

Child Care and Development Fund (CCDF) Plan For Georgia FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Georgia Department of Early Care and Learning

Street Address: 2 Martin Luther King Jr. Drive, SE, Suite 754

City: Atlanta

State: Georgia

ZIP Code: 30334

Web Address for Lead Agency: www.decal.ga.gov

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Amy

Lead Agency Official Last Name: Jacobs

Title: Commissioner

Phone Number: 404-651-7432

Email Address: Amy.Jacobs@decal.ga.gov

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Ira

CCDF Administrator Last Name: Sudman

Title of the CCDF Administrator: Chief Legal Officer

Phone Number: 470-631-1017

Email Address: Ira.Sudman@decalf.ga.gov

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Woody

CCDF Co-Administrator Last Name: Dover

Title of the CCDF Co-Administrator: Enterprise Project Management Director

Description of the Role of the Co-Administrator: As CCDF Co-Administrator, Mr. Dover worked closely with Mr. Sudman to oversee the development of Georgia's State Plan and works to ensure that the Lead Agency implements the plan as written. Ira Sudman (Ira.Sudman@decalf.ga.gov) and Wood Dover (Woody.Dover@decalf.ga.gov) are the day-to-day contacts for the State Plan.

Phone Number: 404-463-0741

Email Address: Woody.Dover@decalf.ga.gov

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

- C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

- A. State or territory

Identify the entity:

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

- C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

- CCDF Lead Agency

- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency

- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

The Lead Agency is a grantee for the Early Head Start - Child Care Partnership grant. To implement the grant, the Lead Agency contracts with early care and education providers to offer Early Head Start services to a specified number of eligible children. The providers are responsible for determining eligibility for the children they enroll.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

- Tasks to be performed
- Schedule for completing tasks
- Budget which itemizes categorical expenditures in accordance with CCDF requirements
- Monitoring and auditing procedures
- Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Lead Agency is solely responsible for administering and overseeing programs and initiatives funded by the CCDF. The Lead Agency does not contract with any other state or local governmental agencies to oversee compliance with any portion of the program.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

The Lead Agency has shared software code and design documents related to its child care licensing, Quality Rated (Georgia's tiered quality rating and improvement system, and professional development systems freely with other states. The Lead Agency has conducted numerous webinars and live demonstrations for other states. However, the Lead Agency has found that sharing software code is not feasible; integrating Georgia's systems with other states' Lead Agency systems renders the code inoperable. Demonstrations, webinars, and sharing design and requirements documents have proven to be much more productive for other states.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The Lead Agency's privacy and security policies, in compliance with applicable state and federal regulatory requirements, ensure that disclosures release only the minimum amount of information necessary to serve the purpose of the request. These policies implement a role-based/least-access principle of information access and control, permitting only employees

with a justifiable business need to access and use the confidential and personally identifiable information of children and their families.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

The proposed State plan was made available to all applicable government entities for review and comment.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The proposed state plan was sent to the Georgia's Children's Cabinet (Georgia's State Advisory Council on Early Childhood Education and Care) for review and comment. The Commissioner of the Lead Agency is the co-chair of the Cabinet.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

Not applicable.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

The Lead Agency solicited feedback from other governmental entities, professional organizations, advocacy groups, and the Lead Agency's advisory group.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) **Date of the public hearing.** The public hearings were held on May 4, 2021 and May 6,

2021.

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a). The date of notice for both public hearings was issued on April 12, 2021.

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The Plan was made available on the Lead Agency's website and social media platforms and in local media. The public was notified of the public hearings on May 4th, 2021 and May 6, 2021 on the Lead Agency's website. Please see <http://www.decal.ga.gov/BftS/CCDFPlan.aspx>.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Because of the public health emergency, all public hearings were conducted virtually. The virtual public hearings allowed all Georgia citizens interested in making public comment to attend and allow their voices to be heard.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The Plan was made available on the Lead Agency's website, social media platforms, and in local media.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All written and verbal comments made by the public were reviewed, considered, and incorporated into the Plan if deemed necessary and applicable.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program.

(Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<http://www.decal.ga.gov/BftS/CCDFPlan.aspx>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

Information about the Plan was shared with the Lead Agency's advisory committee.

Working with child care resource and referral agencies.

Describe:

Information about the Plan was shared with child care resource and referral agencies.

Providing translation in other languages.

Describe:

If requested, the Lead Agency uses a translation service that provides translation for multiple languages.

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

Information was posted and shared through the Lead Agency's social media platforms. The Lead Agency uses Facebook, Twitter, Instagram, and Pinterest.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

An e-mail blast was sent to all providers and applicable stakeholder groups with information about public hearings and with links to the State Plan.

- Working with statewide afterschool networks or similar coordinating entities for out-of-school time.
- Other.

Describe:

Information about the Plan was shared with statewide afterschool networks or similar coordinating entities.

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead

Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

The Lead Agency supports local communities in improving early childhood education at the local level through a network of Early Education Community Coordinators. These six Community Coordinators, with regions aligned with the Lead Agency's regions, support early education by working with local government leaders to align resources and support communication. Community coordinators support local birth-to-eight teams that include representatives from county and city governments. During the COVID-19 pandemic, the coordinators created early education networks that provided additional support to local communities. In addition, the Lead Agency offers Two-Generation Innovation Grants that provide funds for local communities to better align workforce supports and early education services. These also include opportunities for local government leaders to participate.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The Commissioner of the Lead Agency is the co-chair of the Georgia Children's Cabinet, which serves as the State Advisory Council (SAC) and provides applicable updates to the Cabinet as necessary and required. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

N/A

- N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool).

Describe the coordination goals, processes, and results:

Georgia's Part C program is housed in the Department of Public Health (DPH). The Lead Agency coordinates with the Individuals with Disabilities Education Act (IDEA) Coordinator to ensure that children receive coordinated supports and services in their child care setting. The Lead Agency is represented on the State Interagency Coordinating Council for Part C of IDEA, and a representative of Part C is also a member of the Georgia Children's Cabinet, along with the Commissioner of the Lead Agency. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing. The Lead Agency coordinates services and supports with the IDEA Part B, Section 619 Coordinator at the Georgia Department of Education. Additionally, representatives from Part C for infants and toddlers and Part B, Section 619 for preschool serve on the Cross Agency Child Council, which is the executive body for the Preschool Development grant, and work with the Lead Agency as a part of the state's Cross Agency Child Data System (CACDS). These collaborative relationships facilitate and expand the seamless transition of children between programs and link children with comprehensive services.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The Lead Agency houses the Head Start State Collaboration Office which facilitates cooperation, communication, coordination, and alignment among Head Start and other CCDF-supported entities.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The Lead Agency collaborates with the Georgia Department of Public Health (DPH), the state agency responsible for the Women, Infants, and Children (WIC) program, nutrition

(including breast feeding support), and childhood obesity prevention. The Commissioner of the DPH sits on the Georgia Children's Cabinet along with agency heads of all Georgia's child-serving agencies, including the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

Housed at the Georgia Department of Economic Development, the State Workforce Development Board (SWDB) administers workforce innovations and opportunity act funds across the State and oversees the Governor's State Workforce Development Initiatives. The Lead Agency will continue to work with the SWDB to align their resources in funding child care as a training support. The Lead Agency also oversees a two-generation policy grant to which the SWDB and the Georgia Department of Labor contribute.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Lead Agency collaborates with the Georgia Department of Education on a variety of initiatives, including participation in the State's longitudinal data system, IDEA Part B, Section 619, and the Kindergarten Readiness Check. These collaborations help ensure that services critical to CCDF-eligible children and families are aligned. The Lead Agency administers the state-funded prekindergarten program, Georgia's Pre-K Program.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The licensing division and the subsidy division, both housed in the Lead Agency, work together closely to coordinate and align services.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

The Lead Agency administers the Child and Adult Care Food Program (CACFP) in Georgia. CACFP and subsidy leaders work together closely to ensure coordination and

alignment of services.

[xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:](#)

The state currently coordinates services among many programs serving homeless and low-income populations. First, Local Education Agencies that receive Pre-K funding must comply with McKinney-Vento's mandates by providing children who are experiencing homelessness equal access. Second, Georgia provides child care subsidies and Georgia's Pre-K funding to high-quality early learning programs that serve families who are homeless and coordinates the two funding sources to ensure that families who are homeless have access to full-day, full-year care. Third, children who are homeless are currently a priority for the Lead Agency's Early Head Start-Child Care Partnership Grant and the state's subsidy funds.

[xii. State/territory agency responsible for the Temporary Assistance for Needy Families \(TANF\) program. Describe the coordination goals, processes, and results:](#)

The Executive Director of the Georgia Division of Family and Children's Services, the state's child welfare agency, and the Director of the State Office of the Child Advocate sit on the Georgia Children's Cabinet with the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

[xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:](#)

The Lead Agency collaborates with the state agency responsible for Medicaid and the state's Children's Health Insurance Program. The Commissioner of the Georgia Department of Community Health sits on the Georgia Children's Cabinet along with the agency heads of all Georgia's child-serving agencies. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

[xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:](#)

The Lead Agency collaborates with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the state agency responsible for mental health. Lead Agency staff serve on the Interagency Director's Team which is charged with creating and implementing a System of Care plan for mental health services for children and youth from birth to 21. The 2020 System of Care State Plan includes goals to support young children's mental and behavioral health ages birth-4 for the first time. These goals include developing and implementing strategies around early prevention/intervention, expanding the capacity of the workforce, and explore Medicaid billing pathways to better serve young children and their families in Georgia. The new Infant and Early Childhood Mental Health Director position housed at the Lead Agency will play a key role in connecting with state child serving agencies to support these goals and lead the work around similar recommendations from the Infant and Toddler Social Emotional Health Legislative Study Committee. The Commissioner of DBHDD sits on the Georgia Children's Cabinet with the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

[xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

The Lead Agency funds the network of child care resource and referral agencies in Georgia and closely supports and monitors their work. The Lead Agency also funds the Georgia Professional Development System that supports training and professional development for early care and education professionals in the state. Also, the Commissioner of the Lead Agency and members of the Lead Agency's leadership team meet quarterly with applicable stakeholders to seek input from key partners and providers about services, programs, and policies.

[xvi. Statewide afterschool network or other coordinating entity for out-of-school time care \(if applicable\). Describe the coordination goals, processes, and results:](#)

The Lead Agency partners with the Georgia Statewide Afterschool Network, a public-private collaborative dedicated to advancing, connecting, and supporting quality

afterschool programs to promote the success of children and youth throughout Georgia.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The Lead Agency seeks input from the Georgia Emergency Management Agency (GEMA) and distributes information to child care providers throughout the state based on GEMA's guidance.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The Lead Agency is one of seven grantees of the Early Head Start-Child Care Partnership grants in Georgia. As part of the Lead Agency's grant participation and in support of all grantees, the Lead Agency has leveraged subsidy dollars and aligned subsidy policy to ensure CCDF funds are used to support access to the highest quality care.

ii. State/territory institutions for higher education, including community colleges

Describe

The Lead Agency collaborates regularly with higher education to train staff and deliver supports and services through a Two-Generation (2Gen) framework. Through the 2Gen initiative, the Lead Agency and higher education coordinate services for student parents and refer parents who are interested in post-secondary education opportunities. The agency collaborates with the Technical College System of Georgia and with individual technical colleges in the state to support attainment of ECE credentials by targeted audiences. This includes supporting infant/toddler teachers in attaining an infant/toddler specific credential, supporting high school students in

beginning a career in early learning, and piloting efforts to increase the state's bilingual workforce. The Commissioner of the Technical College System of Georgia and the University System of Georgia's Executive Chancellor for Academic Affairs sit on the Georgia Children's Cabinet along with agency heads of all Georgia's child-serving agencies, including the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

- [iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

[Describe](#)

- [iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The Lead Agency collaborates with the Georgia Department of Public Health (DPH), the state agency responsible for the Maternal and Child Home Visitation programs. The Commissioner of the DPH sits on the Georgia Children's Cabinet along with agency heads of all Georgia's child-serving agencies, including the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

- [v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

[Describe](#)

The Lead Agency collaborates with the Georgia Department of Community Health, the state agency responsible for Medicaid/Early Periodic Screening, Diagnostic and Treatment. The Commissioner of the Georgia Department of Community Health sits on the Georgia Children's Cabinet along with the agency heads of all Georgia's child-serving agencies. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing

communication and information sharing.

vi. State/territory agency responsible for child welfare.

Describe

The Lead Agency collaborates with the Division of Family and Children Services (DFCS), the state's child welfare agency, to ensure that foster children receive top priority. The Executive Director of DFCS and the Director of the State Office of the Child Advocate sit on the Georgia Children's Cabinet with the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing.

vii. Provider groups or associations.

Describe

The Commissioner of the Lead Agency and members of the Lead Agency's leadership team meet quarterly with the Georgia Child Care Association, the Georgia Association on Young Children, and the Professional Family Child Care Alliance of Georgia. The Lead Agency also convenes advisory groups throughout the year to seek input from key partners and providers about services, programs, and policy. The Lead Agency collaborates with these partners to resolve issues that may hinder accessibility or continuity of care and to improve quality in early learning programs.

viii. Parent groups or organizations.

Describe

The Lead Agency employs a Family Engagement Coordinator who works with providers to help them support children and families in their programs. The Coordinator works with parent groups and organizations to ensure that families are continually being engaged. The Lead Agency engages families by including them in focus groups, early education advisory boards, and committees.

ix. Other.

Describe

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

- No (If no, skip to question 1.5.2)
- Yes. If yes, describe at a minimum:
 - a) How you define "combine"

b) Which funds you will combine

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

e) How are the funds tracked and method of oversight

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program

(98.55(f)).

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

State general revenue funds will be used for matching and MOE requirements.

- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

- A. Donated directly to the State?
- B. Donated to a separate entity(ies) designated to receive private donated funds?

ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

- e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

Partnership at the state, community, and local levels is a critical part of the delivery of services in Georgia's early childhood education system. These partnerships are used to

raise quality and expand access to high-quality early care and education programs. These partnerships are evident in the way that the Lead Agency has expanded its voluntary quality rating and improvement system, Quality Rated. Throughout its development and expansion, Quality Rated has relied on support and funding from private and philanthropic sources. Upon achieving a star rating, child care providers receive an incentive of classroom supplies and cash bonuses for teachers and administrative staff, all of which are funded by the philanthropic and business communities. This fundraising is the result of a public-private partnership between the Lead Agency, Georgia Family Connection Partnership (a nonprofit with representatives in every county in the state), and the Georgia Early Education Alliance for Ready Students (a statewide nonprofit focused on advocacy for early childhood education). These incentives were implemented to encourage providers to participate in Quality Rated and were expected to end in 2020 when the funds expired. Due to a decrease in programs being rated because of the pandemic, the incentives are expected to continue through June 2021. Quality Rated also has an advisory committee made up of representatives from private child care providers, faith-based child care providers, family child care learning homes, Head Start providers, technical college and university operated child care providers, and the Georgia Child Care Association. The goal of this committee is for partners to share frontline experience and expertise to inform improvements to Quality Rated policies and standards. While created before the pandemic, the committee has continued to meet and provide feedback. In response to the pandemic, Quality Rated has created Temporary Alternate Rating Options (TARO) that allow providers to receive a temporary rating without a live observation. This has made tiered reimbursement accessible to providers who would otherwise not have seen an increase in subsidy rates during the pandemic. TARO started out as a one-star option but following its success has been expanded to include a two-star and a three-star option for programs to be rerated. TARO includes partnerships with private providers and the state's child care resource and referral agencies (CCR&Rs). In 2019, the Lead Agency began developing a Quality Rated Language and Literacy Endorsement. The endorsement will provide resources to child care providers to increase their capacity to appropriately support children's language and literacy development. The endorsement was expected to be piloted in 2020 but due to the pandemic is now being piloted in 2021. The Lead Agency also administers Georgia's Pre-K Program, which operates through public-private partnerships at the community level. Georgia's Pre-K Program is offered to all four-year-old children regardless of family income through funding from the state lottery. A variety of providers offer Georgia's Pre-K Program, among them private nonprofit and for-profit child care learning centers, public elementary schools, Head

Start sites, military bases, and postsecondary technical institutions. The Lead Agency also promotes partnership and collaboration on child care issues at the community level by funding the statewide network of CCR&Rs. Partnerships are expanded through the work of the CCR&Rs with business and education leaders in their communities who provide technical assistance to child care providers of all types to increase the quality of care offered in the community. The Lead Agency also offers Two-Generation Innovation Grants to local communities. These grants encourage communities to create alignment opportunities between workforce and child care and are being continued in 2021. The Lead Agency is also expanding community grant opportunities to include Trauma-Responsive Care Grants and Community Transformation Grants. In addition, the Lead Agency, through a business services contract with Quality Care for Children, provides business supports for child care providers. These supports include membership in a shared services collaborative, ongoing webinars, and technical support for business practices. The Lead Agency partners with a variety of community organizations such as Georgia Family Connection Partnership, United Way organizations, and other child- and family-serving nonprofits to support community capacity in improving outcomes for young children. Deliverables of these partnerships have included increased business community awareness of the importance of early care and learning and better developed community networks for sharing information and resources across the early childhood system. As an Early Head Start – Child Care Partnership grantee, the Lead Agency partners with five child care learning centers and 13 family child care learning homes to provide Early Head Start services to children. The family child care learning homes serve a dual language learner population who speak Spanish as their primary language. The Lead Agency also partners with organizations focused on raising quality and increasing access to school-age care. This includes working with the Georgia Statewide Afterschool Network (GSAN) to provide training and technical assistance to school age providers and to build awareness on the importance and need of high quality school age care. Finally, the Cross-Agency Child Council, created through Georgia’s PDG B-5 Renewal Grant, provides a formal link between the state agencies that serve children and families and many of their partners. The Cross-Agency Child Council includes members from state agencies providing services for children birth to five and representatives of key advocacy organizations.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide

additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

Georgia's CCR&R system serves two primary purposes: 1) to support families in finding high-quality care that meets the family's specific needs; and 2) to support child care programs participating in Georgia's QRIS system, known as Quality Rated. To help families access high-quality, the agency manages www.qualityrated.org, a resource to help families locate child care programs in their areas. In addition, the CCR&R system also operates a toll-free call center (1-877-ALL-GA-KIDS) where family members can speak with a child care specialist to help them access child care specific to their needs. The CCR&R network has six service areas or regions in the state with each region having a centralized CCR&R office. The Lead Agency funds the statewide CCR&R system and has staff to oversee and monitor each CCR&R's progress. See Section 7 for more information on CCR&R performance measures.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including

the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

The following sections of the Statewide Disaster Plan were updated on August 24, 2020, as a result of the COVID-19 pandemic. Section 1.3 was updated to share the types of emergencies and disasters such as weather-related events, human or nature caused incidents, and public health emergencies such as a pandemic. Section 3.2.3 was updated to include Lead Agency-approved training vendors to offer Emergency Preparedness, Response, and Recovery training to child care providers. Section 4.1.2 was updated to align with the rule changes that went into effect on October 1, 2020, requiring providers to communicate with the Lead Agency on a program's operating status within 24 hours. Section 5.2.2 reflected that the Lead Agency would forward to providers information received regarding statewide and local conditions from the Governor's office and partner agencies such as the Department of Public Health and Georgia Emergency Management Agency. It also clarified that grants available to providers would be communicated by email, the Lead Agency website, and social media efforts. Section 5.2.3 included support with exemption processes for facilities. Section 6.1 included the Lead Agency's partnership with ALLGAKIDS to provide information to families searching for care. Families may access the qualityrated.org or families.decal.ga.gov websites to locate available child care. All information entered by providers in their self-service portal, DECAL KOALA, feeds into the public-facing website that families use to search for child care. Section 6.2.1 was updated to include

that parents may request a change to any licensed provider operating at an emergency location that is approved under permit, approved license-exempt programs that are government owned and operated, day camp programs, or an Informal Caregiver. Section 7.5.3 updates included that programs could operate temporarily under permit status for 21 days to allow background checks to be conducted through Lead Agency protocols. The permit may be extended no more than one additional time period of 21 days during an emergency. If the emergency location is still needed, and the program is in substantial compliance with the rules and regulations, a temporary license may be issued for a period of 180 days. Section 8.1.4 was updated to reflect collecting state and regional information about the status of the emergency or disaster.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation

- iii. Procedures for shelter-in-place
- iv. Procedures for communication and reunification with families
- v. Procedures for continuity of operations
- vi. Procedures for accommodations of infants and toddlers
- vii. Procedures for accommodations of children with disabilities
- viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

[DECALEmergplan.pdf \(ga.gov\)](#)

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how

research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations

- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

The Lead Agency has a Rising Pre-K Summer Transition Program, funded in part by CCDF that targets children who are age eligible for Pre-K and whose home language is Spanish. The program includes bilingual teachers and a strong family engagement component. Services and resources are provided to families in English and Spanish. The Lead Agency continues to recruit bilingual parents for the Family Peer Ambassador program (see section 2.4.3). The Lead Agency also provides financial supports for bilingual individuals to obtain a degree or credential in early childhood education (see sections 4.1.8, 6.1.3, and 6.2.3). The Lead Agency is also developing a plan to comprehensively review websites, resources, and forms to determine if these supports should be translated into other languages to make information more accessible for families and providers.

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Parents may call the published child care services telephone number or email address Contact Us - Child Care Services (ga.gov). An intake consultant will speak to or email the parent about their concerns. Intake consultants listen to the concerns and determine if there are potential rule violations associated with the parent's concerns. If there are potential violations, then an intake will be entered and assigned for investigation.

An investigation is conducted for all alleged potential rule and regulation violations. The assigned consultant conducts a visit with the program and gathers information concerning the alleged rule violation(s), including review of documentation, observe and inspect equipment and staff and children interviews, if applicable. Once all evidence is gathered the consultant makes a determination, based on Georgia statute, if there is preponderance of evidence that a rule was violated. If preponderance is present, then the allegation is substantiated. Any rule violation is cited on a visit report.

Violations of child care rules that resulted from substantiated parental or general public complaints are available on the Lead Agency's website for 60 months. Since 2004, electronic records on substantiated and unsubstantiated complaint investigations are maintained indefinitely. Paper records are maintained for three years at the Lead Agency's office. If the

substantiated complaint results in an Adverse Action, after the appeal process has passed, the Adverse Actions are published for 60 months. Information about all visits to child care programs, which includes violations of child care rules cited at each licensed facility, are included in the child care program's state file and on the Lead Agency's website. The Lead Agency defines and maintains complaints from everyone in the same manner described above. Reports received from parents and the general public are handled the same. Additionally, through Georgia's Open Records Act, individuals may request all investigations and supporting documentation that the Lead Agency has, whether electronic or paper records, for a period of up to three years. The public can submit open record requests by mail, in person, by phone, or by email. Open Records Request (ga.gov). All information outlined in 2.2.2 applies to all complaints.

Complaints reported by parents or the general public to the Lead Agency are entered if there are valid potential rule violations. The licensing consultant is responsible for investigating complaints. The complaints are substantiated, and child care rules are cited if the allegations are confirmed based on a preponderance of evidence. Violations of child care rules that resulted from substantiated parental or general public complaints are available on the Lead Agency's website for 60 months. Since 2004, electronic records on substantiated and unsubstantiated complaint investigations are maintained indefinitely. Paper records are maintained for three years at the Lead Agency's office. If the substantiated complaint results in an Adverse Action, after the appeal process has passed, the Adverse Actions are published for 60 months. Information about all visits to child care programs, which includes violations of child care rules cited at each licensed facility, are included in the child care program's state file and on the Lead Agency's website. The Lead Agency defines and maintains complaints from everyone in the same manner described above. Reports received from parents and the general public are handled the same. All information outlined in 2.2.2 applies to all complaints.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints reported by parents or the general public to the Lead Agency are entered if there are valid potential rule violations. The licensing consultant is responsible for investigating complaints. If the allegations are confirmed based on a preponderance of evidence, the complaints are substantiated, and child care rules are cited. Violations of child care rules that resulted from substantiated parental or general public complaints are available on the Lead Agency's website for 60 months. Since 2004, electronic records on substantiated and unsubstantiated complaint investigations are maintained indefinitely. Paper records are maintained for three years at the Lead Agency's office. If the substantiated complaint results in an Adverse Action, after the appeal process has passed, the Adverse Actions are published for 60 months. Information about all visits to child care programs, including violations of child care rules cited at each licensed facility, are included in the child care program's state file and on the Lead Agency's website. The Lead Agency defines and maintains complaints from all parties in the same manner described above. Reports received from parents and the public are handled in the same way. All information outlined in 2.2.2 applies to all complaints.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints reported by parents or the public to the Lead Agency are entered if there are valid potential rule violations. The licensing consultant is responsible for investigating complaints. If the allegations are confirmed based on a preponderance of evidence, the complaints are substantiated, and child care rules are cited. Violations of child care rules that resulted from substantiated parental or general public complaints are available on the Lead Agency's website for 60 months. Since 2004, electronic records on substantiated and unsubstantiated complaint investigations are maintained indefinitely. Paper records are maintained for three years at the Lead Agency's office. If the substantiated complaint results in an Adverse Action, after the appeal process has passed, the Adverse Actions are published for 60 months. Information about all visits to child care programs, including violations of child care rules cited at each licensed facility, are included in the child care program's state file and on the Lead Agency's website. The Lead Agency defines and maintains complaints from all parties in the same manner described above. Reports received

from parents and the public are handled in the same way. All information outlined in 2.2.3 applies to all complaints.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Since 2004, electronic records on substantiated and unsubstantiated complaint investigations are maintained indefinitely. Paper records are maintained for three years at the Lead Agency's office. In addition, substantiated complaints are available to the public on the Lead Agency's website for 60 months. Any Adverse Actions resulting from substantiated complaints are available to the public on the Lead Agency's website for 60 months. Information about all visits to child care programs, including violations of child care rules cited at each licensed facility, are included in the child care program's state file and on the Lead Agency's website.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

Violations of child care rules that resulted from substantiated parental complaints are available on the Lead Agency's website for 60 months. Additionally, through Georgia's Open Records Act, individuals may request all investigations and supporting documentation that the Lead Agency has, whether electronic or paper records, for a period of up to three years. The public can submit open record requests by mail, in person, by phone, or by email.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

In addition to its agency website, the Lead Agency offers a family website that provides easily accessible information to families (<http://qualityrated.org>). This site follows the branding used in the Quality Rated media campaign developed by a nationally recognized communications firm to ensure families recognize the brand and associate it as a trusted source for finding child care. In addition, the state offers advanced child care search features, such as options for families to search for care along a route (e.g., from home to work or school). Quality Rated providers can upload pictures of their program (which are

vettted before posting), allowing families to see the child care programs they are researching on the website. The site is optimized for use on mobile devices, ensuring full accessibility for families who may be using a browser on a smartphone to search for child care. Site access is constantly monitored through Search Engine Optimization tools to ensure it is near the top of the list in search results. In addition, the website and all consumer awareness materials notify families that they can call 1-877-ALLGAKIDS, the state's free child care referral hotline, to be walked through the process if they are unable to access the site.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The state has marketed www.qualityrated.org to families that speak languages other than English, especially Spanish, the most widely spoken second language in the state. Radio and TV advertisements in Spanish have played statewide. The site itself is available fully in Spanish and is available in other languages via Google translate. In addition, all consumer awareness materials notify families that they can also call 1-877-ALLGAKIDS to speak with a live, Spanish-speaking child care referral specialist if they are unable to access the site. In addition, through a statewide contract for translation services, the state can provide live child care referrals over the phone for other languages including: French, Italian, Portuguese, Haitian Creole, Bosnian, Croatian, Serbian, Hemispheric Indigenous Languages, Chinese, Hmong, Vietnamese, Cantonese, Japanese, Korean, Khmer (Cambodian), Thai, Laotian, Mandarin, Arabic, African Dialects, Russian, and Polish.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

The site is accessible on any device through a web browser. Information can be accessed through text readers and audio scanners. Images on the site have alternative text associated with them. Button colors are contrasted so users can discern where the button is and what its function is. All inputs have clearly marked labels to inform the user of their function. There are minimal known issues after running the site through an accessibility checker.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<http://www.decal.ga.gov/CCS/StartingACenter.aspx> and
<http://decal.ga.gov/CCS/Exemptions.aspx>

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

Licensing policies and procedures are available on the Lead Agency website at:

<http://www.decal.ga.gov/CCS/PoliciesAndProcedures.aspx>. The CCS division has the following policies that outline how licensing inspections are conducted: CCS-1100 Focused Visit System CCS-1300 Initial Licensure CCS-1500 Licensing Studies CCS-1700 POI Follow-up and Monitoring Visits Citation: O.C.G.A. 20-1A-1 et seq.

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

<http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

Policy link: <http://www.decal.ga.gov/documents/attachments/crcpolicy.pdf>

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

<http://www.qualityrated.org/> and <https://caps.decal.ga.gov/en/CAPSCaregiverVisits/>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

Local School Systems (with Georgia's Pre-K Program classes); Head Start (with classes blended with Georgia's Pre-K Program or that are participating in Quality Rated or both); government owned and operated; technical schools; universities.

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation

- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training

- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

Numerous fields such as environment, activities, transportation, rates, etc.

- ii. License-exempt CCDF center-based providers.

Describe

Numerous fields such as environment, activities, transportation, rates, etc.

- iii. License-exempt CCDF family child care providers.

Describe

- iv. License-exempt, non-CCDF providers.

Describe

Numerous fields such as environment, activities, transportation, rates, etc.

- v. Relative CCDF providers.

Describe

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.

Describe

Family engagement practices. The Lead Agency, using funds from its PDG B-5 Renewal Grant, is developing new enhanced licensing reports that will be available on the agency website.

b) For what types of providers are quality ratings or other indicators of quality available?

i. Licensed CCDF providers.

Describe the quality information:

A provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can select Quality Rated providers as a search parameter.

ii. Licensed non-CCDF providers.

Describe the quality information:

A provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can select Quality Rated providers as a search parameter.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

For certain license-exempt center-based providers eligible to participate in the QRIS, including those associated with the Department of Defense, technical colleges, and public universities, a provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can select Quality Rated providers as a search parameter.

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

For certain license-exempt center-based providers eligible to participate in the QRIS, including those associated with the Department of Defense, Head Start and Early Head Start grantees, technical colleges, and public universities, a provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can select Quality Rated providers as a search parameter.

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain

language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

The Lead Agency prominently displays in plain language any health and safety violations and any fatalities and serious injuries, described in citations under the heading "Not Met" found on all inspection reports. Additionally, any case of serious injury that was substantiated by the Lead Agency will be deemed as Extreme Harm and Imminent Danger according to the Lead Agency's Integrated Enforcement and Compliance System and will be included in the Federal Reporting Data published on the Lead Agency's website annually.

- Corrective action plans taken by the state and/or child care provider.

Describe:

Monitoring and Inspection reports include "plans of improvement" for each regulation citation along with a due date for each correction. These plans of improvement are developed jointly between the licensing inspector and program administrator and are intended to describe how the program will correct rule violations and maintain compliance.

- A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

<http://families.decal.ga.gov/ChildCare/Search> and
<https://caps.decal.ga.gov/en/CAPSCaregiverVisits/>

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

The Lead Agency requires that provider reports be posted to the agency's website within ten business days of the visit date or investigation completion. The posting of reports is reviewed on a bi-weekly basis to ensure that posting is timely. While new

staff are being trained, their inspection reports are posted to the public website after being reviewed.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Plain language is language that can be understood by persons of various ability levels. Language used in reports meets the guidelines set forth in the agency's Style Book. If a member of the public would like to give feedback on the readability of a report, they may do so by emailing childcareservices@dec.al.ga.gov.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The Lead Agency ensures that all health and safety violations and any fatalities and serious injuries are prominently displayed in plain language as prescribed in the agency's Style Book.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Inaccuracies in reports can be identified by providers, consultants, or those reviewing their work. If a provider identifies an inaccuracy, they can submit a refutation, and any errors that are found will be corrected. Koala Visits, the visit reporting tool used by the Lead Agency, allows previously completed visits to be opened and revised. Once a revision is made, the revised report appears on the Lead Agency's website, and a revised copy of the report is sent to the provider.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

-- filing the appeal

-- conducting the investigation

-- removal of any violations from the website determined on appeal to be unfounded.

Providers may submit a refutation to the Lead Agency to appeal any findings in their reports. This appeal must be done within ten business days from the date of the visit.

Refutations should be submitted to ccsrefutations@dec.al.ga.gov. Providers will be notified of the outcome of their appeal in writing within ten days. If any errors are found,

the errors are promptly corrected, and the revised visit report is posted on the Lead Agency's website.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

60 months of reports are available on the Lead Agency's website, beginning with reports from October 1, 2014. Reports are automatically removed from the website through the Lead Agency's database when a program closes or when 60 months have passed since the visit date.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Licensed programs submit incidents of serious injuries or deaths to the Lead Agency through their individual DECAL KOALA account - Required Reporting. If a program is unable to submit the incident through their individual DECAL KOALA account, the

report may be submitted to their assigned regional consultant. The consultant will then enter the incident into the KOALA database.

ii. [The definition of "substantiated child abuse" used by the Lead Agency for this requirement.](#)

The Lead Agency cannot legally determine if child abuse is substantiated. The agency in Georgia that determines if child abuse is substantiated is the Division of Family and Children Services (DFCS) located in the Georgia Department of Human Services. DFCS is bound by O.C.G.A. 19-15-1, which defines child abuse as (A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child; (B) Neglect or exploitation of a child by a parent or caretaker thereof; (C) Sexual abuse of a child; or (D) Sexual exploitation of a child. If DFCS has decided under the law that child abuse has occurred, then the Lead Agency may use such a determination in its findings.

iii. [The definition of "serious injury" used by the Lead Agency for this requirement.](#)

The Lead Agency's definition of serious injury is defined for licensed providers as: A death or an incident requiring hospitalization or professional medical attention other than first aid of a child while in the care of the provider that was the result of a substantiated intentional or gross negligent act on behalf of the provider and or staff that indicates a deficiency in the operation and or management of the program. Any case of serious injury that was substantiated by the Lead Agency will be deemed as Extreme Harm and Imminent Danger according to the Lead Agency's Integrated Enforcement and Compliance System.

b. [Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.](#)

- [i. the total number of serious injuries of children in care by provider category/licensing status](#)
- [ii. the total number of deaths of children in care by provider category/licensing status](#)
- [iii. the total number of substantiated instances of child abuse in child care settings](#)

- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

The aggregate number of serious injuries, deaths and substantiated instances of child abuse is posted here

<http://www.decal.ga.gov/CCS/FederalReportingDataLanguage.aspx>. The information is listed under Federal Reporting Data and updated annually.

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Georgia's Child Care Resource and Referral (CCR&R) system operates through six administrative regions. These regions were developed to ensure that each region encompassed a similar number of licensed child care providers. Each region has a distinct CCR&R agency that meets that region's CCR&R needs. These contracts are primarily geared to supporting Georgia's child care providers in improving their quality. Rather than direct families to all six CCR&R agencies, the lead agency has consolidated the referral component for the entire state within a single CCR&R agency. To access this referral component, families may contact 1-877-ALL GA KIDS (1-877-255-4254). If a family wants to contact the CCR&R agency that serves the child care programs in their county, they may find that information at <http://www.decal.ga.gov/ccs/ccrrsystem.aspx>.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

The state's child care search website www.qualityrated.org includes the call center number,

1- 877-ALLGAKIDS, prominently displayed at the top of the site and on all sub-tabs. This hotline is staffed by live, local representatives who can provide families with additional information about choosing child care and understanding the information on the website. In addition, the consumer website also provides a “Choosing Child Care Checklist” at <http://dec.al.ga.gov/documents/attachments/GADecal-QR-ChoosingChildCare-Form.pdf> and a guide to reading and understanding licensing visit reports at <http://dec.al.ga.gov/documents/attachments/HowtoReadaVisitReport.pdf>.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

<http://families.dec.al.ga.gov/> and/or www.qualityrated.org

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written

materials, the website, and direct communications) and how information is tailored for these audiences.

