
Board of Early Care and Learning

Board of Early Care and Learning Meeting
Thursday, May 15, 2025 — 9:00 a.m.
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE – East Tower
Oak Conference Room
Atlanta, Georgia 30334
Amy M. Jacobs, Commissioner

Meeting Minutes

Board Members

Kristy Beam, Jen Bennecke, Phil Davis (Chair), Maria Franklin, Joyce Freeman, Susan Harper, Karen Jones, Kristin Morrissey, Cristina Washell, Sylvia Washington, Karla Zisook

Public Guests

Rachel Abenavoli, Tracy Baynes, Chan Blue, Dianne Blue, Angela Church, Charlotte Davis, Hanah Goldberg, Kiara Greene, Janice Halston, Debbie Hodges, Isabelle Keenum, Mary Lyons, Lindsay McVicar, Millay Montfleury, Lynda Odaro, Charlotte Pelz, Amanda Pendergraft, Lauren Pollow, Serena Rudd, Jessica Woltjen

DECAL Staff

Amy Jacobs, Commissioner
Susan Adams, Deputy Commissioner for Pre-K and Instructional Supports
Dennis Brice, Chief Information Officer
Reg Griffin, Chief Communications Officer
Elisabetta Kasfir, Deputy Commissioner for Federal Programs
Quandra Obi, Special Assistant to the Commissioner
Bentley Ponder, Deputy Commissioner for Quality Innovations and Partnerships
Pam Stevens, Deputy Commissioner for Child Care Services
Ira Sudman, Chief Legal Officer
Sonja Adams, Senior Manager, Nutrition Services
Farouk Baksh, Senior Director, Information Technology
Katrina Bernard, Quality Rated Family Support Call Center Manager
Lari Lyn Beyer, Assistant Director, QR Operations
Chondra Bolton, CACDS Project Manager
Tamika Boone, Nutrition Services Director
Jennifer Bridgeman, CCS Director of Process and Policy
Gregory Brown, Legal Services Supervisor
Vanessa Brown, Quality Assurance Manager, Quality Rated Operations
Ana Buchman, Quality Rated Family Support Call Center Lead Specialist
Tomisher Campbell, Early Education Community Partnership Coordinator SE
Katie Davis, Compliance Examiner
Glenda Davis-Canteen, Early Education Community Partnership Lead NW
Stephanie Clark, Professional Learning Specialist
Jennifer Delorme, Quality Rated ERS Assessor Manager, Central
Woody Dover, Enterprise Project Management Director
Tyler Duggins, QIP Special Projects Coordinator
Alejandra Emmanuelli, Quality Rated Family Support Call Center Specialist

Carol Fordham, Quality Rated Regional Coordinator, Central
Shayna Funke, Director, Research Partnerships and Business Supports
Briana Garcia, Quality Rated Family Support Call Center Specialist
Moriham Hassan, Budget Analyst
Melissa Herndon, CCS Director of Field Operations
Michelle Hughes, QR Operations Regional Assessor Manager, N/Metro
Abraham Hussain, Telecom Specialist
Alaina Jones, Quality Rated Assessor
Melissa Johns, Quality Rated Assessor
Melinda Knowles, CAPS Development and Partnerships Project Manager
Amy Lim, Research and Policy Analyst Intern
Laura Lucas, Director, Infant and Early Childhood Mental Health
Stephen McGarity, Institutional Research and Data Quality Manager
Meghan McNail, Director, Pre-K Instruction and Regional Operations
Christi Moore, Director of Workforce Supports and Learning
Amir Nilforooshan, IT Assets and Purchase Supervisor
Rob O'Callaghan, Director, Institutional Research and Data Quality
Valerie Perez, Research Partnerships Manager
Lisa Pitts, Early Education Community Partnerships Coordinator SW
Laura Reid, Assistant Director Workforce Supports and Learning
Anne Rein, Department Writer/Editor
Dajuana Robinson, Community Engagement and Partnerships Manager
Mike Rodgers, Director Finance
April Rogers, Director CCS Enforcement Operations
Barbara Sanders, Senior Business Analyst
Devanie Schay, Quality Rated Assessor
Allison Setterlind, Head Start Collaboration Director
Angela Shelton, Workforce Supports Supervisor
Aparna Sikha, Director, IT Development Operations and Engineering
Hannah Smith, Research Analyst
Sonja Steptoe, QIP Communications and Outreach Manager
Michelle Talley, Quality Rated Assessor
Jill Taylor, Director, Community Partnerships and 2Gen Outreach
Laura Wagner, Executive Director, Georgia Foundation for Early Care + Learning
Erin Watson, Quality Rated Assessor
Jill West, Quality Rated Operations Regional Assessor Manager, South Central
Gerrika Wright, Workforce Development Specialist
Liz Young, Government Relations Director

The May 15, 2025, meeting of the Board of Early Care and Learning was held in the Oak Conference room and livestreamed.

1. Call to Order

At 9:09 a.m. Board Chair Phil Davis called the meeting to order.

2. Welcome

Mr. Davis welcomed Board members, DECAL staff, and guests.

3. Approval of Agenda and Minutes

Mr. Davis asked for a motion to accept the meeting agenda. Ms. Harper moved to accept, and Ms. Morrissey seconded. The Board accepted the agenda unanimously. Mr. Davis asked for a motion to approve the minutes from the February 20 meeting. Ms. Freeman moved to approve, and Dr. Washington seconded. The Board approved the minutes unanimously.

4. Inspiration

Dr. Jones shared personal reflections on the idea that “we bloom where we are planted,” and she invited Board members to reflect on the shared responsibility of helping children bloom where they are planted. She also gave seed packets to each Board member.

5. Board Member Updates

Mr. Davis invited Board members to share updates about their recent activities. Ms. Franklin reported that she enjoyed visiting a Quality Rated child care center during Children’s Mental Health Week. Ms. Morrissey reported on a collaboration in her district between the Forsyth County Parks Foundation and the department of Parks and Recreation to offer a summer outdoor program with physical activity for children who would otherwise be at home. Ms. Freeman said that she looks forward to the start of the CAPS 2Gen Student Parent pilot at West Georgia Technical College, and she announced that Troup County has created a language and literacy liaison position for a professional to visit child care programs in the county. That position is open now. Mr. Davis reported visiting a child care center on farm day and helping children plant carrots. Ms. Harper thanked Deputy Commissioner Elisabetta Kasfir for helping a non-profit in her district find resources to start a summer activity program. Dr. Beam reported that she also visited a Quality Rated child care center during Children’s Mental Health Week, and she enjoyed learning ninja breathing. Dr. Jones said she enjoyed teaching alligator breathing to a child care center class in Warner Robbins. Dr. Washington read two books to children at a center in her district for Children’s Mental Health Week, and she enjoyed teaching children the concept of filling other’s “buckets” with positive attention.

