



**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:** 9/15/2017 **VisitType:** Licensing Study

**Arrival:** 9:20 AM

**Departure:** 10:45 AM

**FR-000015332**

**Jenkins, Gail E**

805 KING ROAD Hinesville, GA 31313 Liberty County  
(912) 980-5609 GAIL15@HOTMAIL.COM

**Mailing Address**

805 KING ROAD  
HINESVILLE, GA 31313

**Regional Consultant**

Kesha McNeal

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kesha.mcneal@dec.al.ga.gov

Compliance Zone Designation			<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.  <b>Good Standing</b> - Program is demonstrating an acceptable level of performance in meeting the rules. <b>Support</b> - Program performance is demonstrating a need for improvement in meeting rules. <b>Deficient</b> - Program is not demonstrating an acceptable level of performance in meeting the rules.
09/15/2017	Licensing Study	Good Standing	
01/25/2017	Monitoring Visit	Good Standing	
09/07/2016	Licensing Study	Good Standing	

**Ratios/License Capacity**

Age Ranges	Children Present	Child For Pay	CAPS	Not for Pay	Provider Children
Infant (0-11 mos)	0	0	0	0	0
1 & 2 Years	0	0	0	0	0
3 & 4 Years	1	1	0	0	0
School Age(5+) Years	1	6	0	0	0
Total Under 13 Years	2	7	0	0	0
Total Under 18 Years	2				
Children Present: 2 Total Children: 7 Caregivers/Helpers Present: 2 Total Caregivers/Helpers: 1					

**Comments**

The provider stated that no new staff or no new residents reside at the home on this date. The provider does conduct transportation , but no field trips. The consultant and provider discussed the following items:

\* The provider must develop an updated emergency procedures plan. The consultant left a template of the emergency procedure plan for the facility on this date.

Plan of Improvement: Developed This Date 09/15/2017

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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Gail Jenkins, Program Official

Date

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Kesha McNeal, Consultant

Date



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### Findings Report

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The following information is associated with a Licensing Study:

### Activities and Equipment

**290-2-3-.12 Equipment and Supplies(CR)**

**Met**

**Comment**

Observed-Variety Of Equipment

**290-2-3-.19 Infant-Sleeping Safety Requirements(CR)**

**Met**

**Comment**

No enrolled children in cribs

**Comment**

Not caring for infants

**290-2-3-.07 Swimming Pools & Water-related Activities(CR)**

**Met**

**Comment**

No Swimming Activities Provided

**Comment**

Pool not in use at this time, gates observed locked.

**Correction Deadline: 9/15/2017**

### Children's Records

**Records Reviewed: 2**

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

Child # 1

Met

Child # 2

Met

**Technical Assistance**

Please ensure that the home has a current and updated record for each Child in care and for a period of one (1) year after each Child leaves. Such records shall include: identifying information (Child's name, birth date, Parent's name, home and business addresses, telephone numbers); name, address and telephone number of persons, including Child's physician, to contact in emergencies; and name, address, telephone numbers, relationship to Child and to Parent(s) and other identifying information of person(s) to whom the Child may be released.

**Correction Deadline: 9/15/2017****290-2-3-.08 Parental Authorization(CR)****Met****Comment**

Parent Authorizations Obtained/Completed

**Facility****290-2-3-.11 Physical Plant - Safe Environment(CR)****Technical Assistance****Technical Assistance**

Please ensure that the home has an updated written plan for handling emergencies, including but not limited to fire, severe weather, loss of electrical power or water, and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the Home. The Home will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions. No Home personnel shall impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.

**Correction Deadline: 9/25/2017****Comment**

Observation-No Hazards Accessible

**290-2-3-.13 Physical Plant-Structural/Mechanical(CR)****Met****Comment**

Home Clean, Free of Hazards

**290-2-3-.13 Playgrounds(CR)****Technical Assistance****Technical Assistance**

Please ensure that the Home reflow/ redistribute resilient surfacing material

**Correction Deadline: 9/25/2017****Comment**

Observed-Pool Not in Use-Gates Locked

**Health and Hygiene****290-2-3-.11 Children's Health and Hygiene(CR)****Met****Comment**

Staff Stated Proper Knowledge

**290-2-3-.11 Diapering Areas & Practices(CR)****Met****Comment**

No Diapered Children Enrolled

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**290-2-3-.11 Medications(CR)****N/A****Comment**

Discussed-Documentation/Procedures. On this date the provider stated that no medication is being dispensed.

**Licensure**

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**290-2-3-.04 Application Requirements(CR)****Met****Comment**

Application requirements reviewed

**Comment**

Appropriate number of children

**Safety and Discipline**

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**290-2-3-.11 Animals****Met****Comment**

Animals Clean/Appropriately Caged

**Comment**

Appropriate Vaccination Records

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**290-2-3-.11 Discipline(CR)****Met****Comment**

Observed-Positive Learning Environment

**Comment**

Pleasant Interactions Observed

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**290-2-3-.11 First Aid Kit****Met****Comment**

Observed Kit Complete

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**290-2-3-.11 Transportation(CR)****Met****Comment**

Observed-Complete Documentation

**Staff Records**

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**290-2-3-.21 Criminal Records Check(CR)****Met****Comment**

Criminal Records Check complete

**Comment**

No new hires

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**290-2-3-.07 First Aid & CPR****Met****Comment**

Observed-Provider Certified First Aid &amp; CPR

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**290-2-3-.07 Staff Qualifications(CR)****Met****Comment**

Staff qualifications/compliance with law

**Staff:Child Ratios and Supervision**

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<b>290-2-3-.07 Staff:Child Ratios(CR)</b>	<b>Met</b>
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**Comment**

Appropriate Ratios Observed

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<b>290-2-3-.07 Supervision(CR)</b>	<b>Met</b>
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**Comment**

Observed-Adequate Supervision