

**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.us

**(Cover Sheet)****Date:** 8/29/2024**VisitType:** EX-Monitoring**Arrival:** 2:55PM**Departure:** 4:15PM**EX-48710 EXMT-14132 EX-1 - Government  
Gordon County Schools - Fairmount Elementary**130 Peachtree Street, Fairmount GA 30139 Gordon  
County  
(770) 548-2710 devaweaver@gcbe.org**Mailing Address**

Same

**Regional Consultant**

Nilia Lalin

Phone: (770) 405-7929

Fax: (404) 591-4949

nilia.lalin@dec.state.ga.us

Joint with:

| Compliance Zone Designation |               |    | Prevention Action Category | Intermediate Action Category | Dismissal Action Category |
|-----------------------------|---------------|----|----------------------------|------------------------------|---------------------------|
| 8/29/2024                   | EX-Monitoring | NA | Prevention Level 1 (P1)    | Intermediate Level 1 (I1)    | Dismissal (D)             |
|                             |               |    | Technical Assistance       | Corrective Action Plan       | Dismissal                 |
|                             |               |    |                            | Office Conference            | Disqualification          |
|                             |               |    | Prevention Level 2 (P2)    | Intermediate Level 2 (I2)    |                           |
|                             |               |    | Citation                   | Fine (Level 1 or 2)          |                           |
|                             |               |    | Plan of Improvement        |                              |                           |
|                             |               |    | Prevention Level 3 (P3)    | Intermediate Level 3 (I3)    |                           |

**Staff: Child Ratios**

| Room Description    | Age Groups             | Staff Count | Children Count | State Ratio Met | Notes |
|---------------------|------------------------|-------------|----------------|-----------------|-------|
| Cafeteria (room 35) | , Fives, Six and older | 2           | 18             | Y               |       |
| Room 28             | , Fives, Six and older | 1           | 16             | Y               |       |
| Room 37             |                        | 0           | 0              | Y               |       |

Group Sizes Met? Y

Total # Non-Care Staff Present: 0

#Staff Count: 3

#Children Count: 34

**Comments:**

The Specialist met with Ms. Weaver, program director, for the purpose of completing a CAPS Monitoring Visit.

Corrective Action Plan: No Plan Developed

Please refer the website, <http://www.dec.state.ga.us/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 the GACAPS 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).

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**(Findings Report)****Date:** 8/29/2024**VisitType:** EX-Monitoring**Arrival:** 2:55PM**Departure:** 4:15PM**EX-48710 EXMT-14132 EX-1 - Government  
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Joint with:

**The following information is associated with a Exemption Monitoring:****Activities and Equipment****EX-HS-.A****Met****Comment**

Developmentally appropriate activities provided to the children observed on this date.

**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****Met****Comment**

Children's records were observed to be completed on this date, including immunization.

**Exemptions****EX-HS-.X Exemption Requirements (NCP)****Technical Assistance****Technical Assistance**

The Exemption letter and certificate were observed posted by the program's main entrance. TA provided to fill out the emergency drill form by adding the time, number of children, and left of the drill.

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

Program appears clean and well maintained.

**EX-HS-.M Playgrounds (CS)****N/A****Comment**

No playground provided.

**Health and Hygiene**

|                                                      |            |
|------------------------------------------------------|------------|
| <b>EX-HS-.U Diapering Areas &amp; Practices (CS)</b> | <b>N/A</b> |
|------------------------------------------------------|------------|

**Comment**

No diapered children are enrolled.

|                               |            |
|-------------------------------|------------|
| <b>EX-HS-.H Hygiene (NCP)</b> | <b>Met</b> |
|-------------------------------|------------|

**Comment**

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

|                                  |            |
|----------------------------------|------------|
| <b>EX-HS-.I Medications (CS)</b> | <b>N/A</b> |
|----------------------------------|------------|

**Comment**

Medication is not dispensed

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

|                                                             |            |
|-------------------------------------------------------------|------------|
| <b>EX-HS-.J Operational Policies &amp; Procedures (NCP)</b> | <b>Met</b> |
|-------------------------------------------------------------|------------|

**Comment**

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

**Comment**

Observed evidence of written policies and procedures that describe the Program's operations on this date.

|                                          |            |
|------------------------------------------|------------|
| <b>EX-HS-.T Required Reporting (NCP)</b> | <b>Met</b> |
|------------------------------------------|------------|

**Comment**

There were no incidents or injuries that required reporting.

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

|                 |            |
|-----------------|------------|
| <b>EX-HS-.S</b> | <b>N/A</b> |
|-----------------|------------|

**Comment**

No field trips are offered

|                                 |            |
|---------------------------------|------------|
| <b>EX-HS-.E Discipline (CS)</b> | <b>Met</b> |
|---------------------------------|------------|

**Comment**

Observed age-appropriate discipline policies on this date.

**Comment**

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

|                                     |            |
|-------------------------------------|------------|
| <b>EX-HS-.R Transportation (CS)</b> | <b>N/A</b> |
|-------------------------------------|------------|

**Comment**

Program does not provide routine transportation.

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

|                                                             |            |
|-------------------------------------------------------------|------------|
| <b>EX-HS-.V Safe Sleeping and Resting Requirements (CS)</b> | <b>N/A</b> |
|-------------------------------------------------------------|------------|

**Comment**

No infants are enrolled.

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

|                 |            |
|-----------------|------------|
| <b>EX-HS-.K</b> | <b>Met</b> |
|-----------------|------------|

**Comment**

Observed staff records to be completed on this date.

|                                                                           |            |
|---------------------------------------------------------------------------|------------|
| <b>EX-HS-.D Criminal Records and Comprehensive Background Checks (CS)</b> | <b>Met</b> |
|---------------------------------------------------------------------------|------------|

**Comment**

Criminal record checks were observed to be complete.

|                                           |            |
|-------------------------------------------|------------|
| <b>EX-HS-.W First Aid &amp; CPR (NCP)</b> | <b>Met</b> |
|-------------------------------------------|------------|

**Comment**

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

|                                      |            |
|--------------------------------------|------------|
| <b>EX-HS-.P Staff Training (NCP)</b> | <b>Met</b> |
|--------------------------------------|------------|

**Comment**

Observed initial orientation for all staff on this date.

**Comment**

Observed training for all staff members on this date.

|                                 |
|---------------------------------|
| <b>Staffing and Supervision</b> |
|---------------------------------|

|                                                         |            |
|---------------------------------------------------------|------------|
| <b>EX-HS-.O Staff:Child Ratios and Supervision (CS)</b> | <b>Met</b> |
|---------------------------------------------------------|------------|

**Comment**

Program observed to maintain appropriate staff: child ratios.