

OMB Control No: 0970-0114

REVISED- v. 10.24.18

Expiration date: 11/30/2018

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing the form.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



Child Care and Development Fund (CCDF) Plan

for

State/Territory Georgia

FFY 2019–2021

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/1/2018 to 9/30/2021, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

Table of Contents

Introduction and How to Approach Plan Development	1
1 Define CCDF Leadership and Coordination with Relevant Systems.....	3
1.1 CCDF Leadership	3
1.2 CCDF Policy Decision Authority	4
1.3 Consultation in the Development of the CCDF Plan.....	7
1.4 Coordination with Partners to Expand Accessibility and Continuity of Care	9
1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds	15
1.6 Public-Private Partnerships	17
1.7 Coordination with Local or Regional Child Care Resource and Referral Systems	19
1.8 Disaster Preparedness and Response Plan.....	20
2 Promote Family Engagement through Outreach and Consumer Education.....	22
2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities	23
2.2 Parental Complaint Process.....	24
2.3 Consumer Education Website	25
2.4 Additional Consumer and Provider Education	34
2.5 Procedures for Providing Information on Developmental Screenings.....	39
2.6 Consumer Statement for Parents Receiving CCDF Funds	43
3 Provide Stable Child Care Financial Assistance to Families.....	44
3.1 Eligible Children and Families.....	45
3.2 Increasing Access for Vulnerable Children and Families	58
3.3 Protection for Working Families.....	62
3.4 Family Contribution to Payments.....	68
4 Ensure Equal Access to Child Care for Low-Income Children	71
4.1 Parental Choice in Relation to Certificates, Grants, or Contracts	71
4.2 Assessing Market Rates and Child Care Costs	75
4.3 Setting Payment Rates.....	79
4.4 Summary of Facts Used to Determine That Payment Rates Are Sufficient to Ensure Equal Access	81
4.5 Payment Practices and the Timeliness of Payments	89
4.6 Supply-Building Strategies to Meet the Needs of Certain Populations.....	91
5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings	96
5.1 Licensing Requirements.....	96
5.2 Health and Safety Standards and Requirements for CCDF Providers	100
5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers	148
5.4 Criminal Background Checks	154
6 Recruit and Retain a Qualified and Effective Child Care Workforce	172
6.1 Professional Development Framework	172
6.2 Training and Professional Development Requirements.....	175
6.3 Early Learning and Developmental Guidelines.....	180

7	Support Continuous Quality Improvement.....	183
7.1	Quality Activities Needs Assessment for Child Care Services.....	184
7.2	Use of Quality Funds.....	185
7.3	Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds	187
7.4	Quality Rating and Improvement System (QRIS).....	191
7.5	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers	195
7.6	Child Care Resource and Referral	198
7.7	Facilitating Compliance with State Standards	198
7.8	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services	199
7.9	Accreditation Support	201
7.10	Program Standards	202
7.11	Early Learning and Development Guidelines and Other Quality Improvement Activities	202
8	Ensure Grantee Program Integrity and Accountability	203
8.1	Internal Controls and Accountability Measures to Help Ensure Program Integrity	204
	Appendix A: Background Check Waiver Request Form	219

Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children. On November 19, 2014, the Child Care and Development Block Grant (CCDBG) Act of 2014 was signed into law (Pub. L. 113-186). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for state and territory grantees. In September 2016, the Final Rule was released. The Final Rule makes regulatory changes to the CCDF program based on the CCDBG Act of 2014. These changes strengthen requirements to protect the health and safety of children in child care; help parents make informed consumer choices and access information to support child development; provide equal access to stable, child care for low-income children; and enhance the quality of child care and the early childhood workforce.

The Plan is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule. The Preprint provides a tool for states and territories to describe to ACF their progress on the following sections:

1. Define CCDF Leadership and Coordination With Relevant Systems
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Families
5. Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements and deadlines.

Instructions:

CCDF Plan Response Options for Areas Where Implementation Is Still in Progress

As indicated in the Preamble to the CCDF Final Rule (81 FR, p. 67443–4), States must demonstrate compliance with all requirements of the Final Rule no later than October 1, 2018 (the effective date of the FY 2019-2021 CCDF Plan). The only exception is background check requirements, for which States may request time-limited waiver extensions. As such, this

Preprint was developed with the expectation that all requirements, with the exception of background check requirements, would be fully implemented no later than October 1, 2018.

Note that for any changes to the CCDF program effective prior to September 30, 2018, Lead Agencies will be required to submit Plan amendments to the FY 2016-2018 CCDF Plans.

ACF recognizes that Lead Agencies may still be working on implementing some requirements of the Final Rule in order to meet this deadline and may have pending actions (such as legislation or administrative rules) to be implemented at the time of Plan submission. To facilitate responses in these areas, Lead Agencies should use associated “Describe” boxes to provide up-to-date information on the status for these requirements at the time of Plan submission. In the description of the CCDF requirements, ACF requests that the Lead Agency specify what components are implemented (if any) and identify what components are still pending. For pending components, Lead Agencies should list any major pending actions (passage of legislation, approval of administrative rules, etc.) needed to complete implementation and expected completion date. Lead Agencies may update these descriptions prior to Plan approval by the end of September, as appropriate, or submit a Plan Amendment pursuant to the requirements at 98.18(b) after the Plan becomes effective on October 1, 2018.

Please note that all requirements not fully implemented by the Final Rule deadline are subject to compliance actions, such as corrective action plans and/or penalties in accordance with CCDF regulations.

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations and policies for license-exempt providers may be in subsidy rules).

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

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. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. **Lead Agencies explain their** coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

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)). **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)).

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 East Tower

City: Atlanta

State: Georgia

ZIP Code: 30334

Web Address for Lead Agency: www.dec.state.ga.us

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@dec.state.ga.us

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: 404-463-4094

Email Address: Ira.Sudman@dec.al.ga.gov

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: same as Lead Agency

City:

State:

ZIP Code:

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

CCDF Co-Administrator First Name: Click or tap here to enter text.

CCDF Co-Administrator Last Name: Click or tap here to enter text.

Title of the CCDF Co-Administrator: Click or tap here to enter text.

Description of the role of the Co-Administrator: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Address of the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: Click or tap here to enter text.

City:

State:

ZIP Code:

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 it retains overall responsibility for the administration of the program (658D(b)). 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.

- ☒ All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- ☐ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
1. Eligibility rules and policies (e.g., income limits) are set by the:
 - ☐ State or territory
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. _____
 - ☐ Other. Describe: _____
 2. Sliding-fee scale is set by the:
 - ☐ State or territory
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. _____
 - ☐ Other. Describe: _____
 3. Payment rates are set by the:
 - ☐ State or territory
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set. _____
 - ☐ Other. Describe: _____
 4. Other. List and describe other program rules and policies (e.g., quality rating and improvement systems [QRIS], payment practices): _____

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply.

a) Who conducts eligibility determinations?

- ☒ CCDF Lead Agency
- ☐ Temporary Assistance for Needy Families (TANF) agency
- ☐ Other state or territory agency
- ☐ Local government agencies, such as county welfare or social services departments
- ☐ Child care resource and referral agencies
- ☐ Community-based organizations
- ☒ Other. Providers, including but not limited to, Early Head Start Child Care Partnership providers and Quality Rated Subsidy Grant providers, that are offered a grant for a certain number of slots determine eligibility.

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

- ☒ CCDF Lead Agency
- ☐ TANF agency
- ☐ Other state or territory agency
- ☐ Local government agencies, such as county welfare or social services departments
- ☒ Child care resource and referral agencies
- ☒ Community-based organizations
- ☐ Other. Click or tap here to enter text.

c) Who issues payments?

- ☒ CCDF Lead Agency
- ☐ TANF agency.
- ☐ Other state or territory agency.
- ☐ Local government agencies, such as county welfare or social services departments.
- ☐ Child care resource and referral agencies.
- ☐ Community-based organizations.
- ☐ Other.

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)). Generally, the Lead Agency executes and maintains a written agreement with all CCDF subrecipients that is used to measure performance and compliance. A detailed description of the process used by the lead agency is outlined in sections 8.1.2 and 8.1.3. To monitor the onsite eligibility process for the Quality Rated Subsidy Grants and Early Head Start Child Care Partnership Grants, technical assistance (TA) visits from subsidy analysts are scheduled quarterly with participating programs. During visits, 50% of all enrolled children's files are reviewed to ensure that applications are complete, all supporting documents are present, income submitted is credible and current (within the last 30 days of application), and eligibility has been rightfully determined. Children actively enrolled in grant-funded slots are tracked through monthly rosters submitted by the provider. Attendance is

collected during monitoring visits and then cross-referenced with billing for accuracy. The provider receives verbal communication and a written summary of TA Visits.

- 1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, 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 on request to other public agencies, including 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 available to public agencies in other states to the extent practicable and appropriate. The Lead Agency has shared both software code and design documents freely with other states for their child care licensing, Quality Rated, and Professional Development data systems. The Lead Agency has performed numerous webinars and live demonstrations for other states. However, the Lead Agency has found that sharing software code is not feasible because of the integration with other Lead Agency systems that render the code inoperable. Demonstrations, webinars, and sharing design and requirements documents have shown 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 those 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)(1)(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 in the development of the CCDF Plan.

- 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 a participating member 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 the Children's Cabinet, Georgia Child Care Association, Georgia Early Education Alliance for Ready Students, Voices for Georgia's Children and other key stakeholder agencies.

