



**Bright from the Start Georgia Department of Early Care and Learning**  
**2 Martin Luther King Jr. Drive SE, 670 East Tower**  
**Atlanta, GA 30334**  
 Phone: (404) 657-5562 WWW.DECAL.GA.GOV

**Date:** 10/31/2017 **VisitType:** Licensing Study

**Arrival:** 9:00 AM

**Departure:** 11:00 AM

**CCLC-2400**

**Augusta Preparatory Day School Extendo**

265 Flowing Wells Road Martinez, GA 30907 Columbia County  
 (706) 434-4062 kenietha.mcrae@augustaprep.org

**Regional Consultant**

Melyn Smith

Phone: (706) 855-3455

Fax: (706) 434-7640

melyn.smith@decal.ga.gov

**Mailing Address**

265 Flowing Wells Road  
 Martinez, GA

| <b>Compliance Zone Designation</b> |                  |               | <b>Compliance Zone Designation</b> - A summary measure of a program's 12 month monitoring history, as it pertains to child care health and safety rules. The three compliance zones are good standing, support, and deficient.<br><br><b>Good Standing</b> - Program is demonstrating an acceptable level of performance in meeting the rules.<br><b>Support</b> - Program performance is demonstrating a need for improvement in meeting rules.<br><b>Deficient</b> - Program is not demonstrating an acceptable level of performance in meeting the rules. |
|------------------------------------|------------------|---------------|--|
| 10/31/2017                         | Licensing Study  | Good Standing |  |
| 05/10/2017                         | Monitoring Visit | Good Standing |  |
| 11/17/2016                         | Licensing Study  | Good Standing |  |

**Ratios/License Capacity**

| Building                        | Room       | Age Group                          | Staff                           | Children | NC/C | Max 35 SF.                    | 35 SF. Comp. | Max 25 SF. | 25 SF. Comp. | Notes              |
|---------------------------------|------------|------------------------------------|---------------------------------|----------|------|-------------------------------|--------------|------------|--------------|--------------------|
| Main                            | 1st Left   | PreK                               | 2                               | 15       | C    | 19                            | C            | NA         | NA           | Circle Time, Story |
| Main                            | 1st Right  | Three Year Olds and Four Year Olds | 2                               | 6        | C    | 19                            | C            | NA         | NA           | Centers            |
| Main                            | 2nd Left   | PreK                               | 2                               | 14       | C    | 24                            | C            | NA         | NA           | Centers            |
| Main                            | 2nd Right  | Three Year Olds                    | 2                               | 5        | C    | 19                            | C            | NA         | NA           | Snack              |
| Main                            | Cafetorium |                                    | 0                               | 0        | C    | 63                            | C            | NA         | NA           |                    |
| Total Capacity @35 sq. ft.: 144 |            |                                    | Total Capacity @25 sq. ft.: 0   |          |      |                               |              |            |              |                    |
| Total # Children this Date: 40  |            |                                    | Total Capacity @35 sq. ft.: 144 |          |      | Total Capacity @25 sq. ft.: 0 |              |            |              |                    |

| Building | Playground | Playground Occupancy | Playground Compliance |
|----------|------------|----------------------|-----------------------|
| Main     | Playground | 160                  | C                     |

**Comments**

Plan of Improvement: No Plan Developed

Any rule violation which subjects a child to injury or life-threatening situation or any rule violations previously cited but not corrected, may result in the imposition of an adverse enforcement action. Serious or continued noncompliance may also jeopardize participation in one or more DECAL program(s).



**Reminder:** All employees of child care programs must be fingerprinted before **January 1, 2017**. For instructions and to submit records check applications online, please visit [www.decalkoala.com](http://www.decalkoala.com). You are encouraged not to wait and to complete the process as soon as possible.



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O.C.G.A. Section 42.1.12(i)(2) requires Bright from the Start: Georgia Department of Early Care and Learning to notify licensed child care programs on accessing and retrieving from the Georgia Bureau of Investigation's (GBI) website a list of the names and addresses of all registered sexual offenders. Please see GBI's website located at <http://gbi.georgia.gov> to access the Georgia Sex Offender Registry.

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**Refutation Process:**

You have the right to refute any of the citations noted in this report with which you disagree. To refute a citation(s), e-mail the following information to [CCSRefutations@decga.gov](mailto:CCSRefutations@decga.gov).

- 1) Facility name, license number and visit date
- 2) Your name, title/relationship to the facility, e-mail address & up to two phone number(s) where you can be reached
- 3) Specific rule number(s) that you are refuting, along with your concerns or questions regarding the rule citation

Refutations must be submitted to Child Care Services (CCS) within 10 business days of the completion date.

A sample form for submitting a refutation can be found at: <http://decga.gov/ChildCareServices/RefutationInformation.aspx>

Your refutation will be forwarded to the appropriate CCS manager, who will follow up with you about your concerns. If you have any questions about this process, contact our office at 404-657-5562.