The Lead Agency has a website that includes information on licensed child care learning centers, family child care learning homes, and exempt providers that accept child care subsidies. The website allows families to identify providers based on their needs (e.g., location, hours of operation, and type of care). Families can locate child care in their community, near their place of employment or school, or on the route to and from work or school. Families can also identify if the child care program accepts child care subsidies, Quality Rated status, and information on inspection reports, which helps families make informed decisions. The website also includes information on a child care provider's participation in other Lead Agency programs, including Quality Rated, Georgia's tiered QRIS; Georgia's Pre-K Program; the Child and Adult Care Food Program (CACFP), and the Childcare and Parent Services (CAPS) subsidy program. The Lead Agency has launched a provider self-service website that allows child care programs to update basic demographic information, pay license and enforcement fees, and submit and track criminal records check applications. Through the Lead Agency's website and community partnerships, the Lead Agency provides information that is easy to find and is in consumer-friendly formats. Community partnerships include other governmental entities, providers, and workforce development councils. For example, relationships were intentionally cultivated between a cohort of Hispanic family child care providers who serve Spanish-speaking families, the local CCR&R agency, and the Lead Agency to address resources and opportunities for a dual language learner population. Information about the diversity of child care services is readily available to parents and the general public on www.qualityrated.org. The Lead Agency also uses social media to post consumer resources directly to families. The Lead Agency shares information about child care options through direct communication with families. During the intake process to determine eligibility, CAPS staff discuss with families the child care options in their community and stress the importance of selecting high-quality early care and learning environments. If a family is determined not to be eligible for CAPS, the staff refers the family to the CCR&R call center for assistance locating affordable child care. Families that are determined to be eligible to receive child care subsidies are assigned to work with a Family Support Consultant throughout their eligibility period. The Family Support Consultant is responsible for annually determining ongoing eligibility, making changes to the family's case, discussing the family's child care needs, and providing information on community resources and supports. The Lead Agency is planning to develop and build a resource and referral portal that will be located on the website through which families and staff can search for

community resources.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

The Lead Agency provides information about the Temporary Assistance for Needy Families program (TANF) on Georgia's interagency eligibility system, Georgia Gateway, and during conversations with families. All families that apply, renew, or make changes to their child care subsidy through Georgia Gateway receive information about TANF, including information on eligibility and guidance on applying and renewing benefits. Families can also report changes, view notices, and upload documents. The Lead Agency also provides families with information on eligibility and the application process for TANF during conversations related to intake, renewal, case changes, or general inquiry. Information about TANF is provided to families in the CAPS Family Support Guide, which is available on the CAPS website. In addition, the CCR&R agency websites include information about TANF and how to apply. The Lead Agency is planning to develop and build a resource and referral portal that will include information about the TANF program

b. Head Start and Early Head Start programs:

The Lead Agency houses the Head Start State Collaboration Office for Georgia. Information regarding Head Start and Early Head Start programs is located on the Lead Agency's website, including a link to the Georgia Head Start Association website. The Lead Agency is an EHS-CCP grantee and works closely with all EHS-CCP grantees to ensure that they maximize CCDF funding. The Lead Agency also works with the Georgia Division of Family and Children Services (DFCS) to ensure a referral is made to Head Start when a child is age-eligible and in foster care. The Lead

Agency partners with the Head Start State Collaboration Office to ensure the foster care referral procedure is operating effectively between Head Start grantees and DFCS. Additionally, information about Head Start and Early Head Start is provided in the CAPS Family Support Guide available on the CAPS website. CCR&R agency call center staff and websites provide information about Head Start availability and eligibility guidelines. The Lead Agency is planning to develop and build a resource and referral portal that will include information about the Head Start and Early Head Start.

c. [Low Income Home Energy Assistance Program \(LIHEAP\):](#)

The Lead Agency works with DFCS (the head agency for LIHEAP) to provide families with information about and eligibility requirements for LIHEAP during the CAPS interview process. Additionally, information about LIHEAP is provided to families during the interview process for intake and renewals if families indicate there is a need. Information is also provided in the CAPS Family Support Guide available on the CAPS website. CCR&R agency websites also include information about LIHEAP assistance.

d. [Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

The Lead Agency provides information about SNAP on Georgia Gateway, the state's interagency eligibility system, and during conversations with families. All families that apply, renew, or make changes to their child care subsidy through Georgia Gateway receive information about SNAP, including information on eligibility and guidance on applying and renewing benefits. Families can also report changes, view notices, and upload documents. The Lead Agency also informs families about eligibility and the application process for SNAP during intake, renewal, case changes, or general inquiries. Information about SNAP is provided to families in the CAPS Family Support Guide, available on the CAPS website. In addition, the CCR&R agency websites include information about SNAP and how to apply for the benefits. The Lead Agency is planning to develop and build a resource and referral portal that will include information on SNAP.

e. [Women, Infants, and Children Program \(WIC\) program:](#)

The Lead Agency staff includes Family Support Consultants, a Family Engagement Coordinator, Infant/Toddler Specialists, and partnerships with local pediatricians and

child care provider forums to provide training, technical assistance, and resources, including WIC for families. Additionally, information about WIC is provided in the CAPS Family Support Guide, available on the CAPS website. CCR&R agency websites also include information about WIC assistance. The Lead Agency is planning to develop and build a resource and referral portal that will include information about the WIC program.

f. Child and Adult Care Food Program(CACFP):

The Lead Agency administers the Child and Adult Care Food Program in Georgia. Information about CACFP is located on the Lead Agency's website, including information about CACFP availability, eligibility guidelines, and locations of participating sponsors. The Lead Agency is planning to develop and build a resource and referral portal that will include information about the CACFP.

g. Medicaid and Children's Health Insurance Program (CHIP):

The Lead Agency works with the Department of Human Services and the Department of Community Health (the lead agency for Medicaid) to provide families with information about and eligibility requirements for Medicaid through Georgia's integrated eligibility system, Georgia Gateway, and through client interviews. Additionally, information about Medicaid and other medical assistance programs is provided in the CAPS Family Support Guide, available on the CAPS website. CCR&R agency websites also include information about Medicaid assistance. The Lead Agency is planning to develop and build a resource and referral portal that will include information about CHIP.

h. Programs carried out under IDEA Part B, Section 619 and Part C:

The Lead Agency provides a Helpline staffed by trained Inclusion and Behavior Support supervisors. Families and child care providers can call (1-833-354-4357) or email (inclusion@dec.al.ga.gov) to request information or referrals to IDEA Part B or C programs. CCR&R agency websites include information about accessing services and supports available to children with disabilities under IDEA.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

The Lead Agency makes general information on best practices in child development; information on supporting social-emotional development; inclusion of children with disabilities; developmental monitoring and screening; nutrition; and other topics available to families, educators, and community members through a variety of sources including several websites and social media. The Lead Agency partners with state agencies such as the Department of Public Health, the Department of Human Services, the Department of Behavioral Health and Developmental Disabilities, the Department of Education and nonprofit and community agencies to ensure that families, providers, and the general public have access to research-based information on children's development.

- The Lead Agency's website (<http://dec.al.ga.gov>) provides general information on a broad variety of topics including information about the agency's various programs and services.
- Information and resources on choosing high-quality care, supporting their children's school readiness, and other topics are available to families on the consumer education website. The Lead Agency provides opportunities for families, providers, and the public to access information related to research and best practices in early

childhood development. Information tailored to families is available on the Family Portal (<http://qualityrated.org>). - Materials and information tailored to early educators, including information on early learning and development standards can be found at (<http://gelds.decal.ga.gov>). - Using Preschool Development Grant funding, the Lead Agency has recently established a website providing information on developmental milestones and monitoring for families, educators, and the general public (<https://development.decal.ga.gov/#/>). Resources include milestones checklists, links to resources for obtaining developmental screening, strategies for conducting developmental monitoring in classrooms, and how to obtain referrals to early intervention and special education and other services. The website is currently translated into Spanish, and the Lead Agency plans to update the website content and translate the content into the top three languages spoken in Georgia. The resource includes links to programs and resources such as the Centers for Disease Control and Prevention's (CDC) "Learn the Signs. Act Early." Materials; information on resources for obtaining developmental screening; making referrals to early intervention and special education, child health, and wellness; choosing high-quality care; breastfeeding practices; and supporting positive social emotional development.

- The Nutrition Division maintains a webpage with evidence-based resources to provide parents, providers, and the public resources, research, and guidance on childhood nutrition for healthy development at <http://www.decal.ga.gov/Wellness/Default.aspx>. Information connects to USDA's MyPlate which was created to provide education on following the recommended Dietary Guidelines for Americans. Additionally, the Nutrition Division provides webinars, presentations, and training sessions on Nutrition Education and Farm to Early Care & Education. The focus is to connect parent and family engagement to the nutrition lessons and nourishing foods children receive in child care settings. The Nutrition Division provides guidance on how early care settings can engage families through best practices like sending recipes home, encouraging parents to involve children in food preparation with developmentally appropriate tasks, and increasing the opportunities for kids to try new foods as their taste preferences develop. The Lead Agency will continue to further publicize these important resources and embed them into the agency's other program areas, including child care licensing, Quality Rated, Georgia's Pre-K Program, and the child care subsidy program to impact more children and families. Additional activities will include implementing a nutrition and physical activity campaign to support, educate, and encourage appropriate nutrition and physical activity in early care and after school

environments.

Family Support Consultants provide families participating in Medicaid and Peach Care for Kids (Georgia's Children's Health Insurance Program) information on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program administered through the Georgia Department of Community Health. In addition, Family Support Consultants provide all families information on developmental monitoring and screening to include the following: Information on the CDC's Milestone Tracker App for the phone at <https://www.cdc.gov/ncbddd/actearly/pdf/MilestoneTrackerAppFlyer.pdf>; CDC's "Milestones in Action" – Interactive milestone checklist that features videos and images of developmental milestones at <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-in-action.html> ; CDC's "Milestone Moments Booklet" at https://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/MilestoneMomentsEng508.pdf; "Tip Sheet: Concerned about Development? How to Help Your Child" at https://www.cdc.gov/ncbddd/actearly/pdf/help_pdfs/CDC_HelpChild_combined.pdf; and information on Georgia's EPSDT services at <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>.

Additionally, training on topics such as trauma, social emotional development, family engagement, child health and wellness, choosing high-quality care, breastfeeding practices, and supporting positive social emotional development is available to early childhood professionals. Educators can access this training through virtual and face-to-face trainings provided by the Inclusion and Behavior Support and Infant Toddler Specialists, Child and Family development staff, and others. Additionally, many trainings can be accessed through the Online Learning Library Initiative platform (OLLI) and through trainings offered by approved trainers.

To promote family and provider engagement, the Lead Agency and partnering agencies/organizations participate in the following statewide initiatives:

- Farm to Early Child Care and Education: Provides training and educational information on incorporating fresh produce in early education settings, instructional support, and access to materials and supplies to incorporate physical activities during the meal service. The goal of the initiative is to share information and develop activities in classroom settings that can be replicated and reinforced at home. The Lead Agency will continue to further publicize these important resources and embed them into the agency's other program areas, including child care licensing, Quality Rated, Georgia's Pre-K Program, and the child care subsidy program to impact more children and families. Additional activities will include implementing a nutrition and physical activity campaign to support, educate, and encourage appropriate nutrition and physical activity in

early care and after school environments.

- GA

SHAPE Program and Recognition: Through a partnership among the Department of Public Health and the Lead Agency's Nutrition Services and Quality Rated programs, the Lead Agency provides access to materials and supplies for centers that provide higher quality in meal service and incorporate physical activity in daily center routines. Families receive two flyers electronically related to health and physical activity: "Health Tips for Active Play" flyer that provides information about the importance of active play and strategies on raising an active child (<https://wicworks.fns.usda.gov/wicworks/Topics/TipsPlay.pdf>) and "Healthy Eating for Preschoolers" flyer that provides a daily food checklist and tips for families to encourage healthy eating for preschoolers (

<https://wicworks.fns.usda.gov/wicworks/Topics/Preschooler.pdf>)

The Lead

Agency plans to use additional strategies to increase information provided to stakeholders.

-To reach

families at the community level, the Lead Agency developed a project to create and support Family Peer Ambassadors who receive training in quality early learning, child development, and strategies to support children's school readiness. These Ambassadors educate and inform families in their communities by sharing information and resources at community events, on social media, or hosting virtual events on topics of interest to families. Family Peer Ambassadors also serve on advisory groups and taskforces to provide authentic input into policies and programs. The Lead Agency will train two new cohorts of Ambassadors over the next two years while continuing to support the current cohorts. The Lead Agency will also identify a small core group of Family Peer Ambassadors who will be trained in the Parent Café Model and will conduct virtual parent cafes with families in their communities.

- The Cross-Agency Family Council will include diverse parent representatives from child-serving agencies and advocacy organizations throughout Georgia, including Department of Public Health, Early Intervention, Parent to Parent of Georgia, the state's Parent Information and Training Center, the Division of Family and Children Services, Department of Education, and Head Start and Early Head Start policy councils. The Council will meet to exchange information about resources and opportunities in the state which council members will share with their respective groups.

- Community-based

programs and grants: In spring 2021, the Lead Agency is also offering community grants to support local communities in increasing resources for family engagement. Communities may

apply for 2Gen Innovation Grants that can be used to increase alignment between child care services and workforce supports. The second type of grant, Trauma-Responsive Care grants, supports communities in increasing their understanding of the impacts of trauma and how they can best help families and young children who have experienced trauma. Finally, the Lead Agency is offering Community Transformation Grants where communities will implement a new project that can address one of nine needs identified in Georgia's PDG B-5 Needs Assessment. These needs include food insecurity, homelessness, reducing suspensions and expulsions, and mental health supports.

- The state also received funding to support a new position, Infant and Early Childhood Mental Health (IECMH) Director, at the Lead Agency. This position will work to identify and connect children's mental health initiatives in Georgia, while identifying the gaps, to begin building an early childhood system of mental health care. Georgia currently has an extensive system of care for school age, adolescent, and young adult children. The IECMH Director will work with other state child serving agencies to identify additional services and supports that can promote, prevent, and treat mental health in children ages birth – 5 in Georgia to build a true continuum of services for children's mental and behavioral health. This position will establish goals and connect to community resources focusing on the promotion of and early intervention around young children's mental health.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

The Lead Agency has gathered all the current social-emotional support strategies for early childhood professionals under the umbrella of the Georgia Social Emotional Early Development Strategies (SEEDS) for Success initiative. [*The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children*](#) (Pyramid Model) is the framework for all SEEDS work. The Lead Agency makes information about children's social and behavioral needs available to families, providers, and the public through multiple sources. Agency websites and social media posts include information on topics such as early brain development, strategies for promoting young children's social and emotional skills and competence, and preventing challenging behavior. Information about social-emotional development and the use of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children as a support for behavioral intervention is available on the SEEDS for Success webpage at <http://www.dec.state.ga.gov/InstructionalSupports/Seeds.aspx>.

Through this initiative, training, coaching, and technical assistance addressing evidence-based prevention strategies and strategies for responding to persistent challenging behavior are offered to early childhood professionals. Teachers, administrators, and families can contact the SEEDS Helpline (1-833-354-4357 or inclusion@dec.state.ga.gov) for resources, referrals, and classroom-based support. Inclusion and Behavior Support Specialists are available across the state to support teachers and administrators in meeting the social-emotional needs of the children in their care. The Inclusion and Behavior Support Specialists provide training, consultation, on-site coaching, materials, and resources to teachers and administrators on topics such as preventing suspensions and expulsions, social emotional competencies, and pro-social classroom practices. Additionally, Specialists work with classroom teachers, administrators, and family members to develop and implement behavior intervention plans for children with serious, persistent, challenging behavior. Referrals to early intervention, special education, and supplemental mental health services are provided as appropriate. In SY 2020, the agency received state funding to hire two additional specialists in SFY 2020, bringing the total number of specialists to 20. The state also received funding to support a new position, Infant and Early Childhood Mental Health (IECMH) Director at the Lead Agency. This position will work to connect current children's mental health initiatives in Georgia, while identifying the gaps, to begin building an early

childhood system of care. Georgia currently has an extensive system of care for school age, adolescent, and young adult children; the IECMH Director will work with other state child serving agencies to identify additional services and supports that can promote, prevent, and treat mental health in children ages birth – 5 in Georgia to build a true continuum of services for children’s mental and behavioral health.

In addition to training and technical assistance, the state is partnering with licensed child care learning centers, Head Start centers, and Early Head Start centers to implement the program-wide Pyramid Model framework. These programs receive intensive training and are supported by a master cadre of coaches who help programs analyze and use data to improve their practices. In FFY 2020 the agency offered financial support through implementation grants to an additional cohort of programs that agreed to implement the Pyramid Model in their classrooms. These grants covered salary and benefits for a program-based coach and classroom materials to teach social emotional skills. Six cohorts are currently participating. The Lead Agency plans to expand this work to two cohorts of family child care learning home providers and two additional cohorts of child care learning centers.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

The Lead Agency has implemented an initiative to prevent the suspension and expulsion of children from birth to age five in child care and other early childhood programs. The Georgia’s SEEDS for Success is a collaborative led by the Lead Agency to support and align the state’s initiatives related to increasing social-emotional competence in young children and decreasing challenging behaviors in early childhood settings through targeted supports to educators. One focus of this initiative is to reduce the use of suspension and expulsion in early learning programs through training, coaching, and resources for teachers and administrators. This initiative is based on the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model). Early childhood educators can contact the SEEDS Helpline at 1-833-354-4357 or inclusion@dec.al.ga.gov to request assistance with referrals, resources, and materials or classroom-based support. Inclusion

and Behavior Support Specialists are available to work with providers to implement strategies to support prosocial development, to prevent challenging behaviors, or to work with a classroom team of educators and the child's family to develop behavior intervention plans to support success for individual children struggling with persistent challenging behaviors. The agency strongly recommends that child care administrators contact the Helpline for support at the onset of behavior issues in the classroom rather than waiting until expulsion is being considered. The Infant and Early Childhood Mental Health (IECMH) Director position will focus on connecting the Inclusion and Behavior Support Specialists to more community resources to support child care centers to reduce suspension and expulsion. Due to the limited resources, depending on the community or the issue, the IECMH Director will focus on workforce development initiatives statewide to increase the capacity of qualified mental health providers for young children. This will increase the treatment options for children and families dealing with serious emotional challenges. Georgia is also exploring potential Medicaid billable pathways for mental health treatment for young children. A more collaborative approach between state child serving agencies will increase and align services, such as home visiting, that reduce suspension and expulsion rates in early care environments.

Georgia's Pre-K Program has established policies regarding suspension and expulsion of children participating in the Pre-K program. These policies are available as part of the Georgia's Pre-K Operating Guidelines, which are available on the Lead Agency's website. Information about these policies is also included in the family orientation provided by funded Pre-K sites. Pre-K programs must contact the Helpline for support before considering other measures.

[2.5 Procedures for Providing Information on Developmental Screenings](#)

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources

and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The Lead Agency collaborates with local, state, and federal agencies, such as the Georgia Chapter of the American Academy of Pediatrics, the Georgia Department of Public Health, the Georgia Department of Community Health, and the CDC to collect information on existing resources and services for conducting developmental screenings. Existing resources and services are disseminated to families, the public, and child care providers through the consumer education website. The Lead Agency is planning to develop and build a resource and referral portal that will provide information for families and the public on existing resources and services available for conducting developmental screenings. In addition, families who receive subsidies are provided information on developmental screenings during the annual redetermination process.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

At annual redetermination, families receive a copy of the Consumer Statement that includes information on and the referral process for Early and Periodic Screening, Diagnosis, and Treatment. At initial eligibility determination and at annual

redetermination, the Family Support Consultant will use the Centers for Disease Control and Prevention's "Learn the Signs. Act Early." milestone checklists for children ages birth to five (<https://www.cdc.gov/ncbddd/actearly/pdf/checklists/allchecklists.pdf>) to review developmental milestones based on the child's age and discuss parent or caregiver concerns related to the child's development. If the child is birth to age three and the parent or caregiver expresses concern, or if any developmental concerns have been identified, the Family Support Consultant will complete the Children First Screening and Referral Form (https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/Children1st_ScreeningReferralForm.pdf) to make a referral to the Children First program. The Children First program is in the Georgia Department of Public Health and is Georgia's entry point into all child health programs for children from birth to age five. The program facilitates early identification of at-risk children and serves as the "front door" to the Babies Can't Wait program (Georgia's Part C of IDEA program) as well as other public health services and community-based resources. The Family Support Consultant will inform the family that a referral for evaluation related to developmental concerns will be emailed (with the parent copied) to the Children First program at the Georgia Department of Public Health in their community. After the initial eligibility determination or annual redetermination, the Family Support Consultant will email families information on developmental monitoring and screening. As part of the redetermination for eligibility process, the Family Support Consultant will contact the family 45 days before redetermination to remind them to submit needed documents and to discuss the needs of the family and the child's development. During the call, the Family Support Consultant will follow the initial eligibility process for referring age-eligible children to "Children First, Babies Can't Wait" (Part C of IDEA), and Part B, section 619, of IDEA. The Lead Agency has collaborated with partner agencies to develop and implement training for child care providers in understanding the services available through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, IDEA Part B, section 619, and IDEA Part C and has developed policies and procedures to inform families about the screening services available in the above programs.

c) [How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.](#)

At initial eligibility determination and at annual redetermination, the Family Support

Consultant will use the Centers for Disease Control and Prevention's "Learn the Signs. Act Early." milestone checklist for children ages birth to five (https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf) to review developmental milestones based on the child's age and to discuss parent or caregiver concerns related to the child's development. If the child is birth to age three and the parent or caregiver expresses concern, or if developmental concerns have been identified, the Family Support Consultant will complete the Children First Screening and Referral Form (https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/Children1st_ScreeningReferralForm.pdf) to make a referral to the Children First program. The Children First program is in the Georgia Department of Public Health and is the entry point in Georgia into all child health programs for children birth to age five. The program facilitates early identification of at-risk children and serves as the "front door" to the Babies Can't Wait program (Georgia's Part C of IDEA program) as well as other public health services and community-based resources. Child care providers can also use the form to make referrals to the Children First program for children with developmental concerns. The Lead Agency is collaborating with the Georgia Department of Public Health on developing and implementing a streamlined process for referring families receiving subsidies. The Family Support Consultant will share with the family that a referral for evaluation related to developmental concerns will be emailed (with the parent copied) to the Children First program at the Georgia Department of Public Health in their community. At annual redetermination, the Family Support Consultant will review with the parent or caregiver the purpose of the referral, next steps (assessment completed by Children First), and the purpose, goals, and importance of early intervention services. At the end of the call, the Family Support Consultant will send the parent or caregiver a copy of the "Learn the Signs. Act Early." milestone checklist with the responses provided by the parent. The parent will be encouraged to make an appointment with the child's primary care physician and share his or her concerns as well as provide a copy of the checklist. If the child is over age three and there are developmental concerns, the Family Support Consultant will identify, provide information, and support the family in contacting and getting an evaluation for developmental concerns through the local education agency where the family resides. The Lead Agency is collaborating with the Georgia Department of Education on developing and implementing a streamlined process for referring families for services under Part B, section 619, of IDEA. The Lead Agency is planning to develop and build a resource and referral portal that will provide information

for families on referrals for Early and Periodic Screening, Diagnostic, and Treatment program under the Medicaid program. At initial eligibility determination and at annual redetermination, the families receive information on participating in Medicaid and PeachCare for Kids (Georgia's Children's Health Insurance Program) and information on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program administered through the Georgia Department of Community Health. They also receive information on developmental monitoring and screening to include the following:

Information on the CDC's Milestone Tracker App for the phone (<https://www.cdc.gov/ncbddd/actearly/pdf/MilestoneTrackerAppFlyer.pdf>); CDC's Milestones in Action - Interactive milestone checklist that features videos and images of developmental milestones (<https://www.cdc.gov/ncbddd/actearly/milestones/milestones-in-action.html>); CDC's Milestone Moments Booklet (https://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/MilestoneMomentsEng508.pdf)

Tip Sheet: Concerned about Development? How to Help Your Child (https://www.cdc.gov/ncbddd/actearly/pdf/help_pdfs/CDC_HelpChild_combined.pdf)

Information on Georgia's EPSDT services (<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>)

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Families: The Lead Agency provides a variety of resources on the importance of developmental monitoring and screening and information to support and improve families' understanding of developmental milestones. The resources identify what families should look for and do if they have concerns about their child's development. The resources include strategies for sharing their concerns with the primary care physician and child care provider to get a developmental screening. The resources also provide information on available state and federal services and supports, such as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for comprehensive and preventive health care services and IDEA Part B, section 619, and IDEA Part C for children at risk for cognitive or other developmental delays. The Lead Agency is planning to develop and build a resource and referral portal that will provide information for families on existing resources and services available for obtaining a developmental screening for children at risk for cognitive or other developmental delays. Concerned families

and child care providers can also contact the SEEDS Helpline (1-833-354-4357) for referrals to screening and/or services. Child Care Providers: The Lead Agency has collaborated with partner agencies to develop and implement training for child care providers in understanding the services available through EPSDT, IDEA Part B, section 619, and IDEA Part C. The Lead Agency helps providers develop policies and procedures to inform families about the screening services available in the above programs. The Lead Agency also maintains a Developmental Milestones website (<https://development.decal.ga.gov/#/>) with information on developmental milestones, monitoring, and strategies for sharing developmental concerns with families. The website also provides information and resources for referrals for developmental screenings and services.

e) How child care providers receive this information through training and professional development.

The Lead Agency promotes the CDC's "Learn the Signs. Act Early." materials and the "Watch Me! Celebrating Milestones and Sharing Concerns" training modules. Teachers, administrators, and others are encouraged to complete the Watch Me! modules and request a kit of developmental monitoring materials to use in their classrooms and to share with families. A fifth module, "Acting Early in Georgia," is available on the Lead Agency's website. This module provides information on developmental monitoring and the steps to take if there are developmental concerns. The module includes information on obtaining developmental screening through various Georgia-specific programs such as Children 1st, early intervention, special education, or through the primary care physician. The modules and materials are promoted through social media, the agency website, and through flyers provided to child care providers by their licensing consultants. The Lead Agency will work with the CDC's Learn the Signs. Act Early team to offer the Watch Me modules as part of the agency's Online Learning Library (OLLI) with English and Spanish versions available. The Acting Early in Georgia module will also be available in OLLI. Information about developmental screening and monitoring is included in the professional development provided to infant and toddler teachers and administrators participating in the Lifting Infants and Toddlers through Language-rich Environments (LITTLE) project.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

. CAPS Policy Manual 4.9.1 specifies that staff will provide families with information on developmental screenings. CAPS Procedure Manual Section 3.9 outlines the procedures for providing information on developmental screenings discussed above.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

The Lead Agency staff emails the consumer statement to families after they are determined to be eligible for CAPS services. During the annual redetermination process, families receive the Consumer Statement which includes information to help families make an informed decision about their child care provider. The information includes the child care provider's licensing history, compliance with health and safety requirements, date of last inspection, licensing violations, and any quality rating classification. During the conversation with families for redetermination, the Family Support Consultant will review the information and confirm the family's selection of their child care provider.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

Health and safety requirements met by the provider

- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

The consumer statement is sent via email by the Lead Agency to families participating in the CAPS program. Families without an email on file receive the statement via regular mail. Child care provider details are pulled from the <http://families.decal.ga.gov> website and additional resources such as the following are also linked:

https://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/milestonemomentseng508.pdf

<https://www.cdc.gov/ncbddd/actearly/milestones-app.html>

<https://www.qualitycareforchildren.org>

<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

<http://decal.ga.gov/BftS/ContactList.aspx?programId=3&CCS=1>

<https://wicworks.fns.usda.gov/wicworks/Topics/TipsPlay.pdf>

<https://wicworks.fns.usda.gov/wicworks/Topics/Preschooler.pdf>

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe

procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

- a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A child with disabilities, as defined by CAPS Policy Manual 2.1, has a disability or developmental delay that impacts their learning, as measured and documented by appropriate diagnostic instruments and procedures by a licensed medical specialist. The disability or delay must be in one of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development. Children with disabilities may include: a child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.); a child who is eligible for services under part B, section 619, of the Individuals with Disabilities Education Act (20 U.S.C. 1419); a child who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); a child with a Medicaid waiver for persons with disabilities (i.e., Katie Beckett, NOW, or COMP); and a child receiving Supplemental Security Income for blindness or a disability. A child between the ages of 13 and 18 may be eligible for CCDF-funded child care if their disability described above necessitates a full-time caretaker.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

The Lead Agency defines "residing with" as all children included in the "family unit." CAPS Policy Manual 5.3 defines a family unit as a parental authority with legal, biological, or day-to-day responsibility for children in the home and all those for whom the parental authority is responsible. This policy also notes that multiple family units may reside in the same house.

CAPS Policy Manual 5.4 states that the following individuals living in the household shall be included in the family unit: Biological, adopted, or step children under the age of 18; children under legal or physical guardianship of the parental authority; spouse/parent residing in the home; unmarried adults living together with a mutual biological or legal child residing in the same household; spouse of the parental authority temporarily absent from the household due to employment, military deployment, training, or education.

ii. "in loco parentis":

CAPS Policy Manual 2.1 defines "in loco parentis" as a person living with the child needing CAPS services who is one of the following: a non-custodial parent; another related person who acts as a caretaker (responsible for the care) of the child; a legal guardian; an unrelated adult who is at least age 21 and whose petition for legal guardianship of the child is pending; an unrelated adult with whom DFCS has placed a child subsequent to a court order identifying DFCS as responsible for the child's care and supervision.

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

CAPS Policy Manual 6.8 defines employment as any of the following: work that yields a W-2, W-9, or 1099; work study in certificate programs where earnings do not pay for tuition; cash-paying jobs; or other work performed for income not captured on a W-2 including tips or commission. The number of paid work hours must average at least 24 hours per week.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

CAPS Policy Manual 6.8 currently defines "vocational training" as an educational program that cannot be categorized as a program leading toward a college degree. Vocational training may be completed through in-class instruction or online courses. Vocational training includes, but is not limited to, certificate and diploma programs and adult education (including English language) programs.

Parents enrolled in vocational training must meet CAPS activity hour requirement of at least 24 hours per week. Parents can be enrolled in vocational training full- or part-time and can combine the vocational training with another state approved activity, if needed. Each credit hour (or hour of online or in-person coursework) equates to two hours of state-approved activity to account for study time.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Per CAPS Policy Manual 6.8, education is participation in middle or high school, General Equivalency Diploma (GED) programs, vocational training programs, associate degree programs, and bachelor's degree programs. For parents ages 20 and younger, education includes attending middle school, high school, or full-time GED programs. Parents age 21 and older may be eligible for CAPS services if they are enrolled in GED classes in combination with another approved activity for a minimum average of 24 hours per week.

Parents enrolled in vocational training must meet CAPS activity hour requirement of at least 24 hours per week. Parents can be enrolled full- or part-time in GED, vocational training, associate degree, and bachelor's degree and can combine the vocational training with another state approved activity, if needed. Each credit hour (or hour of online or in-person coursework) equates to two hours of state-approved activity to

account for study time.

Enrollment in an associate or bachelor's degree program must be at a HOPE eligible public or private institution. Associate and bachelor's degree programs may be completed through in-class instruction or online courses.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

CAPS Policy Manual 6.8 states that participation in middle or high school, General Equivalency Diploma (GED) programs, vocational training programs, and associate degree programs qualifies as a state-approved activity. Parental authorities age 21 or older who are not enrolled in middle or high school must participate in state approved activities for an average of at least 24 hours per week. The 24-hour per week requirement may be met by employment, education, or a combination of employment and education. Each credit hour (or hour of online or in-person coursework) for GED, vocational training, and associate degree programs equates to two hours of state approved activity to account for study time.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

For CAPS purposes, "protective services" includes children with an active Division

of Children and Family Services (DFCS) Child Protective Services case, children with a court order requiring child care assistance, children who need protection as evidenced by involvement with law enforcement or a community human services agency, and children in the custody of DFCS, which includes children in foster care; families experiencing domestic violence; families participating in or transitioning from TANF; families who have experienced a natural disaster; families who lack fixed, regular, and adequate housing; and families participating in the DFCS grandparents raising grandchildren (GRG) program. Children meeting any of these protective services criteria are considered a CAPS priority group and can be approved for child care subsidies even when funding is limited (CAPS Policy Manual 7.4, 7.5, 7.6, 7.9, 7.10, 7.11, and 7.13). Families participating in the DFCS GRG program are not required to participate in an approved activity, and foster care parents are not required to participate in an approved activity for the foster children in their homes to be eligible. The state-approved activity requirement may be waived for families while the child protective services case is open. All other families who meet the protective services criteria, except children who need protection as evidenced by involvement with law enforcement or a community human services agency, are permitted to use "job search" at initial eligibility to meet the state-approved activity requirement.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

Income counted toward the maximum allowable income limit includes: wages or salary (gross income of all adults in the family unit), base pay for military personnel, net income from self-employment, unemployment compensation, worker's compensation, alimony (regular and ongoing payments), court-ordered and direct child support payments (when regular and ongoing payments are received), veteran's benefits, military allotments, capital gains, rental income (regular and ongoing payments), dividends (regular and ongoing payments), retirement/pension, commission, cash bonuses, and regular or lump sum lottery payments (CAPS Policy Manual 8.4.1).

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined

as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$3,476	\$2,954	\$1,738	50%
2	\$4,545	\$3,863	\$2,273	50%
3	\$5,615	\$4,772	\$2,807	50%
4	\$6,684	\$5,681	\$3,342	50%
5	\$7,754	\$6,591	\$3,877	50%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

Not applicable; income eligibility limits are statewide.

d. SMI source and year. Administration for Children and Families, Office of Community Services, Division of Energy Assistance, for FY 2020.

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Not applicable; income eligibility limits are the same in all areas of the state.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? October 1, 2020

g. Provide the citation or link, if available, for the income eligibility limits.

<https://caps.dec.state.ga.us/assets/downloads/CAPS/AppendixA->

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

CAPS Policy Manual 8.9.1 requires that parents self-certify that the family unit assets do not exceed \$1,000,000. This attestation is built into the online application. Parents who do not complete the online application are required to self-certify when completing the paper CAPS Child Care Application (Appendix J).

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

CAPS Policy Manual 8.9.1 exempts children in Georgia Division of Family and Child Services (DFCS) custody (i.e., foster care) from certifying that family assets do not exceed \$1,000,000.

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

CAPS Policy Manual 7.3 identifies 12 priority population categories that receive child care subsidies at times of funding restrictions. These priority categories are only applied at initial eligibility determination. That is, once determined eligible, families do not need to demonstrate that they continue to meet these conditions at redetermination. However, families may be required to submit verification documents to support eligibility at redetermination if there is a change in their circumstances. Priority categories include: Child Protective Services and court-ordered supervision cases; families with children

enrolled in Georgia's Pre-K program; children in Georgia Division of Family and Children Services custody; children with disabilities; families with very low income as defined by CAPS; grandparents raising grandchildren; minor parents (aged 20 years of age or younger); families experiencing domestic violence; families who lack fixed, regular, and adequate housing; families who have experienced a natural disaster; families participating in or transitioning from TANF; need to protect.

b. eligibility redetermination.

Redeterminations are processed in the same manner as a new application. Families may have to identify with one of the CAPS priority populations and re-verify circumstances that were verified previously.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;

h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

i. Other.

Describe:

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

Average the family's earnings over a period of time (i.e. 12 months).

Request earning statements that are most representative of the family's monthly income.

Deduct temporary or irregular increases in wages from the family's standard income level.

Other.

Describe:

CAPS Policy Manual 8.8.6 describes the difference between regular and irregular income as it relates to income eligibility calculations at initial application and redetermination. The policy notes that when the parent's income varies considerably, staff calculate the average of all pay stubs for the past six months. In addition, per CAPS Policy 13.4.3, parents are only required to report changes in family income where the income exceeds 85 percent of SMI for four consecutive weeks.

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often.

Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

CAPS Policy Manual 6.7 requires proof of the parent's identity and provides the following list of acceptable verification documents: federal or state issued identification card; military issued identification card; current school identification card; U.S. Passport; Medicare/Medicaid recipient card; Social Security award letter; declaration of citizenship; naturalization certificate; voter registration card; work or school visa. CAPS Policy Manual 14.3.1 notes that parents are not required to re-verify circumstances that have already been verified and are not questionable or subject to change at redetermination.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

The parent's statement serves as verification of the relationship between the applicant and the child. CAPS Policy manual 14.3.1 notes that parents are not required to re-verify circumstances that have already been verified and are not questionable or subject to change at redetermination.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination

Required at Redetermination

Describe:

CAPS Policy Manual 6.4.2 provides the following list of acceptable documents to verify the child's age. (These also serve as verification of the child's identity.): birth certificate; court records; U.S. passport; state-issued identification; hospital certificate of live birth; immigration card; social security records; immigration court order; Homeland security documents.

CAPS Policy Manual 6.5.6 provides the following list of acceptable documents to verify the child's citizenship: birth certificate; certificate of citizenship; naturalization certificate; vital records; report of birth from abroad of a U.S. citizen; U.S. citizen I.D. card; passport; consoler's report of birth; American Indian card (first issued by USCIS in 1983); court records of parentage, juvenile proceedings, or child support indicating place of birth; religious record of birth recorded in the U.S. or its territories within three months of birth (The document must show either the date of birth or the individual's age at the time the record was made); any document that establishes place of birth or U.S. citizenship, such as records from Social Security Administration, Veterans Administration, local government agencies, hospitals, or clinic's record of birth or parentage; early school records showing the date of admission to the school, the child's date and place of birth, and the names and place of birth of the parents; census record showing the name, U.S. citizenship, or a U.S. place of birth and date of birth or age of the individual; adoption finalization papers showing the child's name and place of birth in one of the 50 states, the District of Columbia, or a U.S. Territory.

CAPS Policy Manual 14.3.1 notes that parents are not required to re-verify circumstances that have already been verified and are not questionable or subject to change at redetermination.