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. May 19, 2018 Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, 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). April 27, 2018 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 Lead Agency placed notice on its website and social media platforms and sent an e-mail blast to all providers and stakeholders. The dates were also published using local media. Link to website: <http://dec.al.ga.gov/BftS/CCDFPlan.aspx>.
- d) Hearing site or method, including how geographic regions of the state or territory were addressed. Locations were selected to optimize attendance and participation throughout the state. The Lead Agency selected Atlanta, as the largest city in the state, to serve the

large northern part of the state, Savannah to serve the eastern portion of the state, and Albany to serve the mid to southern part of the state.

- 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 and 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 at <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://dec.al.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: The Lead Agency contracted with Georgia Association of Child Care Resource and Referral Agencies (GACCRRRA), the state network entity for child care resource and referral (CCR&R) agencies, to promote and conduct statewide public hearings.
- ☒ 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., provider groups, parent groups). Describe: An e-mail blast was sent to all providers and applicable stakeholder groups with information about the public hearings and with links to the State Plan.
- ☐ Other. Describe: _____

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.

- ☒ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process: **The Lead Agency supports local communities in improving early childhood education through a network of staffed Early Education Empowerment Zones. The leadership team for each Zone includes representatives from county and city government. The Zone leadership teams coordinate resources and establish goals for community-based services and communicate frequently with the Lead Agency.**
- ☒ (REQUIRED) 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 and process: **The Commissioner of the Lead Agency is a participating member 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.**
 - ☒ **Check here** if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.
- ☐ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:
- ☒ N/A—**There are no Indian tribes and/or tribal organizations in the State.**

- ☒ (REQUIRED) 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 and process: Georgia's Part C program is housed within 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 within their child care setting. The Lead Agency is represented on the State Interagency Coordinating Council for Part C of IDEA. A representative of Part C is also a member of the Georgia Children's Cabinet, along with the Commissioner of the Lead Agency. The Lead Agency coordinates services and supports with the Section 619 Coordinator at the Georgia Department of Education. The Lead Agency also coordinates with both programs as a part of the state's Cross Agency Child Data System (CACDS). These collaborative relationships facilitate and expand the transition of children between programs as well as link children with comprehensive services.
- ☒ (REQUIRED) State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: The Lead Agency houses the Head Start Collaboration Office. The Subsidy Director and the Head Start Collaboration Director work closely within the Agency to align and coordinate services.
- ☒ (REQUIRED) State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: The Lead Agency collaborates with the Georgia 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 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.
- ☒ (REQUIRED) State/territory agency responsible for employment services/workforce development. Describe the coordination goals and process: 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 that the SWDB and the Georgia Department of Labor contribute to.
- ☒ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK). Describe the coordination goals and process: 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. Additionally, both agencies serve on the Alliance of Education Agency Heads, Georgia's P-20 Council. The Council is composed of the heads of the state's seven education agencies. Through the Alliance, the heads of Georgia's education agencies work collaboratively to ensure a more seamless educational experience for Georgia's students from birth through K-12 to higher education and the workforce. Regular updates and discussions in the Alliance's monthly meetings have contributed to building an informed and trusting atmosphere that facilitates ready collaboration across agencies. The Lead Agency administers the state-funded prekindergarten program, Georgia's Pre-K Program.

- ☒ (REQUIRED) State/territory agency responsible for child care licensing. Describe the coordination goals and process: The Lead Agency is responsible for administering child care licensing in the state. The licensing division and the subsidy division work together closely to coordinate and align services.
- ☒ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: 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.
- ☒ (REQUIRED) 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 and process: 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. Finally, the Lead Agency administers a grant subsidy model for providers serving children who are homeless.
- ☒ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program. Describe the coordination goals and process: 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.
- ☒ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process: 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.

- ☒ (REQUIRED) State/territory agency responsible for mental health. Describe the coordination goals and process: The Lead Agency collaborates with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the state agency responsible for mental health. A DBHDD representative serves on the Georgia Pyramid State Leadership Team.
- ☒ (REQUIRED) 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 and process: 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.
- ☒ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: 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. Stand-alone, school-age programs are also able and encouraged to participate in the state's Quality Rating and Improvement System (QRIS), Quality Rated.
- ☒ (REQUIRED) Agency responsible for emergency management and response. Describe the coordination goals and process: The Lead Agency seeks input from Georgia Emergency Management Agency (GEMA) and distributes information to child care providers throughout the state based upon GEMA's guidance.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

- ☒ State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: The Lead Agency is one of seven early Head Start grantee partnerships in Georgia. As part of the Lead Agency's own 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.
- ☒ State/territory institutions for higher education, including community colleges. Describe: The Commissioner of the Lead Agency meets monthly with the Alliance of

Education Agency Heads, which includes the Commissioner of the Technical College System of Georgia and the Chancellor of the Board of Regents of the University System of Georgia. The Lead Agency also collaborates with both entities on initiatives impacting professional development for early learning professionals and post-secondary supports for parents and adult caregivers of young children.

- ☐ Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- ☒ State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe: The Commissioner of the Lead Agency is a member of the Georgia Children's Cabinet, which serves as the state advisory council, and provides updates to the council as applicable.
- ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. 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 Community Health sits on the Georgia Children's Cabinet along with agency heads of all Georgia's child-serving agencies.
- ☒ State/territory agency responsible for child welfare. Describe: The Executive Director of the Division of Family and Children Services (DFCS), 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 Lead Agency collaborates with DFCS to ensure that foster children receive top priority.
- ☒ State/territory liaison for military child care programs. Describe: Military child care and afterschool programs participate and can be rated in the State's QRIS, Quality Rated. The Lead Agency provides technical assistance to military child care programs through the CCR&Rs. The Lead Agency provides data to the military liaisons as needed. Military families can search for child care on the State's consumer website: www.qualityrated.org.
- ☒ 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.
- ☒ 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 different 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.

☐ Other. Describe: _____

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

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 programs identified in 1.4.1 (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) 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 _____

- 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)? Check all that apply.

Note: The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

Use of pre-K for Maintenance of Effort: The CCDF Final Rule clarifies that public pre-K funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate pre-K 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 pre-K 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)).

- ☐ N/A—The territory is not required to meet CCDF matching and MOE requirements
- ☒ 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.
 - If checked, identify the source of funds: State funds will be used for the match.
 - If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ The state of Georgia will allocate the correct amount of funds needed for the CCDF match each year.
- ☐ 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)).
 - If checked, are those funds:
 - ☐ donated directly to the State?
 - ☐ donated to a separate entity(ies) designated to receive private donated funds?
 - If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
 - If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$

- ☐ State expenditures for pre-K 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 preK expenditures (not to exceed 30 percent):
- 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:
 - If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$
 - Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:
- ☐ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
 - The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).
 - ☐ No
 - ☐ Yes
 - Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:
 - Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):
 - If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:
 - If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$

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 the entities with which and the levels at which the state/territory is partnering (level—state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)). Partnership at the state, community, and local levels is a critical part of the delivery of service in Georgia’s early childhood education system. Georgia’s voluntary tiered**

QRIS, Quality Rated, relies on both support and funding from private and philanthropic sources to increase the supply and quality of child care services in the state. For example, upon achieving a star rating in Quality Rated, child care providers receive an incentive of classroom supplies and cash bonuses for teachers and administrative staff, all of which are funded from the philanthropic and business communities. This fundraising is the result of a public-private partnership between the Lead Agency, Georgia Family Connection Partnership (a non-profit with representatives in every county in the state) and the Georgia Early Education Alliance for Ready Students (a statewide non-profit focused on advocacy for early childhood education). These partners are also using private dollars and corporate, in-kind donations to support an awareness campaign about the importance of high-quality early learning that targets parents and caregivers. The goal of this public-private fundraising campaign is to increase provider participation in Quality Rated, as well as parent and family awareness of the rating system. Quality Rated also has an advisory committee made up of representatives from private child care, faith-based child care, family child care homes, Head Start, technical college and university lab schools, the Georgia Child Care Association, and the State legislature. The goal of this partnership is to provide frontline experience and expertise to inform ongoing improvements and revisions to the Quality Rated standards. The Committee has provided feedback that has informed the Lead Agency's approach to technical assistance, including the formation of a Peer Support Network to further support provider-to-provider communication and support.

The Lead Agency also administers Georgia's Pre-K Program, which operates through public/private partnerships at the local and 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 non-profit and for-profit child care learning centers, public and private 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&R agencies. 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 partners with a variety of community organizations such as Family Connection Partnership, United Ways, and other child- and family-serving nonprofits to support community capacity in improving outcomes for young children. These partnerships are an outgrowth of work begun with the State's Race to the Top Early Learning Challenge (RTT-ELC) grant. Deliverables of these partnerships have included additional federal and State grant funds invested in birth-eight early language and literacy, increased business community awareness of the importance of early care and learning, and more developed community networks for sharing information and resources across the early childhood system.

Finally, there is a formal link between the state agencies that serve children and families and many of their partners. This is manifested in two groups: the Alliance of Education Agency Heads (AEAH) and the Georgia Children's Cabinet (Cabinet). AEAH unites the heads of all education departments in the state. The Lead Agency is an equal member of the AEAH, ensuring that early learning is on par with the K-12 system, the technical college system, and the university system. The Lead Agency is also a member of the Cabinet. The 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. Examples of the activities that have resulted from these state-level partnerships include awareness campaigns about shared issues of importance such as Safe Sleep, as well as enhanced coordination around data sharing, as manifested in Georgia's Cross Agency Child Data System (CACDS), which includes data from all the state's early childhood-serving programs.

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 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, what services are provided and how it is structured and use section 7.6.1 to address 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 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). If yes, describe the following:

a) What services are provided through the CCR&R organization? One part of Georgia's CCR&R system is a statewide child care referral service, operated as <http://qualityrated.org/>. This service is a resource for parents that assists them with finding quality child care. In addition to supporting an online child care search platform, the statewide referral system also operates a toll-free number where parents can speak to a child care search specialist, 1-877-ALL-GAKIDS. The CCR&R agencies also attend and host events to engage families in person.