DECAL Staff Reports

DECAL leaders provided updates about the agency’s work.

a. Commissioner’s Update

Commissioner Jacobs showed photo highlights from Pre-K kickoff week at the Capitol in March. Both Pre-K Teachers of the Year were on hand along with CALi and DECAL staff. Georgia’s Pre-K was honored in both the House and the Senate. The Commissioner announced the finalists for 2025–2026 Pre-K Teachers of the Year: Autumn Hart from Bundle of Joy Academy in Cobb County, Shawanna Butler from Castial Academy in Barrow County, and Sheba Hill from Gems Learning Academy in Fulton County, all from private Pre-K programs. The finalists from public Pre-K programs are Erica Mimbs from Bleckley County Primary in Bleckley County, Teresa Swaim from West Jackson Elementary in Jackson County, and Katonia Williams from Sallas Mahome Elementary in Lowndes County. Each finalist receives a monetary award from funds raised privately through the Georgia Foundation for Early Care and Learning. The Commissioner also shared photo highlights from an event on May 2 to honor the Early Educators of the Year for 2024–2025. They received a private tour of the Governor’s mansion and were guests of honor at a luncheon hosted by the DECAL Foundation at the Atlanta Chamber of Commerce. Commissioner Jacobs introduced Rachel Abenavoli, Research Scientist

at Child Trends, who gave a presentation about her organization's evaluation of DECAL's pandemic relief funding activities. DECAL distributed approximately \$2 Billion, making more than 850,000 payments. About 92% of CCLCs received funds averaging \$500,000 each. About 86% of FCCLHs received an average of almost \$50,000 each. Child Trends' analysis of data found that CCLCs and FCCLHs that received STABLE funds had lower closure rates than providers that did not receive STABLE funds.

Mr. Davis asked how many of the programs that closed were marginal operations that would have closed anyway. Ms. Abenavoli responded that the data to answer that question is not available, but providers told Child Trends in interviews that STABLE funds helped them avoid closing and retain staff.

b. Finance and Administration Update

Enterprise Project Director Woody Dover reported that DECAL's expenses are on track with the budget as of March 31, 2025, the end of the third quarter of SFY2025. Mr. Dover reviewed funding increases for the amended 2025 budget appropriated in HB67. As expected, DECAL received an additional \$100,000 for startup grants to enable Happy Helpings sponsors to establish new sites in locations with high rates of child food insecurity and an additional \$7,422,147 from state lottery funds to provide salary parity for Pre-K teachers with K12 teachers. HB68, the budget appropriation for the SFY 2026 budget, includes an additional \$27 million for CAPS and Georgia's Pre-K. The \$5.5 million designated for CAPS will pay for maintaining CAPS provider rates at the 60% percentile of market rates and adding 500 state-funded CAPS scholarships. The \$21.6 million for Georgia's Pre-K will cover an increase to the Pre-K formula to reflect teachers' actual training and experience, an increase in the employer share of employee health insurance, and funds for year two of the four-year phase-in of reduced class size. Mr. Dover also reported on legislation enacted during the 2025 legislative session. HB175, which was initiated by DECAL, updates language related to criminal records checks to comply with federal mandates. HB136 expands tax credits for children and child care. It increases the amount of their child care expense that families can claim on state taxes, adds a tax credit of \$250 for children 5 and under, and allows employers to claim a portion of their contributions to the child care costs of their employees. HB371 increases the capital outlay formula for local school systems to include Pre-K students, making it easier for school systems to construct new Pre-K classrooms.

c. Georgia's Pre-K and Instructional Supports Update

Deputy Commissioner for Georgia's Pre-K and Instructional Supports Susan Adams reviewed plans for the Summer Transition Program which will this year include 69 classes for 828 rising Pre-K students and 329 classes for 4,578 rising kindergarteners. The program, funded by the lottery, lasts five weeks and has 23 instructional days. Classes for rising Pre-K students focus on English language learners, and classes for rising kindergarteners serve children who need additional support to be ready for kindergarten. Ms. Adams introduced Infant Early Childhood Mental Health (IECMH) Director Laura Lucas. Ms. Lucas gave the Board an update on the work of the IECMH task force which was convened five years ago to build an early childhood system of care to make it easier for families to identify needs and access services as early as possible. Recent accomplishments include a new Medicaid billing guide for preventive services for young children and their families. Georgia is one of only a few states with such a guide, she said, and the state's earlier billing guide for treatment services for young children received praise from the national Centers for Medicare and Medicaid Services. Georgia is becoming a leading state in the area of policy and finance for early childhood mental health Ms. Lucas said. Ms.

Lucas also announced a project in partnership with GEEARS to train families to promote infant and early childhood mental health to other families. Ms. Lucas shared photo highlights from Children's Mental Health Week and thanked Board members Beam, Franklin, Jones, Washell, and Washington for visiting child care centers and reading to children. More than 1,400 children watched the virtual puppet show about feelings during the week, and a take-home packet included a link to a new video that features Commissioner Jacobs and CALi breathing together. Ms. Lucas also announced a new virtual training course, *Introduction to Infant and Early Childhood Mental Health*, that is available on GaPDS/OLLI. The course has been available for about three weeks, and 953 people have already completed it.

Mr. Davis asked, "What's your favorite breathing technique?" Ms. Lucas replied that she likes "smell the flower; blow out the candle" because even the youngest children are able to understand it. Ms. Lucas asked Mr. Davis his favorite, and he said he would watch the video. He asked the Commissioner her favorite, and she said she likes the box breathing that was introduced last year. Ms. Morrissey asked whether Board members can take the OLLI training, and Ms. Lucas said, "yes."

6. Break

Mr. Davis recessed the meeting for a short break at 10:13 a.m. The meeting resumed and staff reports continued at 10:32 a.m.

d. Federal Programs Update

Deputy Commissioner for Federal Programs Elisabetta Kasfir announced the creation of two new CAPS advisory councils, a provider council and a family council. The provider council draws providers that have experience with the CAPS program and is expected to advise on policy, workflows and system sustainability to help ensure that CAPS policies support providers' day-to-day operations. The role of the family council is to amplify family voices in CAPS decision-making and share feedback to enhance program accessibility and effectiveness. Both councils will meet quarterly. Stakeholder engagement is not a new activity for CAPS, Ms. Kasfir said, but having an ongoing feedback loop for providers and families to share their experiences will strengthen the program. Ms. Kasfir reminded Board members of the CAPS 2Gen Student Parent pilot on two Technical College System of Georgia campuses.

