

**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.state.ga.gov

**(Cover Sheet)****Date:** 9/8/2021**VisitType:** EX-Monitoring**Arrival:** 2:00PM**Departure:** 2:45PM**EX-48632 EXMT-14179 EX-1 - Government  
Troup County ACE- Hillcrest Elementary School**3116 Robert Hayes Rd., LaGrange GA 30240 Troup  
County  
(706) 812-7940 hillta@troup.org**Mailing Address**

PO Box 1228, GA 30241

**Regional Consultant**

Jessica Bailey

Phone: (678) 891-4934

Fax: (770) 357-3233

jessica.bailey@dec.state.ga.gov

Joint with: Sarah Benton

| Compliance Zone Designation |               |    | Prevention Action Category     | Intermediate Action Category     | Dismissal Action Category |
|-----------------------------|---------------|----|--------------------------------|----------------------------------|---------------------------|
| 9/8/2021                    | EX-Monitoring | NA | <b>Prevention Level 1 (P1)</b> | <b>Intermediate Level 1 (I1)</b> | <b>Dismissal (D)</b>      |
|                             |               |    | Technical Assistance           | Corrective Action Plan           | Dismissal                 |
|                             |               |    |                                | Office Conference                | Disqualification          |
|                             |               |    | <b>Prevention Level 2 (P2)</b> | <b>Intermediate Level 2 (I2)</b> |                           |
|                             |               |    | Citation                       | Fine (Level 1 or 2)              |                           |
|                             |               |    | Plan of Improvement            |                                  |                           |
|                             |               |    | <b>Prevention Level 3 (P3)</b> | <b>Intermediate Level 3 (I3)</b> |                           |

**Staff: Child Ratios**

| Room Description | Age Groups     | Staff Count | Children Count | State Ratio Met | Notes |
|------------------|----------------|-------------|----------------|-----------------|-------|
| Cafeteria        | , Fives, Sixes | 3           | 53             | Y               |       |
| Gym              |                | 0           | 0              | N               |       |
| Playground Back  |                | 0           | 0              | N               |       |
| Playground Front |                | 0           | 0              | N               |       |
| Room 204         |                | 0           | 0              | N               |       |
| Room 224         |                | 0           | 0              | N               |       |

Group Sizes Met? N

Total # Non-Care Staff Present: 1

#Staff Count: 3

#Children Count: 53

**Comments:**

The purpose of this visit was to complete a CAPS monitoring visit.

Corrective Action Plan: No Plan Developed

Please refer the website, <http://www.dec.state.ga.gov/CCS/RulesAndRegulations.aspx>, for information regarding October 1, 2018 rule changes about Criminal Records Checks that may affect your facility. In summary,

- New records checks will be required to be completed if a staff member experiences a six month break in service from the child care industry
- New clearance is required at least once every five years
- Any staff member solely responsible for supervising children will be required to have completed a comprehensive background clearance
- All staff members are required to have completed at least a national fingerprint based clearance check
- Any staff member with only the national fingerprint based clearance, must be under constant and direct supervision of a staff member with a satisfactory comprehensive records check clearance
- Facilities are required to use DECAL KOALA for Criminal Records Checks, including to verify portability of an employee

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)****Date:** 9/8/2021**VisitType:** EX-Monitoring**Arrival:** 2:00PM**Departure:** 2:45PM**EX-48632 EXMT-14179 EX-1 - Government  
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**The following information is associated with a Exemption Monitoring:****Activities and Equipment****EX-HS-.F Equipment & Toys (CS)****Met****Comment**

A variety of equipment and toys were observed throughout the Program.

**Comment**

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

**EX-HS-.Q Swimming Pools & Water-related Activities (CS)****Not Evaluated****Comment**

Program does not provide swimming activities.

**Children's Records****EX-HS-.C****Not Met****Finding**

EX-HS-.C(1) requires the Program to maintain a file for each child while such child is in care and for one year after that child is no longer enrolled. In order for the file to be complete, the file shall contain the following: child's name, birth date, sex, address, living arrangement, name of school if applicable; names of both Parents, home and work addresses, and home and work telephone numbers; name(s) and addresses of the person(s) to whom the child may be released including address, telephone numbers, relationship to child and to Parent(s), and other identifying information; name(s) and telephone number(s) of person(s) to contact in emergencies when the Parent cannot be reached; name and telephone number of the child's primary source of health care; and a statement regarding known allergies, physical problems, mental health disorders, mental retardation or developmental disabilities which limit the child's participation in the program. It was determined based on consultant's review of records that the children's date of birth was not listed on the enrollment form that the program was utilizing for their program.