The second part of Georgia's CCR&R system is a network of six regional CCR&R entities that support child care providers through training, technical assistance, and other services. Technical assistance in achieving an initial rating in the state's QRIS, Quality Rated, and in improving rating levels is provided free of charge to child care learning centers, family day care homes, and school-age care programs. This service includes site visits to assess the program's readiness to participate, assistance to help each program develop an improvement plan, on-site technical assistance, and coaching to help program staff develop skills to achieve and sustain program improvement goals.

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated? Georgia enters into written grant agreements with six regional CCR&R entities to perform technical assistance and quality improvement activities with child care providers across the state. The Lead Agency also contracts with one statewide CCR&R entity to operate a child care referral system for consumers, parents, and stakeholders. The Lead Agency brings together CCR&R entities on a quarterly basis for shared professional development and training to ensure statewide fidelity. The Lead Agency has three, full-time employees who provide regional, ongoing training and statewide coordination for the six CCR&R entities.

1.8 Disaster Preparedness and Response Plan

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 that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(1)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care

resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body: The Lead Agency has a disaster plan in place. An updated, formalized statewide child care disaster plan is in the process of being revised in collaboration with the Georgia Department of Public Health and other statewide emergency responders and recovery agencies. A planning workshop was conducted with key stakeholders on April 24, 2018 at the Lead Agency/DECAL office. Group members continued to participate in a peer learning group with representatives from Florida, Puerto Rico, Hawaii, Connecticut, and Wisconsin, to critically examine disaster planning. Representatives from the Lead Agency, a Representative from the GA Department of Human Services Office of Emergency Preparedness and Response, and Child Care Aware of America, along with input from Georgia Emergency Management Agency, continue to work together. They developed and presented a workshop for health care responders at the National Health Care Preparedness Coalition Conference, November 27-28, 2018, New Orleans, LA, on the topic of child care being available for emergency responders and other critical workers in the event of a disaster.

- 1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster: Continuity of child care subsidies will follow the family so that the funds are made available to the program the family selects for their child(ren) to attend. A formal Statewide Disaster Plan is being enhanced collaboratively between Child Care Services division and the Childcare and Parent Services division that administers the child care subsidies. The Lead Agency's State Provider Management Agent, Maximus, administers a provider billing website that is utilized by 95% of child care subsidy providers. The provider billing website allows providers to bill and for Maximus to issue payments remotely. As long as banking systems are operational, payments are able to be disbursed. In addition, Maximus has an internal business continuity and contingency plan to ensure that core deliverable processes are conducted in the event of inclement weather, office closure, building access restrictions, and local system outages. Maximus' servers are housed in Virginia.
- 1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services: The Lead Agency works with local child care resource & referral agencies to coordinate information in the event of any natural disasters. Field-based staff from the Lead Agency play an integral role in determining the impact of a disaster on the community and programs they served. These staff members keep the Lead Agency abreast of the situations occurring in their communities and attempt contact with the child care providers to determine their operational statuses. Communication to providers is sent by email and through social media to contact the agency if their programs are impacted by a disaster. Field staff visit the programs as soon as safety permits to check on the programs' operations. The Lead Agency's main webpage will provide instructions for programs impacted to contact the agency. The Lead Agency maintains a database of impacted child care providers and coordinates with local child care resource and referral agencies and local Head Start programs to determine if there are unharmed locations with capacity to serve impacted programs that sustained damage to their facilities. In the event that the building structure is sound and child care must remain available to families, certain identified licensing regulations that do not directly affect health and safety may be relaxed during the emergency time period. If child care providers must relocate to unlicensed sites to continue to provide services, the child care consultant will visit the temporary location to perform a health and safety checklist to ensure the new location is appropriate for the care of

children. The provider must submit zoning, building, and fire marshal approvals as soon as achievable, depending on the availability of local jurisdictions to provide these documents. The site will be issued a temporary license for a period of 180 days and may be renewed once before requiring the program to submit for formal licensure of the operating location.

An updated, formalized plan for post-disaster recovery of child care services is being enhanced to include community partners. A planning meeting was held on April 24, 2018 with DECAL (Lead Agency), the Georgia Department of Public Health, statewide emergency responders and recovery agencies, and Child Care Aware of America. Relationships with these partners continued during a peer learning group with other states and Puerto Rico and during ongoing work together. A second formal planning meeting is being scheduled to take place during late 2018/early 2019 to bring all statewide partners together. Additional collaboration will take place as the plan is enhanced.

- 1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place—evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions: As a requirement of Child Care Services that licenses child care programs and the Childcare Parent and Services division that administers the child care subsidies, every licensed program and each license-exempt program receiving CAPS subsidies is required to have an emergency response plan in place. The plan includes each of these items listed. The programs are monitored annually for these requirements.
- 1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers—emergency preparedness training and practice drills as required in 98.41(a)(1)(vii): All licensed programs and all license-exempt programs that receive child care subsidies are required by rule and policy to ensure that child care staff and volunteers go through Health and Safety Orientation training. The emergency preparedness training is a component of the Health and Safety Orientation training. These programs are also required to practice monthly fire drills, semi-annual tornado drills, and other emergency drills on a periodic basis. The programs receive visits annually to monitor that these requirements are maintained.
- 1.8.6 Provide the link to the website where the statewide child care disaster plan is available: An updated, collaborative disaster plan is undergoing revisions. The Lead Agency will post the plan on their website by February 1, 2019.

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. In this

section, Lead Agencies will address how information is made available to families 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.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, which is made available to parents, providers, and the general public and the ways that it is made available. 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.

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 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.

- ☒ Application in other languages (application document, brochures, provider notices)
- ☒ Informational materials in non-English languages
- ☒ Website in non-English languages
- ☒ Lead Agency accepts applications at local community-based locations
- ☒ Bilingual caseworkers or translators available
- ☒ Bilingual outreach workers
- ☒ Partnerships with community-based organizations
- ☒ Other. Describe: The Lead Agency has a Rising Pre-K Summer Transition Program, funded in part by CCDF, which targets three-year-old children 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.

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.

- ☐ Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- ☐ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)

- ☒ Caseworkers with specialized training/experience in working with individuals with disabilities
- ☒ Ensuring accessibility of environments and activities for all children
- ☒ Partnerships with state and local programs and associations focused on disability-related topics and issues
- ☒ 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
- ☒ Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- ☐ Other. Describe: [Click or tap here to enter text.](#)

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; 98.32).

- 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 can submit complaints about child care providers via telephone, mail, email or in person.
- 2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring: 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.

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

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 2.2.3 applies to all complaints.

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

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, 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.

2.2.5 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:

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.

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

The Lead Agency's Rules and Regulations are derived from the Georgia Code O.C.G.A. Sec. 20-1A-1 et seq. The code requires that alleged rule violations of child care rules be investigated. The Lead Agency has an Intake Unit that is responsible for taking parental and public complaints. Once the Intake Unit determines that an individual has firsthand knowledge of alleged rule violations, these allegations are investigated. If the allegations are substantiated the investigation reports are available on the Lead Agency's website for 60 months.

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)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the 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 deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding 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 link in 2.3.11. **If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12.** 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:** 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 Georgia's 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 has offered advanced child care search features, such as options for families to search for care along a route (such as from home to work or school). Quality Rated providers can upload pictures of their program (which are vetted 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 also provide notice to 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 for any reason.
- 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 which is 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 provide notice to 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 for any reason. In addition, through a statewide contract for translation services, the state is also able to provide live child care referrals over the phone for a plethora of 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 for users to be able to discern what the button is and its function. 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 Lead Agency 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 link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6: <http://www.decal.ga.gov/CCS/StartingACenter.aspx> and <http://decal.ga.gov/CCS/Exemptions.aspx>
- b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2: 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 link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11: Section 4 (Definitions) of the Lead Agency's policy for Conducting Comprehensive Background Checks outlines the offenses. Policy link: <http://www.decal.ga.gov/documents/attachments/crcpolicy.pdf>

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. 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 searchable list of child care providers: <http://www.qualityrated.org/>
- 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):

- ☒ License-exempt center-based CCDF providers
- ☐ License-exempt family child care (FCC) CCDF providers
- ☒ License-exempt non-CCDF providers
- ☐ Relative CCDF child care providers
- ☒ Other. Describe: Local School Systems (with Georgia's Pre-K), Head Start (with either Georgia's Pre-K or 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.

- Licensed providers
 - ☒ Contact information
 - ☒ Enrollment capacity
 - ☐ Years in operation
 - ☒ Provider education and training
 - ☒ Languages spoken
 - ☒ Quality information
 - ☒ Monitoring reports
 - ☒ Other. Describe: Numerous fields such as environment, activities, transportation, rates, etc.
- License-exempt, non-CCDF providers
 - ☒ Contact information
 - ☒ Enrollment capacity
 - ☐ Years in operation
 - ☒ Provider education and training
 - ☒ Languages spoken
 - ☒ Quality information
 - ☒ Monitoring reports
 - ☒ Other. Describe: Numerous fields such as environment, activities, transportation, rates, etc.
- License-exempt CCDF center based providers
 - ☒ Contact information
 - ☒ Enrollment capacity
 - ☐ Years in operation
 - ☒ Provider education and training
 - ☒ Languages spoken
 - ☒ Quality information
 - ☒ Monitoring reports
 - ☒ Other. Describe: Numerous fields such as environment, activities, transportation, rates, etc.