[Work.](#)

[Required at Initial Determination](#)

[Required at Redetermination](#)

[Describe:](#)

CAPS Policy Manual 6.8.2.3 indicates acceptable verification of hours for employment includes pay stubs, a letter from the employer on business letterhead, CAPS Self-employment Report (Appendix CC), CAPS Employment Verification [Appendix F]), or employer wage records. Work activity must be verified at the time of initial application and redetermination.

[Job training or educational program.](#)

[Required at Initial Determination](#)

[Required at Redetermination](#)

[Describe:](#)

CAPS Policy 6.8.3.6 requires a written verification of enrollment from the educational

institution and current class schedule or a completed Education Verification Form. The written verification must include, at a minimum: the parent's name and enrollment date; the name of the institution, contact person, and contact information (phone and email); if not included on the class schedule, the written statement must also include either the number of credit hours or the number of in-class or online hours per week. Vocational training or education activity must be verified at the time of initial application and at redetermination.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

CAPS Policy Manual 8.6.1 provides the following list of acceptable documents to verify earned income: pay stubs or receipts for the most recent four weeks of earnings; most recent 1099 form; most recent W-2 forms; employer's wage records; quarterly income tax payment receipts to the IRS (for cash paying jobs or self-employment only); annual income tax returns when presented in the January-March quarter (for cash paying jobs or self-employment only); letter or statement from employer - the letter or statement should be signed and dated on employer letterhead and include contact information for the employer (phone number, title, and relationship to employee), expected or current hire date, number of hours the employee works or is scheduled to work, and hourly rate of pay or gross salary; documentation from other state eligibility programs, if verification of income is within the past six months; CAPS Employment Verification (Appendix F) or itemized statement completed by the employer; Military Leave Earning Statement (LES) - this is the only acceptable form of verification for a member of the military; CAPS Self-employment Report (Appendix CC); business ledgers; business receipts; previous year tax form if submitting before April 15; current tax form if submitting after April 15. CAPS Policy Manual 8.7.1 provides the following list of acceptable documents to verify unearned income: check stubs; award letters; Social Security records; worker's compensation records; union records; unemployment insurance claim records; documentation from other state eligibility programs; child support system information; court documentation. Income must be verified at the time of initial application and at redetermination.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Per CAPS Policy Manual 5.3.4, the parent is responsible for disclosing the names and relationships of all individuals who reside together in the household to determine the composition of the family unit. The parent's statement serves as verification.

Household composition must be verified at the time of initial application and at redetermination

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

CAPS Policy Manual 6.3.2 provides the following list of acceptable documents to verify proof of residency: current Georgia government issued driver's license or identification card; current lease or mortgage statement; notarized statement from landlord or person with whom the applicant resides; children's school records within current school year; voter registration card; motor vehicle registration card with residence address; wage stubs with residence address; work or school I.D. with residence address; current utility bill or statement; current property tax statement.

Residency must be verified at the time of initial application and at redetermination (if there was a change during the eligibility period).

Other.

Required at Initial Determination

Required at Redetermination

Describe:

CAPS Priority Groups Policy provides the following list of acceptable documents to verify priority group categories: Child Protective Services (CPS) and court-ordered supervision cases - referral from CPS; children enrolled in Georgia's Pre-K Program - Georgia's Pre-K Program referral form; children in Georgia Division of Family and Children Services (DFCS) custody - referral from DFCS; families of children with disabilities - written diagnosis from a licensed medical doctor, mental health

professional, psychologist, psychiatrist, or an Individualized Family Service Plan (Part C of IDEA), and Individualized Education Program (Part B, section 619, of IDEA), an Individual Accommodation Plan (Section 504), a Medicaid waiver for persons with disabilities (Katie Beckett, NOW, or COMP), or proof of Supplemental Security Income for a child who is blind or disabled; families with very low income as defined by CAPS - verification of income as discussed previously; grandparents raising grandchildren (GRG) - verification that parental authority is in the Division of Family and Children Services GRG program; minor parents (age 20 or younger) - verification of parental authority's age; families experiencing domestic violence - verification from Georgia Department of Human Services (or report to TANF, police report, court documents, shelter residence, etc. if not verified through DHS) establishing need for care as domestic violence. A written or verbal attestation from the parent noting need for care due to domestic violence can be accepted if no other documentation is available; families who lack fixed, regular, and adequate housing - a letter from homeowner/lease holder, an emergency shelter, or agency that provides homeless assistance programs in Georgia, or an attestation from the parent that they lack a fixed, regular, and adequate nighttime residence; families who have experienced a natural disaster - the family's county of residence must have been identified by government officials as an area included in the state or federal disaster area; TANF applicants, recipients, or families transitioning from TANF - a referral for child care from the TANF program; need to protect - a referral for child care from the TANF program - a completed Statement of Guardianship (Appendix EE) is required for grandparents, relatives, and other caregivers raising children who are not in DFCS custody; referral from a community service program; copy of a case plan or verification from DFCS for families who had a substantiated CPS case that closed within the last 12 months; other documentation verifying need to protect. Verification documentation of priority population is required at redetermination. Families may have to be a member of one of the CAPS priority populations at redetermination. When their circumstances have changed, and the verification supports placement in a priority population where a higher payment rate will be authorized, or approved activity requirements may be reduced, submission of verification documents is required.

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

CAPS Policy Manual 4.7.1 requires that eligibility determination be made within 30 days of the initial application. CAPS Policy Manual 14.3.8 requires that eligibility determinations for redeterminations be completed before the current scholarships expire. Parents and their child care provider are notified of the redetermination at least 45 calendar days prior to the family's redetermination due date to prevent disruption of child care services.

Track and monitor the eligibility determination process

Other.

Describe:

None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions: Georgia Division of Family and Children Services (DFCS)

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care":

A TANF participant has chosen a child care provider who is licensed, exempt, or meets the CAPS criteria to become an informal caregiver.

ii. "Reasonable distance":

The distance that will enable the TANF participant to arrive at their work activity timely without incurring any additional expenses.

iii. "Unsuitability of informal child care":

An informal caregiver who failed to meet the health and safety requirements or background check or who has not properly enrolled with CAPS.

iv. "Affordable child care arrangements":

Securing a child care choice where fees can be managed on the TANF participant's budget and does not cause a financial hardship.

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

i. In writing

ii. Verbally

iii. Other.

Describe:

d. Provide the citation for the TANF policy or procedure:

Section 1800, can be found at <http://odis.dhs.ga.gov> in the TANF policy manual marked MAN3390 under the Division of Family and Children Services.

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?

	(a)	(b)	(c)	(d)	(e)	(f)
	than \$0)					
1	\$107/month	\$0	0.0%	\$1,738/month	\$121.33	7.0%
2	\$145/month	\$4.33	3.0%	\$2,273/month	\$156.00	6.9%
3	\$183/month	\$4.33	2.4%	\$2,807/month	\$195.00	6.9%
4	\$221/month	\$4.33	2.0%	\$3,342/month	\$229.67	6.9%
5	\$259/month	\$4.33	1.7%	\$3,877/month	\$268.67	6.9%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Not applicable; copayments do not differ by area of the state.

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

Not applicable.

c. What is the effective date of the sliding-fee scale(s)? September 2018

d. Provide the link(s) to the sliding-fee scale:

<https://caps.decal.ga.gov/assets/downloads/CAPS/AppendixD-Family%20Fee%20Assessment%20Chart.pdf>

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

- iv. No additional fee is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

b. The fee is a percent of income and (check all that apply):

- i. The fee is per child, with the same percentage applied for each child.
- ii. The fee is per child, and a discounted percentage is applied for two or more children.
- iii. The fee is per child up to a maximum per family.
- iv. No additional percentage is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

The percentage of income a family pays is determined by the ratio of the family's gross income to the most recent poverty guidelines issued by the U.S. Department of Health and Human Services. Family incomes are grouped into four tiers for determining what percent of income is assessed: 1) the copayment is waived for families at or below 10 percent of the poverty guidelines; 2) families above 10 percent and at or below 50 percent of the poverty guidelines are assessed a copayment of 3 percent of family income; 3) families over 50 percent and at or below 100 percent of the poverty guidelines are assessed a copayment of 5 percent of family income; 4) families over 100 percent of the poverty guidelines are assessed a copayment of 7 percent of family income. The family fee is assessed weekly and is rounded down to the nearest dollar. Due to this methodology, the

actual percentage of income paid may differ from the nominal percent assessed. In response to the pandemic, the Lead Agency will begin using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds in May 2021 to pay the family co-pay and the fee differential that may be charged to families. This policy change will not only support families in covering the cost of care but should also increase the number of providers willing to participate in the program because they will be guaranteed their full rate. Currently, the Lead Agency plans to implement this policy through September 30, 2022; however, the Lead Agency will continue to explore ways to increase families' access to high quality child care by limiting their financial burden even after the policy expires.

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

The family copayment is reduced by 15 percent for families receiving care from a provider that has earned a star rating in Quality Rated, Georgia's tiered quality rating and improvement system. This policy was implemented in July 2018.

c. Other.

Describe:

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

CAPS Policy Manual 9.5 notes family fees are not assessed when the family's gross applicable income is at or below 10 percent of the federal poverty guidelines.

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

CAPS Policy Manual 9.5 notes family fees are not assessed when children receiving subsidies are in the custody of Georgia's Division of Family and Children Services.

- c. Families meeting other criteria established by the Lead Agency. Describe Describe the policy.

Family fees are not assessed when the child's parent is under age 18 (CAPS Policy Manual 9.5). In response to the pandemic, the Lead Agency will begin using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds in May 2021 to pay the family co-pay and the fee differential that may be charged to families. This policy change will not only support families in covering the cost of care but should also increase the number of providers willing to participate in the program because they will be guaranteed their full rate. Currently, the Lead

Agency plans to implement this policy through September 30, 2022; however, the Lead Agency will continue to explore ways to increase families' access to high quality child care by limiting their financial burden even after the policy expires.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional

reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

When a family is initially approved for child care assistance, the gross applicable income of the family unit must be equal to or less than 50 percent of the current SMI at the time of application. During the eligibility period, if the family's gross applicable income increases but remains at or below the maximum allowable federal limit of 85 percent of SMI, the family will remain in the program with no impact to eligibility or family fee until redetermination. Families are not required to report a change in family income during the eligibility period, because it will be reassessed during redetermination. At redetermination, if a family's gross applicable income increases but remains at or below the maximum allowable federal limit of 85 percent of SMI, the family will continue to be eligible for the program. The family fee will be calculated at redetermination based on the family's current gross applicable income. CAPS Policy 14.3.9

(https://caps.decal.ga.gov/assets/downloads/CAPS/14-CAPS_Policy-Annual%20Redetermination.pdf)

B. Provide the citation for this policy or procedure.

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (*Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.*)

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child with disabilities, as defined by CAPS Policy Manual 2.1, has a disability or developmental delay as measured and documented by appropriate diagnostic instruments and procedures by a licensed medical, educational, or developmental professional. The disability or delay must be in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development. Children with special needs may include: (A) a child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.); (B) a child who is eligible for services under part B, section 619, of the Individuals with Disabilities Education Act (20 U.S.C. 1419); (C) a child who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); (D) a child with a Medicaid waiver for persons with disabilities (i.e., Katie Beckett, NOW, or COMP), and (E) a child receiving Supplemental Security Income for blindness or a disability.

b) "Families with very low incomes":

CAPS Policy Manual 7.12 and Appendix A define families with very low income as families whose income falls at or below 50 percent of the federal poverty guidelines.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services

- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

The Lead Agency partners with community agencies who support families of children experiencing homelessness to ensure that applications are prioritized. Additionally, the Lead Agency partners with the Department of Human Services Families (DHS), the agency that administers the TANF program, to prioritize referrals and applications for child care subsidy.

3.3.3 List and define any other priority groups established by the Lead Agency.

CAPS Policy Manual 7.3 lists the following additional priority groups: Child Protective Services (CPS) and Court Ordered Supervision Cases - a child who is receiving protective services; Children enrolled in Georgia's Pre-K Program; Children in Georgia Division of Family and Children Services (DFCS) Custody; Grandparents Raising Grandchildren (GRG) - Parents participating in GRG with DFCS; Minor Parents – Parents 20 years old and younger; Families experiencing domestic violence – For the purpose of this policy, domestic violence includes any violent crime that is alleged by the applicant against any past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. This shall also include emotional, psychological, physical, or sexual abuse as attested to by the applicant or formally documented by a referral

agency, law enforcement, or a court of competent jurisdiction; Families who have experienced a natural disaster – the family’s county of residence has been identified by government officials as an area included in the state or federal disaster area; Families participating or transitioning from TANF; Need to protect – a child who needs to receive protective services but is not formally involved with Child Protective Services.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

To support families with the greatest needs, CAPS established the additional priority groups identified in 3.3.3. Families in these priority groups meet first-level eligibility criteria for the program. In addition, the CAPS program pays the full rate for child care for families of children with special needs, children in foster care, and children in protective custody. Finally, CAPS does not assess a co-payment for minor parents below the age of 18 and children in DFCS custody. The Lead Agency also partners with representatives from shelters that support families experiencing domestic violence to prioritize applications for child care to support the safety of the children. Representatives can notify CAPS via the CAPS website that a family has applied so the application can be expedited.

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

CAPS Policy Manual 6.5 and 6.6 allow families an additional 90 days to verify citizenship and immunization requirements, respectively, without postponing the eligibility

determination. In addition, CAPS Policy Manual 7.6, 7.10, and 7.11 allow families experiencing domestic violence, families who lack fixed, regular, and adequate housing, and families who have experienced a natural disaster an additional 90 days to submit all verification documents without postponing their eligibility determination.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

The Lead Agency and the Head Start State Collaboration Office are providing a series of trainings and ongoing technical assistance to community partners who support families and children experiencing homelessness to improve their knowledge of the early care and education programs, priorities, and the referral systems. The Lead Agency has also partnered with Our House, a nonprofit agency providing shelter and innovative services to the Atlanta homeless population, to develop and implement training for staff to enhance outreach efforts. The Lead Agency added a feature to the Contact Us form on the CAPS website to enable community programs supporting families who are homeless to communicate and expedite their subsidy applications. The Lead Agency understands that communication may be a challenge for families with limited access to technology, so this feature allows staff to work with the system on their behalf. In addition, the Lead Agency developed a series of visual aids specific to community partners in the Continuum of Care who serve families experiencing homelessness to explain the process for child care and subsidy assistance.

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

CAPS Policy Manual 6.6 specifies that families experiencing homelessness have at least 90 days to verify immunization requirements. CAPS Procedure Manual 3.5.5 notes the additional 90 days does not affect approval of eligibility unless verification cannot be granted after the 90-day period. For extenuating circumstances beyond 90 days, an additional waiver allowing more time must be approved by the CAPS program. In consultation with Georgia Department of Public Health, the agency in Georgia responsible for monitoring that children in child care have current immunization certificates or an approved waiver, a 90-day time frame was established as sufficient to obtain a copy of an immunization certificate, or for a child to receive appropriate immunizations.

Provide the citation for this policy and procedure.

CAPS Policy Manual 6.6 specifies that families experiencing homelessness have at least 90 days to verify immunization requirements. CAPS Procedure Manual 3.5.5 notes the additional 90 days does not affect approval of eligibility unless verification cannot be granted after the 90-day period.

ii. Children who are in foster care.

CAPS Policy Manual 6.6 specifies that families of children in foster care have at least

90 days to verify immunization requirements. CAPS Procedure Manual 3.5.5 notes the additional 90 days does not affect approval of eligibility unless verification cannot be granted after the 90-day period. For extenuating circumstances beyond 90 days, an additional waiver allowing more time must be approved by the CAPS program. In consultation with Georgia Department of Public Health, the agency in Georgia responsible for monitoring that children in child care have current immunization certificates or an approved waiver, a 90-day time frame was established as sufficient to obtain a copy of an immunization certificate, or for a child to receive appropriate immunizations

[Provide the citation for this policy and procedure.](#)

CAPS Policy Manual 6.6 specifies that families of children in foster care have at least 90 days to verify immunization requirements. CAPS Procedure Manual 3.5.5 notes the additional 90 days does not affect approval of eligibility unless verification cannot be granted after the 90-day period.

[b\) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements \(98.41\(a\)\(1\)\(i\)\(C\)\(4\)\).](#)

The Lead Agency refers families to the county health department and other providers participating in the federal Vaccines for Children Program, which supplies vaccines free of charge to participating providers, which are made available to children up to 19 years of age who are Medicaid enrolled, uninsured, underinsured (and seen in a federally qualified health center or rural health center), or American Indian or Alaska Native.

[c\) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?](#)

No.

Yes.

[Describe:](#)

CAPS Policy Manual 6.6 allows all eligible families an additional 90 days, if needed, to verify immunization requirements.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1); any changes in residency within the state, territory, or tribal service area

- a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

CAPS Policy Manual 2.1 defines the eligibility period as the 12-month period for which the parent is authorized to receive CAPS as long as federally mandated requirements are met. To avoid an interruption in eligibility at redetermination, CAPS Policy Manual 14.5 and CAPS Procedure Manual 6.3 requires that staff notify families 45 days prior to their redetermination due date. CAPS Policy Manual 13.4.2 notes that temporary

changes in activity are not required to be reported and therefore do not impact eligibility. In addition, CAPS Policy Manual 13.8.2 notes that reasons for closure of CAPS cases are limited to the following: The family's income exceeds 85 percent of the current SMI for four or more consecutive weeks; there has been a program violation, and the sanction is closure of the child care case; the parent voluntarily withdraws from the CAPS program; there are excessive unexplained absences, and the parent cannot be reached using the most recently provided contact information. Excessive unexplained absence occurs when it is confirmed that CAPS subsidies have not been used by the parent for authorized children, with no contact or previous notification of absence, for at least 30 calendar days. CAPS will attempt to contact parents through each communication channel available (phone, mail, and email) at least two times prior to closing their case for excessive unexplained absences; the parent fails to respond to or honor the Child Care Claim and Repayment Statement, or the parent fails or refuses to cooperate with an investigation conducted by Lead Agency investigative staff; the family has moved out of Georgia.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

CAPS Policy Manual 6.8.1 notes that temporary changes in state-approved activity do not affect eligibility. In addition, CAPS policy notes the parent may, but is not required to, report a time-limited absence from work due to such reasons as the need to care for a family member or an illness. Additionally, policy allows for parents to request suspension of child care services for up to 12 weeks, if needed. The case will remain open. However, no payments will be issued to the provider during the suspension period. CAPS procedure notes that, when reported, the change will be documented, and no further action is needed. The temporary care for the child will continue during breaks.

Citation:

CAPS Policy Manual 2.1, 3.4.5, 6.8.1, 13.4, and 13.7; CAPS Procedure Manual 5.5.1

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

CAPS Policy Manual 6.8.1 notes that temporary changes in state-approved activity do not affect eligibility. In addition, CAPS policy notes the parent may, but is not required to, report a change in state-approved activity that is temporary, and the activity may resume. CAPS procedure notes that, when reported, the change will be documented, and no further action is needed for the temporary change. Care for the child will continue during breaks. Also, if the change is reported and results in an immediate impact in services, the case will be updated, and the change is effective the first day of the new service week following the determination.

Citation:

CAPS Policy Manual 2.1, 3.4.5, 6.8.1, and 13.4; CAPS Procedure Manual 5.5.1 and 5.6.1

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

CAPS Policy Manual 6.8.1 notes temporary changes in state-approved activity do not affect eligibility. In addition, CAPS policy notes the parent may, but is not required to, report a change in state-approved activity that is temporary, and the activity may resume. CAPS procedure notes that, when reported, the change will be documented, and no further action is needed for the temporary change. Care for the child will continue during breaks.

Citation:

CAPS Policy Manual 2.1, 3.4.5, 6.8.1, and 13.4; CAPS Procedure Manual 5.5.1 and 5.6.1

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

CAPS Policy Manual 6.8.1 notes temporary changes in state-approved activity do not affect eligibility. This includes any reduction in work or education hours as long as the parent is still working or attending training or an educational program. In addition, CAPS policy notes the parent may, but is not required to, report a change in state-approved activity that is temporary, and the activity may resume. CAPS procedure notes that, when reported, the change will be documented, and no further action is needed for the temporary change. Care for the child will continue during breaks. Also, if the change is reported and results in an immediate impact in services, the case will be updated, and the change is effective the first day of the new service week following the determination.

Citation:

CAPS Policy Manual 2.1, 3.4.5, 6.8.1, and 13.4; CAPS Procedure Manual 5.5.1 and 5.6.1

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

Cessation of work or attendance at training or an educational program for less than 13 weeks for any other reason are considered a temporary change and do not impact the 12-month eligibility period.

Citation:

CAPS Policy Manual 2.1 and 5.5.1

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

CAPS Policy Manual 6.4.4 states that when a child turns 13 years old during the eligibility period, care will continue without interruption through the end of the eligibility period.

Citation:

CAPS Policy Manual 6.4.4

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Parents are not required to report a change in residence within the state, except when the change results in a change in mailing address. CAPS Policy Manual 13.4.3 states parents are required to report changes in their contact information (e.g., phone number, email address, and mailing address) within 10 days of becoming aware of the change. However, there is no interruption in services if the change is not reported in a timely manner.

Citation:

CAPS Policy Manual 3.4.5 and 13.4.3; CAPS Procedure Manual 5.7.

- c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

Under the Emergency CAPS State-Approved Activity Policies Waiver, changes in a state-approved activity resulting from COVID-19 will not impact the family's eligibility at redetermination. If state-approved activity requirements are not met at annual redetermination, because of circumstances related to COVID-19, the lack or reduction of activity will not impact eligibility if the family provides documentation of COVID-19 related job loss or reduced hours.

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

CAPS Policy allows for 12 months of job search as an approved activity for certain priority groups at initial eligibility determination, including families experiencing domestic violence (CAPS Policy Manual 7.6), families who have applied for or receiving TANF (CAPS Policy Manual 7.9), families who have experienced a natural disaster (CAPS Policy Manual 7.10), or families who lack fixed, regular, and adequate housing (CAPS Policy Manual 7.11). Families experiencing domestic violence and who have experienced a natural disaster are allowed 12 months of job search as an approved activity at the initial 12-month eligibility period and must meet CAPS state-approved activity requirements at redetermination.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume

participation in an eligible activity?

- No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
 - i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Parents who permanently lose their employment or stop attending education/training programs 13 weeks or more prior to the end of their current eligibility period will be allowed job search as an approved activity for 13 weeks from the date the activity ended. If the parent resumes participation in a state-approved activity at any level during the 13 weeks job search period, child care will continue for the duration of the existing eligibility period. If the parent does not resume participation in a state-approved activity at any level and have 13 or more weeks left in their current eligibility period, the case will close at the end of the 13 weeks job search period. If the parent permanently loses their employment or stops attending education/training program with 12 weeks or less remaining in their current eligibility period, child care will continue through the end of their current eligibility period. At redetermination, the parent must meet applicable state-approved activity requirements. (CAPS Policy 13.6)

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

The parent loses their employment or permanently stops attending their training or education program. The parent reports this change in activity to their assigned Family Support Consultant and 13-week job-search is triggered for the case.

iii. How long is the job-search period (must be at least 3 months)?

13 weeks

iv. Provide the citation for this policy or procedure.

CAPS Policy Manual 13.6.1 and 13.6.2.

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

CAPS Policy Manual 13.8.2 allows for CAPS cases to be closed when there are excessive unexplained absences, and the parent cannot be reached using the most recently provided contact information. Excessive unexplained absence occurs when it is confirmed that CAPS subsidies have not been used by the parent for authorized children, with no contact or previous notification of absence, for at least 30 calendar days. CAPS will attempt to contact parents through each communication channel available (phone, mail, and email) at least two times prior to closing their case for excessive unexplained absences.

B. Provide the citation for this policy or procedure:

CAPS Policy Manual 13.8.2

iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

CAPS Policy Manual 13.4.3 requires the parent to report within 10 calendar days when the family moves out of the state. CAPS Policy 13.8.2 allows for CAPS cases to be closed when the family has moved out of the state.

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

CAPS Policy Manual 13.8.2 allows for CAPS cases to be closed if there has been a program violation. Violations that lead to discontinued assistance are addressed in CAPS Policy Manual 16.4.4 and include the following: Parent provided inaccurate,

outdated, or incomplete information or did not report a change that would have impacted eligibility; parent did not cooperate with an investigation; parent did not respond to or honor the child care claim or repayment statement; parent provided false information or documents related to their eligibility determination. CAPS Policy Manual 16.4.4.2 defines program violations as an intentional act by the parent or child care provider to misrepresent or mislead by providing false documentation or verification or intentionally omitting documentation or verification in an effort to be determined eligible for services or payment.

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

CAPS Policy Manual 13.4.3 requires parents to report when the family moves out-of-state. Moving out-of-state will impact the family's eligibility and require the case to be closed.

- ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

CAPS Policy Manual 13.4.3 requires parents to report changes to contact information, such as phone number, email address, and mailing address.

- iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

CAPS Policy Manual 13.4.3 requires parents to report requests for changes in child care providers and if there is no longer a need for CAPS services.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
 ii. Email
 iii. Online forms

- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

Web-based eligibility system.

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Parents may, but are not required to, report the following: changes in family's income if gross applicable income remains at or below 85 percent of the current SMI; childbirth, adoption, or addition of a new child; marriage; change in state-approved activity that is temporary and the activity may resume.

ii. Provide the citation for this policy or procedure.

CAPS Policy Manual 3.4.5 and 13.4.2.

3.4.4 Prevent the disruption of employment, education, or job training activities

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and

to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

Information included on the child care certificate includes details on the child, the parent, the provider, and payment amounts. The certificate reports the provider rate, family fee, and CAPS weekly payment amount to the child care provider. Dates are given on the certificate

to show when it is issued and when it is up for redetermination. The child care certificate is generated after the family has selected a provider. Resources and assistance are provided to the family about available child care options, provider quality, and choosing a child care provider. If a family needs guidance on how to select a child care provider, CAPS staff or staff at the All Georgia Kids call center are available to assist.

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

CAPS staff and a referral helpline, 1-877-ALLGAKIDS, are available to help parents who request help selecting a child care provider. All CCR&R agencies and the statewide call center maintain information on Quality Rated providers and child care providers who accept CAPS subsidies to share with participating families.

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

All licensed child care providers can participate in Georgia's subsidy program. The only exceptions are those providers who have been dismissed for subsidy program violations. Families are not limited in selecting a program unless a provider refuses to participate in the program and therefore does not accept a CAPS scholarship. However, recognizing that a core principle of CCDF is that families receiving CCDF funded child care have equal access to child care that is comparable to that of non-CCDF families, the Lead Agency employs various strategies to strengthen child care options available to families who participate in CAPS. One strategy is to raise the quality of programs who participate in the CAPS program. Increasing the supply of higher quality programs provides a greater range of providers available to families. The Lead Agency has adopted a goal of all programs participating in CAPS being Quality Rated by December 31, 2021. To meet this goal, the Lead Agency has offered various incentives, such as high tiered reimbursement rates, Quality Rated technical assistance to providers, and other financial incentives, such as cash bonuses for directors and teachers for providers participating in CAPS to become Quality Rated. This increases the likelihood that the quality of programs participating in CAPS may be comparable to the quality of licensed child care that does not participate in CAPS. As Quality Rated programs become accessible in every county of the state, the options for families to select a Quality Rated provider increase. A second strategy is to encourage families to select programs that best meet their needs. Families can select all provider types including licensed child care learning centers, licensed family child care learning homes, family, friend, and neighbor care (referred to as Informal Caregivers), and certain categories of license-exempt programs. Through the consumer education website (www.qualityrated.org) and call center (1-877-ALLGAKIDS), the state makes the following information available to families: programs in their area, programs' Quality Rated star rating, published rates (if providers choose to display), and vacancies (if providers choose to display). Embedded in this strategy is encouraging families to select a Quality Rated program. Georgia's consumer education website automatically prioritizes Quality Rated programs. A third strategy is to ensure eligibility specialists in the Lead Agency's subsidy division help families select child care and ensure that families are aware of the different options in their area. Eligibility specialists can explain to families what is available to them in their area, additional financial supports, and why quality is important. A fourth strategy is to braid CCDF funds

with other funding sources, such as Georgia's Pre-K, Head Start, and Early Head Start, to give families more high-quality options. A fifth strategy is to continue research and evaluation to better understand the economics of early education in the state that will provide additional insight into provider participation in CAPS and family barriers to accessing higher quality care. The Lead Agency has commissioned a 2021 Economic Impact Study that will provide insight into Georgia's early education industry and the impact of the COVID-19 pandemic. In response to the pandemic, the Lead Agency will begin using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds in May 2021 to pay the family co-pay and the fee differential that may be charged to families. This policy change will not only support families in covering the cost of care but should also increase the number of providers willing to participate in the program because they will be guaranteed their full rate. Currently, the Lead Agency plans to implement this policy through September 30, 2022; however, the Lead Agency will evaluate, as part of the Economic Impact Study, the impact of this policy change and, if effective, may explore options for continuing some part of this policy after September 2022.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

Approximately 59 percent of licensed child care providers participate in Georgia's subsidy program as of February 2021, including 70 percent of licensed child care centers and 34 percent of licensed family child care homes. A key support for providers to participate in the subsidy program is the Quality Rated tiered reimbursement bonuses paid in addition to the base reimbursement rates. These bonuses-10 percent, 20 percent, and 40 percent for one-, two-, and three-star providers, respectively- increase the amount providers receive for participating in the subsidy program and ensure that families have higher quality options. As of February 2021, approximately 71 percent of eligible providers participating in the CCDF system are star rated and receive tiered reimbursement bonuses, and approximately 82 percent of children receiving subsidy are enrolled in a Quality Rated program. The 2016 market rate survey compared rates between programs participating in the subsidy program and programs not participating in the subsidy program. Results from the survey found that average weekly rates for non-participating child care centers were 38 percent higher than rates for programs participating in the subsidy program. Rates in family child care homes were 17 percent higher for those not participating in the subsidy program.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

In late 2016 and throughout 2017, the Lead Agency engaged in multiple stakeholder feedback activities related to Georgia's subsidy policy. The Lead Agency created and conducted a confidential survey of providers about Georgia's subsidy program, engaged researchers from the Carl Vinson Institute of Government at the University of Georgia to conduct provider and family focus groups and community meetings, and commissioned a market rate survey. Throughout the stakeholder engagement activities, providers identified lower base rates and difficulties in collecting family fees as barriers to participating in the program. However, providers also indicated that they would rather keep base rates and family fees the same than raise them and serve fewer children. For example, providers were asked how harmful or beneficial it would be to 1) keep the base rate and family fee at the current amount and serve the same number of children; 2) reduce the family fee and serve fewer children; 3) raise the base rate and serve fewer children; or 4) raise the tiered reimbursement amounts and serve fewer children. Providers overwhelmingly reported that keeping the base rate was the most beneficial and least harmful. Fifteen percent of respondents rated this as very or somewhat harmful compared to 69 percent, 58 percent, and 59 percent for the other options, respectively. Throughout the stakeholder feedback process, providers stressed that any options that reduced the average number of children served to less than 50,000 were not optimal. As detailed in section 4.2, the Lead Agency is requesting a waiver for the Market Rate Survey. Georgia's Market Rate Survey will be completed by October 2021 and will provide additional research into provider barriers. The Lead Agency is continuing to commission additional research to understand barriers to provider participation in the CAPS program. This includes focus groups with providers and families. Preliminary results from the focus groups suggest that family fee continues to be a barrier for families, and this may provide a disincentive for providers to participate as a families' inability to pay a family fee decreases revenue for a provider and places them in an unenviable position of removing families from the program or accepting a lower payment. The Lead Agency has also commissioned a 2021 Economic Impact Study and a cost of quality project that will provide additional insight into barriers.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

State child care licensing rules require unlimited access by parents to their children while in child care settings. Rules require that a sign be posted in a public place stating parents have access to all child care areas at any time that their child is in care. All providers, including Informal and exempt providers, who are not required to be licensed or registered, are also required, through the subsidy business agreement (Appendix Y – Child Care Provider Agreement), to allow parents unlimited access to their children. (Policy references: Rules for Family Child Care Learning Homes 290-2-3-.06; Rules for Child Care Learning Centers 591-1-1-.22; CAPS Policy Manual 12.4.1.5).

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

- b. Restricted based on the provider meeting a minimum age requirement.

Describe:

Individuals who provide care in the child's home are treated as a subset of informal caregivers, that is, home-based care that is exempt from licensing. CAPS policy 11.6.2 requires the Informal Caregiver to be 21 years of age. The provider is required to sign an agreement attesting to the age requirement.

- c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

CAPS Policy Manual 11.6.1 states that one of the possible criteria for approving the use of informal caregivers (including care in the child's home) is when there is a need for care during non-traditional hours when licensed care is not available.

- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

CAPS Policy Manual 11.6.2.1 restricts care within the child's home to caregivers who are related to the child by blood or marriage, such as an aunt, uncle, grandparent, great-grandparent, or adult sibling.

- e. Restricted to care for children with special needs or a medical condition.

Describe:

CAPS Policy Manual 11.6.1 states that one of the possible criteria for approving the use of informal caregivers is when the child in care is determined to meet the CAPS definition of children with disabilities.

- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

In addition to the CCDF health and safety requirements, the CAPS Informal Caregiver agreement requires that informal caregivers (including care in the child's home) have a working smoke detector and fire extinguisher at the location where care is provided. All Informal Caregivers, regardless of relationship to the child, must agree to health and safety monitoring by licensing staff. All health and safety standards for Informal Caregivers receiving subsidy are found in the reference guide by the same name (Appendix HH - Health and Safety Standards for Informal Providers Receiving Subsidy.)

- g. Other.

Describe:

CAPS Policy Manual 11.6.1 states that, in addition to a need for care during non-traditional hours or for children with disabilities, other possible criteria for approving the use of informal caregivers (including care in the child's home) includes: when no licensed care is available within a reasonable geographic area; when the child's primary language is other than English, and no licensed provider is equipped for dual language families within a reasonable geographic area; when families are impacted by transportation limitations; parental choice as it relates to religious, race, and ethnic considerations; and other considerations as identified by the family and approved by the Lead Agency.

4.1.6 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

The Lead Agency has an internal Research and Policy Analysis Team that uses

administrative data to continually monitor the availability of high-quality care. This includes licensing, Quality Rated, and other administrative data. A key example has been the monthly monitoring and reporting of progress toward the goal of all providers being Quality Rated by the end of 2021. As of January 2021, 82 percent of providers participating in CAPS are Quality Rated. The Lead Agency reviews and measures this at the county level, which provides an indicator of shortages at the local level. In addition, the Lead Agency has several research projects designed to measure access. The Lead Agency uses OPRE's definition of access in this research. This defines access as "parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs" (https://www.acf.hhs.gov/sites/default/files/documents/opre/cceepra_access_guidebook_fi nal_213_b508.pdf, page 5). The Lead Agency's progress related to measuring access includes analyzing data by different subgroups, such as infants/toddlers and children and families in rural areas. This work is part of the state's CCDBG Implementation Research and Evaluation Grant and includes analyses related to the COVID-19 pandemic. During this time, the Lead Agency has tracked the number of open and closed programs and provided a public map that details the percentage of open and closed programs at the county level. This is incorporated into the agency's child care search engine (www.qualityrated.org) and weekly reports. These analyses have also included cost analyses related to programs participating in CAPS and attendance data. These analyses inform the Lead Agency's decision-making process in determining where to target new initiatives and programs.

b. In child care homes.

All the processes described in 4.1.7a apply to the state's efforts regarding measuring the supply of high-quality family child care. In addition, the Lead Agency's Research and Policy Analysis Team has been monitoring the state's decline in the number of family child care learning homes.

c. Other.

The Lead Agency has also used funds from Georgia's Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant to study access and the impact of the pandemic on child care supply. This research includes provider surveys and family focus groups. The Lead Agency has also commissioned a new Economic Impact Study commencing in 2021 that will be used to gauge access. During the COVID-19

pandemic, the Lead Agency has also been monitoring temporary closures and openings in child care programs. These have been incorporated into the agency's child care search engine (www.qualityrated.org) and weekly reports.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Previously, the Lead Agency offered Quality Rated Subsidy Grants (QRSG) that paid a higher subsidy rate to providers to meet higher quality standards and offer on-site eligibility for a contracted number of slots. Due to budget cuts related to the COVID-19 pandemic, the state suspended the program in July 2020. However, the Lead Agency had commissioned an evaluation of the QRSG, and those results provide information on the success of the program if the state is able to reinstate it.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

As a project embedded in the state's PDG B-5 Renewal Grant, the state is exploring options for creating Family Child Care Networks, especially in underserved areas. These will be piloted in 2022.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Georgia's CCR&R agencies provide targeted technical assistance statewide to support instructional quality in child care programs. In addition to technical assistance, CCR&RS provide materials and equipment to programs participating in Quality Rated to enhance classroom instructional practices. CCR&Rs are expected to prioritize programs that work with children receiving subsidy with a goal of having at least 90 percent of all subsidy-eligible programs in the CCR&R region rated. CCR&Rs are also responsible for recruiting subsidy eligible programs in areas where there are too few Quality Rated programs to meet subsidy needs.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

The state offers tiered reimbursement rates for providers with a Quality Rated star level. The rates are a percentage increase per week and per child: 10 percent for 1-star, 20 percent for 2-star, and 40 percent for 3-star.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

The Lead Agency contracts with Quality Care for Children to provide business supports for providers. This includes supports in underserved areas.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

The Lead Agency is investigating other state infant and early childhood mental health (IECMH) programs/systems that include mental health consultation (MHC) to create a system that addresses mental health needs for all children, especially those in underserved areas.

xi. Other.