Ms. Freeman added that the pilot would soon be getting started on the West Georgia Technical College campus. Ms. Kasfir also highlighted two CAPS 2Gen Student Parent pilot success stories from Wiregrass Technical College.

e. Quality Innovations and Partnerships (QIP) Update

Deputy Commissioner for Quality Innovations and Partnerships Bentley Ponder shared highlights about the recently awarded Community Impact Grants. All grants are funded by Georgia's Child Care and Development Fund (CCDF) and run for two years. DECAL awarded five 2Gen Innovation Grants for Student Parent Success, four 2Gen Community Literacy Grants, and six Community Transformation Grants. Recipients of the Community Transformation Grants are required to create cross-sector collaboration among community organizations that serve both adults and children. Dr. Ponder reported briefly on the Quality Rated family support call center. Bringing the call center in house will give the agency better access to administrative data for research and analysis, he said. Call center staff are in training now, and the call center will go live July 1, 2025. Planning is underway for the comprehensive quality study that will begin later this year, Dr. Ponder said. Child Trends will recruit child care programs to participate, collect data, and report findings by December 2026. Dr. Ponder also shared an

update on current Quality Rated participation. As of May 9, 66% of eligible providers have achieved a rating, and another 6% are somewhere in the process of being rated. He gave updates about the quarterly Commitment to Quality (C2Q) payments for 2- and 3-star CAPS providers and the Quality Rated workforce bonus. He noted that workforce supports are a priority of Commissioner Jacobs, and he shared a testimonial from a provider expressing appreciation and gratitude for the workforce bonus.

f. Child Care Services (CCS) Update

Deputy Commissioner for Child Care Services (CCS) Pam Stevens reviewed the proposed licensing rule changes for the Board to vote on later in the meeting. Rule changes are needed for a variety of reasons, she said, and she explained why each rule change is necessary. The rules about CPR training must be tightened, she said, because in 2024 two 1-year-olds choked to death while eating when there was no one present who knew what to do. She acknowledged concerns expressed by child care providers about the timing of the proposed change and its elevation to core rule status, and she reminded Board members that DECAL surveyed providers about their readiness to comply with more stringent rules and received a significantly positive response.

Dr. Zisook asked whether the new rules will apply to school age programs, and Ms. Stevens confirmed that they will. Dr. Beam, noting that many of the concerns expressed by child care providers were about access to CPR training, asked whether virtual training would be acceptable. Ms. Stevens clarified that the training must be hands on. Ms. Stevens said her team is working with Children's Healthcare of Atlanta (CHOA) to arrange Super Saturday trainings around the state and with other partners who can help improve access to training. In the fall DECAL will also launch a campaign to raise awareness of choking hazards. CCS is working with Nutrition Services and the Infant Toddler team to develop resources for teachers. One example is a visual aid to show teachers the size of food that toddlers can safely chew. Ms. Harper asked whether the 45 days refers to calendar days or work days. CCS Director of Process and Policy Jennifer Bridgeman replied that the rule refers to calendar days. Ms. Freeman asked for clarification about whether the 45-day window begins on the first day of employment, and Ms. Stevens said that it does. Dr. Jones asked whether the rule applies to after care programs, and Ms. Stevens said that it does. Mr. Davis asked whether DECAL can provide a list of resources to child care programs, and Ms. Stevens said that is part of the intent of the choking awareness campaign and CCS consultants will bring resources when they make their visits to CCLCs and FCCLHs twice a year. Mr. Davis asked whether law enforcement agencies can provide CPR training, and Ms. Stevens said that her team is approaching Fire Departments. Mr. Davis suggested that sheriffs may be able to help. Some centers, Ms. Stevens said, have a staff member who is trained to certify others in CPR. Ms. Franklin also suggested that having an on-site trainer is a good way to mitigate the effect of high staff turnover. Ms. Harper asked whether county public health departments offer CPR training. Ms. Stevens said that her team is researching that now to compile a list of resources.

Ms. Stevens also shared statistics that illustrate the success of the technical assistance initiative associated with the health and safety grants. The initiative targeted child care programs with a history of noncompliance. Of 142 programs that have had regulatory visits since receiving TA, 82% have had no core rule repeat violations, 82% have not received a support or deficient status, and 96% are currently in good standing with no high citations for any rule.

7. Lunch and Committee Meetings

Mr. Davis adjourned the meeting for lunch and committee meetings at 11:21 a.m.

8. Committee Reports

Mr. Davis called the meeting to order at 12:51 p.m. and asked for committee reports. Ms. Morrissey reported from the Budget and Finance Committee that DECAL has two months remaining in the current state fiscal year and that funds have been encumbered for the Quality Rated Workforce Bonuses and Commitment to Quality Payments. Ms. Morrissey shared that DECAL has spent \$1.123 million on operational costs and \$1.056 billion on grants and benefits, which equates to 90% of funding going toward programs and services and only 10% for operational costs.

Dr. Jones reported from the Program and Rules Committee that the Urban Institute's CAPS Family Experience Study will be published on May 22nd and that a CAPS conference will be held May 29th. She elaborated on CCS's choking prevention campaign designed to provide safety training and learning around choking as well as outreach efforts to spur provider engagement in safe eating. She also provided an update on the Pre-K Summer Transition Program, highlighted the number of participating counties increasing from 10 to 58, and shared that a transition coach will be available for each program to provide support for families and children transitioning into the program. Lastly, Dr. Jones discussed the CAFCP Meal Summit bringing together providers, the S Initiative for Local Procurement that supports local producers and child nutrition, and the Happy Helpings Start-Up Grant program offering up to \$10,000 to improve meal access for children living in underserved areas.

9. Public Hearing

At 1:00 p.m. Mr. Davis turned the meeting over to Legal Services Supervisor Gregory Brown who called the public hearing on proposed rule changes to order. He noted that several emails or letters about the proposed rule changes and other topics had been received and shared with the Board prior to the meeting. (See below.)

Mr. Brown asked Ms. Obi if anyone had signed up to make a public comment related to the proposed rule changes. She replied that two people were present to comment and called on Courtney May.

Hi. I'm Courtney May, and I am here on behalf of the Georgia Child Care Association. Thank you for the opportunity to do public comment and we've shared this previously with the leaders of DECAL. The Georgia Child Care Association represents a diverse cross section of the child care industry and brings a deep well of boots-on-the-ground experience. These comments are rooted in their experience, operational realities and a shared commitment to delivering quality care to Georgia's families.

First and foremost, we offer our heartfelt condolences to the families of the children who have suffered choking incidents while in care. As an association, we are grieved by these tragedies and stand united in our commitment to save high quality environments for all children. We support thoughtful, practical measures that protect children while preserving the operational stability of the programs that serve them.

I'm gonna just shorten this and comment on our CPR rule changes. We're supportive of all of the changes that are being recommended. We understand that many of the proposed rule revisions are updates to the federal mandates. DECAL has clarified that the proposed changes to CPR requirements are being introduced independently by the agency in direct response to the incidents.