- License-exempt CCDF family child care
 - ☐ Contact information
 - ☐ Enrollment capacity
 - ☐ Years in operation
 - ☐ Provider education and training
 - ☐ Languages spoken
 - ☐ Quality information
 - ☐ Monitoring reports
 - ☐ Other. Describe:
- Relative CCDF providers
 - ☐ Contact information
 - ☐ Enrollment capacity
 - ☐ Years in operation
 - ☐ Provider education and training
 - ☐ Languages spoken
 - ☐ Quality information
 - ☐ Monitoring reports
 - ☐ Other. Describe:
- Other. Describe: Local School Systems (w/ Georgia's Pre-K), Head Start (with either Georgia's Pre-K or Quality Rated or both), Government Owned and Operated, Technical Schools, Universities
 - ☒ Contact information
 - ☒ Enrollment capacity
 - ☐ Years in operation
 - ☒ Provider education and training
 - ☒ Languages spoken
 - ☒ Quality information
 - ☒ Monitoring reports
 - ☒ Other. Describe: Numerous fields such as environment, activities, transportation, rates, etc.

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) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- ☒ Quality rating and improvement system

- ☒ National accreditation
- ☒ Enhanced licensing system
- ☒ Meeting Head Start/Early Head Start Program Performance Standards.
- ☒ Meeting prekindergarten quality requirements
- ☐ School-age standards, where applicable
- ☐ Other. Describe:

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

- ☒ Licensed CCDF providers. Describe the quality information: Tiered Quality Rating Improvement System star ratings, child care licensing compliance status, Pre-K provider status, national accreditations, and other self-reported quality measures are available on the state's publicly accessible child care consumer website.
- ☒ Licensed non-CCDF providers. Describe the quality information: Tiered Quality Rating Improvement System star ratings, child care licensing compliance status, Pre-K provider status, national accreditations, and other self-reported quality measures are available on the state's publicly accessible child care consumer website.
- ☒ License-exempt center-based CCDF providers. Describe the quality information: Tiered Quality Rating Improvement System star ratings, Pre-K provider status, national accreditations, and other self-reported quality measures are available on the state's publicly accessible child care consumer website.
- ☐ License-exempt FCC CCDF providers. Describe the quality information:
- ☐ License-exempt non-CCDF providers. Describe the quality information:
- ☐ Relative child care providers. Describe the quality information:
- ☐ Other. Describe:

2.3.7 Lead Agencies are required to 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 on the consumer education website. These reports must include 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. The reports must be in plain language, 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 when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

- a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports. Plain language is language that is able to 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.

- b) Are monitoring and inspection reports in plain language?
- ☒ If yes, include a website link to a sample monitoring report. Copies of reports are found on the Lead Agency's website at:
<http://families.decal.ga.gov/ChildCare/Search>
 A sample report can be found at <http://families.decal.ga.gov/ChildCare/detail/432>
 - ☐ If no, describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary. _____
- c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:
- ☒ Date of inspection
 - ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries. Describe how these health and safety violations are prominently displayed. The Lead Agency prominently displays in plain language any health and safety violations, as well as any fatalities and serious injuries, described in citations under the heading "Not Met" found on all inspection reports.
 - ☒ 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 listed along with a due date for each correction. These plans of improvement are jointly developed between the licensing inspector and program administrator and are intended to describe how the program will correct rule violations and maintain compliance.
- d) The process for correcting inaccuracies in reports. 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 will appear on the Lead Agency's website and a revised copy of the report will be sent to the provider.
- e) The process for providers to appeal the findings in reports, including the time requirements, and timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded. Providers may submit a refutation to appeal any findings in their reports to the Lead Agency. This appeal must be done within ten business days from the date of the visit. Refutations should be submitted to ccsrefutations@decal.ga.gov. Providers will be notified of the outcome of their appeal in writing within ten days. If any errors are found, the errors will promptly be corrected and the revised visit report posted on the public website.
- f) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies 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. 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.

- g) Describe the process for maintaining monitoring 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.
- h) Any additional providers on which the Lead Agency chooses to include reports. Note: Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.
- ☐ License-exempt non-CCDF providers
 - ☐ Relative child care providers
 - ☐ Other. Describe:

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 on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

- a) 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. Aggregate information about the number of deaths, number of serious injuries, and number of incidences of substantiated child abuse in child care settings is currently not on the Lead Agency's website. The Lead Agency identified key team members who are working to modify the system to provide aggregate information. These new requirements are in process and will be published on the Lead Agency's website once the new and enhanced reporting system is in place. The Lead Agency will obtain the number of serious injuries and deaths through substantiated investigations. 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.
- b) 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 Department of Children and Families (DFCS). 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 made a determination under the law that child abuse has occurred, then the Lead Agency may use such a determination in its findings.

- c) The definition of “serious injury” used by the Lead Agency for this requirement. The Lead Agency's definition of serious injury is defined for all 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.
- d) 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 should include contact information on referrals to local child care resource and referral organizations. 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 has a single, statewide child care referral system for families, operated as 1-877-ALL-GAKIDS. Families can search for child care at www.qualityrated.org or www.families.decal.ga.gov, both of which prominently display the phone number that families can call for additional support. The call center serves as a resource for parents by assisting them with finding quality child care. The call center utilizes the same online child care data system and search platform. The call center also attends and hosts events throughout the state to engage families in person.

2.3.10 The consumer education website should 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. 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 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” (<http://decal.ga.gov/documents/attachments/GADecal-QR-ChoosingChildCare-Form.pdf>) and a guide to reading and understanding licensing visit reports (<http://decal.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.decal.ga.gov/> and/or www.qualityrated.org

2.3.12 Other. Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

N/A

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 preK, 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 includes inspection reports and program capacity and indicates if the program accepts child care subsidies. The website also includes information on additional Lead Agency programs, including Quality Rated, Georgia's tiered QRIS, the lottery-funded Georgia's Pre-K Program, the CACFP, and the 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 also shares information about child care options through direct communication with families. During the initial determination for eligibility, staff within the CAPS program talk with families about child care options in each community and discuss the importance of selecting high-quality early care and learning environments. If families are not determined to be eligible for CAPS, staff refer them to the CCR&R call center for assistance locating affordable child care. If families are determined to be eligible for CAPS, they are assigned a Family Support Consultant who is responsible for making any necessary changes to a

scholarship throughout the eligibility period and for connecting families with resources offered by state agencies or other family-serving organizations based on the individual needs of each family.

- 2.4.2 The partnerships formed to make information about the availability of child care services available to families. The Lead Agency works with multiple partners to provide outreach to families who may be eligible for child care subsidies. The Lead Agency works with home visitors, faith-based organizations, local health departments, and other stakeholders to identify families who may need support services and be eligible for subsidies. CCR&R agencies also help provide statewide outreach to families in need of child care services.

The CCR&R agencies have staff fluent in Spanish and can provide translation services in other languages as needed. The Lead Agency partners with DFCS (the head agency for Georgia's TANF program), public school systems, the Latin American Association, the United Way, Job Corps of America and other workforce development programs, and Georgia Public Broadcasting. The Lead Agency has also partnered with a communications firm to create pamphlets, brochures, fact sheets, webcasts, and other publications regarding quality child care options and the availability of resources in English and Spanish.

- 2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

- ☒ Temporary Assistance for Needy Families program: The Lead Agency works with the Georgia Division of Family and Children Services (the lead agency for TANF) to provide information and eligibility requirements to families through Georgia's integrated eligibility system, Georgia Gateway, and through client interviews. Additionally, information about TANF is provided in the CAPS Family Support Guide, available on the CAPS website. CCR&R agency websites also include information regarding TANF assistance.
- ☒ 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 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 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.
- ☒ 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 in the CAPS Family Support Guide, available on the CAPS website. CCR&R agency websites also include information about LIHEAP assistance.

- ☒ Supplemental Nutrition Assistance Programs (SNAP) Program: The Lead Agency works with DFCS (the head agency for SNAP) to provide families with information about and eligibility requirements for SNAP through Georgia's integrated eligibility system, Georgia Gateway, and through client interviews. Additionally, information about SNAP is provided in the CAPS Family Support Guide, available on the CAPS website. CCR&R agency websites also include information about SNAP assistance.
- ☒ 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.
- ☒ Child and Adult Care Food Program(CACFP): The Lead Agency is responsible for the Child and Adult Care Food Program. Information about CACFP is located on the Lead Agency's website, including locations of participating sponsors. Additionally, information about CACFP as well as the Summer Food Service Program is provided in the CAPS Family Support Guide, available on the CAPS website. CCR&R agency call center staff and websites provide information about CACFP availability and eligibility guidelines.
- ☒ 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 works with the Department of Human Services and the Department of Community Health (the lead agency for CHIP) to provide families with information about and eligibility requirements for CHIP through Georgia's integrated eligibility system, Georgia Gateway, and through client interviews. Additionally, information about CHIP is provided in the CAPS Family Support Guide, available on the CAPS website. CCR&R agency websites also include information about CHIP assistance.

- ☒ Programs carried out under **IDEA Part B, Section 619 and Part C:** The Lead Agency employs Inclusion Specialists to provide training and resources to families and providers regarding services and supports available under IDEA and assistance with referrals to

programs. CCR&R agency websites include information about accessing services and supports available to children with disabilities under IDEA.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information. The Lead Agency provides a variety of opportunities for families, providers and the general 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>.) These resources include 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. Providers and the general public can find information on supporting social-emotional development, inclusion of children with disabilities, developmental monitoring and screening, nutrition, and other topics on the Lead Agency's website (www.dec.state.ga.us). Additionally, specific information on early learning and development standards and lesson planning is available on the Georgia Early Learning and Development website (www.gelds.dec.state.ga.us).

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, and the Department of Education as well as nonprofit and community agencies to ensure that families, providers, and the general public have access to research-based information on children's development.

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

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

To promote family and provider engagement, we 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.