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Bright from the Start recommends that all licensed child care providers carry liability insurance coverage sufficient to protect its clients. If you do not have this liability insurance, you are required to post a notice with ½ inch letters in a conspicuous location in the program, notify the parent or guardian of each child in care in writing, obtain their signature to acknowledge receipt and maintain this written acknowledgment on file at the program at all times while the child attends the program and for 12 months after the child's last date of attendance. (O.C.G.A. Section 20-1A-4)

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Kenietha McRae, Program Official

Date

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Melyn Smith, Consultant

Date



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### Findings Report

**Date:** 10/31/2017 **VisitType:** Licensing Study

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#### CCLC-2400

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The following information is associated with a Licensing Study:

### Activities and Equipment

#### 591-1-1-.12 Equipment & Toys(CR)

Met

##### Comment

Observed-Variety Throughout Center

#### 591-1-1-.35 Swimming Pools & Water-related Activities(CR)

Met

##### Comment

No Swimming Activities Provided

### Facility

#### 591-1-1-.19 License Capacity(CR)

Met

##### Comment

Licensed Capacity Routinely Met

#### 591-1-1-.25 Physical Plant - Safe Environment(CR)

Met

##### Comment

Observation-No Hazards Accessible

#### 591-1-1-.26 Playgrounds(CR)

Technical Assistance

##### Technical Assistance

591-1-1-.26(9) - Please ensure that staff is checking the playground regularly and fill in any holes dug by children during their outdoor recess.

**Correction Deadline: 10/31/2017**

### Health and Hygiene

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|  |            |
|--|------------|
| <b>591-1-1-.10 Diapering Areas &amp; Practices(CR)</b> | <b>Met</b> |
|--|------------|

**Comment**

No diapered children enrolled

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|                                |            |
|--------------------------------|------------|
| <b>591-1-1-.17 Hygiene(CR)</b> | <b>Met</b> |
|--------------------------------|------------|

**Comment**

Observed-Proper Hand Washing Throughout

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|                                    |            |
|------------------------------------|------------|
| <b>591-1-1-.20 Medications(CR)</b> | <b>Met</b> |
|------------------------------------|------------|

**Comment**

The director stated that medication is not dispensed at this time.

|               |
|---------------|
| <b>Safety</b> |
|---------------|

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|                            |            |
|----------------------------|------------|
| <b>591-1-1-.05 Animals</b> | <b>Met</b> |
|----------------------------|------------|

**Comment**

No Animals Kept

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|                                   |            |
|-----------------------------------|------------|
| <b>591-1-1-.11 Discipline(CR)</b> | <b>Met</b> |
|-----------------------------------|------------|

**Comment**

Observed-Positive Learning Environment

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|                                    |            |
|------------------------------------|------------|
| <b>591-1-1-.13 Field Trips(CR)</b> | <b>Met</b> |
|------------------------------------|------------|

**Comment**

Discussed field trip documentation. The consultant also left a completed Sample Field Trip form with instructions on this date.

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|                                       |            |
|---------------------------------------|------------|
| <b>591-1-1-.36 Transportation(CR)</b> | <b>Met</b> |
|---------------------------------------|------------|

**Comment**

No Routine Transportation Provided

|   |
|---|
| <b>Sleeping &amp; Resting Equipment</b> |
|---|

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|   |            |
|---|------------|
| <b>591-1-1-.30 Safe Sleeping and Resting Requirements(CR)</b> | <b>Met</b> |
|---|------------|

**Comment**

Correct number of mats; disinfecting discussed

|                      |
|----------------------|
| <b>Staff Records</b> |
|----------------------|

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|                             |
|-----------------------------|
| <b>Records Reviewed: 12</b> |
|-----------------------------|

|  |
|--|
| <b>Records with Missing/Incomplete Components: 0</b> |
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|                          |     |
|--------------------------|-----|
| Staff # 1                | Met |
| Date of Hire: 08/01/2015 |     |

|                          |     |
|--------------------------|-----|
| Staff # 2                | Met |
| Date of Hire: 08/01/2007 |     |

|                          |     |
|--------------------------|-----|
| Staff # 3                | Met |
| Date of Hire: 09/05/2012 |     |

|                          |     |
|--------------------------|-----|
| Staff # 4                | Met |
| Date of Hire: 08/01/2005 |     |

**Records Reviewed: 12****Records with Missing/Incomplete Components: 0**

|  |     |
|--|-----|
| Staff # 5<br>Date of Hire: 08/01/2007  | Met |
| Staff # 6<br>Date of Hire: 08/01/2013  | Met |
| Staff # 7<br>Date of Hire: 08/07/2017  | Met |
| Staff # 8<br>Date of Hire: 08/11/2017  | Met |
| Staff # 9<br>Date of Hire: 10/01/2017  | Met |
| Staff # 10<br>Date of Hire: 08/11/2017 | Met |
| Staff # 11<br>Date of Hire: 01/01/2014 | Met |
| Staff # 12<br>Date of Hire: 08/07/2017 | Met |

**Staff Credentials Reviewed: 12****591-1-1-.09 Criminal Records Check(CR)** **Met****Comment**

Criminal Records Check complete

**Correction Deadline: 5/11/2017****Corrected on 10/31/2017****.09(1)(e) - Previous citation corrected, based on review of records, in that all employees hired before January 1, 2014 had satisfactory Fingerprint Records Check Determinations on file on this date.****591-1-1-.31 Staff(CR)** **Met****Comment**

Lead staff education requirements

**Comment**

591-1-1-.31(13) - Consultant observed Center staff to comply with all applicable laws and regulations on this date.

**Correction Deadline: 10/31/2017****Staffing and Supervision****591-1-1-.32 Staff:Child Ratios and Group Size(CR)** **Met**

**Comment**

Observed-Appropriate Staff:Child Ratios

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**591-1-1-.32 Supervision(CR)****Met****Comment**

Observed-Direct Supervision/Attentive Staff