



## Child Care Services

### DECAL KOALA Required Reporting

November 5, 2020



**Georgia Dept  
of Early Care  
and Learning**

BRIGHT FROM THE START

# DECAL KOALA Updates

As of October 1, 2020, licensed programs are required to report:

- Cases of Alleged Child Abuse and Neglect
- Notifiable Communicable Diseases
- Temporary and Permanent Closure of Program

# Required Reports

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- Reports that require DECAL to be notified within 24 hours or the next business day the following reportable situations:
  - death of a child,
  - serious illnesses or injuries that require hospitalization or professional medical attention,
  - missing children,
  - fire or structural disaster,
  - emergency relocation of children, and
  - when an employee acquires a criminal record.



# Required Reporting Rules

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Rule Book Chapters

CCLC - 591-1-1-.29

FCCLH - 290-2-3-.14



# Child Abuse Reporting



- Suspected child abuse or neglect must be reported to the Department of Family and Children Services (DFCS) **AND** the Department of Early Care & Learning (DECAL)
- Suspected abuse and neglect that occurs **AT** or **AWAY** from the child care program must be reported



# Mandated Reporters

- ALL child care program personnel and volunteers are required by Georgia law OCGA 19-7-5(c)(1) to immediately report any situation in which there is reasonable cause to believe that a child has been abused, neglected, or deprived.