Of all the proposed changes, the new CPR rule has caused the most concern among our members, including the following key provisions: requiring at least one staff member with current CPR or first aid certification in every classroom during all operating hours, reducing the window for new hires to obtain certification from 90 to 45 days, and elevating this role to core rule status, increasing its regulatory weight.

We respectfully urge the board to consider the real-world consequences of these changes on center operations and staffing. Our members have communicated the following major concerns. Staffing and scheduling disruptions: Meeting this requirement will cause increased classroom transitions or coverage issues, especially in programs with split shifts or extended hours. Access barriers: You noted this before. Many regions of the state, particularly rural areas, lack adequate access to CPR and first aid training for providers. Turnover and cost: staff turnover remains high in our industry. The cost of repeatedly training new hires only to have them leave soon after imposes a significant financial burden on programs. Increased risk of non-compliance: Elevating this requirement to core rule status when many programs may not yet be able to comply due to external limitations will likely result in increased citations, demoralization of providers and contribute to potential center closures.

We are asking for a balanced, phased approach. We recognize the intent of this rule change and share the goal of ensuring safer environments for children, and we strongly recommend a phased implementation in which the new CPR staffing and certification timelines are implemented immediately, allowing programs to begin adjusting practices, and the core rule designation is delayed by 12-18 months, giving the industry and DECAL time to collaboratively expand statewide training capacity and provide readiness. This balanced approach would create momentum for compliance without risking unintended disruptions or punitive consequences for providers attempting to meet the new expectations in good faith.

We also appreciated DECAL's provider survey conducted in January 2025 and actively encouraged our members to participate. We see an opportunity for future surveys to include neutral open-ended questions that allow for dissenting perspectives, release the full survey results publicly, including quantitative data and qualitative comments, and present data that reflects the benefits and real world challenges.

We thank DECAL for meeting with us in April to hear our early concerns and remain committed to continued partnership. We all share the goal of protecting children and supporting Georgia's workforce through safe, stable and high quality childcare.

We urge the Board to consider our recommendations for a phased approach and to seek ongoing provider input that is transparent, balanced and fully representative of the diversity and operational realities of Georgia's child care community. Thank you.

Ms. Obi called on Ellen Reynolds.

Good afternoon. My name is Ellen Reynolds, and I'm here today representing Child Development Schools, which is also known as Child Care Network, which has 80 high-quality schools across Georgia, currently serving 7,600 children.

We wanted to testify today in support of the rule changes. Obviously we support the first rule change, which is to comply with federal law, so you don't lose any of our CAPS subsidy money.

The second rule on first aid and CPR, we absolutely support the improvement in the qualifications of the early childhood staff. We only recommend, or we were going to recommend that DECAL make sure particularly that there is enough pediatric CPR hands-on training, but from listening to what they said today, we're very thrilled that they are working with CHOA to address this and to make sure there is adequate training because on average, about half of the actual CPR classes are focused on adults only. So, thank you to DECAL for being proactive and working on that piece.

In terms of operational policies, we support this rule change as well. We just ask DECAL to consider options for on site, technical assistance or coaching for program staff who are experiencing challenging behaviors with children. Because that continues to be an increasing concern for our teachers especially.

And then regarding staff training, we support these changes.

Thank you so much and we appreciate working with the department.

Following these two comments, Mr. Brown asked Ms. Obi if anyone had submitted comments about the proposed rule changes via the Teams chat function. Ms. Obi replied that no comments had been submitted virtually.

10. Public Comments

Mr. Brown asked whether anyone was present to make comments of a general nature, and she replied that no one had signed up. Mr. Brown asked whether any general comments had been received via the chat function, and Ms. Obi said that none had been received. Mr. Brown closed the public hearing and the public comment period.

11. Committee Reports (continued)

Mr. Davis called for the final committee report. Ms. Freeman reported from the Quality Innovations and Partnerships Committee about watching a documentary showing how the City of Thomasville Payroll Development Authority provides childcare during nontraditional hours through an Expanding Parents' Access to Nontraditional Delivery (EXPAND) grant. Ms. Freeman discussed the 15 Community Impact Grants DECAL recently awarded to support young children and families across Georgia and shared updates on the Thriving Child Care Business Academy's success engaging stakeholders. In closing, Ms. Freeman highlighted two ongoing DECAL research collaborations: the Georgia State University and Caril Vinson Institute of Government report analyzing the economic impact of Georgia's ECE industry in 2021, as well as a study the Urban Institute is conducting about the supply and demand of licensed childcare in Georgia.

12. Board Actions

Following the committee reports Mr. Davis asked whether there was any further discussion about the proposed rule changes. Hearing none, he called for a motion to approve the rule changes for Child Care Learning Centers proposed by DECAL. Ms. Morrissey made a motion, and Ms. Harper seconded. The Board approved the rule changes unanimously. Mr. Davis called for a motion to approve the rule changes for Family Child Care Learning Homes. Dr. Washington made a motion, and Dr. Beam seconded. The Board approved the rule changes unanimously.

13. Board Elections

Mr. Davis announced that his second term as Board Chair is ending and called for nominations to replace himself. Dr. Zisook nominated Dr. Beam and praised her for many years of service to children and to DECAL. She also thanked Mr. Davis for his service. Dr. Washington seconded the nomination, and the Board elected Dr. Beam unanimously. Mr. Davis called for nominations to replace Dr. Beam as Vice Chair. Ms. Harper nominated Ms. Morrissey, and Dr. Zisook seconded. The Board elected Ms. Morrissey unanimously. Mr. Davis called for nominations to replace Ms. Morrissey as secretary. Dr. Beam nominated Dr. Washell and Ms. Morrissey seconded. The Board elected Dr. Washell unanimously. Mr. Davis thanked the newly elected Board members for their willingness to serve, and Commissioner Jacobs thanked Mr. Davis and other Board members for their leadership.

14. Adjournment

Mr. Davis reminded Board members of the next meeting on August 28, 2025, the fourth Thursday in August, and adjourned at 1:24 p.m.

As noted above, a number of comments about the proposed rule changes and other topics were received in advance of this meeting. They follow here.

From: Sarah Overman <saraho@whiteoakacademy.com>

I hope this letter finds you well. I am the director of CCLC-47215, White Oak Learning Academy #3, and I am writing to express my concerns regarding the recent proposal to reduce the CPR certification requirement from 90 days to 45 days upon employment for staff working in early childhood education settings. While I understand the desire to streamline the certification process, I believe that such a change could inadvertently have negative consequences for both the quality of care and the overall safety of the children in our programs.