Describe:

As part of the state's PDG B-5, the state has identified children in rural areas as a focal population. The state has developed projects that will support children and families in these areas. This includes community grants beginning in 2021 that will provide up to \$75,000 for communities to implement projects addressing access to early childhood services.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Lifting Infants and Toddlers Through Language-rich Environments (LITTLE) grants are awarded to child care centers and family child care learning homes that serve infants and toddlers. These two-year grants are designed to increase classroom quality through targeted training and coaching to help teachers use responsive caregiving practices to build literacy skills in the infants and toddlers in their care. The grants provide funds for salary and benefits for a peer coach, language and literacy materials for classrooms, and stipends to teachers, peer coaches, and administrators for participating in professional learning opportunities. Coaches work with an infant and toddler specialist to provide classroom-based support through coaching. Since the program started, three cohorts of child care learning centers

and two cohorts of family child care learning home providers have been created. The Lead Agency plans to fund three new child care learning center cohorts and three new family child care learning home provider cohorts over the next three years.

ii. Family Child Care Networks.

Describe:

As a project embedded in the state's PDG B-5 Renewal Grant, the state is exploring options for creating Family Child Care Networks, especially in underserved areas. Because family child care learning home providers serve a large number of infants and toddlers, these networks will help raise quality and increase access. As the Lead Agency for an Early Head Start - Child Care Partnership grant, the state has created a family child care network of providers who speak Spanish as their primary language. This will help inform the proposed Family Child Care Networks. The Lead Agency expects to pilot new Family Child Care Networks in 2022.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

A network of trained infant and toddler specialists is available to provide training, coaching, and technical assistance to early childhood professionals caring for infants and toddlers.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

The state offers tiered reimbursement rates for providers with a Quality Rated star level. The rates are a percentage increase per week and per child: 10 percent for 1-star, 20 percent for 2-star, and 40 percent for 3-star.

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

The state has established an Infant Early Childhood Mental Health Taskforce that will focus on building a system of early care to address the social and emotional health of children 0-5 in Georgia. The system of care will promote coordinated policy and collaborative service delivery to support the many young children with (or at risk for) social, emotional, and behavioral health needs.

- xi. Other.

Describe:

Training is available to infant and toddler teachers and administrators on a variety of topics such as developmental milestones and monitoring, strategies for supporting strong social emotional development and addressing challenging behavior, family engagement, and early brain development.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

SEEDS (Social Emotional Early Development Strategies for Success) grants support teams of early learning professionals in improving pre-k and preschool classroom climate, preventing, and reducing challenging behavior, and reducing suspension, expulsion, and other exclusionary discipline practices through evidence-based training and onsite supports. Funds pay for salary and benefits for an onsite coach and for classroom materials. Program staff will participate in intensive professional development focused on creating a classroom environment in which all children, including children with disabilities, can be successful. There are currently four cohorts of child care learning center providers. The Lead Agency plans to fund two more child care learning center cohorts and two family child care learning home cohorts over the next three years.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

A network of trained inclusion and behavior support specialists is available to provide training, coaching, and technical assistance to early learning and school age professionals to ensure that all children, especially children with disabilities, have access to high-quality early learning opportunities.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

The state offers tiered reimbursement rates for providers with a Quality Rated star level. The rates are a percentage increase per week and per child: 10 percent for 1-

star, 20 percent for 2-star, and 40 percent for 3-star. These percentage increases are added to the already higher rates - the provider's full rate - that the state pays for children with disabilities.

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

The state has established an Infant Early Childhood Mental Health Taskforce that will focus on building a system of early care to address the social and emotional health of children 0-5 in Georgia. The system of care will promote coordinated policy and collaborative service delivery to support the many young children with (or at risk for) social, emotional, and behavioral health needs.

- xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

- ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

- v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

The state offers tiered reimbursement rates for providers with a Quality Rated star level. The rates are a percentage increase per week and per child: 10 percent for 1-star, 20 percent for 2-star, and 40 percent for 3-star.

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

The Lead Agency contracts with Quality Care for Children to provide business supports for providers. This includes supporting providers in determining the feasibility of offering care during non-traditional hours.

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

The state has established an Infant Early Childhood Mental Health Taskforce that will focus on building a system of early care to address the social and emotional health of children 0-5 in Georgia. The system of care will promote coordinated policy and collaborative service delivery to support the many young children with (or at risk for) social, emotional, and behavioral health needs.

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Georgia's CCDF Lead Agency, the Georgia Department of Early Care and Learning (DECAL), is planning to build on the program and processes used to distribute CARES Act and CRRSA Act funds to distribute ARP Act stabilization funds directly to CCDF-eligible child care providers in the state.

In April 2020, DECAL used CARES Act funds to implement the STABLE (Short Term Assistance Benefit for Licensed Entities) program to provide stabilization funding to Georgia's CCDF-eligible child care programs. This special funding was to help child care providers offset the loss of revenue caused by declining enrollment during the COVID-19 pandemic.

Between May 2020 and April 2021, DECAL offered three separate rounds of STABLE payments to licensed child care learning centers and licensed family child

care learning homes. In each round of funding, eligible child care providers were required to submit an online application accessed through their child care licensing self-service portal to qualify for funding. The funding amounts for each round were based on a per-child amount determined using a child care cost model developed by DECAL.

In their application providers had to explain how they planned to use their funding. Funds could be used to hire and retain staff, purchase classroom supplies, food, or COVID-19 supplies, pay rent, and provide tuition relief to families. The first round of STABLE payments in May of 2020 totaled \$38.5 million of CARES Act funds to 3,787 recipients, and 92% of payments were deposited within 30 days of the application closing. The second round in December of 2020 totaled \$53.8 million of CARES Act funds to 3,659 recipients, and 98% of payments were deposited within 30 days of the application closing. The third round in April of 2021 totaled \$72.7 million of CARES Act and CRRSA Act funds to 3,840 recipients, and 99% of payments were deposited within 30 days of the application closing.

For ARP Act stabilization funds, DECAL will leverage the processes used for the STABLE payments to distribute these new federal funds. The calculated payment amounts will be based on the state child care cost model to meet or exceed the provider's current operating cost per child on average. The application for the program will be a web-based application available to all licensed child care learning centers and licensed family child care learning homes through their self-service portal account to expedite receiving and confirming applications.

DECAL is currently working to enhance the application and award process to comply with the ARP Act requirements and will provide additional updates as the new process is finalized. DECAL predicts that at least 50% of ARP stabilization funds will be obligated by December 11, 2021, and that 100% will be obligated by September 30, 2022.

ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

- v. Recruitment of providers.

Describe:

Georgia offers financial supports to the state's early learning workforce through the DECAL Scholars program (<https://www.decalscholars.com/>). DECAL Scholars provides scholarships to individuals pursuing a degree or credential in early childhood education and offers financial bonuses upon receipt of an eligible degree or credential. Through DECAL Scholars, the Lead Agency will recruit and increase the pool of bilingual teachers. Bilingual teachers can receive additional supports beyond those offered through the traditional DECAL Scholars programs, including funding for taking classes in the teacher's home language. Likewise, additional financial supports are available to infant/toddler teachers and family child care learning home providers who pursue a degree or credential with a targeted focus on infants and toddlers.

- vi. Tiered payment rates (as in 4.3.3).

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

The state has established an Infant Early Childhood Mental Health Taskforce that will focus on building a system of early care to addressing the social and emotional health of children 0-5 in Georgia. The system of care will promote coordinated policy and collaborative service delivery to support the many young children with (or at risk for) social, emotional, and behavioral health needs.

xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency employs an internal Research and Policy Analysis Team that continually analyzes and reports results of administrative data analyses and research study findings. Part of this work is related to Georgia's CCDBG Implementation Research and Evaluation Grant. Data analyses include analyzing and reporting the data at the county level. Analyses divide county-level data into quartiles for poverty and unemployment rates. Counties in the lowest quartile are considered to have high concentrations of poverty and unemployment. The Lead Agency also uses other data points such as percentage of children served in key programs to determine areas of need.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

For many program or grant applications, the Lead Agency awards higher points to counties that have higher concentrations of poverty, unemployment, or other predefined

factors. This increases the likelihood that these counties will be awarded grants or participate in other programs. The Lead Agency created six community coordinators that engage in community partnerships to increase access to high-quality child care environments. The community coordinators use county-level socioeconomic data indicators in their work with providers. The Lead Agency developed a goal that all programs participating in CAPS would be Quality Rated by December 31, 2020. Due to the COVID-19 pandemic, the goal has been extended to December 31, 2021. This goal ensures that the state will raise quality and therefore increase access to quality for children in poverty and in areas with high concentrations of poverty. The Lead Agency's Rising Pre-K and Rising Kindergarten Summer Transition Programs research county-level poverty rates to determine high-need areas where classes should be prioritized.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate

setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

N/A

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

N/A

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS. The Lead Agency is on target to conduct a market rate survey in spring 2021, with a final report expected fall 2021. The survey has been developed and will be distributed in March 2021. In addition to the market rate survey, the Lead Agency, in partnership with the contractor conducting the survey, has completed an analysis of rates reported since July 2019 in the Lead Agency's provider portal. Since the response rate is only 46 percent of licensed providers, the Lead Agency will not use this analysis for market rates but rather wait until the statewide survey is completed. The Lead Agency delayed the market rate survey, initially planned for Spring 2020, due to the COVID-19 pandemic to ensure enough programs were open and could report accurate rates.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

N/A

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. Georgia's most recent market rate survey collected data between November 2016 and February 2017, and the final report was approved in August 2017.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow

cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

When the survey was developed, the Georgia Children's Cabinet, chaired by the First Lady of Georgia, served as the State Advisory Council. The Lead Agency's Commissioner reviewed the survey on behalf of the Children's Cabinet. She provided updates to the Cabinet and to the First Lady. The Head Start State Collaboration Office Director also serves on the Cabinet and provided input on the survey. A similar review is taking place in 2021 with representatives from Georgia's Cross-Agency Child Council providing a review of the survey.

b) Local child care program administrators:

Child care directors, including a representative for family child care, reviewed the survey and provided feedback to the Lead Agency on the survey instrument. A similar process is taking place for the 2021 survey.

c) Local child care resource and referral agencies:

Representatives from the CCR&R agencies were asked to review and provide feedback on the survey. A similar process is taking place for the 2021 survey.

d) Organizations representing caregivers, teachers, and directors:

Representatives from organizations including family child care learning home providers, child care learning center directors, and advocacy organizations were asked to review and provide feedback on the survey instrument and methodology. A similar process is taking place for the 2021 survey.

e) Other. Describe:

N/A

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

In August 2016, the Lead Agency awarded a contract for conducting a market rate survey to Care Solutions, Inc. (CSI). The contract was awarded via an open bid process. The Agency's Research and Policy Analysis Team was the lead technical contact on the contract. CSI previously conducted Georgia's 2013 market rate survey and has extensive experience in designing and implementing market rate surveys.

Working closely with the Lead Agency, CSI designed the instrument and research protocol. While the survey instruments were similar to the 2013 versions, additional questions were included in the 2016 versions. To ensure that the survey effectively reflected the experiences of different types of child care providers, separate instruments were created for child care learning centers, family child care learning homes, and school-based providers. Online and paper versions were created and were made available in Spanish.

The Lead Agency and CSI compiled a list of more than 11,200 unduplicated child care providers. The list included all licensed child care providers, all providers receiving CCDF subsidies, and all child care providers with an active license exemption. All

unduplicated child care providers were provided an opportunity to complete the survey. The survey protocol called for multiple stages of outreach. These stages included an initial announcement, email distribution of the online survey link, first-class mailings of survey materials, and reminder emails. The first-class mailings included a cover letter on the Lead Agency's stationery signed by the Commissioner, the printed survey form, and a postage-paid business reply envelope. Georgia's CCR&R agencies were also provided survey materials and asked to encourage providers to participate.

The survey was open from November 2016 through February 2017. Throughout the survey period, numerous reminders were sent to providers encouraging them to participate. Overall, the response rate was 55 percent, with a 67 percent response rate for licensed child care providers.

The survey was distributed statewide. Results were analyzed at the state and county levels. Results were broken out by age and type of care, and analyses were done comparing results for different Quality Rated levels. Results were broken out by the 25th, 50th, and 75th percentiles in addition to the mean. Researchers also called or checked published rates (online) for 10 percent of the sample to verify the reported rates.

The Lead Agency feels confident that the results are representative of the child care provider population. Furthermore, the steps employed by the Lead Agency and CSI ensure that the survey instrument was valid (measuring a true market rate) and reliable (ensuring consistent results as demonstrated by similarity to other results). The survey researchers used multiple strategies to ensure a sufficient response rate; the survey instrument was reviewed by multiple stakeholders; and the results were consistent with findings from other surveys, such as the 2014 Economic Impact Study.

[ii. Provide complete and current data:](#)

The Lead Agency and CSI ensured that the population surveyed reflected the most accurate list of eligible child care providers at the time of the survey. Response rates were strong, with 55 percent overall and 67 percent for licensed providers. The review of the survey instruments by multiple stakeholders ensured that the questions asked

were comprehensive. Responses were collected in a four-month window, and survey instructions asked providers to report their most current rates and gave examples for how to account for seasonal variations. This helped ensure that the data was current.

iii. Use rigorous data collection procedures:

The process for Georgia's market rate survey employed universally recognized best practices for survey research. This included multiple stages of outreach, with different options for survey completion (online or paper). Respondents were guaranteed confidentiality, and the Lead Agency was not provided any individual provider identifying information.

iv. Reflect geographic variations:

The survey was distributed statewide. Results were analyzed at the state and county levels.

v. Analyze data in a manner that captures other relevant differences:

Results were broken out by provider type, market zone, age, and type of care, and analyses were done comparing results for different Quality Rated levels and for providers' participation in CCDF subsidy.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

Responses for the 2016-2017 market rate survey were collected pre-COVID, and results represented the child care market at that time.

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

Results of the market rate survey were analyzed at the state and county levels. Based on county-level data and reported rates, counties were assigned to one of three market rate zones. Zone One encompasses the highest rates and generally coincides with the state's metro areas; Zone Two encompasses the middle rates and generally coincides with the state's mid-size counties; Zone Three encompasses the lowest rates and generally coincides with the state's more rural areas.

b) Type of provider. Describe:

Results of the market rate survey were analyzed and reported by child care learning centers, family child care learning homes, Informal Caregivers (family, friend, and neighbor care), and local school system providers.

c) Age of child. Describe:

Results of the market rate survey were analyzed and reported by the following age groups: infants, one-year-olds, two-year-olds, three-year-olds, four-year-olds, five-year-olds not in school, and school-age.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

Results of the market rate survey were analyzed and reported by:

Quality Rated levels - Quality Rated is Georgia's quality rating and improvement system. There are three star levels, and results were compared for each star level and for programs not yet participating in Quality Rated. Results were also analyzed for a group of providers who completed the Quality Rated process but did not achieve a star rating.

Type of care - This includes weekday care, nighttime care, weekend care, daily drop-in care, and before-and-after school care.

Subsidy participation - Programs that participate in the state's CCDF subsidy program were compared to those that do not participate.

Historical rates - Results were compared to the 2001, 2003, 2005, 2007, 2009, 2011, and 2013 market rate survey findings.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:
 - a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

While cost analysis is always ongoing, DECAL has completed its initial cost model assessment and can provide a narrow cost analysis to go with the market rate study once the market rate study is completed.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the

Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. The market rate survey was posted on the Lead Agency's website September 30, 2017, after the report had been completed and approved by the Lead Agency on August 31, 2017.

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The report and corresponding appendices are posted at <http://www.decal.ga.gov/BftS/ResearchMarketRates.aspx>.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

After the survey report was posted, the Lead Agency incorporated the results in various stakeholder presentations and solicited stakeholder feedback for the 2019-2021 CCDF plan.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might

exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$150

Full-time weekly base payment rate: \$150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$144

Full-time weekly base payment rate: \$144

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$124

Full-time weekly base payment rate: \$124

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$115

Full-time weekly base payment rate: \$115

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:\$125

Full-time weekly base payment rate: \$125

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$120

Full-time weekly base payment rate: \$120

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$105

Full-time weekly base payment rate: \$105

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$85

Full-time weekly base payment rate: \$85

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 25th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Not applicable.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

The Lead Agency defines full-time care as care that takes place for three or more full days a week. Part-time care is defined as two or fewer full days of care a week.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 5/17/2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Georgia is divided into three market zones for child care. Zone One reflects the highest rates and corresponds to, with a couple of exceptions, the most populous counties in the state. Zone One child care subsidy rates were used to complete the chart above. The following counties make up Zone One: Camden, Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Paulding, and Rockdale. Eight of the ten most populous counties in Georgia are included in Zone One, including all the top four. Also, approximately 57 percent of children receiving CAPS receive care in Zone One.

f. Provide the citation, or link, if available, to the payment rates
<https://caps.decal.ga.gov/assets/downloads/CAPS/AppendixC-CAPS%20Reimbursement%20Rates.pdf>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

The payment rates are set by the Lead Agency for the entire state.

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

Georgia has three geographic zones.

b. Type of provider.

Describe:

Child Care Learning Centers, Family Child Care Learning Homes, and Informal (family, friend, and neighbor).

c. Age of child.

Describe:

Infant (0-12 months), Toddler (1-2 years), Preschool (3-5 years), and School Age (6+ years).

d. Quality level.

Describe:

e. Other.

Describe:

Rates also vary by the type of care required (full-time, part-time, and before and after school).

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

- c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

The Lead Agency will pay a child care provider's full published rate for care provided. DECAL will pay the full published rate of the provider when it exceeds the state rate. If the provider is rated 1-, 2-, 3-star by the state's QRIS, the provider will also be paid a bonus of 10%, 20% or 40% of the state rate in addition to their full published rate. The rationale for paying over and above the state's rate is not based on the market rate study.

- d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

- e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

Georgia has a three-tier quality rating and improvement system (QRIS) called Quality Rated that awards eligible child care programs a 1-, 2-, or 3-star designation based on their assessment for quality measures. Child care subsidy providers that have a QRIS star rating are eligible for a tiered reimbursement bonus in addition to the base rates of care. Currently 27 percent are 1-star providers and receive a 10 percent bonus; 34 percent are 2-star providers and receive a 20 percent bonus; and 10 percent are 3-star providers and receive a 40 percent bonus. DECAL's tier bonus rates, while raising the provider's reimbursement to a higher percentile of the market, are not based on the market rate study.

- g. Other differential rates or tiered rates.

Describe:

For children in foster care, the Lead Agency will pay a child care provider's full published

rate for care provided. DECAL will pay the full published rate of the provider when it exceeds the state rate. If the provider is rated 1-, 2-, 3-star by the state's QRIS, the provider will also be paid a bonus of 10%, 20% or 40% of the state rate in addition to their full published rate. The rationale for paying over and above the state's rate is not based on the market rate study.

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency has attempted to balance available funding between child care subsidy rates, promoting higher quality among child care subsidy providers, and not taking a critical benefit away from working families who rely on child care assistance. The Lead Agency has made two commitments to families in the subsidy program, to child care providers, and to other child care stakeholders in Georgia. The first commitment is that the Lead Agency is committed to serving a minimum of 50,000 children a week in the child care subsidy program, reflecting historical trends of service since DECAL became the Lead Agency in July 2012. Based on extensive feedback from stakeholders, maintaining that level of service was deemed critical to the state's ECE system, and the

result of not doing so would be detrimental to families and providers. The second commitment was that all child care providers participating in the child care subsidy program and eligible to be QRIS star-rated must be rated by 12/31/2021. The Lead Agency had to delay this requirement from 12/31/2020 due to COVID-19. That said, the Lead Agency is committed to requiring higher quality from child care providers who care for children and families in the subsidy program. The rate structure for child care subsidy in Georgia has foundational base rates that have been aligned with the 25th percentile of the most recent market rate survey. Child care subsidy providers with a 1-star QRIS rating receive an additional bonus of 10 percent in addition to the base rate. Child care subsidy providers with a 2-star QRIS rating receive an additional bonus of 20 percent in addition to the base rate. Child care subsidy providers with a 3-star QRIS rating receive an additional bonus of 40 percent in addition to the base rate. Also, child care subsidy providers that care for children with disabilities or children in foster care are reimbursed at their full published rate and may also receive QRIS bonuses as well. Currently, 83 percent of child care provided by child care subsidy providers is done so by a QRIS rated provider. Two-star QRIS rated providers make up 34 percent of Georgia's child care subsidy provider population and make of the largest segment of providers. Fifty percent of child care provided by child care subsidy providers is done so by 2- and 3-star QRIS rated providers. Based upon the most current MRS, the average payment to providers for this 83 percent of subsidized child care is at or above the 50th percentile for each geographic zone, provider type, and child age group. In addition to the fact that most subsidy payments include a bonus of 10 percent to 40 percent making their total reimbursement typically at or above the 50th percentile, an additional 3 percent of the total care provided by child care subsidy providers is paid at the full published rate to unrated providers that care for children with disabilities and children in foster care. For the remainder of child care currently provided, the Lead Agency is paying the base rate for the child care subsidy program. When considering how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, the Lead Agency must consider the child care cost modeling that has been done to better understand the cost of providing child care in Georgia in relation to the rates being paid for child care subsidy. Georgia's cost model was designed to look at the foundational cost of care based on the state and federal regulatory requirements to meet health, safety, and staffing and consider how cost will change when considering the additional factors related to a provider achieving and maintaining a QRIS star rating. When considering the modeled cost of care for child care providers not QRIS rated, what

is seen is that when child care subsidy providers are also participating in the Child and Adult Care Food Program, which is common among subsidy providers, that the base payment rates for child care subsidy currently meet the cost of care for all children except infants. Looking forward, the Lead Agency believes that this will change soon. Even though the new market rate survey was delayed due to COVID-19, analysis of available rate data indicates that the new 25th percentile will close this gap related to the cost of care for infants. Also, the Lead Agency has begun to access and rate providers for the QRIS again and combined with the commitment to ensure all child care subsidy providers are rated, the amount of child care paid at the base rate will continue to shrink until the current base rates are no longer a part of the rate structure for subsidy.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

When setting rates, the Lead Agency plans to keep the base rates at the 25th percentile of the market based on the most recent market rate survey until a time comes when new rates can be implemented that encourage and address the various levels of quality as dictated by Georgia's QRIS. The process for setting rates includes assessing the priced market with the MRS, understanding the various factors related to the cost of care using a cost model, and ensuring that the Lead Agency's commitments to quality and service levels can be guaranteed. Increased costs and provider fees due to COVID-19 have been addressed through CARES and CRRSA funding for now as the Lead Agency works to understand and determine the long-term impact to costs and fees and adjust as necessary.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The rate structure for child care subsidy in Georgia has foundational base rates that have

been aligned with the 25th percentile of the most recent market rate survey. Child care subsidy providers with a 1-star QRIS rating receive an additional bonus of 10 percent in addition to the base rate. Child care subsidy providers with a 2-star QRIS rating receive an additional bonus of 20 percent in addition to the base rate. Child care subsidy providers with a 3-star QRIS rating receive an additional bonus of 40 percent in addition to the base rate. The current method of enhancing the base rates with bonuses for quality has been in place since 2013 with the intent of encouraging child care providers to become subsidy providers and to encourage subsidy providers to become rated by the Lead Agency's QRIS. The ultimate goal is to have the greatest number of high-quality child care providers caring for the children and families in the CAPS program in Georgia. The bonus amounts began at 2 percent, 5 percent, and 10 percent and have been increased over time to the current levels. The bonus amounts reflect that higher quality care costs more, but there was no direct correlation with cost components or to fully cover the increased cost related to quality. Cost modeling has given the Lead Agency a better understanding of why quality does cost more, but more research is being done to understand which components of cost should be considered when accounting for higher quality. Looking forward, the Lead Agency is seeking a way to use cost and price data for higher quality care to best inform the subsidy rate structure in the future.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

The Lead Agency has attempted to balance available funding between child care subsidy rates, promoting higher quality among child care subsidy providers, and not taking a critical benefit away from working families who rely on child care assistance. The Lead Agency has made two commitments to families in the subsidy program, to child care providers, and to other child care stakeholders in Georgia. The first commitment is that the Lead Agency is committed to serving a minimum of 50,000 children a week in the child care subsidy program, reflecting historical trends of service since DECAL became the Lead Agency in July 2012. Based on extensive feedback from stakeholders, maintaining that level of service was deemed critical to the state's ECE system, and the result of not doing so would be

detrimental to families and providers. The second commitment was that all child care providers participating in the child care subsidy program and eligible to be QRIS star-rated must be rated by 12/31/2021. The Lead Agency had to delay this requirement from 12/31/2020 due to COVID-19. That said, the Lead Agency is committed to requiring higher quality from child care providers who care for children of families in the subsidy program. Payments to child care providers in the subsidy program are just one of many critical factors that go toward the policies that ensure equal access. When considering how payment amounts factor into equal access, it is important to consider the total payments to providers and not just the published base payment rate. Eighty-three percent of all child care scholarships are paid along with a QRIS bonus making the typical payment at or above the 50th percentile and with the most common bonus amount being 20 percent added to the base rate. An additional 3 percent of child care scholarships are paid at the full published rate to unrated providers. Only 14 percent of child care scholarships are paid at the published payment rate for the subsidy program, and that proportion continues to decline as more child care providers in the subsidy program achieve a QRIS rating and as more QRIS rated programs enter the subsidy program. When considering whether payment rates contribute appropriately toward equal access, the Lead Agency must also strongly weigh who is providing the care and being paid. The policies of the child care subsidy program in Georgia make licensed child care providers the primary providers of care. Ninety-nine percent of child care scholarships are paid to licensed child care programs with the largest amount of care being provided by licensed child care learning centers. Ninety-seven percent of child care scholarships are paid to licensed child care learning centers making child care learning centers the cornerstone of child care in Georgia. Currently, 71 percent, almost three out of every four licensed child care learning centers are child care subsidy providers in Georgia. Fifty-nine percent of families being served by the child care subsidy program live in a county where at least three out of every four licensed child care learning centers participate in the subsidy program. Additionally, 92 percent of families served by the child care subsidy program live in a county where at least three out of every five licensed child care learning centers participate in the subsidy program. The Lead Agency understands that payments rates are a critical component of equal access by encouraging child care providers to participate in the subsidy program. Current payment rates with a strong focus on quality bonuses are helping to not only increase the total payment amounts to child care subsidy providers but are giving families greater access to more providers that have achieved a QRIS rating. In response to the pandemic, the Lead Agency will begin, in May 2021, using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds to pay

the family co-pay and the fee differential that may be charged to families. This one-year policy change should not only support families in covering the cost of care but also increase the number of providers willing to participate in the program because they will be guaranteed their full rate. While this policy change is for one year only, the Lead Agency will continue to evaluate ways to increase access for families by limiting their financial burden even after the policy expires.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required.

Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

N/A

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

CAPS Policy Manual 12.4.6 allows providers to bill the Lead Agency as soon as the service week ends and up to 60 days after the service week has ended. Ninety-five percent of all providers complete online invoicing using the CAPS provider billing website, administered by Maximus, a third-party vendor. If the provider elects to file a paper invoice, invoices containing two service weeks are submitted on one paper form and sent to Maximus via USPS for processing. The invoice documents the child's attendance for the weeks being processed for payment. All invoices, including paper invoices, are processed within two business days of receipt. Payments are issued through Maximus within eight business days from the date the invoice is processed. Maximus pays all claims each week on Wednesday, except when impacted by a holiday.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

N/A

ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

N/A

iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

N/A

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

The Lead Agency understands that a child care subsidy provider is committing to a space and cost when taking on care for an eligible child. To support the provider and delink payments from attendance to the highest degree possible, CAPS program policy states that a child need only attend at least one day a week for the provider to claim a full weekly payment for that child. Also, providers can claim up to two weeks a year for each eligible child if the child is absent an entire week.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Payments are processed weekly and can be full-time or part-time. A full-time scholarship is defined as care authorized for services needed for three or more days within a service week and can cover day and night time care. A part-time scholarship is defined as care authorized for services for one or two days within a service week. Additionally, CAPS authorizes before and after school care for children in Georgia's Pre-K Program and for school-aged children.

ii. [Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.](#)

[Describe the policy or procedure.](#)

The CAPS program will pay one registration fee per calendar year per child per unique child care provider. All other fees are the parent's responsibility.

d. [The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:](#)

Child care providers serving children participating in the CAPS program are required to sign a Child Care Provider Agreement (CPA) at initial enrollment and on an annual basis thereafter. The CPA is a 14-page document that defines provider rights and responsibilities, including CAPS payment policies, payment calculations, and the payment dispute resolution process. CAPS payment policies and the CPA are posted on the CAPS website. Child care providers may also call or email the Lead Agency for questions related to payment policies.

e. [The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.](#)

[Describe:](#)

Providers are notified of changes to the family's eligibility status that could impact payments through a written notice from the Lead Agency's eligibility staff and the provider's billing portal account. When a scholarship changes during a reported case change or annual redetermination, an e-mail is sent to the provider informing them which

scholarship has changed and advising them to check their account in the provider billing portal to see any changes. Additionally, providers have access to all scholarships that are assigned to their child care program in their billing portal account. When a scholarship changes, the old scholarship is expired, and a new scholarship appears in the provider's account to bill the current amount. The updating of scholarships is system generated through an interface between the Lead Agency's Integrated Eligibility System Georgia Gateway and the provider billing portal database.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Payment disputes and concerns regarding payment inaccuracies can be addressed through the Lead Agency's State Provider Management Agent (SPMA). The SPMA has an established process to facilitate payment inaccuracies and disputes. Before an invoice is submitted in the provider's billing portal account, providers are given an invoice statement that will require certification that the information is true and correct for billing purposes. Also, the statement acknowledges that if the provider believes there is a payment error, they may contact the SPMA to dispute the payment. The SPMA will facilitate the resolution process with the provider if there was an administrative error. If the dispute cannot be resolved, the provider has a right to appeal. The Lead Agency will facilitate the appeal process. CAPS Policy 12.3.3.2 provides appeal rights for providers receiving subsidies through the CAPS program. The policy states that providers have the right to appeal finance related matters and can request a hearing. CAPS Policy 18.4.2 describes providers' right to an administrative hearing and providers' right to request a reconsideration related to reclaiming funds. The providers' request for an administrat

g. Other. Describe:

N/A

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.
- Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

The Lead Agency contracts with a third-party vendor to process provider invoices and payments through a web-based billing portal and to process hard-copy, paper provider claims for providers unable to access/use the web-based portal. The web-based billing portal is used by more than 98 percent of child care subsidy providers. Once eligible providers sign up to be a program provider for child care subsidy, they are automatically enrolled to use the web-based portal unless they specify otherwise. All providers are paid via an ACH transfer to the account provided within two days of an invoice being submitted. The web-based portal allows providers to view eligible children assigned to their program, track attendance, and quickly submit an invoice for care on a weekly basis. More than 80 percent of claims for care are invoiced and paid within one week after the week of care. In an effort not to exclude providers, the Lead Agency also allows providers to submit a hard-copy, paper invoice for services. Upon receipt, these claims are processed within two days and paid via ACH transfer within eight business days. Allowing multiple types of invoicing and rapid payment supports equal access to a range of child care subsidy providers. In addition, as noted in 4.5.1, the Lead Agency has taken steps to support equal access to a range of providers by: delinking provider payments from a child's occasional absence and paying providers for a full week of care if the child is present at least one day that week; paying providers up to two weeks a year even if the child is absent the entire week; paying for full-time or part-time care (rather than hours or other smaller increments); and paying for registration fees.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts

more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

a. Limit the maximum co-payment per family.

Describe: .

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

The Lead Agency has implemented policy to ensure that family co-payments do not exceed 7 percent of family income. Georgia's co-payment structure has four levels. Families with income between 0-10 percent FPL have no co-payment. Families with income between 11-50 percent FPL have a co-payment equal to 3 percent of family income. Families with income between 51-100 percent FPL have a co-payment equal to 5 percent of family income. Lastly, families with income 101 percent of FPL and higher have a co-payment equal to 7 percent of family income. Overall, 33 percent of families in Georgia's subsidy program have no co-payment while the remaining 67 percent have a co-payment that ranges from 3 percent to 7 percent. In response to the pandemic, the Lead Agency will begin using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds in May 2021 to pay the family co-pay and the fee differential that may be charged to families. This policy change will not only support families in covering the cost of care but should also increase the number of providers willing to participate in the program because they will be guaranteed their full rate. Currently, the Lead Agency plans to implement this policy through September 30, 2022; however, the Lead Agency will continue to explore ways to increase families' access to high quality child care by limiting their financial burden even after the policy expires.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

d. Other.

Describe:

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

In the past, surveys have indicated that as many as 72 percent of child care subsidy providers charged families some or all of the difference between their published rate and the amount provided by the Lead Agency. Available data suggests that 68 percent of families may pay on average approximately \$22 a week in addition to their family copay. The Lead agency must strike a balance in this area. Prohibiting providers from charging additional fees might result in fewer providers participating meaning there would be less access for families in parts of the state. In response to the pandemic, the Lead Agency will begin, in May 2021, using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds to pay the family co-pay and the fee differential that may be charged to families. This policy change will not only support families in covering the cost of care but should also increase the number of providers willing to participate in the program because they will be guaranteed their full rate. Currently, the Lead Agency plans to implement this policy through September 30, 2022; however, the Lead Agency will continue to explore ways to increase families' access to high quality child care by limiting their financial burden even after the policy expires.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

In the 2016 market rate survey, 72 percent of providers reported that they charge

families the difference between the stated rate and the subsidy amount (including family fee). Seventy-nine percent of providers reported charging families a registration fee. In a separate survey distributed by the Lead Agency in fall 2016, providers were asked the specific amount families pay. Seventeen percent (n=108) reported that the fee differential was \$51 or more a week; 42 percent (n=266) reported that it was between \$21 and \$50 a week; and 22 percent (n=138) reported that it was between \$1 and \$20 a week, while 17 percent (n=108) reported not charging a fee differential. More recent analysis of child care subsidy scholarship data revealed that 68 percent of families may pay on average approximately \$22 a week in addition to their family copay.

[iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.](#)

Data and surveys have helped the Lead Agency understand the potential cost incurred by families in addition to program required co-pays. The Lead Agency understands that a family's ability to pay additional fees may also impact their access to their desired provider. The Lead Agency is committed to paying child care subsidy providers in a way that allows the greatest number of families the greatest degree of access while also ensuring long-term financial sustainability. As with other areas of policy, the Lead Agency will continuously work to balance competing factors. In response to the pandemic, the Lead Agency will begin using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds in May 2021 to pay the family co-pay and the fee differential that may be charged to families. This policy change will not only support families in covering the cost of care but should also increase the number of providers willing to participate in the program because they will be guaranteed their full rate. Currently, the Lead Agency plans to implement this policy through September 30, 2022; however, the Lead Agency will continue to explore ways to increase families' access to high quality child care by limiting their financial burden even after the policy expires.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important

to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

A license is required for a program operated by a person, society, agency, corporation, institution, or group that receives pay for group care. In Georgia, a child care learning center cares for seven (7) or more children under the age of 18 for less than 24 hours per day.

ii. Describe the licensing requirements:

Licensing requirements for Child Care Learning Centers can be found in Rule 591-1-1-.16 under the chapter "Governing Body and Licenses." Prior to filing for licensure, an

applicant shall attend an orientation of no more than 16 hours that has been approved by the Department. This orientation shall, at a minimum, provide instruction on the application process and give an overview of the Department's regulations that relate to the operation of early child care learning centers. Prior to the issuance of an initial License, the Director of a Center responsible for its day-to-day operations shall have completed a 40-hour director's training course that has been approved by the Department. At a minimum, the subject matter taught at a Director's training course shall cover the areas of administrator competencies that serve as a framework for professional development, which include, but are not limited to, early learning standards, business management, communication, developmentally appropriate practices, professional and leadership development, and advocacy for the Center, Parents, children, and Staff. No person shall operate a Center without a License or Permit. A separate License or Permit is required for each address or location at which a Center is proposed to be operated even when all of the proposed Centers are owned by the same person or entity. A separate License or Permit is also required for each Center operated at a single location by the same governing body.

iii. Provide the citation:

Rules for Child Care Learning Centers - 591-1-1-.16

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

A registration certificate is required for a program that operates in a private residential home less than 24 hours per day. It provides care for at least three but not more than six children under the age of 18 for pay.

ii. Describe the licensing requirements:

Licensing requirements for Family Child Care Learning Homes can be found in Rule 290-2-3-.04(1) and (2) under the chapter "Requirements for Applications and Licenses." A registration certificate is required for a program that operates in a private residential home less than 24 hours per day. It provides care for at least three but not more than six children under the age of 18 for pay. In addition, Family Child Care Learning Home (FCCLH) applicants must obtain 20 hours of pre-service training that has been approved by the Department in order to submit a registration for a FCCLH. A pre-registration visit will also be conducted by child care services prior to the issuance

of a FCCLH registration certificate. Effective July 1, 2009, new FCCLH applicants will have to possess one of the following: Child Development Associate (CDA) credential issued by the Council for Professional Recognition; Technical Certificate of Credit (TCC) in Early Childhood Education; Technical College Diploma (TCD) in Early Childhood Education; Associate Degree in Early Childhood Education (AA, AAS; AAT); Paraprofessional Certificate (issued by the Georgia Professional Standards Commission). They must also attend a FCCLH Licensing Orientation Meeting (FCCLH - LOM) prior to applying for licensure. FCCLH - LOM is required for all FCCLH applicants that are not currently licensed.

iii. [Provide the citation:](#)

Rules for Family Child Care Learning Homes - 290-2-3-.04(1) and (2).