**POI (Plan of Improvement)**

The Program will amend their current enrollment form to include the children's date of birth..

**Correction Deadline: 9/22/2021****Exemptions****EX-HS-.X Exemption Requirements (NCP)****Not Met****Finding**

It was determined based on consultant's review of records that a building certificate of occupancy was not provided by the director on this date.

**POI (Plan of Improvement)**

The provider will obtain a copy of the building certificate of occupancy.

|                 |
|-----------------|
| <b>Facility</b> |
|-----------------|

**EX-HS-.L Physical Plant (NCP)** **Met**

**Comment**

No hazards observed accessible to children on this date.

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

**Comment**

Discussed maintenance of resilient surface. Please fluff and redistribute.

|                           |
|---------------------------|
| <b>Health and Hygiene</b> |
|---------------------------|

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

**Comment**

No diapered children are enrolled.

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**EX-HS-.H Hygiene (NCP)** **Met**

**Comment**

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

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**EX-HS-.I Medications (CS)** **Not Evaluated**

**Comment**

Discussed proper medication documentation and procedures.

|                                |
|--------------------------------|
| <b>Policies and Procedures</b> |
|--------------------------------|

**EX-HS-.J Operational Policies & Procedures (NCP)** **Met**

**Comment**

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

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**EX-HS-.T Required Reporting (NCP)** **Met**

**Comment**

There were no incidents or injuries that required reporting.

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

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

**Comment**

Observed age-appropriate discipline policies on this date.

**Comment**

Staff were observed to maintain an age appropriate learning environment on this date.

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

**Comment**

Program does not provide routine transportation.

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

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

**Comment**

No safe sleep policies are necessary.

## Staff Records

Records Reviewed: 5

Records with Missing/Incomplete Components: 0

|                          |     |
|--------------------------|-----|
| Staff # 1                | Met |
| Date of Hire: 09/01/2001 |     |
| Staff # 2                | Met |
| Date of Hire: 12/13/2016 |     |
| Staff # 3                | Met |
| Date of Hire: 08/26/2014 |     |
| Staff # 4                | Met |
| Date of Hire: 09/10/1999 |     |
| Staff # 5                | Met |
| Date of Hire: 08/01/2000 |     |

### EX-HS-.K

Not Met

#### Finding

EX-HS-.K(1) requires the Program to maintain a personnel file on the Director, all Employees, Provisional Employees, Personnel, Staff, Students-in-Training, Volunteers, Clerical, Housekeeping, Maintenance, and other Support Staff for the duration of the term of employment plus one calendar year, and it shall contain the following: identifying information to include: name, date of birth, social security number, current address and current telephone number; employment history; as applicable to the position held: evidence of education and qualifying work experience; evidence of all training required by these rules which shall include: title of training, date of training, trainer's signature, location of training and number of clock hours obtained; a statement completed by the staff member that the information provided is true and accurate; any other records required by these rules; and as applicable to the position held, evidence of required orientation including date and signature of person providing the orientation; It was determined based on consultant's review of records that staff files are not being kept for the current staff members. The director stated that many of the staff members are also staff members at the school so they do not have additional files specific to the program.

#### POI (Plan of Improvement)

The Program will create and maintain a staff and personnel file for anyone employed by the program.

**Correction Deadline: 9/22/2021**

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

Met

#### Comment

Criminal record checks were observed to be complete. Satisfactory comprehensive record check determinations were observed for five of five employees on this date.

### EX-HS-.W First Aid & CPR (NCP)

Met

#### Comment

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

### EX-HS-.P Staff Training (NCP)

Met

#### Comment

Observed training for all staff members on this date.

## Staffing and Supervision

**Comment**

Adequate supervision observed on this date.

**Comment**

Program observed to maintain appropriate staff: child ratios.