Additionally, I believe that implementing a policy preventing new staff members from being alone in the classroom until they have obtained their CPR certification may inadvertently create an additional challenge for childcare centers, particularly those already struggling with high staff turnover and low morale. While our primary objective is to maintain a safe and nurturing learning environment and to fully comply with all regulatory requirements, we also place significant emphasis on consistently identifying and retaining qualified early childhood educators. Introducing new policies that create an impact on the hiring process, and the onboarding experience may inadvertently contribute to increased staff turnover, as it presents further hurdles during the crucial early stages of employment. Investing time and resources into employees who may ultimately not be well-suited for a childcare environment represents a significant risk for our organization.

First and foremost, the 90-day requirement provides ample time for new employees to not only complete their CPR certification, but also to familiarize themselves with the policies, procedures, and specific safety protocols that are unique to our setting. With the complexity and importance of CPR training, a longer window ensures that staff have the necessary time to acquire this critical skill without feeling rushed or overwhelmed. Reducing the requirement to 45 days may put undue pressure on employees, potentially leading to incomplete or rushed training that could compromise the effectiveness of their certification.

The 90-day window allows for flexibility for both staff and employers. New hires, especially in the early childhood education sector, often face a steep learning curve as they adjust to new environments, policies, and responsibilities. Having a full 90 days ensures that employees can prioritize their CPR certification while still managing their other job responsibilities without compromising the quality of their work.

Moreover, many trainings and CPR courses have specific schedules and capacity limits that could make it difficult for employees to secure training within such a tight 45-day window, especially during peak times. The 90-day period gives more flexibility for employees to find and complete training at a time that works for both them and their employers, ensuring that staff are adequately prepared for any emergency situations.

Lastly, the extended 90-day period offers an important safety net in the event of unexpected delays, such as unforeseen circumstances that may hinder timely training, or logistical challenges in scheduling courses. This additional time acts as a safeguard to ensure compliance without compromising the quality and safety of the care we provide.

I strongly encourage you to reconsider this change to the CPR certification timeline, as maintaining the current 90-day requirement would better support both staff development and the safety of the children in our care. I am confident that this approach aligns with the overall mission of Bright from the Start to ensure high-quality, safe, and effective care for children across Georgia.

At the heart of our mission is a commitment to maintaining trust within our community. We understand that families place a great deal of confidence in our care, and a key part of upholding that trust is ensuring that our staff is properly trained in first aid and CPR.

As a childcare professional, I fully recognize the critical importance of having certified staff prepared to respond in emergency situations. However, I would like to share why the proposed rule may not be necessary for our center specifically.

Our center has implemented a strong internal policy and mentorship system designed to prevent untrained staff from being placed in situations where they are responsible for children without proper support. Over the past few years, we have developed and maintained a mentor program in which experienced, certified staff provide guidance and supervision to new hires. New staff are never left alone with children until both the mentor and center leadership mutually agree that they are fully prepared to manage a classroom independently.

Additionally, we conduct thorough training on emergency protocols and ensure that a certified staff member is always available to respond immediately if needed. This approach has allowed us to maintain a high standard of safety and preparedness.

We respectfully ask that our established procedures be taken into consideration as part of any regulatory decisions.

Thank you for your continued partnership and commitment to the safety of our children. Perhaps a more realistic rule to enforce would look like something like this - requiring new staff to go through a more adequate training process with trusted, experienced teachers before being left alone.

Thank you for your time and consideration. It is especially meaningful that our opinions and experiences are valued. We thoroughly appreciate the support that the state provides. I would be happy to discuss this matter further or provide additional input if needed.

*Sarah Overman
Director
White Oak Learning Academy
2982 Grizzle Road
Dawsonville, GA 30534
706.216.3842*

From: Trice Riddle <trice@learningbridgepaulding.com>

Good afternoon,

If the proposed rule change for the 10 Hours after the initial Health and Safety were to pass, would employees who already completed 10 Hours for the 2025 year have to add or redo their 10 hours to meet those requirements?

--

*Thanks,
Trice Riddle
Program Administrator
Learning Bridge ASP
(770) 693-8386*

From: Jennifer Kudlas <jenniferk@whiteoakacademy.com>

To Whom It May Concern,

I am writing to express concern over the recent changes to state CPR certification regulations, particularly the shortened certification timelines and expanded mandates. While we fully support the importance of CPR

training and the safety it promotes, the current regulatory direction is creating substantial and unsustainable challenges for businesses like ours.

Below are several key ways these changes are affecting our operations:

1. Increased Training Costs

The new 45-day certification mandate forces us to conduct CPR training sessions more frequently, often with fewer trainees per class. This leads to:

- Higher costs for training providers and internal administration.*
- Increased spending on employees who may not remain with the company beyond the 45-day threshold, limiting time to assess candidate suitability before investing in their certification.*

2. Operational Disruption

The compression of certification windows—from 90 days to 45 days—requires rapid onboarding and scheduling of training, which is particularly disruptive in high-turnover industries such as:

- Childcare*
- Healthcare*
- Initial hiring costs in general*

This accelerates hiring timelines in ways that are difficult to manage without compromising service quality.

3. Heightened Compliance Risk

The requirement to have a CPR-certified staff member in each room or work zone at all times significantly increases compliance complexity. We face:

- Legal and regulatory risk when new hires cannot be certified immediately.*
- Difficulty maintaining full coverage when experienced staff are unavailable.*
- Logistical challenges in scheduling timely CPR training for incoming employees.*

4. Increased Administrative Burden

Tracking CPR certification with increased deadlines across staff places additional strain on HR and safety departments. The regulatory changes increase the likelihood of non-compliance due to oversight.

5. Staff Frustration and Retention Issues

Strict rules preventing staff from working alone until they are certified can:

- Disrupt classroom and shift schedules.*
- Force current employees to adjust hours or extend shifts to supervise new hires.*
- Lead to burnout, low morale, and increased turnover, further compounding staffing shortages.*

Conclusion

We urge state and regulatory bodies to consider the real-world impact of these changes. While CPR training is essential, rigid timelines and inflexible requirements threaten the operational stability of businesses working hard to comply. A more balanced, scalable approach—such as tiered certification timelines or grace periods—would promote safety without sacrificing workforce viability.

Thank you,
Jennifer Kudlas
Executive Director
2982 Grizzle Rd.
Dawsonville, Ga 30534
706-216-3842
www.whiteoakacademy.com

From: Jennifer Cater <jennifer@ssdayschool.com>

Sent: Wednesday, April 30, 2025 5:28:58 PM (UTC+00:00) Monrovia, Reykjavik

To: CCSRuleRevisions <CCSRuleRevisions@dec.al.ga.gov>

Subject: Questions about CPR rules

We are in rural southwest GA and centers here will not work together to set classes, I have tried MANY times. We have 1 lady to do cpr/first aid and she drives almost 2 hrs to get to us. She needs a min number to come this far to do a class. What happens when we hire on one or two new employees and cannot get her here in 30 days? Does BFTS understand that shifts usually have one teacher open and another close and are in ratio so that am teacher is alone about an hour, as is the pm teacher. If one doesnt have training yet they can no longer be alone with the child? We cannot find a fire safety teacher period right now. I have explored every avenue and been denied. We are totally on board with having ALL staff cpr/first aid trained and have always complied but usually my lady needs several weeks notice. Any actual help with this would be appreciated. I know in the Atlanta area there are classes all over people can randomly attend, but here it is just not this way.