- GA SHAPE Program and Recognition: Through a partnership between 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, which provides information about the importance of active play and strategies on raising an active child (<https://wicworks.fns.usda.gov/wicworks/Topics/TipsPlay.pdf>)

- "Healthy Eating for Preschoolers" flyer, which provides a daily food checklist and tips for families to encourage healthy eating for preschoolers
(<https://wicworks.fns.usda.gov/wicworks/Topics/Preschooler.pdf>)

- 2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood 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. Information about children's social and behavioral needs is available to families from multiple sources. Inclusion Specialists, Infant Toddler Specialists, Georgia's Pre-K consultants, Family Support Consultants (for families enrolled in the subsidy program), early intervention providers, and public school staff members regularly provide materials about children's social and behavioral development to child care providers who, in turn, distribute them to families. 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 Georgia Social Emotional Early Development Strategies (SEEDS) for Success webpage. <http://www.dec.al.gov/InstructionalSupports/Seeds.aspx>. The state also provides information on these topics directly to families participating in Children 1st, home visitation programs, or Part B, Section 619 and Part C of IDEA.

The Lead Agency has gathered all the current social-emotional support strategies under the umbrella of the Georgia 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. Inclusion Specialists are available across the state to support teachers and administrators in meeting the social-emotional needs of the children in their care. A series of trainings, based on the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model), is offered by Inclusion and Infant Toddler Specialists in communities across the state. The Inclusion Specialists also provide consultation, on-site coaching and technical assistance, materials, and resources to teachers and administrators on topics such as preventing suspensions and expulsions, social emotional competencies, and pro-social classroom practices. Referrals to early intervention, special education, and supplemental mental health services are provided as

necessary.

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. There are four cohorts currently operating, with an additional two cohorts to be added in 2018.

The Georgia's Pre-K program has established policies regarding social-emotional and behavioral issues and needs occurring in children participating in the state's universal 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 are also included in the family orientation provided by funded sites.

- 2.4.6 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 designed to prevent the suspension and expulsion of children from birth to age five in child care and other early childhood programs. The initiative, Georgia's SEEDS for Success, is a collaborative led by the Lead Agency to support and align the State's initiatives related to increased social-emotional development and decreased challenging behaviors in early childhood settings. One primary focus of this initiative is the reduction of the use of suspension and expulsion in early learning programs through training, coaching, and resources for teachers and administrators. This initiative is led by a State Leadership Team of state-level partners and is based on the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model). Training and coaching is offered to any licensed or license-exempt program in the state with programs receiving subsidy grants intentionally targeted for the support.

The 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 sites.

The Lead Agency's Early Head Start Child Care Partnership has specific policies prohibiting suspension or expulsion of children participating in the program.

The Lead Agency and partners are working to develop a specific policy statement regarding suspension and expulsion in all licensed child care centers and family learning homes.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of 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 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)). 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)).

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 general public, and child care providers through the consumer education website. In addition, families who receive subsidies are provided information on developmental screenings after the initial eligibility determination or annual redetermination process. Information on developmental screenings is also disseminated to child care providers through trainings and professional development opportunities.
- 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). 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/all_checklists.pdf) to review developmental milestones based on the child’s age and discuss any parent or caregiver concerns related to the child’s development. If the child is between the ages of birth to three and the parent or caregiver expresses concern, or 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 located in the Georgia Department of Public Health and is Georgia’s entry point into all child health programs for children from birth to five years old. 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 share with the family that a referral for evaluation related to the 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 a part of the redetermination for eligibility process, the Family Support Consultant will contact the family 45 days prior to 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 (CDC) "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 between the ages of birth to three and the parent or caregiver expresses concern, or 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 located in the Georgia Department of Public Health and is the entry point in Georgia into all child health programs for children ages birth to five years old. 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 will also utilize 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 the developmental concerns will be emailed (with the parent copied) to the Children First program at the Georgia Department of Public Health in their community. The Family Support Consultant will review with the parent or caregiver information on 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 the age of 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.

At initial eligibility determination and at annual redetermination, the Family Support Consultant will provide families participating in Medicaid and PeachCare 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. The Family Support Consultant will also email families 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 as well as information to support and improve the families' understanding of developmental milestones. The resources provide families with information on what to look for and do if the child is not demonstrating a developmental milestone (i.e., talk to primary care physician and request a developmental screening), as well as how to share concerns with the primary care physician, child care provider, and Family Support Consultant to get assistance. 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.

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. They have also collaborated to develop policies and procedures to inform families about the screening services available in the above programs.

- 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 along with the "Watch Me! Celebrating Milestones and Sharing Concerns" training modules

available through the Centers for Disease Control and Prevention. 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 what 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 and others.

- f) Provide the citation for this policy and procedure related to providing information on developmental screenings. CAPS Policy Manual 4.7.3 notes that staff will provide information on developmental screenings. CAPS Procedure Manual Section 09 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. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

- a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement. During the initial eligibility determination and annual redetermination processes, a staff person within the Lead Agency reaches out to the family by phone to review child care provider licensing history, health and safety requirements met by the provider, the date the provider was last inspected, any licensing violations, and any quality standards met by the provider. The Lead Agency also asks about additional supports and resources needed by the family in order to leverage state- and community-based programs in a meaningful way.

After a family is reached by phone, the Lead Agency follows up the conversation with an email that includes a written consumer statement. When a family is unreachable by phone after two attempts, the Lead Agency sends the same consumer statement to the family to generate interest in a returned phone call to the Lead Agency for further information and discussion.

- b) What is included in the statement, including when the consumer statement is provided to families. Lead Agency staff email the consumer statement to families after they are determined to be eligible for CAPS services. The email sent to families includes a link to the

specific child care provider's information compiled by various Lead Agency divisions. Provider information includes licensing history (including visit reports and the date the provider was last inspected) and their star rating in Quality Rated, Georgia's tiered quality rating and improvement system, as well as how to make a health and safety complaint about their child care provider should the need arise. This consumer statement also indicates that the assigned Family Support Consultant is available to discuss any questions or concerns that the family may have about their child's development, links to the Centers for Disease Control and Prevention's "Learn the Signs. Act Early." materials, and links to information on Georgia's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Another resource shared in the consumer statement is a link to the local CCR&R agency. Lastly, the statement describes how CCDF subsidies are designed to promote equal access and indicates how a family can reach their assigned CAPS Family Support Consultant by phone or email during their eligibility period.

- 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 Lead Agency staff to families participating in the CAPS program. 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

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, 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 not 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, procedures for the enrollment of children experiencing homelessness and children in foster care, if served, pending the completion of documentation, are required.

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. 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.

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)).

3.1.1 Eligibility criteria based on a child's age

- a) The CCDF program serves children from 0 (weeks/months/years) through 13 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 ages 13 and older but below age 19 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 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 IDEA (20 U.S.C. 1431 et seq.); (B) a child who is eligible for services under part B, section 619, of IDEA (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.**
- c) Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 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?
 - "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.

“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 based on reason for care

- a) How does the Lead Agency define “working or attending a job training and educational program” for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

“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 be a minimum of 24 hours per week.

“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. However, prior to this plan’s effective date, CAPS will be expanding its definition of job training to include associate degrees.

“Education” (including activities and any hour requirements): Per CAPS Policy Manual 6.8, for parental authorities age 20 or younger, education includes attending middle school, high school, or fulltime GED programs. Parental authorities 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.

“Attending job training or education” (e.g. number of hours, travel time): 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 21 years of age 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 with 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.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

- ☐ No. If no, describe the additional work requirements: _____
- ☒ Yes. If yes, describe the policy or procedure: CAPS Policy Manual 6.8 states that for vocational training to be considered a state-approved activity, the parental authority must be enrolled full time, as defined by the institution. CAPS Policy Manual 13.6.1 allows for 13 weeks of job search as an approved activity when there has been a non-temporary change in state-approved activity. If the recipient is not participating in a state-approved activity at the end of the 13-week period, the child care case may be suspended for up to an additional 13 weeks. During the suspension period, the Lead Agency will not reimburse subsidy payments, but the case will not close. If after 13 weeks of suspension the recipient is not participating in a state-approved activity, the child care case will close. At any time during the suspension period, if the recipient finds employment or enrolls in a state-approved activity, the suspension will be lifted and child care can resume without re-application until the next scheduled redetermination.

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

- ☐ No
- ☒ Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility): CAPS Policy Manual 13.6.1 allows for 13 weeks of job search as an approved activity when there has been a non-temporary change in state-approved activity. If a parental authority is in this stage at redetermination, their case may remain open. In addition, CAPS Policy allows job search to be the approved activity for certain priority groups at initial eligibility determination, including those who have experienced domestic violence (section 7.11), are considered homeless (section 7.12), have experienced a natural disaster (section 7.13), or have applied for or are receiving TANF.

d) Does the Lead Agency provide child care to children in protective services?

- ☐ No
- ☒ Yes. If yes:
 - i. Please provide the Lead Agency's definition of "protective services": For CAPS purposes, "protective services" includes children with an active Division of Child

and Family Services (DFCS) Child Protective Services case, children with a court order requiring child care assistance, children who have a need for 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. 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 and 7.6). Foster care parents are not required to participate in an approved activity for the foster children in their homes to be eligible.

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 (658E(c)(5))?
 - ☐ No
 - ☒ Yes
- iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?
 - ☒ No
 - ☐ Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

- a) How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Income that is counted towards 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 (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *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. Fill in the chart based on the most populous area of the state (the area

serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
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 (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$3,172	\$2,696	\$1,586	50%
2	\$4,148	\$3,526	\$2,074	50%
3	\$5,124	\$4,356	\$2,562	50%
4	\$6,100	\$5,185	\$3,050	50%
5	\$7,076	\$6,015	\$3,538	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.**

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/state-median-income-estimates-for-optional-use-in-fy-2018-and-mandatory-use-in-fy-2019>.