[c. In-home care \(care in the child's own\) \(if applicable\):](#)

i. [Identify the providers subject to licensing:](#)

In-home care is considered per policy as an Informal Caregiver. An Informal Caregiver is a family, friend, or neighbor who provides care for no more than two unrelated (or no more than six related) children for pay. Informal Caregivers are not required to be licensed but must register with the CAPS program. Informal care can only be authorized in limited situations as detailed in CAPS Participating Providers Policy (CAPS/00-11).

ii. [Describe the licensing requirements:](#)

A license is not required for Informal Caregivers unless they meet the FCCLH or CCLC requirements, but they must register with the CAPS program. An Informal Caregiver is a family, friend, or neighbor who provides care for no more than two unrelated (or no more than six related) children for pay. Informal care can only be provided when no other licensed care is available within a reasonable geographic area, during non-traditional hours when licensed care is not available, or if the child in care is determined to meet special needs definition. For 'relative informal child care' the arrangement may take place at the relative's residence or in the child's residence. The relative must not be included in the family unit. For 'non-relative informal child care' the non-relative caregiver must provide care in his/her own residence and may not be a resident of the household of the child(ren) receiving care.

iii. Provide the citation:

CAPS Policy Manual - CAPS/00-11 - CAPS Participating Providers

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Georgia law allows some types of classes or groups of programs to be exempt from licensing requirements. While Georgia has 14 exemption classes or groups, the Lead Agency has made a policy decision to pay subsidy in two types of programs: 1. Government-owned and operated programs: Programs owned and operated by a department or agency of federal, state, county, or municipal government can receive subsidies. Most government-owned and operated programs in Georgia are operated by local school boards at public schools to serve families that need afterschool child care. The remainder of the programs in this exemption category are mostly operated by local parks and recreation departments for children's extracurricular activities occurring after school or for day camp purposes. 2. School-age day camp programs: Day camp programs for children age five and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities, can receive subsidies. The day camp programs may operate during summer and other school breaks and shall operate for no more than 12 hours per day. Children in day camp programs are school age only, and the program operates only during school breaks. In some areas of the state, there is a lack of

licensed care, meaning that on-site afterschool programs and day camps are the only resources for working families for care outside school hours. Without this exemption category and the opportunity for subsidy children to attend, families and children could be at risk of having no care options available to them. These exempt programs receiving CCDF are monitored annually by the Lead Agency, which ensures that all staff working in these programs have met Criminal Record Check requirements, have attended pre-service orientation, and have met training requirements; an emergency preparedness, response, and recovery plan is in place; and ensures that the program is meeting the health and safety standards defined by the Lead Agency. Data from previous monitoring efforts show that programs in these categories are substantially meeting the Georgia core rules around health and safety. In addition, all exempt programs are required to notify families that they are not licensed to ensure the families are fully informed that the program is not subject to the rules and regulations for licensed facilities.

[ii. Provide the citation to this policy:](#)

Rules for Child Care Learning Centers - 591-1-1-.46 - Exemptions. CAPS Policy Manual - CAPS/00-11 - Participating Providers.

[iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.](#)

To ensure that these exemptions do not endanger children receiving CCDF services, the Lead Agency has the following policies/requirements in place. Exempt programs are required to: Post a notification that their program is exempt from licensing; obtain a signed form from parents acknowledging that they know the program is exempt from licensing requirements; post the Lead Agency phone number and website address for parents to see. Additionally, exempt programs are required to: Ensure the Lead Agency has their current contact information; submit copies of policies, advertisements, and parental agreement forms to the Lead Agency to verify that the program functions as an exempt program; notify the Lead Agency of any changes in their accreditation and other changes in the program that may affect the program's exempt status; maintain children's attendance records and parents' signed forms that acknowledge that the program is not licensed. The Lead Agency also has the authority to rescind an exemption if a program fails to meet the requirements. Finally, regional and state authorities such as the health department, state and local fire marshal, and

local building and zoning officials continue to have authority to inspect and approve exempt programs. In July 2018, the Lead Agency began visiting a random sample of exempt programs that are not eligible to accept CCDF subsidies to collect health and safety data and to ensure compliance with the requirements of the type of exemption for which the program was approved. A sample of programs requesting exemption from licensing by application will be visited prior to approval to ensure the programs meet exemption requirements. Informal care providers receiving CCDF are monitored annually by the Lead Agency to ensure that all persons residing at these homes have met Criminal Record Check requirements and that the care provider has attended Health and Safety Orientation and meets annual training requirements. The Lead Agency visits the informal care provider to ensure that the program is meeting the defined health and safety standards. The Lead Agency also has the authority to rescind an exemption if a program fails to meet the requirements. Finally, regional and state authorities, such as the health department, state and local fire marshal, and local building and zoning officials, continue to have authority to inspect and approve exempt programs. Rules for Child Care Learning Centers - 591-1-1-.46 - Exemptions. 591-1-1-.46(2)-(7) CAPS Policy Manual - CAPS/00-15 - CAPS Health and Safety Standards

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

N/A. Family child care learning home providers are not permitted to be exempt from licensing in Georgia.

ii. Provide the citation to this policy:

Not applicable.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Not applicable.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

In-home care or informal care is limited to two unrelated children for pay or a maximum of six related children. The total group size may not exceed six children for both related and unrelated children. Informal care is provided as an option for family choice if that best meets the family's needs. CCDF subsidy is available for informal care to meet the needs for families requiring child care if there is no licensed care within a reasonable geographic area; during nontraditional hours when no licensed care is available; or if the child(ren) require special care, defined as having special needs, not available at licensed facilities.

ii. Provide the citation to this policy:

CAPS Policy Manual - CAPS/00-11 Participating Providers; CAPS/00-15 - CAPS Health and Safety Standards.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

To ensure that these Informal Caregivers do not endanger children receiving CCDF services, the Lead Agency has the following policies/requirements in place. Informal Caregivers receive a monitoring visit to evaluate compliance with health and safety standards between 90 and 120 days after enrollment in the CAPS program and once per federal fiscal year (October 1 through September 30) thereafter. Informal Caregivers must provide care that meets state health and safety standards as reflected in the health and safety monitoring checklists. The checklist can be found at: <https://caps.decal.ga.gov/assets/downloads/CAPS/AppendixT- Informal%20Provider%20Checklist.pdf>. Health and safety standards for Informal Caregivers will be enforced in an appropriate and progressive manner depending on the type, severity, and number of violations. Repeated findings of noncompliance may result in additional enforcement actions as outlined in CAPS Policy Manual - CAPS/00-15 - CAPS Health and Safety Standards.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

0 up to 12 months

b. Toddler. Describe:

12 to 24 months, who are walking, and 25- to 35-months-old

c. Preschool. Describe:

Three and four years old

d. School-Age. Describe:

Five years old and older

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:6

B. Group size:

12

ii. Toddler

A. Ratio:

1:8 (one-year-olds); 1:10 (two-year-olds)

B. Group size:

16 (one-year-olds); 20 (two-year-olds)

iii. Preschool

A. Ratio:

1:15 (three-year-olds); 1:18 (four-year-olds)

B. Group size:

30 (three-year-olds); 36 (four-year-olds)

iv. School-age

A. Ratio:

1:20 (five-year-olds); 1:25 (six-year-olds and older)

B. Group size:

40 (five-year-olds); 50 (six-year-olds and older)

v. Mixed-Age Groups (if applicable)

A. Ratio:

In licensed center-based care Georgia has established rules and regulations for ratios, group sizes, and requirements for mixed-age groups. A center can combine children in mixed-age groups, but the staff: child ratios for a mixed-age group will be based on the ages of the youngest children in the group if more than 20 percent of the children in the mixed-age group belong to younger age groups. Children under age three must be housed in physical areas separate from older children and cannot be mixed with older children except during early morning times of arrival and late afternoon times of departure; infants and children younger than three years old may be grouped with older children if staff: child ratios and group size are met based on the age of the youngest child in the group.

For child care learning centers with a capacity of seven to 18 children, all age groups can be mixed if the staff: child ratio is based on the age of the youngest child in care

B. Group size:

In licensed center-based care, Georgia has established rules and regulations for ratios, group sizes, and requirements for mixed-age groups. A center can combine children in mixed-age groups, but the staff: child ratios for a mixed-age group will be based on the ages of the youngest children in the group if more than 20 percent of the children in the mixed-age group belong to younger age grouping(s). Children under age three must be housed in physical areas separate from older children and cannot be mixed with older children except during early morning times of arrival and late afternoon times of departure; infants and children younger than three years old may be grouped with older children if staff: child ratios and group size are met based on the age of the youngest child in the group.

For child care learning centers with a capacity of seven to 18 children, all age groups can be mixed if the staff: child ratio is based on the age of the youngest child in care.

vi. [If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.](#)

The state does not have statutory authority to set ratio or group size requirements for

exempt programs through licensing rules and regulations; but identical standards for ratio and group size requirements have been implemented through subsidy policy for exempt programs. Licensing staff monitor these requirements during annual monitoring visits required by federal legislation. The subsidy policy is updated to reflect these requirements

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation to six children prescribed by the definition of an FCCLH, a provider may care for two additional children who are three years of age or older for two designated one-hour periods daily upon approval by the Lead Agency. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12. An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

B. Group size:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for pay. Whenever related children or children who

reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12.

An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; 3) More than eight children under the age of five years are present.

ii. Infant

A. Ratio:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation of six children prescribed by the definition of an FCCLH, a provider may care for two additional children who are three years of age or older for two designated one-hour periods daily upon approval by the Lead Agency. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12. An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

B. Group size:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for pay. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12.

An assistant, who must be at least 16 years of age, must be present to assist with

supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years

iii. Toddler

A. Ratio:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation to six children prescribed by the definition of FCCLH, a provider may care for two additional children who are three years of age or older for two designated one-hour periods daily upon approval by the Lead Agency. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12. An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

B. Group size:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for pay. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12.

An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

iv. Preschool

A. Ratio:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation to six children prescribed by the definition of FCCLH, a provider may care for two additional children who are three years of age or older for two designated one-hour periods daily upon approval by the Lead Agency. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12. An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

B. Group size:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for pay. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12.

An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

v. School-age

A. Ratio:

Family child care learning homes (FCCLH) are limited to the number of children not

related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation to six children prescribed by the definition of FCCLH, a provider may care for two additional children who are three years of age or older for two designated one-hour periods daily upon approval by the Lead Agency. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12. An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

B. Group size:

Family child care learning homes (FCCLH) are limited to the number of children not related to the provider in the FCCLH, for pay or not for pay, to not exceed six children. To meet the threshold to qualify as an FCCLH, the family must have at least three unrelated children for pay. Whenever related children or children who reside in the home are present in the home, the number of children under the age of 13 years may not exceed 12.

An assistant, who must be at least 16 years of age, must be present to assist with supervision whenever 1) More than three children under the age of 12 months are present; or 2) More than six children under the age of three years are present; or 3) More than eight children under the age of five years are present.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

N/A Family child care providers are not permitted to be exempt from licensing in Georgia.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed-Age Groups (if applicable)

A. Ratio:

Informal Caregivers are providers who care for relative children for pay, may care for up to six related children. Informal Caregivers, who are unrelated to the children in care, are limited to two children for pay. Specifically, Informal Caregivers may have a ratio of 1:6 maximum, with no more than two unrelated children for pay, or six related or combination of related and unrelated. These care providers are exempt from licensing requirements but must meet other health, safety, and training requirements as required by subsidy policy. A person who cares for two or fewer children for pay is not required to be licensed or registered.

There are no ratio requirements pertaining to the ages of the children for Informal Caregivers.

B. Group size:

If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.

ii. Infant (if applicable)

A. Ratio:

There are no ratio requirements pertaining to the ages of the children for Informal Caregivers.

B. Group size:

If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.

iii. Toddler (if applicable)

A. Ratio:

There are no ratio requirements pertaining to the ages of the children for Informal Caregivers.

B. Group size:

If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.

iv. Preschool (if applicable)

A. Ratio:

There are no ratio requirements pertaining to the ages of the children for Informal Caregivers.

B. Group size:

If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.

v. School-age (if applicable)

A. Ratio:

There are no ratio requirements pertaining to the ages of the children for Informal Caregivers.

B. Group size:

If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.

vi. Describe the ratio and group size requirements for license-exempt in-home care.

Informal Caregivers are providers who care for relative children for pay, may care for up to six related children. Informal Caregivers, who are unrelated to the children in care, are limited to two children for pay. Specifically, Informal Caregivers may have a ratio of 1:6 maximum, with no more than two unrelated children for pay, or six related

or combination of related and unrelated. These care providers are exempt from licensing requirements but must meet other health, safety, and training requirements as required by subsidy policy. A person who cares for two or fewer children for pay is not required to be licensed or registered.

There are no ratio requirements pertaining to the ages of the children for Informal Caregivers.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Teachers in licensed center-based care must meet the following qualifications: Be at least eighteen (18) years of age; possess at least one of the following sets of minimum academic requirements and qualifying experience at the time of employment: (i) Child Development Associate (CDA) (ii) Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development; (iii) Technical Certificate of Credit (TCC) in Infant and Toddler; (iv) Technical Certificate of Credit (TCC) in Program Administration; (v) Technical Certificate of Credit (TCC) in School Age and Youth Care; (vi) Technical College Diploma (TCD) in Early Childhood Education or Child Development; (vii) Associate's degree in Early Childhood Education or Child Development (AA, AAS, AAT); (viii) Paraprofessional Certificate issued by the Georgia Professional Standards Commission; (ix) 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development; (x) Bachelor's degree from an accredited college or university in a field other than Early Childhood Education or Child Development and three months of qualifying child care experience; (xi) Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development; (xii) Master's degree from an accredited college or university in Early Childhood Education or Child Development.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

Directors of center-based care must meet the following qualifications: Be at least 21 years of age; possess at least one of the following sets of minimum academic requirements and qualifying child care experience: (i) Child Development Associate (CDA) and six months of qualifying child care experience (ii) Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development and six months of qualifying child care experience; (iii) Technical Certificate of Credit (TCC) in Infant and Toddler and six months of qualifying child care experience; (iv) Technical Certificate of Credit (TCC) in Program Administration and six months of qualifying child care experience; (v) Technical Certificate of Credit (TCC) in School Age and Youth Care and six months of qualifying child care experience; (vi) Technical College Diploma (TCD) in Early Childhood Education or Child Development and six months of qualifying child care experience; (vii) 40-hour director training course approved by the Department and employed for a minimum of five years as an on-site child care learning center director; (viii) Associate's degree in Early Childhood Education or Child Development and six months of qualifying child care experience; (ix) Paraprofessional Certificate issued by the Georgia Professional Standards Commission and six months of qualifying child care experience; (x) 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development and six months of qualifying child care experience; (xi) Bachelor's degree from an accredited college or university in a field other than Early Childhood Education or Child Development and three months of qualifying child care experience; (xii) Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development; (xiii) Master's degree from an accredited college or university in Early Childhood Education or Child Development.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

All staff at license-exempt centers participating in CAPS must comply with the Lead Agency's Comprehensive Background Check policy. License-exempt child care center staff must comply with health and safety standards as defined by the Lead Agency. Additionally, license-exempt center staff must have evidence of completing cardiopulmonary resuscitation (CPR) training for infants and toddlers, complete pre-service orientation, and complete 10 hours of training each calendar year thereafter.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<http://www.decal.ga.gov/documents/attachments/CCLCRulesandRegulations.pdf>

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Pre-service training is required before submitting an application to be a family child care learning home. The applicant who will be responsible for the day-to-day operations shall complete the following pre-service training approved by the Lead Agency: 1. Orientation that provides, at a minimum, instruction on the application process and gives an overview of the state's rules and regulations relating to operating a family child care learning home; 2. Training course that includes provider competencies that serve as a framework for professional development, which includes, but is not limited to, early learning standards, communication, developmentally appropriate practices, professional and leadership development, business management, and advocacy for the family child care learning home, parents, children, and staff; 3. Cardiopulmonary resuscitation (CPR) and First Aid training programs offered by certified or licensed health care professionals and approved by the Lead Agency, which include emergency care for infants and children. Providers who apply for the initial license must submit valid evidence/documentation of one of the following credentials/degrees issued by one of the following organizations, an accredited educational institution, or another organization approved/recognized by the Lead Agency: (a) Child Development Associate (CDA) credential (b) Technical Certificate of Credit (TCC) in Early Childhood Education; (c) Technical College Diploma (TCD) in Early Childhood Education; (d) Associate Degree in Early Childhood Education (AA, AAS, AAT); (e) Paraprofessional Certificate (issued by the Georgia Professional Standards Commission); (f) Bachelor's degree in Early Childhood Education; or (g) Master's degree in Early Childhood Education. Providers and applicants who have applied for a license on or before June 30, 2009 shall be exempt from the requirement stated in (2)(a) through (g) above, except if the family child care learning home closes for business and then submits a new application for a license on or after July 1, 2009.

Any provider who submits an application for a license on or after July 1, 2009 must meet one of the education requirements listed above. Any provider who submits a new application for a license on or before June 30, 2009 shall have a high school diploma, General Education Diploma (GED), or other credentials and shall submit valid evidence/documentation of such credential.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A. Family child care learning home providers are not permitted to be exempt from licensing in Georgia.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<http://www.decal.ga.gov/documents/attachments/FCCLHRulesAndRegulations.pdf>

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

A license is not required for Informal Caregivers unless they meet the FCCLH or CCLC requirements, but they must register with the CAPS program. An Informal Caregiver is a family, friend, or neighbor who provides care for no more than two unrelated (or no more than six related) children for pay. Informal care can be provided only when no other licensed care is available within a reasonable geographic area, during non-traditional hours when licensed care is not available, or if the child in care is determined to meet the special needs definition. For 'relative informal child care' the arrangement may take place at the relative's residence or in the child's residence. The relative must not be included in the family unit. For 'non-relative informal child care' the non-relative caregiver must provide care in his/her own residence and may not be a resident of the household of the child(ren) receiving care. Informal Caregivers must be 21 years of age or older to receive payment through CAPS. All providers participating in CAPS must comply with the Lead Agency's Comprehensive Background Check policy. License-exempt providers (including all staff) and Informal Caregivers must comply with health and safety standards as defined by the Lead Agency. Additionally,

license-exempt, and Informal Caregivers must have evidence of completing cardiopulmonary resuscitation (CPR) training for infants and toddlers, complete pre-service orientation, and complete 10 hours of training each calendar year thereafter.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:
N/A. Family child care learning home providers are not permitted to be exempt from licensing in Georgia.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care learning center rules and family child care learning home rules require that staff members take appropriate actions to help prevent and control the spread of infectious diseases. Many rules address this requirement, including that the physical facilities have adequate sinks with warm, running water and an appropriate number of toilets for the capacity of the building that help to control the spread of infection.

Ventilation must be provided in bathrooms and diapering areas to limit the spread of contagious diseases. Cribs and cots/mats must be arranged in a way that limits the transmission of airborne diseases. Kitchens must be sanitary to prevent contamination, dishes cleaned using sanitation procedures, and feeding chairs must be disinfected after each use. The rules also include handwashing, diapering, and sanitation measures that programs must implement and maintain. Toys for children under age three must be disinfected daily. In addition, programs must exclude staff or children from care who exhibit illness symptoms and must notify enrolled families when staff or children are diagnosed with certain illnesses. The Communicable Diseases chart must be posted in child care learning centers. The Georgia Department of Public Health (DPH) must be notified when outbreaks of certain

illnesses occur in the child care programs. The Lead Agency and DPH jointly require evidence of immunization for all children enrolled or affidavit of religious exemption within 30 days of enrollment. To ensure that license-exempt programs that receive CCDF subsidies maintain hygienic measures to prevent infectious diseases, the Health and Safety Standards Manual requires that these programs comply with the following: have a minimum number of toilets and sinks based on the number of children attending the program; bathrooms must be located near child care spaces; bathrooms must be equipped with soap, toilet tissue, and single-use towels or cloth towels used only once between launderings; and bathrooms must be cleaned daily with a disinfectant. For programs serving diapered children, the Health and Safety Standards Manual requires that a handwashing sink with running, warm water must be located adjacent to the diapering area; the diapering surface must be smooth, nonporous. The surface must be cleaned with a disinfectant and dried with a single-use disposable towel; the area used for diapering must be clear of formulas, food, food utensils, or food preparation items.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The Lead Agency does not have jurisdiction to require license-exempt programs to maintain these requirements. However, observing handwashing and diapering practices is included on the Health and Safety Checklist used during visits to exempt programs that accept CCDF subsidies. The Health and Safety Checklist conducted at the annual monitoring visits ask if the program has policies for the exclusion of sick children; for notifying parents if a child becomes ill; and for notifying all parents when a child is ill with a contagious illness. The Georgia DPH monitors and enforces immunization requirements at certain types of exempt facilities, such as private schools, and those with limited attendance requirements, such as half-day programs. There are no variations in the prevention and control of infectious diseases based on the ages of the children in care. The Lead Agency has no jurisdiction to require these practices for relative care. Visits are made to these caregivers if classified as an informal caregiver receiving CCDF subsidy. Access to running water and a working toilet is monitored during visits when the Health and Safety Checklist is used.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS:

Rule 591-1-1-.30. Safe Sleeping and Resting Requirements - 591-1-1-30(1)(d)

Rule 591-1-1-.06. Bathrooms - 591-1-1-.06(1); 591-1-1-06(4); 591-1-1-06(7)

Rule 591-1-1-.07. Children's Health - 591-1-1-.07(1); 591-1-1-.07(2); 591-1-1-.07(3)

Rule 591-1-1-.08. Children's Records - 591-1-1-08(2)

Rule 591-1-1-.17. Hygiene - 591-1-1-17(7)-(8); 591-1-1-17(10)-(11)

Rule 591-1-1-.18. Kitchen Operations - 591-1-1-.18(1)-(2); 591-1-.18(5)-(8); 591-1-1-18(10)-(11)

Rule 591-1-1-.27. Posted Notices - 591-1-1-27 Rule 591-1-1-.25. Physical Plant - 591-1-1-.25(3)

Rule 591-1-1-.29. Required Reporting - 591-1-1-.29(2)

Rule 591-1-1-.10. Diapering Areas and Practices - 591-1-1-.10(1)-(4); 591-1-1-10(7)-(9)

Rule 591-1-1-.12. Equipment and Toys - 591-1-1-12(8)

Rule 591-1-1-.15. Food Service and Nutrition - 591-1-1-.15(4)

FAMILY CHILD CARE LEARNING HOMES:

Rule 290-2-3-.08. Children's Records - 290-2-3-.08(2); 290-2-3-.08(8)(b)(4); 290-2-3-.08(6)-(7)

Rule 290-2-3-.11. Health, Safety, and Discipline - 290-2-3-.11(1)(a)-(b); 290-2-3-11(1)(f)-(k)

Rule 290-2-3-.14. Reporting - 290-2-3-.14(4)

Rule 290-2-3-.19. Safe Sleeping and Resting Requirements - 290-2-3-19(1)(d)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Sections: B. Bathrooms; H. Hygiene; U. Diapering and V. Safe Sleep

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance Reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including

sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5)

FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCLC and FCCLH rules require that infants be placed on their backs in safe and sturdy cribs with a smooth, tight-fitting sheet with no blankets or objects in the crib. Swaddling or positioning devices are prohibited unless under a physician's order. The room temperature must be within 65-85 degrees. The program must notify parents of these requirements. The Health and Safety Standards Manual for License-Exempt Providers Receiving Subsidy provides direction that cribs must be CPSC and ATSM compliant; the mattress must be firm and tight-fitting and the sheet tight-fitting; infants

shall be placed on their backs to sleep unless a doctor's statement is provided to the program; no objects will be placed in or on the crib with an infant.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License-exempt programs receiving CCDF subsidies are visited annually to monitor compliance with health and safety standards, which is required by DECAL policy. The Health and Safety Checklist includes an indicator asking if safe sleep regulations are met. The Safe Sleep rules apply to programs caring for infants 12 months and younger and children up to age 18 months and not yet walking. Furthermore, the crib requirements of firm sleep surface, smooth sheet, and no objects in crib apply to any child being placed in the crib. Cribs may be used for children up to two years old. The Lead Agency has no jurisdiction to require these practices for relative care. Visits are made to these caregivers if classified as an Informal Caregiver receiving CCDF subsidy. The Health and Safety Checklist includes an indicator asking if cribs are available and if the cribs meet regulations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

-Rule 591-1-1-.21. Operational Policies and Procedures - 591-1-1-.21(1)(q); 591-1-1-.21(2)

-Rule 591-1-1-.30. Safe Sleeping and Resting Requirements - 591-1-1-.30(1)(a)(1-3); 591-1-1-.30(2); 591-1-1-.30(2)(a-c)

FAMILY CHILD CARE LEARNING HOMES

-Rule 290-2-3-.19. Safe Sleeping and Resting Requirements - 290-2-3-.19(1)(a)1-3; 290-2-3-.19(2); 290.2.3.19(2)(a-c)

-Rule 290-2-3-.08. Children's Records - 290-2-3-.08(8)(b)(16)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

-CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers Receiving Subsidy - 15.5.1 - Sections: V. Safe Sleep

-CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college,

university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCLC and FCCLH rules stipulate that medication may be administered only with written parental consent to specify the child's full name, the name of the medication, the prescription number (if prescribed), the date, time, and duration to be given, with the parent's signature. The maximum duration per authorization is two weeks. The

facility must document each date and time given, with the signature or initials of the person giving the medication. Any adverse reaction observed after the medication was given must be documented. The medication must be given to the program in its original container, and the medication must be returned to the parent immediately upon completion of the time authorized to be given. Medications must be stored out of reach of children, separate from cleaning materials, and, if refrigerated, must be in a leak-proof container. Non-emergency injections are to be given only by licensed personnel unless written parental permission indicates otherwise. These rules are to be provided to families in the program's written policies. License-exempt programs accepting CCDF subsidy are required to give medication only if authorized by the child's physician or parent in writing that includes date, full name of child, name of medication, prescription number, dosage, dates and time of day to be dispensed, and parent signature. The dispensing records must record the date, time and amount of medication administered, noticeable adverse reactions, signature or initials of administrator of the medication. The medication must be kept in a locked storage cabinet or container inaccessible to children, stored separately from cleaning chemicals, supplies, or poisons. Refrigerated medications must be placed in a leakproof container in a refrigerator inaccessible to children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License-exempt programs receiving CCDF subsidies are visited annually to monitor compliance with health and safety standards required by DECAL policy. The Health and Safety Checklist applied during the annual monitoring visit includes indicators that reference medication administration. There is no variation for medication administration based on the ages of children in care. The Lead Agency has no jurisdiction to require these practices for relative care. However, the Lead Agency visits these caregivers if classified as an Informal Caregiver receiving CCDF subsidy. The Health and Safety Checklist includes indicators asking if medications are stored securely.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.20. Medications - 591-1-1-.20(1)-(6)

Rule 591-1-1-.21. Operational Policies and Procedures - 591-1-1-.21(1)(e) _

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FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.08. Children's Records - 290-2-3-.08(5); 290-2-3-.08(8)(b)(3); 290-2-3-.08(b)(5)

Rule 290-2-3-.11. Health, Safety, and Discipline - 290-2-3-.11(1)(d)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Sections: I. Medications

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and

allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

As part of each child's enrollment record, families must report any known allergies, including those to food. The Emergency Transportation record used by child care learning centers also requires this information to be recorded. The infant feeding plan must include if any formula is known to cause an allergic reaction for the child. If a child has medication to be used in the event of an allergic reaction, the medication and authorization for this medicine to be administered remains at the facility, available to be given in an emergency. All child care staff are required to be certified in First Aid and CPR within 90 days of employment to enable staff to have the skills to respond in the event a child displays an allergic reaction. Also, the Health and Safety Orientation contains a component of prevention and response to emergencies due to food and allergic reactions to prepare staff to respond in such emergencies. For license-exempt programs, the Health and Safety Checklist applied during inspections asks if the children's records are maintained at the facility. Staff at license-exempt programs are also required to obtain First Aid, CPR, and Health and Safety Orientation within 90 days of employment.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations based on category of care. There are no variations for responding to allergies based on the ages of children in care. The feeding plan that describes if a commercial formula is known to cause an allergic reaction is only required for infants. The Lead Agency does not require these practices for informal caregivers who are relatives.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.08. Children's Records - 591-1-1-.08(1)

Rule 591-1-1-.13. Field Trips - 591-1-1-.13(6)

Rule 591-1-1-.15. Food Service and Nutrition - 591-1-1-.15(2)

Rule 591-1-1-.36. Transportation - 591-1-1-.36(7)(b) _

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FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.08. Children's Records - 290-2-3-.08(4)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Sections: J. Policies and Procedures

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards

for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules.

CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1-.33(1)-(3); 591-1-1-.33(5)

FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children

served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The intent of the Lead Agency's rules is to protect children from hazards in the building and physical premises by keeping children safe from injury. CCLC and FCCLH rules stipulate that the physical environment must be free from hazards to ensure children's safety and protection. Rules specify that hazards must be inaccessible to children. Fencing must be adequate to prevent access into traffic or other hazards, and the fence material itself should not be hazardous. Any animals associated with the program must not present a hazard to children, and any farm animals must be 500 feet from the program to protect children's safety. All equipment and materials must be free of hazards that could cause injury to a child and secured to prevent tipping over onto a child. Any maintenance or construction taking place at the facility must be in areas away from where children may be present. No plants or shrubs that may be toxic or hazardous may be located at the facility. Any area being used by children must be approved before use, so the space can be assessed for any hazards. Floor level windows and full-length glass doors must be made of safety glass marked with decals to prevent a child from being cut if the glass breaks. Children are not to have access to window treatments or blind cords. Multiple plugs and extension cords are not to be used, and outlets must be covered to prevent children's access. Programs must comply with the local or state fire marshal and receive a certificate before caring for children. If there is access to bodies of water greater than two feet deep, swimming rules apply that require the area to be fenced-in to prevent children's access and that a certified lifeguard supervise swim activities with a smaller teacher: child ratio than usual activities. When assessing playgrounds, standing water with a depth greater than two inches is considered a drowning hazard by policy. In addition, the rules stipulate that playgrounds should include no more than $\frac{1}{4}$ of the space as hard surface; fall zones should be provided; and equipment should be anchored to

protect children's safety.

For family child care learning homes, the rules also specify that combustible materials, are not to be in the child care area. In addition, heating and cooling equipment should not be within children's reach. The rules require working smoke detectors on each level of the home and fire extinguishers within 30 feet of the kitchen to be present in the home. The Health and Safety Standards for License-Exempt Providers Receiving Subsidy require that the buildings be safe and approved by local fire safety agencies and building authorities and remain in compliance with the governing fire safety officials and have a certificate of occupancy before receiving children for care. Construction or maintenance work are not to be performed in areas accessible to children. Any potentially hazardous materials, equipment, or supplies must be stored in a locked area inaccessible to children. Playgrounds must have a four-foot or higher fence barrier that does not present a hazard, with gates kept closed. Playground equipment must be free from hazards, regularly maintained, and arranged to not obstruct supervision of the children. Climbing and swinging equipment must be anchored and have a resilient surface beneath the equipment. Fall zones must be maintained to ensure resiliency and grounds maintained to be clean and free of litter and hazards. If the facility has swimming or wading pools, the pools must be fenced and inaccessible to children except during supervised activities. These activities require a smaller teacher: child ratio and that a certified lifeguard be supervising.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Child care learning center rules do not specifically address combustible materials and unvented fuel heaters like the rules for family child care learning homes; however, these indicators are observed and, by policy, are addressed in the general safety of the facility.

License-exempt programs that receive CCDF subsidies are monitored annually for compliance. Although not by rule, the Health and Safety Checklist includes indicators to assess the physical safety of the environment. Additionally, by rule, all exempt programs are required to meet local standards, including fire marshal requirements, and are subject to the exemption being rescinded if local standards are not met and maintained. There is no distinction based on the ages of the children in care for

building and physical premises safety. Though Informal Caregivers are not subject to licensing rules, the Lead Agency visits these caregivers annually to assess general health and safety if they are receiving CCDF subsidies. An indicator on the checklist documents any hazards and if the home has a working smoke detector and a fire extinguisher.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.05. Animals - 591-1-1-.05(1)-(2)

Rule 591-1-1-.12. Equipment and Toys - 591-1-1-.12(2); 591-1-1-.12(4)

Rule 591-1-1-.25. Physical Plant - 591-1-1-.25(5); 591-1-1-.25(8); 591-1-1-.25(10); 591-1-1-.25(12); 591-1-1-.25(13); 591-1-1-.25(15); 591-1-1-.25(17); 591-1-1-.25(19); 591-1-1-.25(21)

Rule 591-1-1-.26. Playgrounds - 591-1-1-.26(4)-(9)

Rule 591-1-1-.30. Safe Sleeping and Resting Requirements - 591-1-1-.30(1)(d)

Rule 591-1-1-.46 Exemptions - 591-1-1-.46.(1)(a)(1)(iv)-(2)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.11. Health, Safety, and Discipline - 290-2-3-.11(2)(h)

Rule 290-2-3-.13. Building and Grounds - 290-2-3-.13(1); 290-2-3-.13(1)(d)(e); 290-2-3-.13(2); 290-2-3-.13(2)(a)-(c)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Sections: F. Equipment and Toys; L. Physical Plant; M. Playgrounds; Q. Swimming Pools and Water-related Activities

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related

training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules.

CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1-.33(1)-(3); 591-1-1-.33(5)

FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All Caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The

Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This standard is defined within the general context of the discipline rules that discipline should not be detrimental to the physical or mental health of any child. Additionally, rules indicate that children's needs should be responded to promptly in an appropriate manner. If the need for discipline is not observed during a regulatory visit, staff are asked how they conduct discipline. Prevention of shaken baby syndrome, abusive head trauma, and child abuse maltreatment is covered under the activities and discipline rules for child care programs and under the CAPS compliance policy for licensed-exempt providers.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License-exempt programs are monitored annually using the Health and Safety Checklist, which evaluates observed discipline. If no discipline is observed, staff are asked about their discipline practices. There is no variation for the indicator of shaken baby syndrome, abusive head trauma, or child maltreatment based on the ages of children in care. All child care programs are required to comply with health and safety standards set by the Lead Agency. Discipline is also an indicator addressed on the Health and Safety Checklist applied annually during monitoring visits at Informal Caregivers' homes receiving CCDF subsidies.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.03 Activities - 591-1-1-.03(8)

Rule 591-1-1-.11. Discipline - 591-1-1-.11(1)-(2)

Rule 591-1-1-.32. Staff: Child Ratios and Supervision - 591-1-1-.32(7)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.11. Health, Safety, and Discipline - 290-2-3-.11(3); 290-2-3-.11(3)(a)

LICENSE-EXEMPT PROGRAMS AND INFORMAL PROVIDERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Sections: A. Activities; E. Discipline

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the

portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules.

