody><tr><td>1320G2</td><td>Center</td></tr><tr><td>1323G2</td><td>Center</td></tr><tr><td>1324G2</td><td>Center</td></tr></tbody></table>	Item	Section List	1320G2	Center	1323G2	Center	1324G2	Center	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>New</td></tr><tr><td>Edit</td></tr><tr><td>Delete</td></tr><tr><td>View</td></tr><tr><td>Edit All</td></tr><tr><td>MS Word</td></tr><tr><td>Add Section</td></tr></table>	New	Edit	Delete	View	Edit All	MS Word	Add Section
Item	Section List																
1320G2	Center																
1323G2	Center																
1324G2	Center																
New																	
Edit																	
Delete																	
View																	
Edit All																	
MS Word																	
Add Section																	
Observations																	
<input type="checkbox"/> ABC ✓																	
Comments																	
<input type="checkbox"/> ABC ✓																	

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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"/>		<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="10/13/2006"/>		Received by: <input type="text" value=""/>		View Only	
Complaint referred to:					
<input type="radio"/> A/N Case number <input type="text" value="1006-237L"/>		Consultant: <input type="text" value=""/>			
<input checked="" type="radio"/> Licensing Date sent <input type="text" value="10/13/2006"/>					
		Date received <input type="text" value="10/13/2006"/>			
		Completed Date <input type="text" value="11/14/2006"/>			
DSS Conclusions <input type="text" value=""/>		Case Time Frame		Type of Closure (A/N Only) <input type="text" value=""/>	
Received: <input type="text" value=""/>		From: <input type="text" value=""/>		Date Mailed: <input type="text" value=""/>	
		Field Case Decision: <input type="text" value=""/>			
		To: <input type="text" value=""/>			
Contact (Investigation method)					
Date: <input type="text" value="11/14/2006"/>		Time in		Time	
Total minutes: 60		out			
<input type="button" value="Minutes"/>		Time in		Time	
		out			
Ref. Code: <input type="text" value="04"/>		No. children present		<input type="text" value="9"/>	
		Operational Status		<input type="text" value="Legal/Regulated"/>	
Complaint Allegation		Complaint Category		<input type="text" value="Licensing"/>	
An unannounced visit was made to this center to follow-up on allegations regarding					

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

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 <input type="text" value="falsification of information"/>	<input checked="" type="radio"/> S <input type="radio"/> U <input type="radio"/> O

 List to use: ▾

 Type: ▾

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
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
108 G3 Center

- New
- Edit
- Delete
- View
- Edit All
- 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. [redacted] Education Evaluator, assisted me by looking up the three individuals in the system. [redacted] 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](#)
- ▶ [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'.

 List to use:

 Type:
Violations

Item Section List ▲

108 G3 Center

-
-
-
-
-
-
-

Observations

individuals in the system. [REDACTED] 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.

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
- ▶ 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: <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=""/>		<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=""/>			
<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" value=""/>					
DSS Conclusions: <input type="text" value=""/>		Case Time Frame		Type of Closure	
Received: <input type="text" value=""/>		From: <input type="text" value=""/>		(A/N Only) <input type="text" value=""/>	
		Field Case Decision: <input type="text" value=""/>		Date Mailed: <input type="text" value=""/>	
		To: <input type="text" value=""/>			
Contact (Investigation method)					
Date: <input type="text" value="12/15/2004"/>		Time in		Time	
Total minutes: 90		out			
<input type="button" 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
- ▶ Administrator
- ▶ Complaint
- ▶ Action
- ▶ Sanitation Inspection
- ▶ Criminal Records
- ▶ WORKS
- ▶ Search Page
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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 ▼

Nature/Resolution:

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

List to use: Center ▼

Type: Complaint Lic ▼

Violations

Item Section List ▲

1052C3 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 HINTSHint

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

 ▲

Observations



Comments