Jennifer Cater, Owner
Saint Simons Day School
<https://www.ssdayschool.com>
912-875-SSDS

From: Hannah-Joy DiNello <hannahjoy.dinello@gmail.com>

Good morning,

Thank you for giving the opportunity to give our input on the proposed rule changes. As caregivers, we have direct insight into how centers are run day-to-day and speak with parents on how things could be better. I think that the proposed changes are good and valid. However, I believe that an additional rule should be added that ALL daycare centers, including in-home, should be required to have cameras. There have been too many incidents in recent months where a child has been hurt, abused, or died, and nobody knows if it happened at the daycare or not. If there were cameras in every room and hallway, it would alleviate most of the questions, and centers could either be vindicated or rightfully charged. Without cameras, parents have to wonder if their child is safe to stay in a center where these incidents have occurred, and many look for care elsewhere, because of the uncertainty. This puts a financial strain on centers, if enough parents pull their kids, and causes anxiety for parents that may not be warranted. Cameras bring safety, security, and transparency. However, cameras should only be accessible by the Director/center, and not open for parents to view. Public cameras can be hacked, and since they will show changing tables and bathrooms, this would not be appropriate to let parents access.

I know cameras do present a large up-front cost; centers should be given a time period to complete installation, just like we are given a time period to pay fines. The safety that cameras bring far outweighs, and justifies, the cost. I hope this rule is implemented for the safety of these children, peace of mind for the parents, and security for the centers.

Thank you for your consideration.

From: Robin Middleton <rmidd1969@gmail.com>

Has a requirement mandating Childcare facilities have video camera monitoring been considered? It seems that such a resource would be beneficial. I understand that this could be a substantial expense; however, centers could be given six months to a year to meet the requirement, and maybe the state could work with local security camera providers to offer a discount, since there would be an influx of business. Thank you for your consideration.

Best regards,

Robin Middleton

From: JL 1 <jacobsladdereccl1@gmail.com>

As a Director of Operations overseeing three child care facilities in the Houston County area, and having worked in the Early Childhood Education field for roughly twenty years, I completely understand the importance of initial and ongoing training for staff and teachers. I am, however, concerned at the wording used in the proposed change regarding Annual Training where it states, "ten (10) clock hours of diverse training which is offered by an accredited college, university or vocational program or other Department-approved source." Unless an employee is enrolled in an accredited college, university, or vocational program, which would be a very select few; most employees will not be able to gain annual training hours this way. This only leaves the ambiguous "other Department-approved source" term. Will this "other Department-approved source" still include online training sources such as ProSolutions, CCEI, and the OLLIE and training courses through PDS? I am deeply afraid for the future of childcare centers, because facilities are still in a very serious staffing crisis and making training more difficult to achieve or more difficult to access will just put more stress on the management and owners; not exactly on the teachers and staff. The quality of employees we have been seeing through the ever revolving door of child care, do not care about getting the training completed, and never seem to put any of it to use in the classroom anyway. This is the just caliber of staffing we are weeding through on a daily basis. We are lucky we are getting the employees to do any training at all, and that is all thanks to approved online training courses. Getting employees to come to face-to-face CPR & First Aid training is a struggle alone, but getting employees to do any face-to-face training on their own time is next to impossible. We are not seeing any interest in Early Child Care as a career any more. We are paying 50% more in wages for employees that are 50% LESS effective and engaged, to care for children that have extreme social /emotional issues, behavioral issues, and diagnoses/undiagnosed conditions than we did pre-COVID. We need HELP and SUPPORT, not more rule changes and something needs to change quickly or Georgia is going to start seeing an even larger child care crisis in counties like Houston County.

May I suggest your next proposal to be for the content creators within the College and Universities in Georgia to update the course requirements for a Technical Certificate of Credit (TCC). Currently the three courses requirements for the ECCE Basics are:

ECCE 1101 Introduction to Early Childhood Care and Education

ECCE 1103 Child Growth and Development

ECCE 1105 Health, Safety, and Nutrition

Of these three courses, only the ECCE 1105 Health, Safety, and Nutrition course is beneficial for staff and teachers directly in the classroom. ECCE 1101 and ECCE 1103 may be great courses for diploma and degree level; however, these are not courses that will benefit an employee in the classroom. More beneficial courses would be some of the upper level classroom management course; such as ECCE 2203 Guidance and Classroom Management or even ECCE 2201 Exceptionalities or ECCE 2360 Classroom Strategies for Exceptional Children, since we are seeing so many behavioral issues, diagnosed and undiagnosed disorders in child care now more than ever. These new teachers need courses they can learn and immediately implement in the classroom. Courses such as ECCE 2115 Language and Literacy and ECCE 2116 Math and Science would be much more beneficial to new teachers in the classroom over ECCE 1101 and ECCE 1103. This change is something that would greatly benefit every facility, in every classroom, for every teacher.

*Erica Ellison
Jacob's Ladder ECC
108 Gunn Rd
Centerville, GA 31028
478-953-7896*

From: Park View Montessori School <contact@parkviewmontessorischool.com>

To Whom it May Concern,

We respectfully propose a revision to the current staff qualifications guidelines to acknowledge and include all Montessori diplomas and certifications as valid qualifications for Director, Teacher, and Caregiver roles.

Currently, a search for "Montessori" within the existing rules and regulations yields zero results. This absence is not only disheartening, but it also reflects a broader issue of the continued dismissal of the Montessori method as a legitimate and valuable educational approach, simply because it does not align with conventional "general education" standards.

Presently, GaPDS only recognizes Montessori programs accredited through MACTE. While MACTE is a well-established accreditor, the programs it oversees often require significant time commitments ranging from 10-90% online components and stretching up to five years before certification is achieved. This timeline would be as if a student was obtaining a Bachelor's degree. For many educators, especially those currently working in the classroom, this extensive timeline is simply not feasible.

We believe there is room for a more inclusive and flexible model. One that mirrors the existing GaPDS career levels for credentials like the CDA or TCC. Many online Montessori programs offer quality training and issue diplomas that are more attainable for educators balancing professional and personal responsibilities. Provided that institutions can submit supporting documentation such as transcripts, these programs should also be considered for recognition.