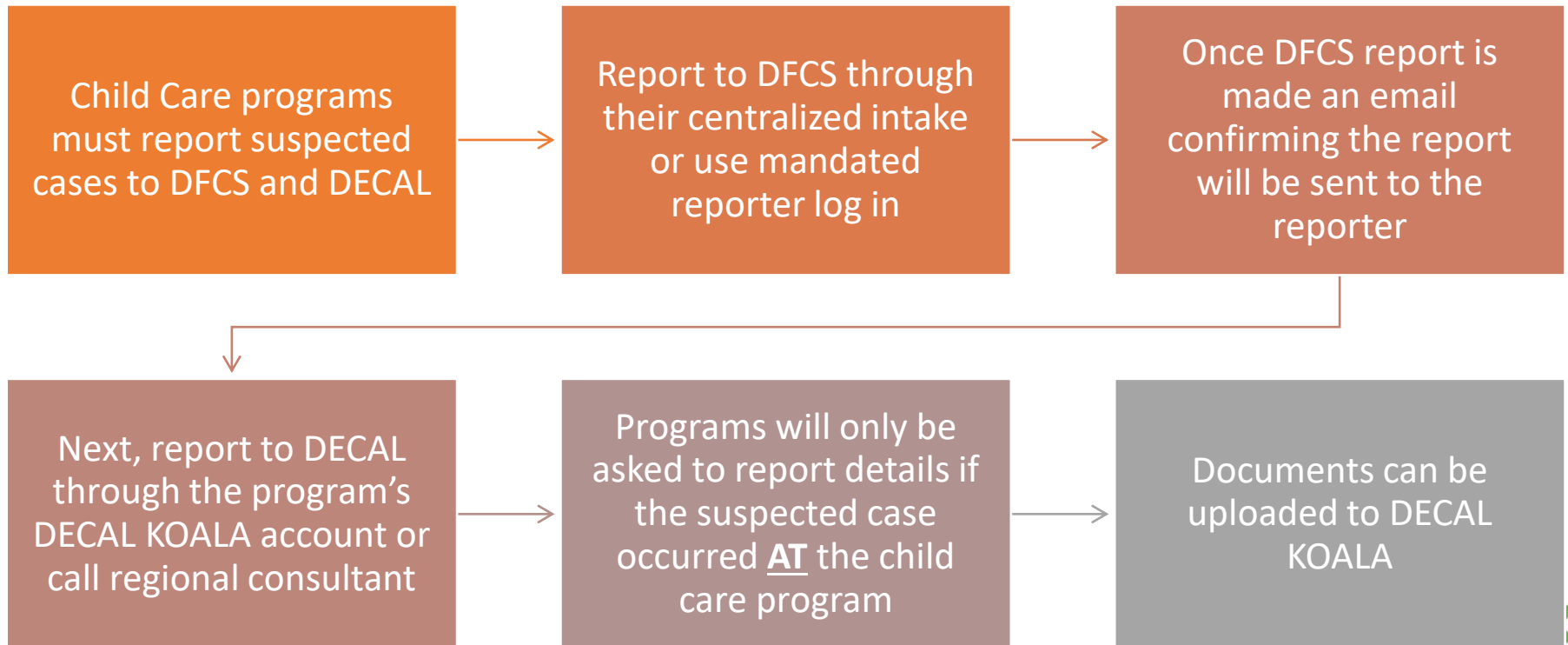


# Mandated Reporter Training

- Free one hour training
- Helps individuals to recognize indicators of abuse and neglect
- Understand your role in responsible reporting
- Identify groups of children at higher risk of being abused and neglected
- Access Training: <https://cps.dhs.ga.gov/Main/Default.aspx>
- Once completed, individuals will have the opportunity to create an account, giving the ability to report suspected cases online

# Steps for Reporting

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## Ways to Submit Report to DFCS

- Mandated Reporters have the following options to report:
  - Email the completed Mandated report to [CPSIntake@DHS.ga.gov](mailto:CPSIntake@DHS.ga.gov)
  - Call DFCS Centralized Intake 1-855-422-4253
  - Fax completed Mandated Report to 229-317-9663
  - Online referral at the [cps.dhs.ga.gov/Main/Default](http://cps.dhs.ga.gov/Main/Default)



## Required Reporting

Rule **591-1-1-.29** of the Bright from the Start Rules and Regulations for Child Care Learning Centers and Family Child Care Learning Homes be reported to Bright from the Start within **24 hours** or the next business day following the reportable situation:

- any child abuse, neglect or deprivation
- notifiable communicable diseases
- any death
- any serious illness or injury requiring hospitalization or professional medical attention
- any situation where a child becomes missing while in care
- any fire
- any structural disaster
- any emergency requiring temporarily relocation of children
- any program's operating status changes (i.e. open to closed or temporarily closed, and temporarily closed to open)
- the name of any employee who acquires a Criminal Record
- Annual Report/Inspection (do not submit your program's Annual Report/Inspection until requested by DECAL)

To Search Licensing Rules, [click here](#)

If you have any questions about this online process please contact your Consultant or call the CCS Intake number 404-657-5562.



# How to Add, View, Edit and Delete Reports



+ Add Required Report

Required Reports

▼ Show Filters

View

Edit

Delete

Print

	View	Date Submitted	Required Report Number	Status	Date & Time of the Required Report	Type of Required Report	
1		10/08/2020	RR-5081	Submitted Online	Unknown	Program Operating Status Change	
2		10/08/2020	RR-5080	Submitted	Unknown	Program Operating Status Change	
3		10/08/2020	RR-5079	Submitted	Unknown	Program Operating Status Change	
4		10/08/2020	RR-5078	Submitted Online	Unknown	Notifiable Communicable Diseases	
5		10/08/2020	RR-5077	Submitted Online	Unknown	Notifiable Communicable Diseases	
6		10/07/2020	RR-5066	Submitted Online	Unknown	Notifiable Communicable Diseases	
7		10/07/2020	RR-5065	Submitted Online	Unknown	Child Abuse, Neglect or Deprivation	



# What are you Reporting?

If you need to report multiple incidents use more than one required report.

What are you Reporting today? (Select One)

- Select →
- Child Abuse, Neglect or Deprivation
- Notifiable Communicable Diseases
- Death of a child while in care
- Serious injury requiring hospitalization or professional medical care
- Serious illness requiring hospitalization or professional medical care
- Missing child
- Fire
- Structural disaster
- Any emergency requiring temporary relocation of children
- Program Operating Status Change
- Criminal Record acquired by employee
- Annual Report/Inspection
- Other

Resources

of Early Care and Learning



# Child Abuse, Neglect and Deprivation

If you need to report multiple incidents use more than one required report.

What are you Reporting today? (Select One)

Child Abuse, Neglect or Deprivation

## DFCS Information

This report is to be used when the program reports a suspected incident of child abuse or neglect to the Department of Families and Children Services (DFCS). The program must make the report separately to DFCS, then report to DECAL that the report has been made. DFCS is responsible for conducting investigations of suspected child abuse or neglect. DECAL may also investigate if the reported incident occurred in a child care program.

**DFCS Intake Number: 1-855-422-4453**

Date of Report to DFCS:

mm/dd/yyyy



DFCS Case Manager Name:

Where did the reported child abuse, neglect or deprivation occur?

Select-->

Describe what led to child abuse/neglecting reporting:

500 characters

Witness(es)?