- d) SMI source and year. **Administration for Children and Families, Office of Community Services, Division of Energy Assistance, for fiscal year 2019.**
- e) **Identify the most populous area of the State used to complete the chart above.** **Not applicable; income eligibility limits are the same in all areas of the state.**
- f) **What was the date that these eligibility limits in column (c) became effective?** **October 1, 2018**
- g) Provide the citation or link, if available, for the income eligibility limits. <https://caps.dec.state.ga.us/assets/downloads/CAPS/AppendixA-CAPS%20Maximum%20Income%20Limits%20by%20Family%20Size.pdf>

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 parental authorities self-certify that the family unit assets do not exceed \$1,000,000. This attestation**

is built into our online application. Parental authorities who do not complete the online application are required to complete a separate attestation.

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 Department 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 priority rules, which should only be applied by the Lead Agency during eligibility determination or redetermination (98.20(b)). 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. Priority categories include: Child Protective Services and court-ordered supervision cases; families with children enrolled in the lottery-funded Georgia's Pre-K program; children in Georgia Division of Family and Children Services custody; children with special needs; 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.

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)). 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.

☒ Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules

☒ Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

☐ Establishing minimum eligibility periods greater than 12 months

☒ Using cross-enrollment or referrals to other public benefits

☒ 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

☒ Providing more intensive case management for families with children with multiple risk factors;

☒ 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

☐ Other. Describe:

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

Lead Agencies are required to provide for 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. 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 establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out by implementing a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- i. 85 percent of SMI for a family of the same size
- ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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 copayment restrictions, which do not apply to a graduated phase-out. To help families transition from 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.

- 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.

- ☒ N/A. The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- ☐ The Lead Agency sets the second **tier of** eligibility at 85 percent of SMI.
 - Describe the policies and procedures. [Click or tap here to enter text.](#)
 - Provide the citation for this policy or procedure. [Click or tap here to enter text.](#)
- ☐ 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.
 - Provide the second **tier of** eligibility for a family of three.
 - Describe how the second eligibility threshold:
 - i. Takes into account the typical household budget of a low-income family:
 - ii. 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:
 - iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - iv. Provide the citation for this policy or procedure:
- ☐ **Other. Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas Where Implementation Is Still in Progress* in the introduction.**

b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

- ☐ No
- ☒ Yes
 - i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out. **Copay amounts ("family fees") are determined as a percent of income. Furthermore, it is Georgia's policy not to raise the family fee within the 12-month eligibility period, so increases in family fees may only occur once per year. Per CAPS Policy Manual 9.4.1, family fees are assessed only at initial application, annual redetermination, and when there is a reduction in a family's income. Consequently, on an annual basis, the family fee will gradually increase if income increases.**
 - 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 3.3.3 of the Plan.*)
 - ☒ No.
 - ☐ Yes. Describe:

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family co-payments.

- ☒ Average the family's earnings over a period of time (i.e., 12 months). Describe: The policy notes that when the parental authority's income varies considerably, staff are to calculate the average of all pay stubs for the past six months. In addition, per CAPS Policy 13.4.3, parental authorities are only required to report changes in family income where the income exceeds 85% of SMI for four consecutive weeks.
- ☐ Request earning statements that are most representative of the family's monthly income. Describe:
- ☐ Deduct temporary or irregular increases in wages from the family's standard income level. Describe:
- ☒ 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 parental authority's income varies considerably, staff are to calculate the average of all pay stubs for the past six months. In addition, per CAPS Policy 13.4.3, parental authorities are only required to report changes in family income where the income exceeds 85% of SMI for four consecutive weeks.

3.1.9 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 and describe, at a minimum, what information is required and how often. Check all that apply.

- ☒ Applicant identity. Describe: CAPS Policy Manual 6.7 requires proof of the parental authority'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 parental authorities 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. Describe: The client statement serves as verification of the relationship between the applicant and the child.

CAPS Policy Manual 14.3.1 notes that parental authorities 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). Describe: CAPS Policy Manual 6.4.2 provides the following list of acceptable verification documents for 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 Administration records
- Immigration court order
- Homeland Security documents

CAPS Policy Manual 6.5.6 provides the following list of acceptable verification documents for the child's citizenship or legal status:

- Birth, citizenship, or naturalization certificate
- U.S. passport
- Consoler's report of birth
- Court records; vital records, school records, or census records
- Religious records of birth
- Adoption finalization papers
- Verification of natural parent's citizenship

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

- ☒ Work. Describe: Work activity (i.e., hours per week) is verified through the income verification process. CAPS Policy Manual 8.6.1 provides the following list of acceptable documents that serve as verification of income and activity level:

- Pay stubs
- Letter or statement from employer
- In addition, work activity can be verified using other eligibility program systems sources whenever available.

Work activity must be verified at the time of initial application and redetermination.

- ☒ Job training or educational program. Describe: CAPS Policy Manual 6.8 requires a written verification of enrollment from the educational institution and current class schedule or a completed Education Verification Form.

Vocational training or education activity must be verified at the time of initial application and at redetermination.

- ☒ Family income. Describe: CAPS Policy Manual 8.6.1 provides the following list of acceptable verification documents for 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.
 - Form C-809 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
 - 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 verification documents for 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 documents

Income must be verified at the time of initial application and at redetermination.

- ☒ Household composition. Describe: The client statement serves as verification of the composition of the household.

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

- ☒ Applicant residence. Describe: CAPS Policy Manual 6.3.2 provides the following list of acceptable verification documents for 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.

- ☒ Other. Describe: CAPS Priority Groups Policy provides the following list of acceptable verification documents for priority group categories:
- Child Protective Services (CPS) and court-ordered supervision cases – Referral from CPS
 - Children enrolled in the Georgia lottery-funded Pre-K program – Georgia lottery-funded Pre-K 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), an 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 in the Division of Family and Children Services GRG program.
- Minor parents (aged 20 years of age 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 parental authority 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 parental authority that 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.

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

- ☒ Time limit for making eligibility determinations. Describe length of time: CAPS Policy Manual 4.8.1 requires that eligibility determination be made within 30 days of the initial application. CAPS Policy Manual 14.3.7 requires that eligibility determinations be made within 10 days from the date that verification documents are submitted for redeterminations.
- ☒ Track and monitor the eligibility determination process There is no content box here – so previous comment was not transferred
- ☐ Other. Describe:
- ☐ None

3.1.11 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:
 - “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.
 - “Reasonable distance”: The distance that will enable the TANF participant to arrive at their work activity timely without incurring any additional expenses.
 - “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 DFCS.
 - “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?
 - ☒ In writing
 - ☐ Verbally
 - ☐ Other. Describe: _____
- d) Provide the citation for the TANF policy or procedure: Section 1830, 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 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).

3.2.1 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 7.8 and Appendix A define families with very low income as families whose income falls at or below 100% of the federal poverty guidelines.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

- a) Identify how services are prioritized for children with special needs. Check all that apply:
- ☒ Prioritize for enrollment
 - ☒ Serve without placing these populations on waiting lists
 - ☐ Waive co-payments
 - ☒ Pay higher rates for access to higher quality care
 - ☐ Use grants or contracts to reserve slots for priority populations
 - ☐ Other. Describe:
- b) Identify how services are prioritized for families with very low incomes. Check all that apply:
- ☒ Prioritize for enrollment
 - ☒ Serve without placing these populations on waiting lists
 - ☐ Waive co-payments
 - ☐ Pay higher rates for access to higher quality care
 - ☐ Use grants or contracts to reserve slots for priority populations
 - ☐ Other. Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. **Check all that apply:**

- ☒ Prioritize for enrollment
- ☒ Serve without placing these populations on waiting lists
- ☐ Waive co-payments
- ☐ Pay higher rates for access to higher quality care
- ☐ Use grants or contracts to reserve slots for priority populations
- ☐ Other. Describe:

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). **Check all that apply:**

- ☒ Prioritize for enrollment
- ☒ Serve without placing these populations on waiting lists
- ☒ Waive co-payments
- ☐ Pay higher rates for access to higher quality care
- ☐ Use grants or contracts to reserve slots for priority populations
- ☐ Other. Describe:

3.2.3 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 the lottery-funded Georgia's Pre-K program; Children in Georgia Division of Family and Children Services (DFCS) Custody; Grandparents Raising Grandchildren (GRG) - Parental Authorities participating in GRG with DFCS; Minor Parents - Parental Authorities twenty (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 (CPS).

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3. These populations are prioritized for enrollment and served without being placed on waiting lists. In addition, per CAPS Policy Manual 9.5, co-payment is waived for minor parent below the age of 18 and children in DFCS custody.

3.2.5 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 TA to child care providers and the appropriate Lead Agency

(or designated entity) staff on identifying and serving children and families experiencing homelessness (addressed in section 6), and (3) conduct specific outreach to families experiencing homelessness(658E(c)(3); 98.51).

- a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. CAPS Policy Manuals 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 and 7.11 allow families who lack fixed, regular, and adequate housing and families who have experienced a natural disaster an additional 90 days to submit all verification document 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.
 - ☒ Lead Agency accepts applications at local community-based locations
 - ☒ Partnerships with community-based organizations
 - ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
 - ☒ Other: The Lead Agency and Head Start 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 a training for staff to enhance outreach efforts.

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)).

3.2.6 Lead Agencies must establish a grace period that allows children experiencing homelessness 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:
 - 1. Children experiencing homelessness (as defined by the Lead Agency's CCDF Rule). CAPS Policy Manual 6.6 allows families a specified period of at least 90 days to verify immunization requirements. CAPS Procedure Manual 3.5.4 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 in order for a child to receive appropriate immunizations.

Provide the citation for this policy and procedure. CAPS Policy Manual 6.6 and CAPS Procedure Manual 3.5.4

2. Children who are in foster care. CAPS Policy Manual 6.6 allows families a specified period of at least 90 days to verify immunization requirements. CAPS Procedure Manual 3.5.4 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 in order for a child to receive appropriate immunizations.