Furthermore, it is important to note that the term "Montessori" is not trademarked or copyrighted. Dr. Maria Montessori intentionally chose to keep it open, allowing educators across the globe to adopt and adapt her philosophy without legal restrictions. This openness has been essential to the method's global reach and success. It also means that no single organization has the authority to define what qualifies as "Montessori" training.

Recognizing non-MACTE Montessori diplomas would provide meaningful opportunities for our staff, many of whom have received rigorous Montessori training from alternative programs. By updating the rules to reflect

the diverse and evolving landscape of Montessori education, we can ensure that talented, passionate educators are not excluded from roles they are fully qualified to hold.

We ask for your support in creating a more equitable and inclusive path for Montessori educators in Georgia.

*Tatum O'Neal
Park View Montessori School
6689 Bells Ferry Road
Woodstock, GA 30189
770-926-0044*

From: Quan MsQ <ltownsell2@icloud.com>

I think children should not be allowed to stay in daycare over 8 hours a day. They are moody aggravated and at times get aggressive when left in daycare all day every day some be in daycare for 11 and a half hours a day!

Sent from my iPhone

From: WestMCP <westmcp@gmail.com>

In regards to the proposed changes to rules-

CPR 1st Aid. My consultant had stated DECAL prefers if we take these courses in person. However I am not seeing that lingo added to the rules so I think it's important that this is clarified.

Many professionals train online or virtually.

Literacy and language focus-

Experts, research and best practices all state children learn best through open , uninterrupted play. Play where adults step out of the picture. So, are you expecting us to add additional open play to our schedules? Because it sounds like you're thinking we should be doing more "Teaching" on literacy which is contradictory to what every expert says.

I sincerely hope that you are not expecting and encouraging providers to go against best practices.

Take Care

*Elizabeth
West Marietta Cooperative.
Voted best preschool 2020/2021 City of Marietta
Best of Cobb 2025, 24, 23, 22, 21*

From: Jessica Kidd <jessicak@whiteoakacademy.com>

Good morning,

I am writing to express my concerns about the proposed rule change to reduce the 90-day window for obtaining CPR certification for childcare staff to just 45 days. Shortening this timeframe will significantly increase staffing issues when hiring for an already present shortage and place further stress on an essential job. As we know, many providers already face challenges recruiting and retaining qualified staff. Reducing the time allowed for certification may result in delays in onboarding new employees, cause burnout of employees who are covering shifts to monitor those new teachers and further limit access to childcare for working families.

We as a company, and I as a Director strongly support the importance of CPR certification but ask that any changes take into account the realities of hiring and training in childcare. Maintaining the 90-day window provides a better balance between safety and operational feasibility.

Thank you for considering the voices of childcare providers who are dedicated to both the well-being of children and the sustainability of our workforce.

From: Donna Corley <donnac@whiteoakacademy.com>

To Whom It May Concern,

I am writing to share my concerns regarding the recent proposal on CPR certification regulations.

First, I wholeheartedly support the significance of CPR training and how detrimental it is. However, I believe that the 45-day timeline will pose challenges for centers, which I have outlined below:

- *The new mandate for 45-day certification will necessitate more frequent CPR training sessions.*

My objection to this change stems from the high turnover rate in childcare. Investing in CPR training for new employees who may not stay long can result in wasted funds that could be better allocated elsewhere. If the government can provide subsidies to cover the cost of CPR certification in the childcare setting might be an option to help balance this issue.

- *Additionally, requiring a certified teacher to be present in the classroom at all times will increase stress for current employees and management.*

To meet this new regulation, existing staff may need to adjust their hours and potentially work longer shifts. The challenge of maintaining adequate coverage when experienced staff are unavailable will further burden administration. This added pressure in an already demanding job could lead to burnout and decreased staff retention.

In conclusion, while I recognize that CPR training is crucial, reducing timelines and requirements can jeopardize the operational stability of businesses. I feel like more centers would benefit from an easier approach such decreasing the 10-hour training requirement to 45 days instead of 90 days. This would give the new hires important basic information that enhances safety without compromising workforce viability.

Thank you for your consideration of these concerns and suggestions. I am hopeful that together we can find a solution that benefits everyone involved.

Sincerely,

*Donna Corley
Assistant Director
White Oak Learning Academy
4760 Martin Road
Cumming, GA 30041
770-887-4466
www.whiteoakacademy.com*

Jessica Reid wrote:

May 1st, 2025

To Whom It May Concern,

I am writing to express concern regarding the proposed changes to CPR training requirements for childcare providers in the State of Georgia, and the resulting impact these changes have on daily operations and staffing at childcare centers.

As a licensed childcare provider, as well as a certified CPR/ first aid trainer, I wholeheartedly support strong health and safety standards, including the requirement for CPR and first aid certification. However, the revised policy that shortens the timeframe for new staff to obtain certification from 90 days to 45 days, and prohibits them from being left alone with children until certification is complete, presents significant operational and staffing challenges.

While we understand the intent behind the regulation, this change creates increased strain on both administrative and senior teaching staff, who must now absorb the supervision responsibilities of uncertified hires for a longer period. In an already tight labor market, the inability to fully integrate new employees into the classroom for up to 45 days affects scheduling, teacher-child ratios, and overall quality of care.

In light of these issues, we respectfully urge the Georgia Department of Early Care and Learning (DECAL) and relevant authorities to consider the following adjustments:

- Reinstate the 90-day certification window for new staff or offer a more flexible grace period*
- Allow provisional supervision or partial classroom involvement under certified staff oversight*
- Provide guidance or funding to help centers meet these new requirements without sacrificing staff well-being or care quality*

We remain committed to safety and preparedness, but ask for policies that acknowledge the operational realities faced by childcare providers across Georgia.

Thank you for your time and attention to this matter.

Sincerely,

*Jessica Reid
Assistant Director
White Oak Learning Academy
4760 Martin Rd.
Cumming, GA, 30041
jessicar@whiteoakacademy.com
(770) 887-4466*

Jana Fox wrote:

*The Learning Treehouse
Preschool & Day Care
250 Goshen Rd.
Rincon, GA 31326
(912)826-2893
jfox@thelearningtreehouse.net*

May 2, 2025

To Whom It May Concern:

This letter is to serve as public comment on the upcoming proposed rule changes for Bright From The Start regarding CPR and First Aid training.

Our organization fully supports all teachers being certified in CPR and First Aid. We have complied with the rule long before this was discussed as a proposed rule change. However, there are a few key points that we would like to bring to your attention when implementing this new rule.

The American Heart Association seems to be the main organization that specifies between infant/child CPR and Adult CPR. We have several employees that are currently compliant with those cards but would move to non-compliance when the rule changes. Therefore, please consider a time period that we can get these already compliant employees moved over to compliance. Of course, our center pays for all training classes and this will be a huge financial burden for us to take on so suddenly. While we fully support compliance, please consider offering a TA for any inspections within a 6-month to one-year window that would allow us to get these employees up to date with the current wording of the cards that they need.