Add Witness



# Completing the Report

### Upload Additional Documents

Examples of documents that may be uploaded include staff and director statements, pictures, and diagrams, if applicable.

### Action taken (Check all that apply)

<input type="checkbox"/> Advised further medical care	<input type="checkbox"/> Child went home	<input type="checkbox"/> Contacted Health Department
<input type="checkbox"/> Allowed/placed child to rest	<input type="checkbox"/> Cleaned/washed area	<input type="checkbox"/> Contacted Poison Control
<input type="checkbox"/> Applied bandage	<input type="checkbox"/> Comforted child	<input type="checkbox"/> Elevated body part
<input type="checkbox"/> Applied ice	<input checked="" type="checkbox"/> Contacted (DFCS)	<input type="checkbox"/> Followed child's emergency medical plan(s)
<input type="checkbox"/> Applied pressure	<input type="checkbox"/> Contacted Emergency Services (911)	<input type="checkbox"/> Return to normal activity

### Signature of Director/Provider

By submitting this required report, I, *Facility Representation Name* indicate that I am the Director, Provider or Program Administrator for CCLC [REDACTED] Academy, and I have the authority to submit this report as or on behalf of the owner of the program. I verify that the answers and information contained within are true and accurate to the best of my knowledge. I agree to respond promptly to requests for additional information and to provide the requested documents and/or information.



# Communicable Disease

- Communicable Disease is known as an infectious disease or transmissible disease that result from the infection, presence and growth of pathogenic biologic agents in an individual human or other animal host.

**Public Health**  
A publication of the National Academy of Medicine/Indonesian Public Health Association  
**Communicable Diseases**



# Reporting a Notifiable Communicable Disease

If you need to report multiple incidents use more than one required report.

What are you Reporting today? (Select One)

Notifiable Communicable Diseases

## Communicable Diseases

**Note:** If the specific communicable disease is not listed, programs are not required to report it to DECAL. Refer to the published communicable disease [chart](#) for guidance.

- [Department of Public Health Website](#)
- [Information on communicable diseases in child care on the CHOA website](#)

Communicable Disease Reported:

Select -->

Date Reported to Health Department:

mm/dd/yyyy

Date of Parent Notification:

mm/dd/yyyy

Health Department Contact:

Method of Parent Notification:

Select-->





# List of Notifiable Communicable Diseases

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1. Chickenpox (Varicella zoster virus)
2. COVID-19
3. Diphtheria (Corynebacterium diphtheriae bacteria)
4. E. Coli (Escheichia coli)
5. German measles (Rubella virus)
6. Giardia
7. Haemophilus influenza type B (Hib bacteria)
8. Hepatitis A
9. Measles (Rubeola virus)
10. Mumps (Mumps virus)
11. Neisseria meningitidis (Meningococcal bacteria)
12. Public Health Emergency
13. Salmonella
14. Shigella
15. Streptococcus pneumoniae (Pneumococcal bacteria)
16. Tuberculosis (TB) (Mycobacterium tuberculosis)



Staff confirmed/suspected\* cases not previously reported to DECAL

Staff Role (Job Title)	# Confirmed	# Suspected
Clerical Staff	<input type="text" value="0"/>	<input type="text" value="0"/>
Cook	<input type="text" value="0"/>	<input type="text" value="0"/>
Director	<input type="text" value="0"/>	<input type="text" value="0"/>
Driver	<input type="text" value="0"/>	<input type="text" value="0"/>
Housekeeping / Custodial Staff	<input type="text" value="0"/>	<input type="text" value="0"/>
Independent Contractor	<input type="text" value="0"/>	<input type="text" value="0"/>
Lifeguard	<input type="text" value="0"/>	<input type="text" value="0"/>
Maintenance	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Staff	<input type="text" value="0"/>	<input type="text" value="0"/>
Owner	<input type="text" value="0"/>	<input type="text" value="0"/>
Student in Training	<input type="text" value="0"/>	<input type="text" value="0"/>
Teacher Asst.	<input type="text" value="0"/>	<input type="text" value="0"/>
Teacher/ Lead Caregiver	<input type="text" value="0"/>	<input type="text" value="0"/>
Therapist	<input type="text" value="0"/>	<input type="text" value="0"/>
Volunteer	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total(Sum of the reported numbers)</b>	<b>0</b>	<b>0</b>