CHILD CARE LEARNING CENTERS: Rule 591-1-1-.33. Staff Training - 591-1-1-.33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See

<https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

As of October 1, 2016, all child care learning centers, family child care learning homes, and license-exempt programs must have an emergency preparedness response plan that covers each of the following situations: procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with

chronic medical conditions. Centers must post their plans for staff reference and parent awareness. Family child care learning homes and licensed-exempt programs must have a written plan available to share with families and the Lead Agency. Evidence of the plans are verified upon licensure and at annual full study visits to licensed facilities and during annual monitoring visits to license-exempt facilities accepting CCDF subsidy. In addition, all programs must practice drills periodically to include fire drills monthly and tornado drills and other drills semi-annually. Evidence of these drills is observed during visits to licensed and license-exempt child care facilities.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Family child care learning homes and license-exempt programs accepting CAPS subsidies are required by policy to have emergency preparedness and response plans that include the following: procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. There is no variation of emergency preparedness and response planning based on ages of children in care. Informal Caregivers are exempt from the requirement, but they are required to maintain an emergency contact phone list.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.21. Operational Policies and Procedures - 591-1-1-.21(1)(p)

Rule 591-1-1-.27. Posted Notices - 591-1-1-.27

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.11. Health, Safety, and Discipline - 290-2-3-.11(2)(a); 290-2-3-.11(2)(c)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Section: J. Policies and Procedures

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and

early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Hazardous materials must be stored out of reach of children in all child care, licensed, or license-exempt programs receiving CCDF subsidies. Appropriate disposal

procedures for bio-contaminants require that waterproof receptacles have liners and covers with separate receptacles for disposable and non-disposable items. Soiled clothing is not to be washed at the program and must be placed in a plastic bag immediately upon being removed from the child. Handwashing rules require careful handwashing when hands become contaminated with bio-contaminant materials. Family child care learning home providers must have universal precaution procedures stored with the first aid kit.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Family child care learning home providers must have universal precaution procedures stored with the first aid kit, but this is not directly addressed in the rules for child care learning centers or in the policies for license-exempt programs. There are no variations of this standard based on ages of children in care. Relative providers must ensure no hazardous materials are accessible to children. This standard is monitored using the Health and Safety Checklist at annual visits.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.17. Hygiene - 591-1-1-.17(6)-(8)

Rule 591-1-1-.25. Physical Plant - 591-1-1-.25(13)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.11. Health, Safety, and Discipline - 290-2-3-.11(1)(e); 290-2-3-.11(1)(h)-(k)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS: -CAPS Policy

Manual - CAPS/00-15 - Health & Safety Standards for Providers Receiving Subsidy - 15.5.1 - Sections: L. Physical Plant; J. Policies and Procedures

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including

sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Transportation rules are considered extremely important in the risk assessment of children's health and safety. To ensure children's safety, the rules expressly designate the following: The vehicle must be inspected annually; the vehicle must be kept in clean, safe condition with no hazardous or loose items inside; and the vehicle must have a careful plan, including a passenger checklist, to account for the entrance and exit of each child. The checklist requires two checks to be conducted at the completion of every trip by two individuals. Appropriate child passenger restraints and safety belts must be used during travel. The Health and Safety Standards Manual for License-

Exempt Providers Receiving Subsidy also include these same requirements.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The rules regarding transportation for family child care learning homes do not contain as much detail as those for child care learning centers based on the potential group size differences between the two types of programs. Though parental permission to transport is required, the detailed passenger checklists and two inspection checks at the completion of each trip are not required for FCCLH. There are no variations regarding compliance for transportation based on the ages of children in care. Informal Caregivers receive an annual monitoring visit if they receive CAPS subsidies. The Health and Safety Checklist contains an indicator asking if car seats are available and meet current regulations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.36. Transportation - 591-1-1-.36(1)-(13)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.08. Children's Records - 290-2-3-.08(7); 290-2-3-08(8)(a); 290-2-3-.08(b)(9) _

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LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Section: R. Transportation

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related

training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1-.33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private

training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The director of child care learning centers and the child care provider of family child care learning homes are required to maintain current CPR and First Aid certification. CPR and First Aid training must be offered by certified or licensed health care professionals or trainers and approved by the Lead Agency; the training must also include emergency care for infants and children. All staff members providing direct care to children are required to obtain CPR and First Aid certification within the first 90 days of employment. CPR certification is valid for two years from the date certified, whereas First Aid certification is valid for three years from the date certified. In addition, at least 50 percent of the employed staff must always have current CPR and First Aid certification with at least one person with the certification on the premises and on transportation vehicles. All child care providers must have current CPR and First Aid regardless of the facility type or licensed-exempt status.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations to the rule for program staff to obtain CPR and First Aid certifications. There are no variations to this indicator based on the ages of children in care. Relative providers are not exempt from this requirement to obtain CPR and First Aid certifications.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.14. First Aid and CPR - 591-1-1-.14(1)-(2)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.04. Requirements for Applications and Licenses - 290-2-3-.04(2)(b)3

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Section: G. First Aid and CPR

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant

Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for

License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of

the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Rules for child care learning centers and family child care learning homes require a designated person to report any suspected incidents of child abuse, neglect, or deprivation to the local county Department of Family and Children Services in accordance with state law and to the Lead Agency. License-exempt providers with subsidy are required by the Health and Safety Standards Manual to make these same reports. State statute describes all child care providers as mandated reporters. Center Directors, License-exempt program directors, and family child care providers are required to conduct an orientation of the program policies with new staff members in which recognition and reporting responsibilities are included as a rule requirement. Programs must describe the procedures for child abuse reporting requirements in their written policies and procedures. During annual licensing studies and monitoring visits for license-exempt programs, Lead Agency personnel verify that child care staff have been made aware of these requirements and is documented on each staff member's documentation of orientation. Based on these practices and procedures, the Lead Agency certifies that the state complies with the child abuse reporting requirements.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Though license-exempt facilities are not compelled by Lead Agency rule to comply with reporting requirements, state law, as described in the Official Code of Georgia, requires that anyone affiliated with a child service organization that suspects child abuse is required to report it. The Health and Safety Standards Manual for License-Exempt Providers Receiving Subsidy indicates that reporting is mandatory for them. The Health and Safety Checklist applied at annual monitoring visits asks if the program has a policy for recognizing and reporting suspected child abuse or neglect. There are no variations based on age of children in care to the requirement to report suspected child abuse or neglect. Rules and policies do not address this requirement to report suspected child abuse or neglect for Informal Caregivers. However, Georgia code states that any person may report suspected child abuse or neglect.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.21. Operational Policies and Procedures - 591-1-1-.21(1)(k)

Rule 591-1-1-.29. Required Reporting - 591-1-1-.29(1)

Rule 591-1-1-.33. Staff Training - 591-1-1-.33(2)-(3)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07 (6 - 7)

Rule 290-2-3-.14. Reporting 290-2-3-.14(3)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers Receiving Subsidy - 15.5.1 - Sections: T. Required Reporting

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

Official Code of Georgia - Mandated Reporter Law (2016) - O.C.G.A. §19-7-5(c)(1)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including

sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Before being assigned to tasks or to care for children, each staff member must receive an initial program orientation that includes: the program's policies and procedures; the portions of the rules dealing with the care, health, and safety of children; the staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect, or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; administering medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand-washing; fire safety; water safety; and preventing HIV/AIDS and blood borne pathogens.

Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, Students-in-Training, and volunteers, shall

attend 10 clock hours of training that is task-focused on continued health, safety, and early childhood or child development related topics offered by an accredited college, university, or vocational program or other DECAL-approved source. The annual 10 clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including identifying, reporting, and meeting the needs of abused and/or neglected children; and business related topics, including parental communication, recordkeeping, etc.; provided however that such business related training shall be limited to no more than two of the required 10 clock hours of training. Records of completing such training shall be maintained, as required by these rules. CHILD CARE LEARNING CENTERS: Rule 591-1-1- .33. Staff Training - 591-1-1- .33(1)-(3); 591-1-1-.33(5) FAMILY CHILD CARE LEARNING HOMES: Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(5)-(7); 290-2-3-.07(9) CAPS POLICY MANUAL: CAPS Policy 15. Health and Safety Standards - 15.4.1 - Compliance Standards for Licensed Providers; 15.5.1;15.5.2; 15.5.3 - Compliance Standards for License-exempt and Informal Providers

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in pre-service, orientation training, and annual training requirements based on category of care, licensing status, or the ages of the children served. All caregivers working with children are required to complete the full health and safety training module

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Training is delivered in multiple ways across Georgia. State-approved trainers may offer the training face-to-face or through an online module. For the training to be approved, the content must cover all health and safety topics required by the rule. The Lead Agency worked with the Georgia Training Approval System to ensure all private training vendors were aware of the CCDF training requirements so that any trainer may develop and market their own health and safety training modules. See <https://gapds.decal.ga.gov/search/training>. Additionally, beginning 2016, the Lead Agency contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training. Any Georgia provider can create an account and take this training module at no cost to the participant. The certificate earned for completing the course is valid for the career of the participant and must be at least ten hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to ten hours in 2019 when the component for child development was added. As part of the contract, Better Kid Care furnishes the Lead Agency with a list of participants who take this training each month. Maximus, the CCDF payment vendor, cross-references the list with providers accepting CCDF subsidies. A certificate is issued to each training participant from the training vendor.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

10 hours

b. License-exempt child care centers:

10 hours

c. Licensed family child care homes:

10 hours

d. License-exempt family child care homes:

N/A

e. Regulated or registered In-home child care:

10 hours

f. Non-regulated or registered in-home child care:

N/A

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

Child care learning center rules state: Facilities are required to meet the United States Department of Agriculture (USDA) Nutritional Guidelines for children in child care. Meals and snacks with serving sizes dependent on the age of the child must meet nutritional guidelines as established by the USDA Child Care Food Program. Meals and snacks must be varied daily, and additional servings of nutritious food must be offered to children over and above the required daily minimum if not contraindicated by special diets. Within the first year of employment, the director, and the person primarily responsible for food preparation must receive four clock hours of training in food nutrition, planning, preparation, serving, proper dish washing, and food storage. Family child care learning home rules state that meals will be served to children while they are in care and that the meals will be nutritious, well-balanced, and varied, with serving sizes based on the ages of the children. Feeding plans are required for infants. Family child care learning home providers may include nutrition as one of the topics addressed in the annual training requirement.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.15. Food Service and Nutrition - 591-1-1-.15(1)-(2)

Rule 591-1-1-.33. Staff Training - 591-1-1-.33(4)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.10. Nutrition and Food Services - 290-2-3-.10(1)-(9)

Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(9)

b. Access to physical activity:

Describe:

Child care learning center rules require that centers provide appropriate activities to promote all areas of development, including physical play and a balance of quiet and active periods and large and small motor activities. Outdoor activities must be provided daily, weather permitting, in accordance with the following: 1. Centers operating five hours or more per day must provide each child who is not an infant at least one and one-half hours of outdoor activity per day; 2. Infants must spend at least one hour daily outdoors; 3. Centers operating less than five hours per day must provide a brief outdoor period for the children daily.

Family child care learning home rules require that time is spent outdoors daily, weather permitting. In addition, rules require a balance of activities to include quiet and active periods of play and to provide activities for developing gross motor skills. License-exempt providers accepting CCDF subsidy must follow the Health and Safety Standards for License-Exempt Providers Receiving Subsidy. The standards require programs to provide developmentally appropriate activities that promote physical development of each child, along with social, emotional, physical, cognitive, and language and literacy activities.

Child care learning centers and family child care learning home providers may include physical activity as one of the topics addressed in the annual training requirement.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.26. Playgrounds - 591-1-1-.26(1)(a)-(b)

Rule 591-1-1-.03 Activities - 591-1-1-.03(1); 591-1-1-.03(5)(a)(b)(e); 591-1-1-.03(7)(a)-(c);

Rule 591-1-1-.33. Staff Training - 591-1-1-.33

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.09. Children's Activities - 290-2-3-.09(1)(a)-(e); 290-2-3-09(3)

Rule 290-2-3-.07 Staffing and Supervision - 290-2-3-.07(9)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS/00-15 - Health & Safety Standards for Providers

Receiving Subsidy - 15.5.1 - Section: A. Activities

CAPS Policy 11.5.2 - Monitoring License-Exempt and Informal Care Givers for Health and Safety Compliance reflected in the Health & Safety Monitoring Checklist

c. [Caring for children with special needs:](#)

[Describe:](#)

Rules state that a program's standard program of care or activities should accommodate children with special needs. State child care licensing rules require adaptation of the child care program's standard program of care or activities to accommodate children with special needs. The special adaptation that the child care program agrees to must be in writing and the result of a mutual agreement between the child care program and the parents of the child with special needs. The agreement must be made when the child enrolls in the program or when the special need becomes apparent to the child care program or the parents. Child care learning centers and family child care learning home providers may include caring for children with special needs as one of the topics addressed in the annual training requirement.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.03 Activities - 591-1-1-.03(4)

Rule 591-1-1-.04. Admission and Enrollment - 591-1-1-.04(2)

Rule 591-1-1-.08. Children's Records - 591-1-.08(1)(a)

Rule 591-1-1-.21. Operational Policies and Procedures - 591-1-1-.21(2)

Rule 591-1-1-.33. Staff Training - 591-1-1-.33(5)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.08. Children's Records - 290-2-3-.08(8)(b)(12)

Rule 290-2-3-.09. Children's Activities -290-2-3-.09(1)

Staffing and Supervision - 290-2-3-.07(9)

LICENSE-EXEMPT PROGRAMS AND INFORMAL CAREGIVERS:

CAPS Policy Manual - CAPS

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

There are additional rules for licensed child care programs that address the instruction and learning environment for children. These rules specifically address teaching methods, lesson plans, and developmentally appropriate play activities. The additional rules include the following:

- The child care program must provide a daily planned program of varied and developmentally appropriate activities that promote the social, emotional, physical, cognitive, language, and literacy development of each child.
- Staff must use a variety of teaching methods to accommodate the needs of the children's different learning styles.
- Current lesson plans must be kept on site and reflect appropriate instruction practices and activities to support children's development. The child care program must have sufficient and varied play and learning equipment and materials to support the program of activities in all developmental areas described above.

Additionally, through technical assistance and training, child care teachers are encouraged to use the Georgia Early Learning and Development Standards (GELDS) to plan activities that are age-appropriate for the children in care. The GELDS are a set of appropriate, attainable standards that are flexible enough to support children's individual rates of development, approaches to learning, and cultural context. The GELDS are a continuum of skills, behaviors, and concepts that children develop throughout this time of life. They are divided into age groups and serve as a framework for learning. The GELDS are aligned with the Head Start Child Outcomes Framework, the Common Core Georgia Performance Standards (CCGPS) for K-12, and the Work Sampling System Assessment. Child care learning centers and family child care learning home providers may include child developments as one of the topics addressed in the annual training requirement.

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.03 Activities - 591-1-1-.03(1)-(3), (5)

Rule 591-1-1-.33. Staff Training - 591-1-1-.33(5)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.09. Children's Activities -290-2-3-.09(1)(a)-(k); 290-2-3-.09(2)

Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(9)

LICENSE - EXEMPT PROGRAMS AND INFORMAL CAREGIVERS

Health & Safety Standards for License-Exempt Providers Receiving Subsidy- Section

A. Activities

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

All licensed child care programs have rules and regulations for child care and are monitored by the Lead Agency twice annually. The Lead Agency passed rules and regulations for licensed CCLCs, FCCLHs, and license-exempt programs for the required health and safety training. Licensing staff review the health and safety training certificates on file during the annual visits to ensure compliance. If compliance is not maintained in CCLCs and FCCLHs, enforcement would follow the procedures of the Enforcement and Compliance rules, which may result in adverse action.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

All licensed child care programs have rules and regulations for child care and are monitored by the Lead Agency twice annually. The Lead Agency passed rules and regulations for licensed CCLCs, FCCLHs, and license-exempt programs for the required health and safety training. Licensing staff review the health and safety training certificates on file during the annual visits to ensure compliance. If compliance is not maintained in

CCLCs and FCCLHs, enforcement would follow the procedures of the Enforcement and Compliance rules, which may result in adverse action.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

All licensed child care programs have rules and regulations for child care and are monitored by the Lead Agency twice annually. The Lead Agency passed rules and regulations for licensed CCLCs, FCCLHs, and license-exempt programs for the required health and safety training. Licensing staff review the health and safety training certificates on file during the annual visits to ensure compliance. If compliance is not maintained in CCLCs and FCCLHs, enforcement would follow the procedures of the Enforcement and Compliance rules, which may result in adverse action.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Initial licensing studies (pre-licensing inspections) are conducted at all prospective CCLC facilities before a license is issued. These on-site, pre-licensure visits are announced and include a thorough, rule-by-rule review of health and safety indicators including fire safety throughout the physical plant and site (including all outdoor areas to be used for licensed space).

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

The Lead Agency's policy is to ensure that child care consultants conduct annual, unannounced, on-site, rule-by-rule (including health, safety, and fire regulations) licensing inspections (licensing studies and monitoring visit) for each licensed CCLC twice during the state fiscal year. Additional follow-up visits and complaint investigations are conducted as needed.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

Providers receive a minimum of two unannounced visits per year. Additional follow-up visits and complaint and incident investigations are conducted as needed.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The Lead Agency uses differential monitoring in their inspections of child care learning centers. Providers receive an annual, on-site licensing study where all rules, including fire safety, are evaluated. Providers also receive an annual, on-site monitoring visit where core rules (rules the Lead Agency has identified as having the greatest impact on health and safety) are evaluated, in addition to any rules cited at the previous visit. Additional follow-up visits or complaint investigations may also be conducted during which certain identified rules are evaluated.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

The lead agency will update the proper citation by October 1, 2021 and post the documents to the agency website accordingly. The lead agency will provide provide OCC with the new link as soon as it becomes available but no later than October 1, 2021.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

Initial licensing studies (pre-licensing inspections) are conducted at all prospective family child care learning homes before a license is issued. These on-site, pre-licensure visits are announced and include a thorough, rule-by-rule review of health and safety indicators including fire safety throughout the physical plant and site (including all outdoor areas to be used for licensed space).

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

The Lead Agency's policy is to ensure that child care consultants conduct annual, unannounced, on-site, rule-by-rule (including health, safety, and fire regulations) licensing inspections for each licensed FCCLH during the state fiscal year. Additional follow-up visits and complaint investigations are conducted as needed.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

Providers receive a minimum of two unannounced visits per year. Additional follow-up visits and complaint and incident investigations are conducted as needed.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The Lead Agency uses differential monitoring in their inspections of family child care learning homes. Providers receive an annual, on-site licensing study where all rules, including fire safety, are evaluated. Providers also receive an annual, on-site monitoring visit where core rules (rules the Lead Agency has identified as having the greatest impact on health and safety) are evaluated, in addition to any rules cited at the previous visit. Additional follow-up visits or complaint investigations may also be conducted during which certain identified rules are evaluated.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

The lead agency will update the proper citation by October 1, 2021 and post the documents to the agency website accordingly. The lead agency will provide provide OCC with the new link as soon as it becomes available but no later than October 1, 2021.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards -

of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Statewide licensing inspectors in the Child Care Services Division of the Lead Agency conduct pre-licensure inspections and unannounced inspections of licensed CCDF providers.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in

question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

License-exempt center-based CCDF providers receive a monitoring visit to evaluate compliance with health and safety standards between 90 and 120 days after enrolling in the CAPS program and once per federal fiscal year (October 1 through September 30) thereafter. Annual, unannounced monitoring visits of each license-exempt center-based CCDF provider occurs to ensure compliance with health, safety, and fire standards. A follow up visit may be conducted for technical assistance to support providers who have core health and safety violations. An exemption unit within the licensing division is responsible for the monitoring visits in license-exempt center-based CCDF programs. Differential monitoring is not currently in place.

i. Provide the citation(s) for this policy or procedure

CAPS Policy CAPS/00-12 Child Care Providers Rights and Responsibilities.
12.4.4.2(A)(6) Compliance with Health and Safety Monitoring; CAPS Policy CAPS/00-15 Health and Safety Standards. 15.7.1 Monitoring and Enforcement for License-exempt and Informal Providers.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A. Family child care learning homes are not permitted to be exempt from licensing in Georgia.

i. Provide the citation(s) for this policy or procedure

N/A

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Informal Caregivers will receive a monitoring visit to evaluate compliance with health and safety standards between 90 and 120 days after enrolling in the CAPS program and once per federal fiscal year (October 1 through September 30) thereafter. Annual, unannounced monitoring visits of each Informal CCDF Caregiver occurs to ensure compliance with health, safety, and fire standards. Differential monitoring is not currently in place currently.

- b. Provide the citation(s) for this policy or procedure.

CAPS Policy CAPS/00-12 Child Care Provider Rights and Responsibilities.

12.4.4.2(A)(6) Compliance with Health and Safety Monitoring; CAPS Policy CAPS/00-15 Health and Safety Standards. 15.7.1 Monitoring and Enforcement for License-exempt and Informal Providers.

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

Statewide licensing inspectors in the Child Care Services Division in the Lead Agency conduct inspections for Informal CCDF Caregivers.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Georgia employs licensing inspectors who meet the minimum qualifications for Early Childhood Education established by the Georgia Department of Administrative Services. A child care licensing consultant must meet the following minimum qualifications before being considered for hiring by the Lead Agency: Bachelor's degree in Early Childhood Education and/or related field, such as Sociology, Psychology, Social Work, and Human Services, etc. from an accredited college/university and two years of professional experience in Early Childhood Education and/or related early childhood field or a Master's degree in Early Childhood Education and/or related early childhood field, such as Sociology, Psychology, Social Work, and Human Services, etc. from an accredited college/university.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

The Lead Agency has implemented a three-month onboarding process for training each licensing inspector on the requirements for health and safety established by Georgia statute. All newly hired consultants must satisfactorily complete the onboarding process. This process includes classroom training on all areas of the state's licensing rules and regulations and training in regulatory administration based on the concepts and principles found in the National Association for Regulatory Administration (NARA) best practices. In addition to classroom training, newly hired

consultants are provided field-based training by shadowing veteran licensing staff and receiving support through mentoring on licensing best practices. All licensing inspectors receive on-going professional development through a variety of sources throughout their employment at the Lead Agency. Professional development days are conducted annually to provide refresher training on rule evaluation and enhanced knowledge of licensing policies. Additionally, licensing inspectors are supported by their supervisors and receive annual field-based skills assessments and work reviews to ensure they are evaluating programs appropriately. Ongoing professional development is offered throughout the year for all licensing inspectors. Each licensing inspector must complete 24 hours of professional development each fiscal year.

c. Provide the citation(s) for this policy or procedure.

The lead agency will update the proper citation by October 1, 2021 and post the documents to the agency website accordingly. The lead agency will provide provide OCC with the new link as soon as it becomes available but no later than October 1, 2021.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Child care licensing consultants have a caseload of approximately 50 providers. This average is based on the total number of consultant-level staff within the Child Care Services division of the Lead Agency. Some of the consultant staff have been identified for specialized work duties (i.e., initial licensure processes and critical complaint investigations); however, the current caseloads allow for timely and thorough inspections of all licensed providers twice per year and license-exempt providers annually.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

The lead agency will update the proper citation by October 1, 2021 and post the documents to the agency website accordingly. The lead agency will provide provide OCC with the new link as soon as it becomes available but no later than October 1, 2021.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a fingerprint-based background check through the GBI, which includes an FBI background check. Georgia's Comprehensive Background Check Policy sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to undergo a fingerprint-based background check through the GBI, which includes an FBI background check. Georgia's Comprehensive Background Check Policy sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a name-based check of the National Sex Offender Registry. Georgia's Comprehensive Background Check Policy sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to undergo a name-based check of the Georgia Sex Offender Registry. Georgia's Comprehensive Background Check Policy - sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a name based check of the Georgia IONS database for child abuse and neglect, including a rapback capability for any applicant placed on the database after their background check determination. Georgia's Comprehensive Background Check Policy - sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to undergo a name-based check of the Georgia IONS database for child abuse and neglect, including a rapback capability for any applicant placed on the database after their background check determination. Georgia's Comprehensive Background Check Policy - sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a fingerprint-based background check through the GBI, which includes an FBI background check. Georgia's Comprehensive Background Check Policy sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to submit to a fingerprint-based check through the GBI, which includes an FBI background check. Georgia's Comprehensive Background Check Policy sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a name-based check of the National Sex Offender Registry. Georgia's Comprehensive Background Check Policy sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to undergo a name-based check of the National Sex Offender Registry. Georgia's Comprehensive Background Check Policy sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a name-based criminal background check of any state where they resided in the past five years. Georgia's Comprehensive Background Check Policy - sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to undergo a name-based criminal background check of any state where they resided in the past five years. Georgia's Comprehensive Background Check Policy - sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a name-based check through the Sex Offender Registry of any state where the applicant resided in the past five years. Georgia's Comprehensive Background Check Policy - sections 3, 4(c).

<http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to undergo a name-based check of the Sex Offender Registry of any state where they resided in the past five years. Georgia's Comprehensive Background Check Policy - sections 3, 4(c).

<http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

Any employee, volunteer, contractor, resident, or person with access to children in care in a licensed, registered, or regulated child care program is required to submit to a name-based check of the Child Abuse and Neglect Registry of any state where they resided in the past five years. Georgia's Comprehensive Background Check Policy - Sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

All other providers eligible to deliver CCDF Services

Citation:

Any employee, contractor, resident, or person with access to children in care of providers eligible to receive CCDF funds is required to undergo a name-based check of the Child Abuse and Neglect Registry of any state where they resided within the past five years. Georgia's Comprehensive Background Check Policy - Sections 3, 4(c). <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

A licensed or CCDF eligible child care provider must do the following for all applicants: 1) Submit a current records check application to the Lead Agency, either electronically through DECAL KOALA (preferred), the Lead Agency's online information resource for child care providers, or by mail; 2) Register with Gemalto/COGENT for the national and Georgia fingerprint-based criminal history screening; 3) Pay the fee associated with the national and Georgia fingerprint-based criminal history screening to Gemalto/COGENT. This fee is currently paid by the Lead Agency; 4) Fingerprint through a Gemalto/COGENT fingerprint site for the national and Georgia fingerprint-based criminal history screening; 5) Request a criminal history report from each U.S. territory, tribal land,

or state, other than Georgia, where the individual resided during the preceding five years and maintain evidence of the request; 6) Request a child abuse/neglect database report from each U.S. territory, tribal land, or state, other than Georgia, where the individual resided during the preceding five years and maintain evidence of the request. This requirement extends to any director and any person who is compensated by a licensed child care program to care for children; or who cares for, supervises, or has unsupervised access to children, other than his/her own, in the facility; or who is 17 years of age or older and resides at the facility; or who performs duties for the child care program, with or without compensation, which involve personal contact between that person and any child being cared for by the program, including but not limited to volunteers who perform consistent services for the program; or is employed by a child care program and who also has a child in care at the program; or who is an independent contractor hired by the child care program to offer consistent supplemental educational or physical activities for children in care; or who is a student-in-training of any licensed child care learning center or family child care learning home. These requirements also apply to any exempt program receiving CCDF funds. Georgia's Comprehensive Background Check Policy - CBC-001(5) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The Georgia Bureau of Investigation assured the Lead Agency that the fees charged by the 3rd party vendor for completing the background check do not exceed the actual cost of processing and administration. The Lead Agency does not charge additional fees for processing or administration. The Lead Agency does not charge for conducting the comprehensive background check. The third-party vendor, Gemalto Cogent, charges \$51.50 to conduct the fingerprint scan. For the foreseeable future, the Lead Agency will pay the cost of the initial fingerprint scan for eligible early care and education workers. This includes new hires to the industry and those whose current records check determination letter is about to expire.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

A program may hire a provisional employee who may begin to work at the program upon receiving a satisfactory national fingerprint-based criminal history determination. The provisional employee who has a satisfactory national fingerprint-based criminal history determination only must always be supervised by someone with a satisfactory comprehensive background check clearance, and this determination is valid for forty-five days only. This requirement extends to any person who is compensated by a licensed child care program to care for children; or who cares for, supervises, or has unsupervised access to children, other than his/her own, in the facility; or who is 17 years of age or older and resides at the facility; or who performs duties for the child care program, with or without compensation, which involve personal contact between that person and any child being cared for by the program, including but not limited to volunteers who perform consistent services for the program; or is employed by a child care program and who also has a child in care at the program; or who is an independent contractor hired by the child care program to offer consistent supplemental educational or physical activities for children in care; or who is a student-in-training of any licensed child care learning center or family child care learning home. These requirements also apply to any exempt program receiving CCDF funds. Georgia's Comprehensive Background Check Policy - CBC-001(4) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

All applicants submitting background check applications who lived out of state within the preceding five years are required to obtain name-based criminal records and namebased child abuse and neglect registry information from every state, territory, or tribal land where they resided within the past five years.

The Lead Agency will obtain the sex offender registry from these locations. Upon submitting a background check application to the Lead Agency, applicants who lived out

of state receive an email directing them to request records from any state, territory, tribal land where they resided in the past five years and providing a link to the Lead Agency's online instructions for obtaining such records from every state, territory, and tribal lands of the United States. The automated email includes a verification form for the applicant to sign under penalty of perjury indicating they have requested the required out of state documents to be sent directly to the Lead Agency for open record states and to the individual only if the state is deemed a closed record state. This e-mail also informs the applicant that their background check application will not be processed until the sworn verification form has been returned to the Lead Agency via email or fax confirming that the out of state records has been duly requested. The email directs the applicant to have the state, territory, tribal land in which they resided in the past five years return the out of state documents to the Lead Agency. The Lead Agency has an audit process that contacts all listed state, territory, tribal land to ensure compliance with this requirement. If it is determined that an applicant fails to request the required documents, the Lead Agency shall deem the applicant unsatisfactory. Once the out of state criminal history information is received Lead Agency staff will review for crimes covered under federal and state law and regulations, and if no negative information is reported, Lead Agency staff will issue the appropriate satisfactory determination letter.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

All comprehensive background check determination letters issued by the Lead Agency expire five years after the date the applicant fingerprinted. When these letters are uploaded into the provider's online employee list, the expiration date is indicated within the system. All employee background check determination letters within a provider's online account are listed in the order in which they will expire with expired applications appearing at the top. The provider then receives an automated email 90 days, 60 days, and 30 days before the expiration of any background check determination letter for their employees. When a background check letter expires, the provider's account will indicate the letter has expired, and the expired letters will appear at the top of the provider's list of

employees. Before a comprehensive background check determination expires, an individual must submit a new background check application following all new applicant requirements.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Providers are required by statute to obtain and make available for inspection each employee's ten-year employment history. Providers must ensure all potential employees obtain a current satisfactory record check determination letter before employment if the applicant has had a six-month break in service. Lead Agency licensing consultants review this documentation during yearly license inspections to ensure compliance.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>. See *Criminal Records Check Livescan Instructions and Comprehensive Background Check Policy*.

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The GBI, through their contractor Gemalto, conducts a fingerprint-based and a name-based search of the NCIC's National Sex Offender Registry and returns the results of this search along with the Georgia and national criminal history report for all individuals undergoing the comprehensive background check. When the Lead Agency receives the results of the fingerprint-based background check, Lead Agency staff review the criminal and sex offender information to determine if the applicant is satisfactory in accordance with Georgia and federal statutes and regulations. The Lead Agency has a direct computer interface with the Georgia Department of Human Services which informs the agency immediately upon submitting a background check application if the applicant appears on the Georgia Incident Offender Notification system (IONS) database of abuse and neglect. The Lead Agency conducts a name-based search of the Georgia sex offender registry. The search is conducted by visiting the state public sex offender website managed by the Georgia Bureau of Investigation:

<https://gbi.georgia.gov/georgia-sex-offender-registry>. If no negative information is received, the Lead Agency will issue the appropriate satisfactory records check determination letter. The Lead Agency completes more than 80 percent of in-state background check determinations within three business days; however, all determinations are final within the mandatory 45-day requirement.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The procedure is identical to the procedure set forth in 5.5.3a.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory)

but has lived in another state(s) within the previous five years).

All applicants submitting background check applications who indicated they lived out of state within the previous five years are required to request name-based criminal records and name-based child abuse and neglect registry information from every state, territory, or tribal land in which they resided within the previous five years and ensure the responding state sends such records directly to the Lead Agency for all open records states and to the individual for closed record states. Applicants that received records directly from a closed records state must submit all records received from said closed records U.S. territory, tribal land, or state to the Lead Agency for review. The Lead Agency will obtain the sex offender registry information from all locations. When the Lead Agency receives all required out-of-state records with no negative information, or at the end of 45 days if the other location(s) fail to respond, the applicant will receive a comprehensive background check determination letter. The Lead Agency has an audit process that contacts all listed state, territory, tribal land to ensure compliance with out of state record request requirements. If it is determined that an applicant fails to request the required documents, the Lead Agency shall deem the applicant unsatisfactory.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

If no response is received from the other location(s) after 45 days have passed from the date requested, the Lead Agency will issue the applicant a satisfactory comprehensive records check determination letter subject to any subsequent receipt of negative information from the other location(s).

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Applicants who work in Georgia child care but reside in another state will follow the same procedures to request documents from the state where they reside once every five years.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state

entity for civil purpose (i.e., for purposes of determining employment eligibility).

Georgia is a national Fingerprint File (NFF) state, and therefore, the National Crime Information Center (NCIC) report satisfies the interstate criminal history reporting requirement.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Other states, territories, or tribal lands conduct a search by visiting the state public sex offender website managed by the Georgia Bureau of Investigation at <https://gbi.georgia.gov/georgia-sex-offender-registry>. There are no law or policies preventing another state, territory, or tribal land to obtain this information.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Other states, territories, or tribal lands can conduct a search by visiting the website managed by the Georgia Department of Human Services, creating an account, and submitting the applicant's name to the Incident Offenders Notification System (IONS) portal <https://ionsrequestportal.dhs.ga.gov/General>.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as

expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms

- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

1. Any felony; 2. A violation of O.C.G.A. § 16-5-23, relating to simple battery, where the victim is a minor; 3. A violation of O.C.G.A. § 16-5-23.1, relating to battery, where the victim is a minor; 4. A violation of O.C.G.A. § 16-21-1, relating to contributing to the delinquency, unruliness, or deprivation of a minor; 5. A violation of O.C.G.A. § 16-6-1 et seq., relating to sexual offenses; 6. A violation of O.C.G.A. § 16-5-29, relating to battery of an unborn child; 7. A violation of O.C.G.A. § 16-5-70, relating to cruelty to children; 8. A violation of O.C.G.A. § 16-12-1.1, relating to a child care operator permitting one with an unsatisfactory background check determination to work or reside in an early care and education program; 9. A violation of O.C.G.A. § 16-12-100, relating to obscenity relating to minors; 10. A violation of O.C.G.A. § 16-12-100.1, relating to electronically furnishing obscene materials to minors; 11. A violation of O.C.G.A. § 16-12-100.2, relating to computer or electronic pornography and child exploitation prevention; 12. A violation of O.C.G.A. § 16-12-100.3, relating to obscene telephone contact with minors; 13. A violation of O.C.G.A. § 40-6-391, relating to DUI, when a child is endangered; 14. A violation of O.C.G.A. § 19-7-5, relating to failure to report child abuse when mandated by law to report; 15. A violation of O.C.G.A. § 16-4-1, relating to criminal attempt when the crime attempted is any of the crimes specified by this above; 16. Child pornography; 17. Abuse of, endangerment of, or sexual assault against a child by an adult; 18. Any other violent misdemeanor against a child by an adult; or 19. Any other offense committed in another jurisdiction which, if committed in this state, would be one of the enumerated crimes listed in this paragraph; 20. Any violation listed in 45 C.F.R. 98.43(c).

<http://www.dec.al.ga.gov/documents/attachments/crcpolicy.pdf>

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the

results of individual background checks. (98.43(e)(2)(iii)).

The Lead Agency notifies applicants who are satisfactory to work in child care by emailing a satisfactory determination letter to the applicant at the email address given on their application and to the provider. When an applicant is unsatisfactory to work in child care, the Lead Agency emails an unsatisfactory letter to the provider indicating that the applicant is unsatisfactory to work in child care but without indicating any information about any arrest or conviction. The Lead Agency sends the applicant a letter indicating they are unsatisfactory to work in child care via certified mail containing information about the arrest or conviction that makes them ineligible.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

The Lead Agency sends all cases involving a felony drug arrest to the Office of State Administrative Hearings, an independent court, to review the facts surrounding the felony drug arrest to determine if an applicant is still eligible for employment. Under Georgia law, an applicant disqualified due to a felony drug offense is eligible for review by the Administrative Law Judge if that person has satisfied all terms of probation.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Any applicant deemed unsatisfactory to work in child care in Georgia based on criminal records check information must obtain and provide documents to the Lead Agency indicating the disposition and factual basis for the arrest or conviction. Upon providing the required documents, applicants may indicate by mail, fax, or email that they wish to appeal. The Lead Agency notifies the Georgia Office of Administrative Hearings (OSAH) that an applicant wishes to appeal, and OSAH schedules the appeal hearing and notifies the applicant and the Lead Agency of the hearing date. Both sides may present evidence and arguments regarding the unsatisfactory determination and may be represented by counsel. An Administrative Law Judge at OSAH conducts the review of any appeal submitted to the Lead Agency as outlined in the disqualification letter. The court will review the matter for mitigation, but mitigation will not be granted if physical harm was done to any victim or for any arrest listed in 45 CFR 98.43.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Same as above.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The Georgia Office of State Administrative Hearings will review out-of-state CAN results for accuracy and completeness.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

Informal Caregivers will receive a monitoring visit to evaluate compliance with health and safety standards between 90 and 120 days after enrolling in the CAPS program and once per federal fiscal year (October 1 through September 30) thereafter.