In addition, we currently use an amazing Georgia-based company for all of our CPR and First Aid training. They offer a blended class that allows for a virtual portion of the class and then includes an in-person skills check. This company allows us to be able to afford training for all of our staff as well as get them trained very quickly. We are based in a rural area, and training is scarce for anyone to come to us. Labor laws in Georgia also specify that any mandatory time spent training should be compensated. As you know, we are within a staffing crisis, and the turnover that we experience at times with child care workers is at an all-time high. The expense of training someone and paying them for time spent with a full in-person training class would be a huge financial change for us as a center. However, having the ability to stay with this company that keeps things compliant, safe, and affordable is incredibly important. Often, in-person trainers take financial advantage of the quick need that centers have to be compliant with training. Please consider ensuring that these options remain open to centers and that grace is given for rural areas that may be awaiting an in-person skills check to be within our area (while the majority of the class is already taken and tests have been passed). I would be happy to clarify further on this if needed. To give you an idea, this company costs \$25.00 per person, while anyone coming on-site charges close to \$55.00 per person and we must pay the staff for the three hours they are sitting in the classroom. Not to mention the time that it takes to get those teachers out of their scheduled classroom or ask them to come after hours. In addition, most trainers require a minimum number of people to come out to teach. When you are located in a more rural area, it can mean traveling 45 minutes - 2 hours for a group class offered within the time limits. This is all to ensure that you have an idea of how important these programs that offer lower prices with quality safety content and work with us to ensure that we can get staff trained quickly, truly are.

I hope these points are able to bring some insight to the "back-end" of how remaining compliant with training works on the provider side. We would appreciate any department efforts to ensure that we have time to comply and some grace while we work to get people who were already compliant moved to compliance.

Thank you for your consideration and your partnership to keep young children in Georgia safe.

Sincerely,

Jana Fox

Owner / Director of Operations

Ideisha Bellamy wrote:

Georgia Child Care Association

860 Johnson Ferry Road, Ste 140-300

Atlanta, GA 30342

404-254-3969

Georgia Child Care Association – Public Comment on Proposed Rule Changes

Submitted to: Georgia Department of Early Care and Learning (DECAL) and its Board of Directors

Date: May 5, 2025

On behalf of the Georgia Child Care Association (GCCA), our Board of Directors, and our membership—which include both independently owned child care programs and large national providers serving more than 35,000 of Georgia's children—we submit the following formal comments in response to the proposed rule changes presented to the Board by DECAL.

GCCA represent a diverse cross-section of the child care industry and bring a deep well of “boots-on-the-ground” experience. These comments are rooted in their expertise, operational realities, and a shared commitment to delivering quality care to Georgia's families.

A Shared Commitment to Child Safety

First and foremost, we offer our heartfelt condolences to the families of children who have suffered choking incidents while in care. As an Association, we are grieved by these tragedies and stand united in our commitment to safe, high-quality environments for all children. The loss of even one child is too many, and we support thoughtful, practical measures that protect children while preserving the operational stability of the programs that serve them.

Support for Literacy and Infant Safety Enhancements

We are pleased to support the incorporation of new literacy standards, as required by Georgia's HB 538 (Literacy Act), and the clarified expectations surrounding sudden infant death and shaken baby syndrome. These measures provide essential clarity and will help reinforce best practices in centers across the state.

Concerns Regarding CPR Rule Changes

We understand that many of the proposed rule revisions—including those related to program policies and staff training—are being made in response to external mandates from the federal Child Care and Development Fund (CCDF) audit or recent state legislation. However, DECAL has clarified that the proposed changes to CPR requirements are being introduced independently by the agency in direct response to choking incidents

Of all the proposed changes, the new CPR rule has surfaced the most concern among our members, including the following key provisions:

**Requiring at least one staff member with current CPR/first aid certification in every classroom during all operating hours;*

**Reducing the window for new hires to obtain certification from 90 days to 45 days; and,*

**Elevating this rule to “core rule” status increases its regulatory weight.*

Real-World Impacts on Providers

We respectfully urge the Board to consider the real-world consequences of these changes on center operations and staffing. Our members have communicated the following major concerns:

**Staffing and Scheduling Disruptions: Meeting these requirements will cause increased classroom transitions or coverage issues, especially in programs with split shifts or extended hours.*

**Access Barriers: Many regions of the state, particularly rural areas, lack adequate access to CPR/first aid training providers.*

**Turnover and Cost: Staff turnover remains high in our industry. The cost of repeatedly training new hires, only to have them leave soon after, imposes a significant financial burden on programs.*

**Increased Risk of Noncompliance: Elevating this requirement to core rule status, when many programs may not yet be able to comply due to external limitations, will likely result in increased citations, demoralization of providers, and contribute to potential center closures.*

A More Balanced, Phased Approach

We recognize the intent of this rule change and share the goal of ensuring a safer environment for children. However, we strongly recommend a phased implementation, in which:

**The new CPR staffing and certification timelines are implemented immediately, allowing programs to begin adjusting practices; and*

**The “core rule” designation is delayed by 12 to 18 months, giving the industry and DECAL time to collaboratively expand statewide training capacity and provider readiness.*

This balanced approach would create momentum for compliance without risking unintended disruptions or punitive consequences for providers attempting to meet the new expectations in good faith.

Transparency and Balance in Survey Data

We appreciated DECAL’s provider survey conducted in January 2025 and actively encouraged our members to participate. However, we urge caution in how these surveys are designed and interpreted. If survey questions are overly leading or skew toward eliciting favorable responses, they risk producing incomplete or misleading data.

We recommend that future surveys:

**Include neutral, open-ended questions that allow for dissenting perspectives;*

**Release full survey results publicly, including quantitative data and qualitative comments; and,*

**Present a balanced overview to the DECAL Board that reflects benefits and real-world challenges.*

Our concern is not with the idea that some centers may be able to “make it work,” but instead with the lack of attention to what it costs to do so, and how feasible it will be for others without additional support.

Final Thoughts

We thank DECAL staff for meeting with us in April to hear early concerns, and we remain committed to continued partnership. We all share the goal of protecting children and supporting Georgia’s workforce through safe, stable, and high-quality child care.

We urge the Board to consider our recommendations for a phased approach and to seek ongoing provider input that is transparent, balanced, and fully representative of the diversity and operational realities of Georgia’s child care community.

Respectfully,

Ideisha Bellamy

Chief Executive Officer

Georgia Child Care Association



8/28/2025

Board Chair, Signature

Date



8/28/25

Board Secretary, Signature

Date