Child confirmed/suspected\* cases not previously reported to DECAL

Age of Child	# Confirmed	# Suspected
Infant (0 -12 months)	<input type="text" value="0"/>	<input type="text" value="0"/>
Toddler (13 months - 2 years)	<input type="text" value="0"/>	<input type="text" value="0"/>
Preschool (3 years - 4 years)	<input type="text" value="0"/>	<input type="text" value="0"/>
Georgia's Pre-K (4 Years)	<input type="text" value="0"/>	<input type="text" value="0"/>
School Age (5+)	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total(Sum of the reported numbers)</b>	<b>0</b>	<b>0</b>

**\*Confirmed/Supected Case:**

- A communicable disease case is a confirmed case when it has been laboratory-tested and confirmed as a positive case of the disease.
- A communicable disease case is a suspected case when clinical signs and symptoms are observed, but it has not been laboratory-tested.

## Upload Additional Documents

Examples of documents that may be uploaded include staff and director statements, pictures, and diagrams, if applicable.

Upload

## Action taken (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advise others to be tested for the communicable disease                         | <input type="checkbox"/> Clean & disinfect program              | <input type="checkbox"/> Contacted Poison Control                    |
| <input type="checkbox"/> Advise others who were in close contact with affected individuals to quarantine | <input type="checkbox"/> Clean & disinfect specific areas       | <input type="checkbox"/> Elevated body part                          |
| <input type="checkbox"/> Advised further medical care  | <input type="checkbox"/> Cleaned/washed area                    | <input type="checkbox"/> Followed child's emergency medical plan (s) |
| <input type="checkbox"/> Allowed/placed child to rest  | <input type="checkbox"/> Comforted child                        | <input type="checkbox"/> Professional Cleaning                       |
| <input type="checkbox"/> Applied bandage   | <input type="checkbox"/> Contacted (DFCS)                       | <input type="checkbox"/> Return to normal activity                   |
| <input type="checkbox"/> Applied ice   | <input type="checkbox"/> Contacted Emergency Services (911)     | <input type="checkbox"/> Temporarily close program                   |
| <input type="checkbox"/> Applied pressure  | <input checked="" type="checkbox"/> Contacted Health Department | <input type="checkbox"/> Temporarily close specific classrooms       |
| <input type="checkbox"/> Child went home   |   |  |

## Signature of Director/Provider

By submitting this required report, I, *Facility Representation Name* indicate that I am the Director, Provider or Program Administrator for **CCL** **Academy**, and I have the authority to submit this report as or on behalf of the owner of the program. I verify that the answers and information contained within are true and accurate to the best of my knowledge. I agree to respond promptly to requests for additional information and to provide the requested documents and/or information.

Save

Submit

Cancel



# Closure Due to Communicable Diseases

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## Temporary Closure of Entire Program

Temporary Closure due to Communicable Disease

Start Date:

mm/dd/yyyy



End Date:

mm/dd/yyyy



Number of children unable to attend due to closure:

Show temporary closure on the public website?

## Temporary Closure of Some Classrooms

Temporary Closure due to Communicable Disease

Start Date:

mm/dd/yyyy



End Date:

mm/dd/yyyy



Number of children unable to attend due to closure:

Number of classrooms closed:



# Required Reporting of Program Operating Status

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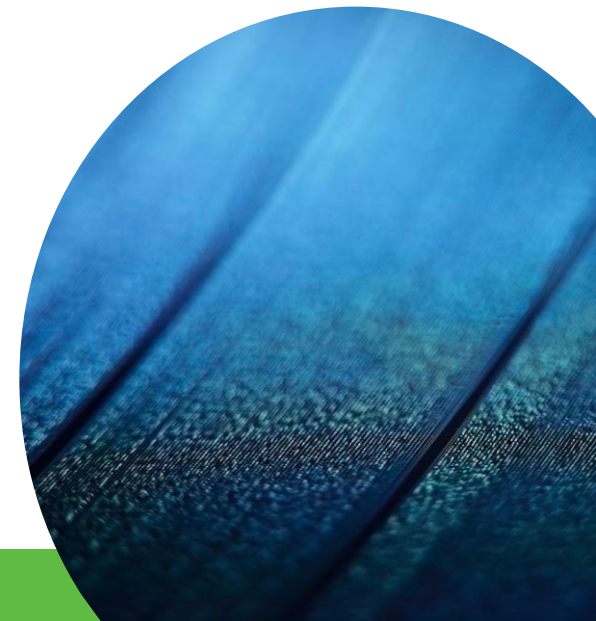
The program must report to the Department when they will be closing for any reason

Notify DECAL the program is permanently closing, however further action will be required

Licensed programs are required to have two licensing visits per year, even when temporarily closed

In order to maintain the license, programs are required to pay their annual licensing fee

Complete a new required report when the operating status changes from temporary closed to open, open to closed, etc



# Update Operating Status

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If your program previously reported a temporary closure and the closure dates had **passed**, on November 1, 2020 your program's operating status was changed to **Open**.