Provide the citation for this policy and procedure. CAPS Policy Manual 6.6 and CAPS Procedure Manual 3.5.4

- 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.

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 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 SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. 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 12-month eligibility period (**except as described in 3.1.1**); and any changes in residency within the state, territory, or tribal service area.

- a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity. CAPS Policy Manual 2.1 defines the eligibility period as the 12-month period for which the parental authority is authorized to receive CAPS as long as federally mandated requirements are met. To avoid an interruption in eligibility at redetermination, CAPS Procedure Manual 6.3 requires that staff notify families 45 days prior to their redetermination 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 13.7.2 notes that reasons for closure of CAPS cases are limited to the following:

- The family's income exceeds 85% of the current SMI for a period of 4 or more consecutive weeks.
 - There has been a program violation where the sanction is closure of the child care case.
 - The parental authority voluntarily withdraws from the CAPS program.
 - The parental authority abandons the program and he/she cannot be reached using their most recently provided contact information. CAPS Procedure Manual 5.9 requires that staff make at least two attempts to contact the parental authority using each available communication channel (phone, mail, email) to determine if care is still needed.
- Abandonment occurs when it is confirmed that CAPS subsidies have not been used by the parental authority for authorized children, with no contact or previous notification of absence, for a period of at least 30 days.
- The parental authority fails to respond to or honor the Child Care Claim and Repayment Statement; or the parental authority fails or refuses to cooperate with an investigation conducted by the Lead Agency or Department of Human Services investigative staff.
 - **Change in child's citizenship status.**
 - The family has moved out of the state of Georgia.

- b) How does the Lead Agency define "temporary change?" CAPS Policy Manual 2.1 defines a temporary change as: 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 three months; any change in age, including turning 13 years old during the eligibility period; any change in residency within the state of Georgia.

- c) Provide the citation for this policy and/or procedure. CAPS Policy Manual 2.1 (Definitions) and CAPS Procedure Manual 5.5.1

3.3.2 Lead Agency's option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to 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, 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 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.

- a) Does the Lead Agency discontinue assistance during the 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 allow this option to 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: CAPS Policy Manual 13.6.1 approves recipients who lose their employment or permanently stop attending training or education programs for subsidy assistance for an additional 13 weeks for job search. If the recipient is not participating in a state-approved activity at the end of the 13-week period, the child care case may be suspended for up to an additional 13 weeks. During the suspension period, the Lead Agency will not reimburse subsidy payments, but the case will not close. If after 13 weeks of suspension the recipient is not participating in a state-approved activity, the child care case will close. At any time during the suspension period, if the recipient finds employment or enrolls in a state-approved activity, the suspension will be lifted and child care

can resume without re-application until the next scheduled redetermination.

- ii. Describe what specific actions/changes trigger the job-search period. Recipients lose their employment or permanently stop attending training or education programs.
- 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

b) The Lead Agency may discontinue assistance prior to the next 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 12-month redetermination. Check all that apply.

- ☐ Not applicable
- ☒ 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.
 - i. Define the number of unexplained absences identified as excessive: CAPS Policy Manual 13.7.2 allows for CAPS cases to be closed when CAPS subsidies have not been used by the parental authority for authorized children for a period of at least 30 days and there has been no contact or previous notification of the absence. CAPS Procedure Manual 5.9 requires that staff contact the parental authority to determine if care is still needed. If care is no longer needed, CAPS notifies the parental authority and child care provider of case closure by mail at least 12 days prior to the case closure effective date.
 - ii. Provide the citation for this policy or procedure: CAPS Policy 13.7.2
- ☒ 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 parental authorities to report if the family moves out of the state of Georgia. CAPS Policy Manual 13.7.2 allows for these cases to be closed.
- ☒ 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 13.7.2 allows for cases to be closed if there has been a program violation. Violations that lead to discontinued assistance are addressed in CAPS Policy Manual 16.4.1 and include the following:
 - Second or subsequent offense of failing to repay overpayments within 30 days (CAPS Policy Manual 16.4.1.1.B).

Second offense of program violation (CAPS Policy Manual 16.4.1.1.B). CAPS Policy Manual 15.5.4 defines program violations as the result of an intentional act by the parental authority 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.

3.3.3 Change reporting during the 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 (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(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 3.3.2 of the Plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the Plan) 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 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.

- ☐ Additional changes that may impact a family's eligibility during the 12-month period. Describe:
- ☒ Changes that impact the Lead Agency's ability to contact the family. Describe: CAPS Policy Manual 13.4.3 requires parental authorities to report changes to contact information, such as phone number, email address, and mailing address.
- ☒ Changes that impact the Lead Agency's ability to pay child care providers. Describe: CAPS Policy Manual 13.4.3 requires parental authorities to report requests for changes in child care providers and if there is no longer a need for CAPS services.

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

- c) 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.

- ☒ Phone
- ☒ Email
- ☒ Online forms
- ☐ Extended submission hours
- ☒ Postal Mail
- ☒ Fax
- ☒ In-person submission
- ☒ Other. Describe: Web-based eligibility system

- d) Families must have the option to voluntarily report changes on an ongoing basis during the 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. Parental authorities may, but are not required to, report the following:
 - Changes in family income where income does not exceed 85% SMI
 - Child birth, adoption, or addition of a new child
 - Marriage
 - Change in activity that is temporary
- ii. Provide the citation for this policy or procedure. CAPS Policy Manual 13.4.2 and 3.4.5

3.3.4 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.

- ☒ Advance notice to parents of pending redetermination
- ☒ Advance notice to providers of pending redetermination
- ☐ Pre-populated subsidy renewal form
- ☒ Online documentation submission
- ☐ Cross-program redeterminations
- ☐ Extended office hours (evenings and/or weekends)
- ☐ Other:

- b) How are families allowed to submit documentation, **described in 3.1.9**, for redetermination? Check all that apply.

- ☒ Postal Mail
- ☒ Email
- ☒ Online forms
- ☒ Fax
- ☒ In-person
- ☐ Extended submission hours
- ☒ Other. Describe: Web-based eligibility system

3.4 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. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)).

Note: To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies *only* to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

- a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level <u>Before</u> 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)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	\$101/month	\$4.33	4.3%	\$1,531/month	\$108.33	7.1%
2	\$137/month	\$4.33	3.2%	\$2,002/month	\$138.67	6.9%
3	\$173/month	\$4.33	2.5%	\$2,473/month	\$173.33	7.0%
4	\$209/month	\$4.33	2.1%	\$2,944/month	\$208	7.1%
5	\$245/month	\$8.67	3.5%	\$3,415/month	\$238.33	7.0%

- b) What is the effective date of the sliding-fee scale(s)? September 2018
- c) Identify the most populous area of the state used to complete the chart above. Not applicable; copayments do not differ by area of the state.
- d) Provide the link to the sliding-fee scale:
<https://caps.dec.al.gov/assets/downloads/CAPS/AppendixD-Family%20Fee%20Assessment%20Chart.pdf>
- e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)). Not applicable

3.4.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

- ☐ The fee is a dollar amount and:
- ☐ The fee is per child, with the same fee for each child.
 - ☐ The fee is per child and is discounted for two or more children.
 - ☐ The fee is per child up to a maximum per family.
 - ☐ No additional fee is charged after certain number of children.
 - ☐ The fee is per family.

- ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
- ☐ Other. Describe:

☒ The fee is a percent of income and:

- ☐ The fee is per child, with the same percentage applied for each child.
- ☐ The fee is per child, and a discounted percentage is applied for two or more children.
- ☐ The fee is per child up to a maximum per family.
- ☐ No additional percentage is charged after certain number of children.
- ☒ The fee is per family.
- ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
- ☒ Other. Describe: The percent 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% of the poverty guidelines; 2) families above 10% and at or below 50% of the poverty guidelines are assessed a copayment of 3% of family income; 3) families over 50% and at or below 100% of the poverty guidelines are assessed a copayment of 5% of family income; 4) families over 100% of the poverty guidelines are assessed a copayment of 7% of family income. The family fee is assessed weekly and is rounded to the nearest dollar. Due to this methodology, the actual percent of income paid may differ from the nominal percent assessed.

3.4.3 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 co-payments (98.45(k)(2)).

- ☐ No
- ☒ Yes. If yes, check and describe those additional factors below.
 - ☐ Number of hours the child is in care. Describe:
 - ☒ Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: The family copayment is reduced by 15% for families receiving care at a provider that has earned a star rating in Quality Rated, Georgia's tiered quality rating and improvement system. This was implemented in July 2018.
 - ☐ Other. Describe:

3.4.4 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, 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 for families with an income at or below the Federal poverty level for families of the same size.
- ☒ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation.
Family fees are waived when children receiving subsidies are in the custody of Georgia's Division of Family and Children Services, including children placed in foster care (CAPS Policy Manual 9.5). Families at or below 10% of the federal poverty guidelines do not pay a family fee (CAPS Policy Manual 9.5). Fees are also waived for families receiving care as part of a Quality Rated Subsidy Grant.
- ☒ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency. Describe the policy and provide the policy citation.
Family fees are waived for TANF applicants or TANF recipients who are participating in state-approved work, education, or training activities. Family fees are also waived when the child's parental authority is under the age of 18 (CAPS Policy Manual 9.5). Families below 10% of the federal poverty guidelines do not pay a family fee (forthcoming in policy manual; to be implemented by October 1, 2018). Fees are also waived for families receiving care as part of a Quality Rated Subsidy Grant.

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. 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.**

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

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 his or her 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 his or her 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 parental authority, 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 child care options available, provider quality, and choosing a child care provider. If guidance is needed concerning how to select a child care provider, staff in the CAPS program or at the All Georgia Kids call center are available to assist.

