



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.dec.al.ga.gov

(Cover Sheet)

Date: 4/10/2023

VisitType: EX-Monitoring

Arrival: 3:30PM

Departure: 4:30PM

EX-48624 EXMT-14180 EX-1 - Government
Troup County ACE- Long Cane Elementary
School

Regional Consultant

Jessica Bailey

238 Long Cane Road, LaGrange GA 30240 Troup
County
(706) 812-7948 hillta@troup.org

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jessica.bailey@dec.al.ga.gov

Mailing Address

PO Box 1228, GA 30241

Joint with:

Table with 4 columns: Compliance Zone Designation, Prevention Action Category, Intermediate Action Category, Dismissal Action Category. Rows include dates, monitoring types, and various action levels (P1, P2, P3) and their corresponding intermediate and dismissal actions.

Staff: Child Ratios

Table with 6 columns: Room Description, Age Groups, Staff Count, Children Count, State Ratio Met, Notes. Rows list rooms like Cafeteria, Gym, and various Playgrounds with their respective staff and child counts.

Group Sizes Met? N

Total # Non-Care Staff Present: 1

#Staff Count: 6

#Children Count: 71

Comments:

An in-person visit was completed on April 10, 2022 for the purpose of CAPS Monitoring.

Corrective Action Plan: No Plan Developed

Section containing a fingerprint icon and a detailed notice regarding rule changes for Criminal Records Checks as of October 1, 2018, including requirements for staff background clearances and supervision.

By signing this report I acknowledge that the report was discussed with me and if there are any missing requirements I am responsible for submitting them as outlined to Maximus or the CAPS program.

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@dec.al.ga.gov](mailto:CCSRefutations@dec.al.ga.gov).

1. Facility name, program 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 standard(s) that you are refuting, along with your concerns or questions regarding the citation
4. Refutations must be submitted to Child Care Services (CCS) within 10 business days of the completion date of the visit to the facility.
5. Your refutation will be forwarded to the CCS Exemptions Unit manager, who will follow up with you about your concerns. If you have any questions about this process, contact our office at 770-293-5977.

Any violation which subjects a child to injury or life threatening situation or continued non-compliance may jeopardize participation in the CAPS program for eligible license-exempt program (government-owned facilities and day camps).

Director/Person-in-charge Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_



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**(Summary Report)**

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Joint with:

**The following information is associated with a Exemption Monitoring:**

**Activities and Equipment**

**EX-HS-.F Equipment & Toys(CS)**

**Met**

**Comment**

Equipment and furniture observed to be properly secured, as applicable.

**EX-HS-.Q Swimming Pools & Water-related Activities(CS)**

**N/A**

**Comment**

Program does not provide swimming activities.

**Children's Records**

**EX-HS-.C Children's Records**

**Technical Assistance**

**Technical Assistance**

EX-HS-.C(1) - Please add children's date of birth to ACE enrollment forms.

**Exemptions**

**EX-HS-.X Exemption Requirements**

**Met**

**Comment**

Observed compliance with the local zoning authorities, fire safety agencies and local building authorities on this date.

**Facility**

**EX-HS-.L Physical Plant(CS)**

**Met**

**Comment**

No hazards observed accessible to children on this date.

**Comment**

Observed approval from the Department, local zoning authorities, fire safety agencies and local building authorities on this date.

**EX-HS-.M Playgrounds(CS)**

**Met**

**Comment**

Discussed maintenance of resilient surface. Please fluff and redistribute.

**Comment**

Playground observed to be clean and in good repair.

## Health and Hygiene

**EX-HS-.U Diapering Areas & Practices(CS)**

N/A

**Comment**

No diapered children are enrolled.

**EX-HS-.H Hygiene**

Met

**Comment**

Hand washing was not observed during the visit but proper hand washing rules were discussed.

**EX-HS-.I Medications(CS)**

N/A

**Comment**

Medication is not dispensed

## Policies and Procedures

**EX-HS-.J Operational Policies & Procedures**

Met

**Comment**

It was determined that the program provides Parents a copy of the Program's written policies and procedures.

**EX-HS-.T Required Reporting**

Met

**Comment**

There were no incidents or injuries that required reporting.

## Safety

**EX-HS-.E Discipline(CS)**

Met

**Comment**

Age-appropriate discussion and/or redirection observed.

**EX-HS-.S Field Trips**

N/A

**Comment**

No field trips are offered

**EX-HS-.R Transportation(CS)**

N/A

**Comment**

Program does not provide routine transportation.

## Sleeping & Resting Equipment

**EX-HS-.V Safe Sleeping and Resting Requirements(CS)**

N/A

**Comment**

No safe sleep policies are necessary.

## Staff Records

**Records Reviewed: 9**

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

Staff's Name [# 1]: Arrington, Brittney

Met

Date of Hire: 08/05/2022

Staff's Name [# 2]: Beistline, Susan

Met

Date of Hire: 08/07/2002

Staff's Name [# 3]: Boddie, Barbara Met

Date of Hire: 05/01/2005

Staff's Name [# 4]: Butler, Linda Met

Date of Hire: 08/01/2022

Staff's Name [# 5]: Edmonson, Carla Met

Date of Hire: 08/07/2002

Staff's Name [# 6]: James, Kathy Met

Date of Hire: 01/01/1989

Staff's Name [# 7]: Smith, Heather Met

Date of Hire: 08/01/2022

Staff's Name [# 8]: Taylor, Anna Met

Date of Hire: 08/30/2021

Staff's Name [# 9]: Taylor, Macy Met

Date of Hire: 09/20/2021

**EX-HS-.D Criminal Records and Comprehensive Background Checks(CS) Met**

**Comment**

Criminal record checks were observed to be complete. The specialist observed satisfactory criminal record check determinations for nine of nine employees on this date.

**EX-HS-.W First Aid & CPR Met**

**Comment**

Observed evidence of staff training in CPR and first aid on this date.

**EX-HS-.P Staff Training Met**

**Comment**

Observed training for all staff members on this date.

**Staffing and Supervision**

**EX-HS-.O Staff:Child Ratios and Supervision(CS) Met**

**Comment**

Adequate supervision observed on this date.