# Reporting an Operating Status Change

Current Operating Status - Open

Programs must complete a new required report when their operating status changes from closed to open, open to closed, etc.

Select new status:

- Open
- Temporary Closure
- Permanent Closure

Temporary Closure (Report temporary closure for 1-120 days)

### Annual License fees:

If a program has reported their child care program as temporarily closed, the program is required to pay their annual license fee in order maintain their license. If the annual license fee is not paid, DECAL will pursue adverse action to revoke the license.

### Licensed Visits:

Child care programs are required to have two regulatory visits per year. If a program is temporarily closed for more than 120 days, the program must be available for regulatory visit(s) to meet the annual visit requirement.

### Summer Months:

If the program is not licensed to operate in the summer months, do not report temp closure during that period of time.

Start Date:

mm/dd/yyyy



End Date:

mm/dd/yyyy



Reason For Temporary Closure:

Select -->



Show temporary closure on the public website?

- **Note:** Reason for temporary closure will not be displayed on public website.
- Programs must complete a new required report when their operating status changes from temporary closed to open



# Reason for Temporary Closure

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Reason For Temporary Closure:

Select -->

- Facility repair/maintenance
- Fire, structural disaster
- Low enrollment
- Natural Disaster
- Personal/vacation
- Professional Development
- Public Health Emergency
- Staff availability

## Signature of Director/Provider

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Save

Submit

Cancel





# Permanent Closure

## Permanent Closure

**Note:** When a child care program makes the decision to permanently close for business, the program is responsible for any outstanding adverse action fine balances, including fines for adverse actions that have not yet been issued for visits conducted while the program was operating. The child care program is also responsible for any filed appeals and should inform DECAL of their intent to continue with any scheduled hearings.

Please use this reporting feature if you intend to close your program at the current location permanently.

- If the program is purchased by another person, group, or entity, do not use this reporting process. In order to facilitate continuity of operations, the new owner should submit a Change of Ownership application to DECAL following the procedures described at <http://www.dec.state.ga.us/CCS/ChangeofOwnership.aspx>.
- If you are permanently moving your program to a new location, you should contact your licensing consultant and submit a new initial licensing application for Change of Location to the Applicant Services Unit. Licenses are not transferable to a new address except in emergency temporary conditions due to building site damage during the time of repair.

Reasons For Closure:

Effective Date:

Select -->

- Voluntary Withdrawal - Challenges with meeting rules, regulation
- Voluntary Withdrawal - Changed careers
- Voluntary Withdrawal - Difficulty recruiting and/or retaining staff
- Voluntary Withdrawal - Local county or city requirements (e.g., business permits, zoning, etc.)
- Voluntary Withdrawal - Loss of facility/lease
- Voluntary Withdrawal - Low enrollment
- Voluntary Withdrawal - Operating costs too high
- Voluntary Withdrawal - Other financial problems (e.g., loss of funding, etc.)
- Voluntary Withdrawal - Personal/family needs
- Voluntary Withdrawal - Other
- Voluntary Withdrawal - Retired

mm/dd/yyyy

due to closure:

Number of classrooms closed:





# Questions?

[WWW.DECALKOALA.COM](http://WWW.DECALKOALA.COM)



# Short Term Assistance Benefit for Licensed Entities

- **Second round of up to \$55 Million**
- **Available for Licensed Providers**
  - **One-Time Payment**
- **Apply in DECAL KOALA**
  - **Nov. 16<sup>th</sup> – Dec. 2<sup>nd</sup>**
- **Factors of Funding**
  - **Open programs only**
  - **October attendance**
  - **\$240 per child**
  - **Minimum of \$2,000**
  - **Maximum payment based on program capacity**
- **Same application, no proration**
- **Budget plan required**
- **Maximus Inc. for payments**
- **Spending deadline 6/30/2021**