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Georgia's Workforce Knowledge and Competencies (WKC) are a set of professional standards that guide the development of professional learning opportunities for early

learning and school-age professionals across the state. The WKC's answer the question, "What should early learning and school-age professionals know and be able to do?" The Lead Agency has recently revised the WKC's for teachers to reflect the latest research in adult learning, child development, quality instructional practices, and serving children with complex needs. The Lead Agency is in the process of updating the WKC's for the following audiences as well: child care administrators, technical assistance providers, and trainers.

ii. Career pathways. Describe:

The Georgia Professional Development System (GaPDS) tracks the education, training, and career experiences of the state's early learning and school-age professionals. Participants in GaPDS are assigned a Career Level that aligns with the State's Career Level Lattice. GaPDS is used by teachers, assistant teachers, child care administrators, family child care learning home providers, state approved trainers, home visitors, technical assistance providers and coaches, and Lead Agency staff

iii. Advisory structure. Describe:

The Lead Agency uses advisory committees for professional development projects that include representatives from state education agencies, technical colleges, universities, and early learning and school-age professionals working directly with children. Advisory committee makeup depends on the specific project or initiative. The committees review and make recommendations on the state's professional learning initiatives.

iv. Articulation. Describe:

Georgia has collaboratively developed a strong articulation system from the community-based CDA to technical college credentials to four-year degrees. The 120 clock hours of early learning coursework required for the CDA, awarded by the Council for Professional Recognition, may be used for credit toward a certificate, diploma, or degree program from a technical college. The technical certificates will articulate into an associate's degree. Many of Georgia's technical colleges have individual agreements with regional four-year institutions. As part of the state's ongoing work in this area, the Lead Agency is working collaboratively with the Technical College System of Georgia and the University System of Georgia to expand articulation and to embed the previously mentioned WKC's into coursework across participating institutions. Further, the Lead Agency has established strong relationships with the Georgia Department of Education to support the

Career, Technical, and Agricultural Education (CTAE) program, which includes a track for high school students to receive initial training in early childhood education

v. Workforce information. Describe:

The Georgia Professional Development System (GaPDS) tracks the credentials, degrees, trainings, and work history of the state's early learning workforce. While the information provided in GaPDS is self-reported by each individual user, degrees, credentials, and trainings are verified by the Georgia Professional Standards Commission (PSC), the same state agency that verifies degrees and credentials for K-12 teacher certification. GaPDS also allows users to search and register for trainings offered by the Lead Agency. GaPDS provides the Lead Agency with one central, readily-accessible system to gather data on the professional learning pathways of the early learning workforce.

vi. Financing. Describe:

The Lead Agency's DECAL Scholars program provides scholarships and financial incentives for qualifying early learning and school-age professionals to obtain an initial or higher degree or credential in early learning. In addition to providing scholarships to attend public or private state institutions, the DECAL Scholars program also provides participants with stipends to purchase books and materials needed to adequately participate in their chosen degree or credential program. Upon completing a degree or credential, qualified participants may also receive financial bonuses to reward successful completion of the program and to encourage retention with their same employer.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Currently, Georgia has 560 state-approved trainers who have demonstrated skills and qualifications in early learning, school-age support, and adult learning. In addition to meeting education and experience criteria, state-approved trainers must also submit their trainings to the Lead Agency for approval. Submitted trainings must align with the state's WKCs and demonstrate best practices in adult learning. Additionally, the Lead Agency has created a Trainer Support Network to encourage collaborative relationships among trainers and Lead Agency staff to continually support development of quality training opportunities for early learning and school-age professionals.

iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

In 2012, recognizing the considerable overlap in membership and areas of focus, the Georgia Children's Cabinet was created by merging the First Lady's Children's Cabinet with the Georgia State Advisory Council on Early Childhood Education and Care. This new cabinet included members of the State Advisory Council. The Georgia Children's Cabinet is composed of the heads of all state agencies that serve the needs of Georgia's children from birth to age 18 and of select community, philanthropic, education, and business stakeholders. The membership conforms to the requirements for State Advisory Councils as prescribed in the Head Start Reauthorization Act of 2017. The Cabinet regularly reviews the state's strategic plans and work related to children and families across state government and recommends policy and practice to improve outcomes, including the areas of child welfare, economic assistance, health, juvenile justice, and education. Serving as the State Advisory Council, this group also dedicates a portion of every meeting to reviewing the ongoing systemic work designed to improve early childhood education and care. The Cabinet reviews and makes recommendations on the CCDF state plan. As part of the state's Preschool Development Grant, the Cross Agency Child Council was formed. This council has deputy-

level representatives from state agencies serving children and families birth to 5 and executive leadership from early childhood statewide advocacy agencies. The focus is on strengthening the birth to five system including supporting the early learning workforce. Additionally, the state will be forming a Cross Agency Family Council with family representatives with children participating in the birth to five programs within the system.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The Lead Agency's DECAL Scholars program provides scholarships and financial incentives for qualifying early learning and school-age professionals to obtain an initial or higher degree or credential in early learning. In addition to providing scholarships to attend public or private state institutions, the DECAL Scholars program also provides participants with stipends to purchase books and materials needed to adequately participate in their chosen degree or credential program. To support retention of quality educators, the DECAL Scholars INCENTIVES program provides financial bonuses to individuals who, after completing a degree or credential program, maintain employment with the same employer. The AWARDS program provides an additional one-time financial bonus upon completing a qualifying credential or degree program. To support outreach to high school students, the Lead Agency has developed a relationship with the Georgia Department of Education's Career, Technical, and Agricultural Education (CTAE) program to implement a pilot program with high school students who wish to earn a CDA. Students can complete three courses of study within the Education and Training Career Cluster, two for early learning and one for teaching as a profession. Students who complete the pathway are eligible to take an End of Pathway Assessment. The Lead Agency is in the process of finalizing a process evaluation of the DECAL Scholars program, to include specific data on the CTAE pilot. The program will be updated based on findings from the process evaluation. Further, the Lead Agency will evaluate the entire DECAL Scholars program to identify areas for growth within the system and for ways to provide more targeted supports to specific audiences, such as bilingual teachers and teachers working with target populations (i.e., infants and toddlers). To further support retaining a highly-skilled workforce, Georgia's Pre-K Program provides funds to grantees that may be used to pay for benefits for lead and assistant teachers. Benefits may include, but are not limited to, retirement, health care, leave, and workers' compensation.

The WKC's for teachers have been updated based on current research and best practices including developing competencies regarding cultural diversity and equity. The WKCS for professional development providers and administrators will be updated during the upcoming state plan period.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The Georgia Early Learning and Development Standards (GELDS) serve as a guideline for early learning professionals to understand what children ages birth to five should know and be able to do. The Lead Agency has created a series of four training modules on how to effectively use the GELDS. Training is provided by the state's child care resource and referral network and by Lead Agency staff members. Additionally, competencies related to

the GELDS are embedded in all pertinent trainings offered through the Lead Agency, and the GELDS are incorporated into the WKC's for early learning and school-age professionals. Several high-quality tools have been developed for early learning professionals to use to implement the GELDS in their classrooms. Materials are available to professionals in Georgia at no charge other than shipping and handling. Additionally, the Lead Agency has created the Planning Educational Activities for Children (PEACH) website that is available free of charge to early learning professionals across the state. PEACH is an online lesson planning tool that includes activities connected to all the GELDS indicators and domains. PEACH also incorporates age-appropriate assessment opportunities connected to planned lessons. The Lead Agency is in the process of making substantial changes to PEACH to provide more support and guidance specific to working with infants and toddlers, understanding developmental milestones, and differentiating instruction.

Health and Safety Orientation training is mandatory by rule for all direct child care staff during the first 90 days of employment and meets the requirement for 10 hours of training during the first year of employment. Many private training vendors offer the 10-hour Health and Safety Orientation training or have combined packages to cover the required first-year health and safety topics. State-approved trainings are made available to child care providers by direct marketing to them and through the GaPDS. The Lead Agency collaborates with Better Kid Care On Demand training to offer the Health and Safety Orientation module at no cost to child care providers. In order for child care programs to incorporate knowledge of the health and safety standards, the Child Care Services (CCS) division of the Lead Agency provides mandatory Licensure Orientation for all prospective child care providers before they submit their application for a license to operate their programs. The Orientation contains an overview of the core health and safety regulations, the rules identified and most heavily weighted that affect children's well-being while in the care of the program, including most CCDF health and safety standards. In addition to the rules and regulations being available on the Lead Agency's website, the CCS division developed "Indicator Manuals" to provide guidance and clarification on the intent and purpose of licensing rules and regulations for child care learning centers and family child care learning homes. CCS sends a quarterly newsletter to providers that provides information and resources related to child care topics of interest. In addition, CCS sends a newsletter, The Quality Connection, every other month, that focuses on a selected rule or topic to deepen knowledge and understanding about the relationship between various requirements at foundational, high-quality, and specialized levels of care in classrooms. At the conclusion of each regulatory monitoring visit, the Lead

Agency consultant reviews any citations and provides guidance for the programs, enforcing application of the standards. The technical assistance team of consultants provides support to child care programs that demonstrate they are struggling with compliance, therefore further promoting application of the standards.

Georgia's Inclusion Specialists provide professional learning opportunities including training, coaching, and targeted technical assistance on the Pyramid Model for Promoting the Social Emotional Competence of Infants and Young Children (Pyramid Model) to teachers and administrators in child care and Pre-K programs across the state. The Pyramid Model provides a research-based framework of practices that equip teachers with strategies to prevent challenging behaviors and focus on building children's social-emotional competence. By building these skills, educators have an increased capacity to appropriately manage persistent challenging behavior, thereby reducing the likelihood of preschool suspension and expulsion. The Lead Agency has gathered all professional development opportunities addressing social-emotional support under the umbrella of the Georgia Social Emotional Early Development Strategies (SEEDS) for Success initiative. Through this initiative, training, coaching, and technical assistance addressing evidence-based prevention strategies and strategies for responding to persistent challenging behavior are offered to early childhood professionals. A series of trainings based on the Pyramid Model is offered by Inclusion and Behavior Support Specialists in communities across the state. In addition to training, sites can apply to be a part of the Pyramid Model Implementation grants.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Georgia does not have any identified Indian tribes or tribal organizations receiving CCDF funds.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The Lead Agency partners with one of the state's technical colleges to offer an Enhanced CDA program. The Enhanced CDA targets individuals whose home language is not English. Instruction for CDA coursework is provided by an approved CDA instructor who speaks Spanish. Enhanced CDA participants are also provided opportunities to gain employment in programs with high numbers of children whose home language is not English. The Lead Agency's DECAL Scholars program has also been expanded to provide additional supports to bilingual individuals pursuing a CDA. The previously mentioned DECAL Scholars evaluation will study these initiatives to determine impact and inform next steps in increasing supports for bilingual teachers.

b) who have disabilities

The Lead Agency is exploring opportunities to facilitate the credentialing and training to support additional child care providers with disabilities in the child care industry. The Lead Agency participates on several state-level councils that support children and adults with disabilities.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

The Georgia Training Approval (GTA) System oversees approval of all trainings offered to

providers. When submitting trainings for approval, trainers must indicate the topics covered in each training (e.g., school-age, dual language learners). One component of the review process includes ensuring accuracy of information and content delivery for the selected topic area and/or audience. Trainers are required to provide information about relevant research used to inform trainings in these areas. Additionally, GTA approves trainers with relevant experience and education in key “specialty areas” to offer trainings in those areas. Specialty areas include Health and Safety, Foods and Nutrition, School-Age Care, Special Needs and Inclusion, Administrative Management of Programs, and Social Work, Mental Health, and Family Services. Trainings in specialty areas are also reviewed to ensure alignment with state requirements specific to each area. Additionally, several of the state’s technical colleges offer degrees and credentials specific to certain key areas of the early learning field, including working with infants and toddlers and child care program administration. These programs align with the state’s WKC framework.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Lead Agency has contracted with experts in the area of homelessness to help develop training materials for early learning and development providers and Lead Agency staff. The training covers the McKinney-Vento definition of homelessness, the causes and effects of family homelessness, strategies to use in identifying and working with families experiencing homelessness, resources for families experiencing homelessness, factors related to homelessness impacting development and learning, and strategies early care and learning providers can use to support children and families who are experiencing homelessness. This content has been shared with Lead Agency-approved trainers through a "train the trainer" model and offered to trainers from all areas of the state. Trainers in turn deliver the two-hour training to early learning and development providers in their catchment area. The training is Lead Agency-approved and qualifies as training to meet licensure requirements. CAPS family support consultants received the training and delivered to early learning and

development providers across the state. The statewide Homelessness Committee will review the training for updates.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The state currently coordinates services among many programs serving homeless and low-income populations. First, Local Education Authorities that receive Georgia's Pre-K funding must comply with McKinney-Vento's mandates by providing children who are experiencing homelessness equal access. Second, Georgia provides child care subsidies and Georgia's Pre-K funding to high-quality early learning programs that serve families experiencing homelessness and coordinates the two funding sources to ensure that families experiencing homelessness have access to full-day, full-year care. Third, children who are experiencing homelessness are categorially eligible for the Lead Agency's Early Head Start-Child Care Partnership grant. Children experiencing homelessness are also a priority group for the Lead Agency's CAPS program. Additionally, an internal Homelessness Committee meets regularly to coordinate efforts among the divisions in the Lead Agency to connect with and serve Georgia's homeless populations.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The Lead Agency incorporates training around business practices into its grants offered to child care administrators and will continue to expand offerings during the next state plan implementation. Child care directors of programs participating in Project LITTLE (Lifting Infants and Toddlers through Language Rich Environments) participate in the McCormick Center's Directors Toolbox series, which covers a variety of topics on leadership and running a successful child care program. Infant/toddler staff at the Lead Agency have also participated in a train-the-trainer session with the McCormick Center to

equip them to deliver the Directors Toolbox series in Georgia. Further, Lead Agency staff working in professional learning and child care licensing have developed a collaborative training, titled Strengthening Business Practices, based on the work of the National Center on Early Childhood Quality Assurance. Strengthening Business Practices train-the-trainer offerings will be expanded to the state's child care resource and referral agency trainers to increase access to high-quality training on business practices across the state. The Lead Agency also contracts with Quality Care for Children to help providers improve business operations and sustainability through the Provider Resource Hub, business services trainings for family child care learning homes and child care learning centers and one-on-one coaching.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53(a)(1)(i)(A)).

Describe the content and funding:

Virtual and classroom-based training is available from Infant and Toddler Specialists on literacy, early brain development, responsive caregiving, and other topics. The training is funded with Child Care and Development funds and state funds. Training on developmental milestones, monitoring development, and supporting children's school readiness is also available.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young children is the basis for the Lead Agency's SEEDS program (see also 2.4.5). Training addressing all three tiers of the Pyramid is available through the Inclusion and Behavior Support Specialists. Topics include establishing positive relationships and positive predictable environments, preventing challenging behavior, and

creating behavior intervention plans for children with persistent challenging behavior. Select providers also participate in intensive professional development and coaching in implementing the Pyramid Model in classrooms through the SEEDS grants (also see section 4.1.8 ci). Funding: CCDF

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

Trainings are available on topics such as sharing developmental concerns with families, meaningful family engagement, and engaging fathers. Funding: CCDF

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The state's CCR&Rs provide training on these topic areas within each of their service regions. Content includes delivering the Lead Agency's four-session

GELDS training, which covers developmentally appropriate practices, lesson planning, and understanding how to use the GELDS. CCR&R staff also offer agency-approved trainings on culturally responsive teaching practices. Funding: CCDF

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Inclusion and Behavior Support Specialists provide training on the benefits of including children with disabilities and on modifying and adapting the classroom environment and activities to accommodate all. Funding: CCDF

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

The Lead Agency is working with the Georgia Statewide Afterschool Network to develop additional trainings for professionals working with school-age. Funding: CCDF

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency has a robust Research and Policy Analysis Team that routinely oversees and conducts programmatic and system-level evaluations of early learning in the state. Currently, Georgia's primary mechanism for measuring quality is Quality Rated, the state's quality rating and improvement system. Programs are assigned a one-, two-, or three-star rating based on five standards submitted via an electronic portfolio and an independent observation using the Environment Rating Scale (ERS) family of instruments.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Georgia Early Learning and Development Standards (GELDS) are the product of

an alignment study and revision project that stemmed from the need for higher quality standards for children ages birth through five years. The GELDS were developed by a collaborative, cross-sector committee that included experts in the latest research on working with young children.

[ii. Developmentally appropriate.](#)

The GELDS were reviewed by national reviewers to ensure alignment with best practices in early childhood education. They are based on the expected developmental progression of young children and were designed with children from all cultural and language backgrounds in mind. The GELDS also include a set of Kindergarten Correlations that align the birth through five standards with Georgia's core standards for Kindergarten.

[iii. Culturally and linguistically appropriate.](#)

To further ensure that the GELDS are culturally and linguistically appropriate, the Lead Agency partnered with WIDA Early Years, an organization dedicated to advancing language development and academic achievement for children who are culturally and linguistically diverse, to conduct a cross walk of the GELDS and WIDA's Early English Language Development Standards. The cross walk resulted in a document titled "The Connection: Georgia Early Learning and Development Standards and WIDA Early English Language Development Standards." The Connection document helps practitioners identify and understand the receptive and expressive language that Dual Language Learners need to meet performance indicators across the GELDS. Use of this document further supports practitioners in closing the gap in delivering accurate and relevant instruction to Dual Language Learners at varying levels of English language development.

[iv. Aligned with kindergarten entry.](#)

The GELDS include a set of Kindergarten Correlations that align with Georgia's standards for Kindergarten. Additionally, the Kindergarten Readiness Check, an assessment that measures children's skills before entering Kindergarten, is aligned with the GELDS. Information from the Kindergarten Readiness Check is used to inform instructional practices at the beginning of the Kindergarten year for each child assessed.

v. [Appropriate for all children from birth to kindergarten entry.](#)

The GELDS standards span the entire range of the first five years of life, with each standard demonstrating the developmental continuum of skill development within each domain. For each strand within the domains, early learning professionals are provided standards for each age range (e.g., 0-12 months, 12-24 months). The standards for each age range demonstrate the developmental progression children experience in learning each specific skill.

vi. [Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The GELDS were implemented in consultation with the agencies represented in the Georgia's Children's Cabinet, Georgia's State Advisory Council. The council will be given opportunities to provide feedback on ongoing standards revisions or resource updates.

b. [Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.](#)

i. [Cognition, including language arts and mathematics.](#)

The GELDS include two domains that fall into this category. The Communication, Language, and Literacy (CLL) domain includes age-appropriate standards and indicators for developing foundational language and literacy skills. The Cognitive Development and General Knowledge (CD) Domain includes sub-domains in Math, Science, Social Studies, Creative Development, and Cognitive Processes.

ii. [Social development.](#)

The GELDS include a Social and Emotional Development (SED) domain that includes age-appropriate standards and indicators in this area.

iii. [Emotional development.](#)

The GELDS include a Social and Emotional Development (SED) domain that includes age-appropriate standards and indicators in this area.

iv. [Physical development.](#)

The GELDS include a Physical Development and Motor Skills (PDM) domain that

includes age-appropriate standards in this area.

v. Approaches toward learning.

The GELDS include an Approaches to Play and Learning (APL) domain that includes age-appropriate standards in this area.

vi. Describe how other optional domains are included, if any:

The GELDS include an Approaches to Play and Learning (APL) domain that includes age-appropriate standards in this area.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The current GELDS were developed through a three-year revision process that began in 2010 and ended in 2013. The existing GELDS were published in June 2013. Currently, continued development of the GELDS focuses on providing more resources for early learning professionals to understand how to implement the GELDS in all birth to five settings. These resources include developing the PEACH website, a tool to help teachers develop lesson plans using the GELDS, and GELDS- based training opportunities for early learning professionals. The Lead Agency is in the process of updating GELDS resources to include a more specific emphasis on targeted populations (e.g., infants and toddlers, children with disabilities). These updates include overhauling the PEACH website and revising the existing four-session GELDS training. Lastly, a fifth training session will be added to the GELDS training to provide a more in-depth overview of differentiated instruction using the GELDS. There have not been substantial changes to the GELDS since 2013; however, the Lead Agency continues to collaborate with the state Department of Education to ensure the GELDS remain aligned with K-12 standards and consistent with current research.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

Licensed child care programs and Department of Defense child care sites that serve a school-age only population are eligible to participate in Quality Rated, Georgia's quality rating and improvement system. Through Quality Rated, these programs use standards that follow the best practices for school-age care and education. In addition, Georgia supports developing and adopting school age standards through a full-time

School-Age Specialist position, shared jointly between the Lead Agency's Quality Rated and Child Care Licensing divisions. The role of the School-Age Specialist is to focus on quality improvement for school-age programs monitored by the Lead Agency throughout the state and to create a path for school-age programs housed in child care centers to participate in Quality Rated. The School-Age Specialist also worked closely with the Georgia After School Network (GSAN) to adopt school-age standards.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

www.gelds.decal.ga.gov www.peach.decal.ga.gov

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The GELDS are used to inform classroom assessments in three ways: 1) through teacher progress monitoring; 2) through the Work Sampling Online (WSO) system, used in Georgia's Pre-K Program; and 3) through the Kindergarten Readiness Check. Teacher progress monitoring is an individual method of tracking children's skill development that teachers use to plan classroom activities and instruction. Each teacher of children from birth to five years old has her/his own method of tracking children's progress. Additionally, Georgia's Pre-K teachers use the WSO system to track children's progress during their Pre-K year. WSO indicators are aligned with the GELDS and are used to inform teacher practices during the

Pre-K year. Similarly, the Kindergarten Readiness Check is an assessment that measures children's skills before entering Kindergarten, with the information used to inform instructional practices at the beginning of the Kindergarten year for each child assessed. All of these assessments provide early learning professionals with information about the child's growth in developing the skills outlined in the GELDS and are used to inform further instruction as needed. Information from these assessments is not intended to be used in a punitive manner against providers or children.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

As previously mentioned, the Lead Agency has developed a four-session training on how to use the GELDS that addresses understanding the GELDS, lesson planning, and developmentally appropriate practices. These trainings are offered free of charge to programs participating in Quality Rated, the state's QRIS, and are provided through the state's CCR&R network. Each year, the Lead Agency monitors the number of participants in these trainings to ensure saturation across the state. Further, as updates are made to the Planning Educational Activities for Children (PEACH) website, user data will be tracked to understand which parts of the site users are accessing the most and the breakdown of ages served by users. These data will be used to ensure the site continues to provide meaningful resources and support for using the GELDS to inform instructional practices across the state.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring,

training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Lead Agency has a robust Research and Policy Analysis Team that routinely oversees and conducts programmatic and system-level evaluations of early learning in the state. Currently, Georgia's primary mechanism for measuring quality is Quality Rated, the state's quality rating and improvement system. Programs are assigned a one-, two-, or three-star rating based on five standards submitted via an electronic portfolio and an independent observation using the Environment Rating Scale (ERS) family of instruments.

The state uses data from the components of Quality Rated to assess where additional quality activities are needed. For example, in Quality Rated all providers must submit a portfolio that measures structural quality, including teacher and director qualifications, family engagement, nutrition and health, intentional teaching practices, and ratios. Georgia uses the workforce data submitted as part of the portfolio to assess the credential levels of the early childhood workforce and plan for supports. In addition to the portfolio, programs also receive an unannounced observation using the ERS. The data from the indicators covered in these observations reveal additional areas where improvement is needed or where quality is already well supported. Most recently, the Lead Agency, in consultation with an external expert committee, reviewed ERS data to develop and implement a Quality Rated Language and Literacy Endorsement. This endorsement is being piloted in 2021.

The Lead Agency's assessment process is ongoing and includes mechanisms for feedback loops between the Research and Policy Analysis Team and program leaders. Each month, the Research and Policy Analysis Team provides a report that details the state's progress in meeting the goal that all providers participating in CAPS will be Quality Rated by the end of 2021. The report shows the progress the state is making in increasing access to high-quality programs for children and families enrolled in CAPS. The Research and Policy Analysis Team regularly meets with Quality Rated managers to review data and design needed evaluations. An example of this is the Temporary Alternate Rating Options (TARO) initiative.

As part of the Lead Agency's response to the COVID-19 pandemic, Quality Rated created new pathways for providers to participate in Quality Rated and become rated. The Lead Agency has included an evaluation as part of TARO that is being jointly conducted by the Lead Agency's Research and Policy Analysis Team and lead researchers from Child Trends. The Quality Rated management team has also created their own reports to monitor data.

The Lead Agency has several mechanisms for evaluating other quality activities. These include:

- Concluding the Quality Rated Validation Study. While the final report has been published, the Lead Agency has continued to partner with Child Trends for additional Quality Rated analyses.
- Exploring the quality of school-age care. The purpose of this exploratory evaluation was to gain a better understanding of the levels of quality in the state's school-age classrooms and to develop initiatives to better support and incorporate school-age classrooms into Quality Rated.
- Evaluating Georgia's Lifting Infants and Toddlers Through Language-rich Environments (LITTLE) grants program. This formal evaluation is part of Georgia's CCDBG Implementation Research and Evaluation Grant.
- Evaluating the Quality Rated Language and Literacy Endorsement pilot.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Results from the Lead Agency's quality assessment activities demonstrate that the state has made significant progress in increasing access to higher quality programs. The same assessment data shows that the percentage of programs rated two or three stars has remained relatively consistent, while the percentage rated zero stars has decreased. In 2019, the state published the final report from its Quality Rated Validation Study. This study found that the state's tiered quality rating and improvement system, Quality Rated, effectively discriminates levels of quality. The report found some positive impacts of Quality Rated on children's growth and development and that workforce supports were greater in higher rated

programs. The report also documented that quality in infant and toddler classrooms was lower, on average, than quality in preschool classrooms. This report can be found at: <http://www.decal.ga.gov/documents/attachments/QRValidationReport4.pdf>.

As part of its PDG B-5 activities, the state has also concluded its needs assessment. The results from the needs assessment support providing more training and resources related to mental health. Results from the needs assessment also demonstrate that the state should invest in additional activities related to raising the quality of infant and toddler classrooms, increasing access to ECCE programs for children and families in rural areas, and supporting the workforce. Surveys related to the COVID-19 pandemic suggest that the state's Short Term Assistance Benefit for Licensed Entities (STABLE) grants, which used funds from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, have been effective in helping providers mitigate the impact of this public health emergency. Results from that survey can be found at: http://www.decal.ga.gov/documents/attachments/STABLE_Survey_Report.pdf.

In collaboration with the Georgia's Children's Cabinet and Cross-Agency Child Council, the Lead Agency has increased its two-generation focus and has begun providing more resources and supports, such as the Two-Generation Innovation Grant, at the community level. This focus is supported by ongoing research of CAPS data that demonstrates increased needs for student parents.

Based on results from the Lead Agency's ongoing assessment process, formal evaluations, and its PDG B-5 needs assessment, the Lead Agency has identified the following goals:

1. Increase the percentage of children receiving subsidies who attend programs rated two or three stars, the highest levels of quality;
2. Increase the quality of the state's infant and toddler classrooms;
3. Increase supports for special populations of children, including dual language learners, children with challenging behaviors, children experiencing homelessness, and children with disabilities;
4. Increase supports for the early childhood workforce with an emphasis on teachers of specialized age groups, particularly infant and toddler teachers and school-age/afterschool

teachers;

5. Increase supports related to appropriate language and literacy instruction;

6. Increase supports for providers related to the COVID-19 pandemic;

7. Increase activities and resources related to a two-generation focus;

8. Increase supports offered to programs serving school-age children and raise the quality of school-age environments; and

9. Increase social emotional training and resources for early childhood teachers and families and providing access to infant early childhood mental health services to support young children with (or at risk for) social, emotional, and behavioral health needs.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

State lottery funds, Early Head Start funds, professional development funds (HHS)

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

State lottery funds, Early Head Start funds

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

State lottery funds

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

State lottery funds, Early Head Start funds

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Private/philanthropic funds

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Private/philanthropic funds

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

State lottery funds

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

State lottery funds, Early Head Start funds

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Georgia's QRIS, Quality Rated, is a single, statewide system that assigns a one-, two- or three-star rating to child care programs. The Lead Agency assigns star ratings, with technical assistance provided at no cost to child care providers by the state's six regional child care resource and referral (CCR&R) agencies. Families and consumers can search for Quality Rated child care at www.qualityrated.org. The Quality Rated program manual and policies, and the site where child care providers sign up to participate in Quality Rated and complete their online portfolio, are available at <https://qualityrated.decal.ga.gov/>.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.
Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

All child care providers eligible for a Quality Rated star rating must be rated one, two, or three stars by December 31, 2021, to continue receiving subsidy funds after that date. The state has been actively working with providers to ensure they are aware of this deadline and are prepared to be rated. Since conducting live observations is not feasible during the COVID-19 pandemic, the Lead Agency has created the Temporary Alternate Rating Options (TARO) initiative that gives providers options to be rated without an observation. Part of the TARO initiative includes an evaluation jointly conducted by the Lead Agency's Research and Policy Analysis Team and Child Trends.

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs

- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

Eligible license-exempt providers include those associated with the Department of Defense, Head Start, and Early Head Start grantees, technical colleges, and public universities.

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Quality Rated considers how quality may look different in different types of provider settings by using the Environment Rating Scale family of instruments. These instruments measure process quality and include different scales for center-based care (Infant/Toddler Environment Rating Scale, 3rd Edition and Early Childhood Environment Rating Scale, 3rd Edition), family child care (Family Child Care Environment Rating Scale, Revised), and school-age environments (School-Age Care Environment Rating Scale, Updated). These scales reflect differences between child care learning centers and family child care learning homes. The scales also include instructions for assessing programs with mixed aged groups. The CCR&Rs individualize technical assistance based on program needs including how quality may look different in different types of settings.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
 - d. Programs that meet all or part of state/territory school-age quality standards.
 - e. Other.
Describe:

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Georgia measures its progress based on the number and percentage of early learning programs that are 1) participating in Quality Rated, and 2) have achieved a one-, two-, or three-star rating. This data is included in the Lead Agency's dashboard and is updated in real time. Georgia also looks at the distribution of star ratings across the three levels and the success rate of providers going through the rating process and earning a star rating. Additionally, the Lead Agency monitors monthly the percentage of CAPS scholarships and percentage of providers participating in the CAPS program who are Quality Rated. The state's current goal is that all eligible child care programs that receive child care subsidy funds will be rated by the end of 2021.

In terms of the three measures above:

- As of February 2021, 2,437 programs are Quality Rated. This is approximately 54 percent of eligible programs. It does not include 54 programs who have gone through the process and did not achieve a star level.
- The current distribution of stars suggests that the state is effectively discriminating levels of quality (child care learning centers: 14 percent, 50 percent, 35 percent, and 2 percent are three, two, one, and zero stars, respectively; family child care learning homes: 27 percent, 42 percent, 27 percent, and 3 percent are three, two, one, and zero stars, respectively).
- As of February 2021, 80 percent of eligible facilities are participating in Quality Rated, and 68 percent of those facilities have achieved a star rating.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

The Lead Agency is a recipient of an Early Head Start-Child Care Partnership grant. As part of the grant, the Lead Agency has established a cohort of Spanish-speaking family child care learning home providers. This cohort is being supported through a resource hub, Quality Care for Children. The Lead Agency will also be piloting Family Child Care Learning Home Networks at part of its PDG B-5 Renewal Grant activities.

- Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The Lead Agency provides training to infant and toddler teachers, administrators and family child care learning home providers serving infants and toddlers on topics such as responsive caregiving, early literacy and developmentally appropriate practices, developmental milestones and monitoring, family engagement, and promoting strong social emotional development in infants and toddlers. With the addition of the Infant Early Childhood Mental Health Director position at the Lead Agency, workforce development around trauma and mental health training will also be available to increase the quality of care, early identification of, and response to infants and toddlers experiencing trauma.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Infant and Toddler Specialists provide classroom-based coaching to infant and toddler teachers through Project LITTLE grants as described in section # 4.1.8 b.i)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

SEEDS Helpline representatives refer families to Part C. Inclusion and Behavior Support Specialists coordinate with therapists and teachers working with children with IFSPs as appropriate. The Lead Agency also supports an inclusion task force that includes a representative from Part C. This taskforce focuses on ways to promote inclusive opportunities and works to coordinate services across programs. The Lead Agency is represented on the State Interagency Coordinating Council. Using funds from the Preschool Development grant, the Lead Agency will coordinate a study on barriers to access early intervention supports.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Quality Rated, the state's QRIS, stipulates that infant/toddler classrooms must be included in the star rating. Quality Rated uses the Infant/Toddler Environment Rating Scale, 3rd Edition to assess infant/toddler classroom quality. The state uses the Family Child Care Environment Rating Scale, Revised in family child care learning homes.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

The state's licensing requirements address components of infant toddler care, including safe sleep guidelines.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The Georgia Early Learning and Development Standards (GELDS) currently include standards for infants and toddlers. Further, the Lead Agency has developed a resource to help teachers understand the correlations between the GELDS and developmental milestones. To support infant/toddler teachers to use the GELDS in planning, the Lead Agency will update its existing lesson planning website PEACH (Planning Educational Activities for Children) to include more targeted planning templates for teachers of infants and toddlers. This will include the ability to customize activities for individual children and the ability to track children's progress. Further updates to PEACH will include the ability for teachers to add customized activities aligned with the GELDS and to share their plans with others in their centers. The Lead Agency also offers a training series on the GELDS composed of four sessions covering topics such as developmentally appropriate practice, lesson planning, and understanding how the GELDS support development. The GELDS training series will be updated to include more infant/toddler relevant content. Additionally, a fifth session will be added to the series that covers differentiated instruction.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

The Lead Agency has established cohorts of Family Peer Ambassadors whose role is to provide information and resources on choosing quality care, to support school readiness, and to cover other relevant topics to support families in their community through onsite and virtual events and social media. Using PDG funds, the Lead Agency has established a website to provide information and resources to families on developmental milestones, monitoring, and resources for screening and referral.

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

As discussed in Section 4.1.8, the Lead Agency's DECAL Scholars program is being expanded to include additional financial supports for infant/toddler teachers and family child care learning home providers who pursue a degree or credential with a targeted focus on infants and toddlers. These supports include providing funding to pay for substitutes while the student is attending classes or studying. Over the next 18 - 24 months, the Lead Agency will evaluate the entire DECAL Scholars program and will use the findings to inform additional supports for infant/toddler teachers and family child care learning home providers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The state has made considerable investments in data, research, and program evaluations related to the quality of infant and toddler classrooms. This includes tracking and analyzing Quality Rated administrative data and implementing and commissioning formal evaluations of programs designed to improve the quality of infant and toddler care.

Currently, the state's primary data source for measuring quality is Quality Rated administrative data. The state monitors the number of programs achieving the different star

levels. Embedded in these ratings are center-based classrooms and family child care learning homes that serve infants and toddlers.

The biggest component of a program's star rating is the process quality score that is based on ERS observations, including the Infant/Toddler Environment Rating Scale, 3rd Edition (ITERS-3). The state tracks and analyzes ITERS-3 scores to determine which items are more likely to receive lower scores. These findings are used in developing training and technical assistance.

The state is currently expanding services for programs serving infants and toddlers. These expanded services include the Lifting Infants and Toddlers Through Language-rich Environments (LITTLE) grants. The Lead Agency's Internal Research and Policy Analysis Team is, in partnership with Child Trends, evaluating the LITTLE grants program as part of the state's CCDBG Research and Evaluation Implementation Grant. The evaluation includes analyzing the scores from the Classroom Assessment Scoring System (CLASS)-Infant and CLASS-Toddler observations that LITTLE programs receive to support their professional learning activities. Preliminary findings from the first two years of the LITTLE grants show improvements in key dimensions of quality in participating grantee infant and toddler classrooms, as measured by the CLASS-Infant and CLASS-Toddler.

The state will continue to use the ITERS-3, CLASS-Infant, and CLASS-Toddler to measure progress for improving quality. The state will also continue to invest in research and evaluation that measures quality improvement of infant and toddler classrooms.

[7.5 Child Care Resource and Referral](#)

[A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services \(98.53\(a\)\(5\)\). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization \(658E\(c\)\(3\)\(B\)\(iii\)\). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.](#)

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

As mentioned in Section 1.7, Georgia's CCR&Rs serve two primary purposes: 1) to support families in finding high-quality care that meets the family's specific needs and 2) to support child care programs participating in Quality Rated, Georgia's QRIS. One of the CCR&Rs operates a toll-free call center (1-877-ALL-GA-KIDS) where family members can speak with a child care specialist to help them locate child care specific to their needs. Further, the Lead Agency has six service areas, or regions, within the state with each region having a centralized CCR&R office. Programs in each region can access technical assistance through their CCR&R. Technical assistance is offered to providers participating in Quality Rated and can be requested by providers who are going through Quality Rated for the first time and those who are up for rerating or have requested a reassessment. CCR&Rs customize their technical assistance for each program based on the program's needs and focus on three key areas of quality: 1) Schedules, 2) Interactions, and 3) Relationships. The goal of CCR&R technical assistance is, in the immediate, to support the provider in preparing for the Quality Rated observation and, in the long term, to support sustained instructional quality through Continuous Quality Improvement (CQI).

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Each year, the Lead Agency enters into contractual agreements with each of Georgia's six CCR&Rs. As part of the contract, the Lead Agency sets performance measures the CCR&R must meet; these performance measures are adjusted annually with each new contract. Each CCR&R submits an Action Plan detailing how the CCR&R will work toward attaining the performance measures. For FY 2021, the two agency-stipulated performance measures were as follows: Performance Measure 1a: By the end of the contract year, 90 percent of CAPS providers (providers receiving subsidy) in the region will submit a portfolio, indicating they are ready to be rated. Quarterly targets will be developed at the beginning of the contract year to ensure the Contractor is on target to meet this performance measure; Performance Measure 1b: Total number of providers submitting a portfolio will be tracked by provider type to ensure Contractor is addressing

the needs of child care learning centers and family child care home providers. No target is set for this measure; information gathered will be used to inform action plan adjustments as needed. Performance Measure 2: During the contract year, at least 95 percent of programs supported by Contractor will receive a 1-, 2-, or 3-star rating. No more than 5 percent of ratings awarded should be 0 stars. This measure includes all application types. Performance data is pulled directly from the state's Quality Rated system. As needed, targeted support is provided to the CCR&Rs by the Lead Agency to ensure adequate progress toward each performance measure.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

The Lead Agency uses CCDF funds to support the child care licensing division. This support includes annual monitoring, technical assistance support, and training. In addition, the Lead Agency provides free training to providers to meet the pre-service health and orientation requirements.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Georgia uses an enforcement and compliance system to determine a program's compliance zone. Zones are deemed as either "good standing," "support," or "deficient." At each visit, a program's compliance zone is determined by incorporating the current visit and the prior 12 months' licensing history.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Georgia's primary mechanism for measuring quality is Quality Rated, the state's quality rating and improvement system. Programs are assigned a one-, two-, or three-star rating based on five standards submitted via an electronic portfolio and an independent observation using the Environment Rating Scale (ERS) family of instruments. A small number of programs do not achieve a rating, generally because of low ERS scores. Child care learning centers and family child care learning homes are eligible to participate in Quality Rated. As part of its Race to the Top - Early Learning Challenge grant, the state commissioned a Quality Rated Validation Study. The final report from this study was published in May 2019. Results from the study suggest that Quality Rated is effective in distinguishing different levels of quality, and there are some correlations with star-level and children's growth and development.

Results from the study can be found at

<http://www.decal.ga.gov/BftS/QRValidation.aspx>. Since 2011, the state has

commissioned a comprehensive longitudinal study that measures the impact of the Georgia's Pre-K Program. Reports from this evaluation can be found at

<http://www.decal.ga.gov/BftS/EvaluationGAPreKProgram.aspx> . The state uses age-

appropriate versions of the Classroom Assessment Scoring System (CLASS) in the Georgia's Pre-K Program and LITTLE (Lifting Infants and Toddlers Through

Language-rich Environments) grants. The instruments are used for professional

development purposes, though the Pre-K longitudinal study uses CLASS to measure classroom quality each year of the study. This means that the state has CLASS data

reflecting children's experience in Pre-K thru 4th grade classrooms. Results have

been published through 3rd grade. Both the Pre-K study and Quality Rated Validation study include measuring child outcomes. In both studies, standardized, norm-

referenced tools are used.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The state has made considerable investments in data, research, and program evaluations related to child care program quality. This includes tracking and analyzing Quality Rated administrative data and implementing and commissioning formal evaluations of programs designed to improve quality. In the Quality Rated Validation Study and Pre-K Longitudinal Study quality measures such as the Classroom Assessment Scoring System (CLASS) age-appropriate instruments are used. While this includes the implementation of Quality Rated, it also involves other initiatives and programs that have strong professional development components. The distribution of ratings in Quality Rated is a mechanism the state uses to evaluate progress in improving quality. The current distribution of stars suggests that the state is effectively discriminating levels of quality (child care learning centers: 14 percent, 50 percent, 35 percent, and 2 percent are three, two, one, and zero stars, respectively; family child care learning homes: 27 percent, 42 percent, 27 percent, and 3 percent are three, two, one, and zero stars, respectively). As of February 2021, 80 percent of eligible facilities are participating in Quality Rated, and 68 percent of those facilities have achieved a star rating. Quality Rated data also includes scores from the four Environment Rating Scales: Infant/Toddler Environment Rating Scale, 3rd Edition; Early Childhood Environment Rating Scale, 3rd Edition; Family Child Care Environment Rating Scale, Revised; and School-Age Care Environment Rating Scale, Updated. The scores from these scales are consistently aggregated, allowing the state to see improvements and challenges. In addition to the ERS instruments, the Lead Agency also uses CLASS for evaluation purposes in Georgia's Pre-K Program and in some of the professional development opportunities offered to Pre-K teachers. Results demonstrate that a greater percentage (26 percent) of Georgia's Pre-K classrooms are more likely be high quality compared to Kindergarten (17 percent), First Grade (9 percent), Second Grade (13 percent), and Third Grade (14 percent).

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

The state's financial resources are primarily directed to supporting providers participating in Quality Rated, whether receiving an initial rating or improving their current rating. However, the state does support programs voluntarily pursuing accreditation by including bonus points on their Quality Rated score if they are accredited by the following:

- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- American Montessori Institute (AMI)
- American Montessori Society (AMS)
- Council on Accreditation (COA)
- National Early Childhood Program Accreditation (NECPA)
- Southern Association of Colleges and Schools (SACS)
- The National Association Commission (NAC)
- National Lutheran School Accreditation (NLSA)
- Association of Christian Schools International (ASCI)

These bonus points are available for programs serving children across all age groups.

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The state is continually evaluating policies related to supporting quality improvement, including measuring the impact of Quality Rated policies related to national accreditation. However, since the state does not financially support national accreditation, these analyses are limited to policy analysis. Using funds from the state's PDG B-5 Renewal Grant, the state will be undergoing a review and subsequent revision of Quality Rated that will include soliciting stakeholder feedback related to incorporating national accreditation into Quality Rated.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

As part of its PDG B-5 Renewal Grant, the state has identified infants and toddlers as a focal population for increasing supports and resources. This includes providing opportunities for local communities to create initiatives to raise quality and increase access to infant and toddler care. In 2021, the Lead Agency is offering Community Transformation Grants to local communities that can be used for infant and toddler supports. In addition, the state created a Quality Rated Advisory Committee composed of 18-20 child care learning center directors, corporate child care leaders, family child care learning home providers, afterschool center directors, and other early childhood education stakeholders to provide feedback on the quality standards. This feedback includes sharing what is being done at the local level and how Quality Rated can support these efforts. Quality Rated also sponsors a Quality Rated Peer Support Network that is used to support providers as they continue to work on raising their quality. The advisory committee and the peer support network focus on supports for infants and toddlers.

b. Preschoolers

As detailed above, the Quality Rated Advisory Committee and Quality Rated Peer Support Network help share local efforts to raise quality for infants and toddlers and preschool-aged children.

c. and/or School-age children.

In addition to the above, the Lead Agency has also begun exploring ways to support school-age activities. The Lead Agency conducted an exploratory study completed in 2019 that looked at the quality of school-age classrooms. Based on findings from this study, the state is providing more local supports, including offering grants in 2021 to provide more school-age activities. The state will also explore ways of increasing the role of school-age classrooms in determining a program's Quality Rated star rating.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

During the first six months of 2021, the state is developing an evaluation plan for the Community Transformation Grants. Specifically, the state is partnering with the Georgia Early Education Alliance for Ready Students to develop and conduct a formal evaluation. In addition, lead researchers from the Carl Vinson School of Government at the University of Georgia will work with each grantee to establish evaluation measures for their specific grant. The Lead Agency's Program Performance Evaluation plan for Georgia's PDG B-5 Renewal Grant includes measures that will inform this indicator. Georgia's PDG B-5 Needs Assessment also highlighted specific needs related to access to and quality of infant and toddler care, and the Lead Agency will be periodically updating the Needs Assessment. The Lead Agency will continue to engage the Quality Rated Advisory Committee for feedback to help identify where local communities might benefit from more support. Finally, the Lead Agency will support school-age programs with new school-age grants to help these programs reduce the impact of the pandemic. The Lead Agency will develop evaluation measures for these grants.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

The state's activities related to improving the services to children, including infants and

toddlers, preschool, and school-aged children, are detailed throughout this document. Other activities include:

- Supporting local communities' ability to access and use appropriate data. This support includes community training sessions organized by the Lead Agency's Early Education Community Coordinators where community leaders can learn more about Georgia's Early Childhood Integrated Data System. In Georgia, this integrated system is called the Cross Agency Child Data System (CACDS). Through this training, community members are taught how to access local data that can benefit their communities. Metrics related to this initiative include training and traffic to the CACDS website.

- Supporting families in learning about and accessing quality care for their children. In addition to efforts related to Georgia's child care search engine, www.qualityrated.org, the state also provides materials to providers to communicate their star level and how this star level indicates their quality. Ongoing stakeholder engagement helps gauge the materials that providers perceive have the greatest impact.

- The state supports families through a call center (1-800-ALLGAKIDS), through a searchable website that highlights quality (www.qualityrated.org), and through ongoing family support for child care subsidy recipients offered by family support consultants. The state is also designing new licensing reports to help families more easily research a program's licensing history. Measurable indicators of progress include the number and percentage of successful referrals offered through the call center. Family support consultants also track their referrals and are creating metrics related to family-centered coaching. The Lead Agency will create metrics related to the new licensing reports.

- The Lead Agency is also offering new community-level grants, including Two-Generation Innovation Grants, Trauma-Responsive Care Grants, and Community Transformation Grants. The Lead Agency is working with an external evaluation partner, the Georgia Early Education Alliance for Ready Students (GEEARS), to design reports and a formal evaluation for the Two-Generation Innovation Grants and the Community Transformation Grants.

- The Lead Agency will develop professional development modules for early learning and school-age professionals in culturally relevant teaching and in supporting anti-bias classrooms.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The Lead Agency's CCDF program policy allows providers to bill the Lead Agency as soon as the service week ends and up to 60 days after. Ninety-five percent of all providers complete online invoicing using the Provider Information and Billing Website, administered by Maximus, a third-party vendor who acts as the State Provider Management Agent. Invoices are auto generated for each service week. Providers can complete and submit invoices for services rendered as soon as the service week has ended. If the provider elects to file a paper invoice, invoices containing two service weeks are submitted on one paper form and sent to Maximus via USPS for processing. The invoice documents the child's attendance for the week(s) being processed for payment. All invoices are processed within two business days of receipt and paid each week on Wednesday, except for holidays. Holidays move the payment date to Tuesday for that week only. Billing records are verified in two ways. First, Maximus conducts a monthly audit where providers are randomly selected and required to provide attendance records and sign-in/sign-out sheets to support their invoices. These records are reviewed to ensure the records support the invoices for care provided. If they do not, providers may be referred for technical assistance or may be reviewed further. Second, the Lead Agency's Audits and Compliance Division conducts audits of provider billing records regularly, and any invoices for care that were paid and not supported by attendance records and sign-in/sign out sheets may result in those funds being recouped by the Lead Agency.

b. Fiscal oversight of grants and contracts

Describe:

The Lead Agency executes and maintains a written agreement with all CCDF sub-recipients. The written agreement includes standard boilerplate language, which indicates the term of the agreement, the scope of services to be provided, the funding amount, requirements for payment, independence statement, prohibition for lobbying, confidentiality clause, records retention requirements, audit requirements, financial reporting requirements, and a termination and debarments clause to be used when any requirements of the agreement (including but not limited to those above) are not met or are violated. In addition to the boilerplate, the agreement also includes a detailed statement of work, which includes a schedule for completing the tasks where appropriate, a budget that itemizes allowable categories of expenditures, and performance measures that the Lead Agency uses to assess the sub-recipient. In

addition to the written agreement, the Lead Agency monitors CCDF sub-recipients in the following ways: 1) CCDF sub-recipients must submit a request for reimbursement monthly. This request details the expenditures for which the sub-recipient is requesting reimbursement and is reviewed by the Lead Agency before disbursement of funds. 2) CCDF sub-recipients who receive federal funds in excess of \$750,000 are required to submit an independent, entity-wide financial audit annually. This audit is reviewed by the Audits and Compliance Division that employs professional staff skilled in reviewing independent audit reports and who are knowledgeable about the requirements for sub-recipient monitoring. This review may include following up on findings specific to CCDF and may require corrective action where appropriate. 3) The Audits and Compliance Division also audits CCDF sub-recipients where expenditures of CCDF funds are reviewed to ensure they are supported and allowable. 4) The Georgia Department of Audits and Accounts (DOAA) performs financial audits and the federal single audit, which includes reviews of the Lead Agency's expenditures of CCDF funds. Measures used to assess the performance of CCR&R agencies (CCDF sub-recipients) include the following: 1) Setting target amounts for the number of applications and portfolios submitted for Quality Rated by child care providers in each CCR&R region; 2) Setting target percentages for child care providers who receive a two-or three- star rating from Quality Rated in each CCR&R region; 3) Measuring the number and types of trainings provided to child care providers in each CCR&R region, which may include a required number of trainees; 4) Requiring participation in weekly requirements and testing meetings for the State's Unified Data System; 5) Requiring monthly reporting of number of resource packets provided to families seeking child care; 6) Requiring reporting of child care referrals and consumer education provided to families impacted by emergency closures due to health and safety violations; and 7) Requiring monthly reporting of referrals to Quality Rated and licensed child care providers.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

The Lead Agency executes and maintains a written agreement with CCDF sub-recipients, which includes a budget that itemizes allowable categories of expenditures. CCDF sub-recipients are also required to submit a request for reimbursement monthly. This request details the expenditures for which the sub-recipient is requesting reimbursement and is reviewed by the Lead Agency before disbursement

of funds to ensure reasonableness and allowability. The Lead Agency Audits and Compliance Division also audits CCDF sub-recipients where expenditures of CCDF funds are reviewed to ensure they are supported and allowable.

d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

The Lead Agency regularly assesses the risk of its policies and procedures. The Lead Agency has a Policy and Process Improvement Administrator whose sole responsibility is to consistently assess and revise policy as needed. In addition, members of the Lead Agency leadership team regularly meet to discuss policy issues that arise. This group includes program management, the CCDF administrator, and various members of leadership from across the agency. The Lead Agency has also implemented a practice of meeting after certain hearings in which its policies and procedures were brought into question to assess if revisions to those policies and procedures would be beneficial.

b. Establish checks and balances to ensure program integrity

Describe:

The Lead Agency relies on checks and balances and separation of duties to ensure program integrity. Examples of this are evident in the processes and the structure of the Lead Agency and the CCDF program. In the CCDF program, the Lead Agency has a stand-alone Quality Assurance and Training Unit (QA&T) that performs quality assurance reviews of eligibility determinations made by the staff. This QA&T unit does not determine eligibility but does ensure quality control of the quality assurance process. The quality assurance process includes reviewing eligibility determinations and training staff on areas that need improvement. The Lead Agency also assigns certain duties to other divisions that do not perform regular CCDF program

administration. This differentiation of duties helps ensure program integrity in the CCDF program. The Lead Agency's Finance Division is responsible for receiving the CCDF funding, for making payments to CCDF providers, and for financial reporting to ACF. The Audits and Compliance Division is responsible for performing reviews and investigations of CCDF participants, providers, and eligibility staff to ensure program integrity. This allows CCDF program staff to focus on administering the program and provides extra checks and balances to ensure program integrity.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Lead Agency's CCDF program supervisors conduct quality assurance reviews of cases processed by their staff. Cases processed by newer staff are monitored more frequently than those staff who have more experience processing eligibility.

Supervisors follow up with their staff on areas identified as needing improvement. The Quality Assurance and Training unit supports staff by conducting focused training on areas where staff have made errors in determining eligibility.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

The Lead Agency regularly assesses the risk of its policies and procedures. The Lead Agency created and filled a position of Policy and Process Improvement

Administrator whose sole responsibility is to constantly assess and revise policy. In addition, Lead Agency leaders regularly meet to discuss policy issues. This group includes program management, the CCDF administrator, and various members of leadership from across the agency. The Lead Agency has also implemented a practice of meeting after certain hearings in which its policies and procedures were brought into question to assess if revisions to those policies and procedures would be beneficial.

In addition to the activities noted above, the Audits and Compliance Division has developed and implemented a risk assessment showing risk ratings for child care providers who participate in the CCDF program. This risk assessment uses data obtained through multiple Lead Agency programs, and ranks providers based on relevant risk factors. When CAPS policies and procedures are changed, providers are notified of all changes via email, letters, and webinars.

ii. Issue policy manual.

Describe:

When changes to the CAPS policies and procedures manual are made, the current versions are uploaded to the CAPS website at <https://caps.decal.ga.gov/en/>, and families and providers are notified by letter. In all communications related to policy, the Lead Agency consistently reminds providers to review CAPS policies on a regular basis.

iii. Provide orientations.

Describe:

Newly enrolled providers in the CAPS program are mailed a welcome packet within 24 hours of initial enrollment from the State Provider Management Agent (SPMA), Maximus. The provider must return required documents to the SPMA by the date requested for initial enrollment. Additionally, providers are invited to participate in a CAPS orientation webinar hosted by the SPMA within one week of enrollment to become familiar with the CAPS program.

iv. Provide training.

Describe:

The Lead Agency's CAPS program will partner with the Child Care Services Division and the State Provider Management Agent, Maximus, to offer training to providers in program integrity, annual renewal requirements, health and safety requirements, and other relevant topics. These trainings will be held via webinar and at strategic locations within the state. Recorded webinars will be posted to the Lead Agency's website. The CAPS program will also offer to participate at provider conferences and conventions throughout the state to give providers policy updates and an opportunity to ask questions.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The SPMA provides training and technical assistance through refresher training for current providers, ongoing improper payment prevention education, and attending and participating in provider informational sessions during conferences/workshops. Upon the request of the Lead Agency, the SPMA will participate in programmatic and policy sessions and will help develop training tools for providers such as web-based training.

vi. Meet regularly regarding the implementation of policies.

Describe:

Providers are required to undergo an annual renewal process in which they must sign a new Childcare Provider Agreement and submit updated documentation. During this process, the State Provider Management Agent, Maximus, may check in with the provider and facilitate any communications needed. The Lead Agency also sends email communications and letters to all CAPS providers periodically to communicate any important policy and program changes. Additionally, the Lead Agency's child care licensing division conducts at least one monitoring visit per year.

vii. Other.

Describe:

The SPMA publishes a monthly provider newsletter and updates the CAPS Provider Handbook annually to ensure providers have current information on CAPS

policies and procedures.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

The Lead Agency relies on checks and balances and segregation of duties to help ensure program integrity. Examples of this are evident in the processes and the structure of the Lead Agency and the CCDF program. In the CCDF program, the Lead Agency has a stand-alone QA&T unit that performs quality assurance reviews of eligibility determinations made by the staff. This QA&T unit does not determine eligibility and is responsible only for reviewing the work of others. The Lead Agency also assigns certain duties to other divisions who do not perform regular CCDF program administration. This segregation of duties helps ensure program integrity in the CCDF program. The Lead Agency's Finance Division is responsible for receiving the CCDF funding, for making payments to CCDF providers, and for financial reporting to ACF. The Audits and Compliance Division reviews and investigates CCDF participants, providers, and eligibility staff to ensure program integrity. This allows CCDF program staff to focus on administering the program and provides extra checks and balances to ensure program integrity. When CAPS policies and procedures are changed, staff members within the Lead Agency and other agencies are notified of all changes via email communications. Additionally, all policy changes are reflected in a comprehensive document that is available for staff members within the Lead Agency.

ii. Train on policy change notices.

Describe:

The Lead Agency's CCDF program contains a stand-alone Quality Assurance and Training (QA&T) unit to conduct training on policy changes and how the changes will be implemented. The scope and type of training is based on the needs of the staff member and is categorized into two main areas: 1) existing staff, and 2) other divisions within the Lead Agency and other agencies. The QA&T unit also conducts

weekly updates on policy clarifications and best practices to ensure that staff training needs are met in a timely manner.

iii. Issue policy manuals.

Describe:

When changes to the CAPS policies and procedures manual are made, the current versions are uploaded to the CAPS website at <https://caps.decal.ga.gov/en/>, and staff are notified that a new version is available. Staff members within the Lead Agency and other agencies have access to the CAPS website.

iv. Train on policy manual.

Describe:

The Lead Agency's CCDF program contains a stand-alone QA&T unit to conduct training on policy and how policy is implemented. The scope and type of training is based on the needs of the staff member and is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CAPS program are trained on full policy and how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on the needs of those staff and through ongoing monitoring that determines areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T Team also conducts weekly updates to clarify policy and best practices to ensure that staff training needs are met in a timely manner.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Lead Agency's CCDF program staff conduct quality assurance reviews on eligibility determinations at initial eligibility, case changes, and redetermination. Cases are selected from a random sample of initial eligibility, changes during the eligibility period, and redeterminations completed each month. The quality assurance reviews are completed by members of the QA&T unit, management, and coordinators. Additionally, the Lead Agency's Audits and Compliance Unit outside of the CCDF program conducts quarterly error-rate reviews on cases to provide

feedback to staff to improve reliability in determining eligibility according to policy. The quality assurance reviews are used to identify trends in applying policy. Training is developed based on the areas with the highest error rate. The QA&T conduct monthly trainings specific to quality assurance review findings.

- vi. Meet regularly regarding the implementation of policies.

Describe:

- vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Lead Agency documents internal controls in accordance with the State of Georgia's policy which uses OMB's Green Book framework. The Lead Agency performs an annual risk assessment of significant internal controls and documents results of the assessment. Changes or improvements are made for any gaps identified during the review of internal controls.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results

of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency's Audits and Compliance Division developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, Georgia's Pre-K Program, the state Child Care Licensing program, and the Department of Labor wage file. These data-matching activities allow the Lead Agency to better identify irregularities in attendance or billing patterns, and to identify eligibility determinations that may have been based on inaccurate or incomplete data provided by the applicant.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Audits and Compliance Division developed a risk assessment tool used to identify providers who have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. This risk assessment uses data from system reports that have been created to flag potential violations/errors. In addition to the risk assessment, the Lead Agency has additional system reports that can be used to flag potential violations/errors. Examples of both types of reports/data elements include the following: System report identifying active cases with no scholarships; system report identifying cases active more than five years; system report identifying cases over the new income limits; system report identifying cases with a missing disposition; system report identifying cases with no children; system report identifying cases missing a family fee; system report identifying cases who have supervisor as the case manager; system report identifying cases with an invalid address according to USPS; system report identifying the percentage of certificate assigned to a provider approved by the same case manager; comparison of the capacity of a child care provider to the number of children they bill for; comparison of client's employer to the child care center their child is attending; and system report that identifies GA Pre-K students also receiving full-time care.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Audits and Compliance Division staff conduct reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance documents to the billing records. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made as described in 8.1.6. In addition, the State's Provider Management Agency conducts a monthly comparative analysis of attendance records to invoices for a random sample of providers.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Lead Agency has a stand-alone Quality Assurance & Training (QA&T) unit that performs quality assurance reviews of eligibility determinations made by staff. This QA&T unit does not determine eligibility but does review the work of others and provide training. In addition, supervisors conduct reviews of cases processed by their staff. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. Supervisors follow up with their staff on areas that need improvement. The QA&T unit supports staff by conducting focused trainings on areas where staff have made errors in determining eligibility.

v. Audit provider records.

Describe the activities and the results of these activities:

Audits and Compliance Division staff conduct targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance documents to the billing records. Any discrepancies are identified and a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made as described in 8.1.6.

vi. Train staff on policy and/or audits.

[Describe the activities and the results of these activities:](#)

The Lead Agency's CCDF program contains a stand-alone Quality Assurance and Training (QA&T) unit to conduct training on policy and implementation. The scope and type of policy and/or audits training is based on the needs of the staff members and is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CCDF program are trained on full policy and how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T unit also conducts weekly updates to clarify policy and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.

[vii. Other](#)

[Describe the activities and the results of these activities:](#)

In addition to the activities noted above, the Audits and Compliance Division maintains a dedicated phone line and an email inbox where complaints can be submitted. The phone number and email address are published in the policy manual. Upon receiving a complaint, the Audits and Compliance Division investigates to determine if a program violation or administrative error has occurred, and if so, if funds are due back to the Lead Agency as a result.

[8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment \(administrative\) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.](#)

[b\) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of](#)

the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Audits and Compliance Division developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, Georgia's Pre-K Program, the state Child Care Licensing program, and the Department of Labor wage file. These data-matching activities allow the Lead Agency to identify irregularities in attendance or billing patterns and identify eligibility determinations that may have been based on inaccurate or incomplete data provided by the applicant.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Audits and Compliance Division developed a risk assessment tool used to identify providers who have indicators suggesting that an intentional or unintentional or administrative error may have occurred. This risk assessment uses data from system reports created to flag potential violations/errors. In addition to the risk assessment, the Lead Agency has additional system reports that can be used to flag potential violations/errors. Examples of both types of reports/data elements are noted: system report identifying active cases with no certificates; system report identifying cases active more than five years; system report identifying cases over the new income limits; system report identifying cases with a missing disposition; system report identifying cases with no children; system report identifying cases missing a family fee; system report identifying cases who have supervisor as the case manager; system report identifying cases with an invalid address according to USPS; system report identifying the percentage of certificates assigned to a provider approved by the same case manager; comparison of the capacity of a child care provider to the number of children they bill for; comparison of client's employer to the child care center their child is attending; and system report that identifies GA Pre-K students also receiving full-time care.

- iii. Review enrollment documents and attendance or billing records

[Describe the activities and the results of these activities:](#)

Audits and Compliance Division staff conduct targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made as described in 8.1.6. In addition, the State's Provider Management Agent conducts a monthly comparative analysis of attendance records to invoices for a random sample of providers.

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

The Lead Agency has a stand-alone Quality Assurance & Training (QA&T) unit that performs quality assurance reviews of eligibility determinations made by staff. This QA&T unit does not determine eligibility but does review the work of others and provide training. In addition, supervisors conduct reviews of cases processed by their staff. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. Supervisors follow up with staff on areas that need improvement.

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

Audits and Compliance Division staff conduct targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made as described in 8.1.6. In addition, the State's Provider Management Agency conducts a monthly comparative analysis of attendance records to invoices for a random sample of providers.

[vi. Train staff on policy and/or audits.](#)

[Describe the activities and the results of these activities:](#)

The Lead Agency's CCDF program contains a stand-alone Quality Assurance and

Training (QA&T) unit to conduct or audit training based on the needs of the staff member; training is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CAPS program are trained on full policy and how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on their needs and through ongoing monitoring of areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T unit also conducts weekly updates to clarify policy and best practices to ensure that staff training needs are met in a timely manner. This training helps staff identify signs of intentional or unintentional program violations.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Audits and Compliance Division has developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, Georgia's Pre-K Program, the state Child Care Licensing program, and the Department of Labor wage file. These data-matching activities allow the Lead Agency to better identify irregularities in attendance or billing patterns and identify

eligibility determinations that may have been made based on inaccurate or incomplete data provided by the applicant.

ii. [Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

The Audits and Compliance Division has developed a risk assessment tool used to identify providers and clients who have indicators that suggest that an intentional or unintentional violation or administrative error may have occurred. This risk assessment uses data from system reports that have been created to flag potential violations/errors. In addition to the risk assessment, the Lead Agency has additional system reports that can be used to flag potential violations/errors. Examples of both types of reports/data elements are noted: system report identifying active cases with no certificates; system report identifying cases active more than five years; system report identifying cases over the new income limits; system report identifying cases with a missing disposition; system report identifying cases with no children; system report identifying cases missing a family fee; system report identifying cases who have supervisor as the case manager; system report identifying cases with an invalid address according to USPS; system report identifying the percentage of certificates assigned to a provider approved by the same case manager; comparison of the capacity of a child care provider to the number of children they bill for; comparison of client's employer to the child care center their child is attending; and system report that identifies GA Pre-K students also receiving full-time care.

iii. [Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

Audits and Compliance Division staff conduct targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made as described in 8.1.5. In addition, the State Provider Management Agent (SPMA) conducts a monthly comparative analysis of attendance records to invoices for a random sample of providers.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Lead Agency has a stand-alone Quality Assurance & Training (QA&T) unit that performs quality assurance reviews of eligibility determinations made by staff. This QA&T unit does not determine eligibility but does review the work of others and provide training. In addition, supervisors conduct reviews of cases processed by their staff. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. Supervisors will follow up with their staff on areas that need improvement.

v. Audit provider records.

Describe the activities and the results of these activities:

Audits and Compliance Division staff conduct targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the type of improper payment is made. Overpayments are established where warranted, and collection efforts are made as described in 8.1.5. In addition, the State's Provider Management Agency conducts a monthly comparative analysis of attendance records to invoices for a random sample of providers.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Lead Agency's CCDF program contains a stand-alone Quality Assurance and Training (QA&T) Unit to conduct training sessions on policy and how policy is implemented. The scope and type of policy or audits training is based on the needs of the staff member and is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CAPS program are trained on full policy and how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on their needs and through ongoing monitoring of areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T

unit also conducts weekly updates to clarify policy and best practices to ensure that staff training needs are met in a timely manner. This training helps identify and reduce agency errors.

vii. Other

Describe the activities and the results of these activities:

In addition to the activities noted above, the Audits and Compliance Division maintains a dedicated phone line and an email inbox for all stakeholders, including the public, to submit complaints related to the CAPS program. The phone number and email address are published in the policy manual. Upon receiving a complaint, the Audits and Compliance Division investigates to determine if a program violation or administrative error has occurred, and if so, if any funds are due back to the Lead Agency as a result.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

State Attorney General's Office

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

All improper payments caused by suspected fraud are recovered regardless of dollar amount.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

Improper payments due to suspected fraud are referred to the appropriate law enforcement or prosecutorial authority, including but not limited to HHS OIG, State OIG, State Attorney General, or local prosecutors.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans are offered to parental authorities and providers to recoup improper payments that are the result of fraud or intentional program violations in cases where prosecution is declined.

- iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Improper payments are recovered from providers by reducing payments in subsequent months. In some cases, 50 percent of a provider's future payments are withheld until the debt is paid in full.

- v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vi. Recover through other means.

Describe the activities and the results of these activities:

Payments are recovered in a variety of ways, including lump sum payments, reducing future payments, and payment plans. In unique circumstances, a court of competent jurisdiction may order a repayment. In these cases, the Lead Agency follows those orders.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency created the Audits and Compliance Division in 2013. This division

employs 11 staff who conduct investigations and reviews of child care providers who receive CCDF funding from the Lead Agency and families who participate in/benefit from the CCDF program. This unit is also responsible for the CCDF error rate reporting to ACF every three years. If improper payments are identified through an investigation or review, those funds are recouped by one of the methods noted above.

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

All improper payments caused by unintentional program violations are recovered regardless of dollar amount.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans are offered to parental authorities and providers to recoup improper payments that are the result of unintentional program violations.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Improper payments are recovered from providers by reducing payments in subsequent months. In most cases 50 percent of a provider's future payments are withheld until the debt is paid in full. In cases of unintentional program violations, when the provider reports that a 50 percent reduction is a hardship on their business, the percentage of reduction is reduced, and the funds are allowed to be paid back over a longer period of time.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

Payments are recovered in a variety of ways, including lump sum payments, reducing future payments, and payment plans.

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency created the Audits and Compliance Division in 2013. This division employs 11 staff who conduct investigations and reviews of child care providers who receive CCDF funding from the Lead Agency and families who participate in the CCDF program. This unit is also responsible for the CCDF error rate reporting to ACF every three years. If improper payments are identified through an investigation or review, those funds are recouped by one of the methods noted above.

ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency created the Audits and Compliance Division in 2013. This division employs 11 staff who conduct investigations and reviews of child care providers who receive CCDF funding from the Lead Agency and families who participate in/benefit from the CCDF program. This unit is also responsible for the CCDF error rate reporting to ACF every three years. However, this unit only recoups improper payments that are the result of unintentional or intentional program violations. The

Lead agency does not recoup improper payments that are the result of administrative error.

ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Clients have 10 days from the date they receive notice of termination or dismissal from the subsidy program to appeal the decision. Clients are advised of this right, in writing, on the form (Form 62) that dismisses them from the subsidy program. Form 62 advises clients that they have the right to a hearing, informs them how to request a hearing, and informs them that they may be represented by legal counsel at the hearing. All client hearing requests are forwarded to the Lead Agency's Legal Division who then forwards all hearing requests to the Office of State Administrative Hearings (OSAH). OSAH sets the date for the administrative hearing and notifies all parties of the date and time. OSAH issues an Initial Decision affirming or denying the action of the Lead Agency within the standard 30 days. The decision contains the reason for the judgment, the supporting evidence and policy used to reach the judgment, findings of fact, and conclusions of law. Either party may file a motion to vacate a default, a motion for reconsideration, or a motion for rehearing within 10 days of the entry of the Initial Decision. A party who seeks review by the Lead Agency must file an application for agency review within 30 days after service of the Initial Decision. In nearly all cases, agency review is a prerequisite for judicial review. If a timely application for agency review is not filed and the Lead Agency does not review the Initial Decision on its own motion, the Initial Decision will become the Final Decision of the Lead Agency by operation of law.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

Providers who participate in the subsidy program and are issued a notice of revocation of their license or a notice of emergency closure are afforded appeal procedures by the Lead Agency's Child Care Licensing division. Staff from the subsidy program follow the lead of the Child Care Licensing division who establish and monitor health and safety standards in Georgia, and providers must have a license or exemption to participate in the subsidy program. The Child Care Licensing division allows providers 10 days to appeal the revocation or 48 hours to appeal the emergency closure. Providers are advised of this right in the revocation or emergency closure paperwork. All revocation or emergency closure appeal requests are forwarded to the Lead Agency's Legal Division who then forwards all hearing requests to OSAH. OSAH sets the date and time for the administrative hearing and notifies all parties of that date and time. After the hearing, OSAH issues an Initial Decision affirming or denying the action of the Lead Agency. The decision contains the reason for the judgment, the supporting evidence and policy used to reach the judgment, findings of fact, and conclusions of law. Either party may file a motion to vacate a default, a motion for reconsideration, or a motion for rehearing within 10 days of the service of the Initial Decision. A party who seeks review by the Lead Agency must file an application for agency review within 30 days after service of the Initial Decision. In nearly all cases, agency review is a prerequisite for judicial review. If a timely application for agency review is not filed and the Lead Agency does not review the Initial Decision on its own motion, the Initial Decision will become the Final Decision of the Lead Agency by operation of law. Providers who participate in the subsidy program and are disqualified due to administrative reasons (such as not submitting required paperwork or not cooperating with an investigation) are not afforded appeal rights.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

Program violations that are believed to be intentional will be referred for criminal prosecution.

- d. Other.

Describe the activities and the results of these activities:

In addition to disqualifying a provider or parent, other methods used by the Lead Agency

to sanction a provider may include requiring the provider or parent to repay funds received because of improper payments or requiring a provider to attend mandatory training to continue participation in the subsidy program.

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The Lead Agency is seeking relief from the provision related to the MRS. The Lead Agency had scheduled to conduct a MRS in the spring 2020; however, the pandemic significantly disrupted child care in Georgia making it impossible to conduct a

meaningful and accurate MRS. The MRS is currently underway (spring 2021) with a final report expected around August 2021. Findings from the MRS will inform the State Plan, and the Lead Agency will amend the plan accordingly as soon as possible.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

While receiving a Market Rate Survey waiver would not directly improve the delivery of services to children in care, the waiver would allow DECAL to obtain the most accurate market information and have a better understanding how to respond to that information post-pandemic.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

45 CFR §98.19 requires the state to certify and describe how the health, safety, and well-being of children served through subsidized child care will not be compromised because of the waiver. DECAL is the state agency that regulates child care centers and family child care learning homes and ensures that those regulated environments meet federal and state health and safety requirements. Children served through this waiver request will receive child care in regulated environments that meet current health and safety requirements in 45 CFR Part 98, as regulated by DECAL. Therefore, DECAL certifies that the health, safety, and well-being of children served will not be compromised because of this waiver request.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

The Lead Agency is seeking relief from the provision related to the Narrow Cost Analysis. The Lead Agency intends to make the Narrow Cost Analysis publicly available with the MRS; however, the pandemic significantly disrupted child care in Georgia making it impossible to conduct a meaningful and accurate MRS. The delay of the MRS has delayed the final report for the Narrow Cost Analysis as they are intended to be made available at the same time. The MRS is currently underway

(spring 2021) with a final report expected around August 2021. The Narrow Cost Analysis will be completed at that time and will inform the State Plan, and the Lead Agency will amend the plan accordingly as soon as possible.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

While receiving a waiver for the Narrow Cost Analysis would not directly improve the delivery of services to children in care, the waiver would allow DECAL to make the Narrow Cost Analysis available at the same time as the MRS as intended.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

45 CFR §98.19 requires the state to certify and describe how the health, safety, and well-being of children served through subsidized child care will not be compromised because of the waiver. DECAL is the state agency that regulates child care centers and family child care learning homes and ensures that those regulated environments meet federal and state health and safety requirements. Children served through this waiver request will receive child care in regulated environments that meet current health and safety requirements in 45 CFR Part 98, as regulated by DECAL. Therefore, DECAL certifies that the health, safety, and well-being of children served will not be compromised because of this waiver request.