4.1.2 Describe how the parent is informed that the child 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.

- ☐ Certificate that provides information about the choice of providers
- ☐ Certificate that provides information about the quality of providers
- ☐ Certificate not linked to a specific provider, so parents can choose any provider
- ☒ Consumer education materials on choosing child care
- ☒ Referral to child care resource and referral agencies
- ☐ Co-located resource and referral in eligibility offices
- ☒ Verbal communication at the time of the application
- ☒ Community outreach, workshops, or other in-person activities
- ☒ Other. Describe: CAPS staff and a referral helpline, 1-877-ALLGAKIDS, are available to help clients who request help selecting a child care provider. Information on Quality Rated providers, child care providers who accept CAPS subsidies, and programs that have been awarded Quality Rated Subsidy Grants is shared with all CCR&R agencies and the statewide call center for distribution to participating families.

4.1.3 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 4.1.4.
- ☒ Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots. The Lead Agency developed a weighted risk factor score for each of Georgia’s 159 counties, based on population demographic data including child poverty rates, percentage of births to mothers

without a high school diploma, percentage of low birth weight babies, child homelessness rates, and low proficiency on third grade reading assessments. Grants were made available on a competitive basis to star rated providers located in counties with the highest risk factor score, demonstrating the greatest need for improved early learning infrastructure. The state assists awarded child care programs in ensuring the populations of need in their communities are aware of the grant-funded slots. In addition, all families in Georgia use the statewide call center 1-877-ALLGAKIDS to find child care in their area. The call center referral helps families who may be eligible find programs with a Quality Rated Subsidy Grant in their area.

- ☐ 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 type(s) of child care services available through grants or contracts: Click or tap here to enter text.
 - iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers): Click or tap here to enter text.
 - iv. The process for accessing grants or contracts: Click or tap here to enter text.
 - v. How rates for contracted slots are set through grants and contracts: Click or tap here to enter text.
 - vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality: Click or tap here to enter text.
 - vii. If contracts are offered statewide and/or locally: Click or tap here to enter text.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply of specific types of care? Check all that apply.

- ☒ Programs to serve children with disabilities
- ☒ Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☒ Programs to serve children experiencing homelessness
- ☒ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☒ Programs that serve specific geographic areas
 - ☒ Urban
 - ☒ Rural
 - ☐ Other

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- ☒ Programs to serve children with disabilities
- ☒ Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☒ Programs to serve children experiencing homelessness
- ☒ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☒ Programs that serve specific geographic areas
 - ☒ Urban
 - ☒ Rural
 - ☐ Other

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. Informal and exempt providers, who are not required to be licensed or registered, are also required, through their subsidy business 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)

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.
 - ☐ Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: _____
 - ☒ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2). Describe: Providers of care in the child's home are treated in CAPS as a subset of informal caregivers, that is, home-based care that is exempt from licensing. The CAPS informal provider agreement requires that an informal caregiver be at least 21 years of age.
 - ☒ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: CAPS Policy Manual 11.5.2.1 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.

- ☒ Restricted to care by relatives. Describe: CAPS Policy Manual 11.5.1 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.
- ☒ Restricted to care for children with special needs or a medical condition. Describe: CAPS Policy Manual 11.5.2.1 states that one of the possible criteria for approving the use of informal caregivers (including care in the child's home) is when the child in care is determined to meet the CAPS definition of a child with special needs.
- ☒ 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 provider 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 providers, regardless of relationship to the child, must agree to health and safety monitoring by licensing staff.
- ☒ Other. Describe: CAPS Policy Manual 11.5.2.1 states that, in addition to a need for care during non-traditional hours or for children with special needs, one of the possible criteria for approving the use of informal caregivers (including care in the child's home) is when no licensed care is available within a reasonable geographic area.

4.2 Assessing Market Rates and Child Care Costs

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 child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost 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 child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note: Any Lead Agency considering using an alternative methodology, instead of a market 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 market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead

Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care—such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up-to-date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

- ☒ MRS
- ☐ Alternative methodology. Describe:
- ☐ Both. Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) 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)).

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or similar coordinating body: The Georgia Children's Cabinet, chaired by the First Lady of Georgia, is 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 First Lady Sandra Deal. The Head Start State Collaboration Office Director also serves on the Cabinet and provided input on 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 and the Agency's Research and Policy Analysis team on the survey instrument.
- c) Local child care resource and referral agencies: Representatives from the CCR&R agencies were asked to review the survey. They provided feedback to the Lead Agency and the research team on the survey instrument.
- d) Organizations representing caregivers, teachers, and directors: Representatives from organizations including family child care home providers, child care learning center directors, and advocacy organizations were asked to review the survey instrument. Several provided feedback on the instrument and methodology.
- e) Other. Describe: In 2016, the Lead Agency convened a statewide early education advisory committee to provide recommendations for Georgia's subsidy program. The committee was a continuation of an early education subcommittee that was part of a larger education

committee convened by Governor Deal.

The early education advisory committee began meeting in the fall of 2016 as the survey instrument was being implemented. The committee was informed about the market rate survey and communicated the importance of completing the survey to its respective members. Members were provided updates on the market rate survey.

- 4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods. 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 conducted Georgia's 2013 market rate survey and has extensive experience in designing and implementing market rate surveys.

Working closely with the Lead Agency, Care Solutions 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 centers, family child care 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 stationary signed by Commissioner Amy Jacobs, 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%, with a 71% response rate for child care centers.

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 75th, 50th, and 25th percentiles in addition to the mean. Researchers also called or checked published rates (online) for 10% of the sample to verify the reported rates.

The Lead Agency feels confident that the results are representative of the larger child care provider population. Furthermore, the steps employed by the Lead Agency and CSI ensure that

the survey instrument was both 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.

4.2.4 Describe how the market rate survey or 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 were analyzed at the state and county level. 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 correlates to the state's metro areas, Zone Two encompasses the middle rates and generally correlates to the state's mid-size counties, and Zone Three encompasses the lowest rates and coincides with the state's more rural areas.
- b) Type of provider. Describe: Results were analyzed and reported by child care centers, family child care homes, informal providers (family, friend, and neighbor care), and local school system providers.
- c) Age of child. Describe: Results were analyzed and reported by the following age groups: 1) infants; 2) one-year-olds; 3) two-year-olds; 4) three-year-olds; 5) four-year-olds; 6) five-year-olds not in school; 7) school-age.
- d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level. Results were analyzed and reported by:
 - Quality Rated Levels – Quality Rated is Georgia's tiered 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. There is also a group of providers who have gone through the Quality Rated process but did not achieve a star rating. Results were also analyzed separately for this group.
 - Type of Care – This includes weekly weekday care, weekly night/overnight care, weekend care, part-time care, and out-of-school time care.
 - Subsidy Participation – Programs that participate in the state's CCDF subsidy program were compared to those that do not participate.
 - Historical Rates – Rates were compared from the 2001, 2003, 2005, 2007, 2009, 2011, 2013, and 2016 market rate surveys.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated 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, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance 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.

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). August 31, 2017 (Final report completed and approved by the Lead Agency).
- b) Date the report containing results was made widely available—no later than 30 days after the completion of the report. September 30, 2017
- c) 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>
- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report. Throughout 2018, the Lead Agency is in the process of soliciting stakeholder feedback on the market rate survey results. The Lead Agency is incorporating the results in various stakeholder presentations and presenting the results in order to solicit feedback on the CCDF State Plan.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, 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 funds. 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) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. 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. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

- a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate \$150 per week unit of time (e.g. daily, weekly, monthly)
Percentile of most recent MRS: Just below 10th Percentile
- b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate \$125 per week unit of time (e.g. daily, weekly, monthly)
Percentile of most recent MRS: 10th Percentile

- c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate \$144 per week unit of time (e.g. daily, weekly, monthly)
Percentile of most recent MRS: Just below 10th Percentile
- d) Toddler (18 months), full-time licensed FCC home in the most populous geographic region
Rate \$120 per week unit of time (e.g. daily, weekly, monthly)
Percentile of most recent MRS: Just below 10th Percentile
- e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
Rate \$114 per week unit of time (e.g. daily, weekly, monthly)
Percentile of most recent MRS: Just below 15th Percentile
- f) Preschooler (4 years), full-time licensed FCC home in the most populous geographic region
Rate \$96 per week unit of time (e.g. daily, weekly, monthly)
Percentile of most recent MRS: Just below 15th Percentile
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate \$110 per week unit of time (e.g. daily, weekly, monthly, etc.)
Percentile of most recent MRS: Just below 20th Percentile (Summer market rate).
- h) School-age child (6 years), full-time licensed FCC home in the most populous geographic region
Rate \$80 per week unit of time (e.g. daily, weekly, monthly)
Percentile of most recent MRS: Just below 20th Percentile (Summer market rate).
- i) Describe how part-time and full-time care were defined and calculated. Page 11 of the 2016 Market Rate Study states that full-time care is at least 3 days per week. Part-time care is less than 3 days per week.
- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS as reported in 4.2.5). August 2017
- k) **Identify the most populous area of the state used to complete the responses above.** Based on results from the Market Rate Survey, the state is divided into three zones. Each county is placed in a zone. Zone 1 reflects the highest rates and corresponds, with one or two exceptions, to the most populous counties. **Zone 1 rates are used to answer the above questions.** The following counties make up Zone 1: 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 1, including all of the top four. Also, approximately 59% of children receiving CAPS reside in Zone 1.

l) Provide the citation or link, if available, to the payment rates.
http://dec.al.ga.gov/documents/attachments/GAMarketRateSurvey_Final_062817_revAug.pdf

m) 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)). Not Applicable

4.3.2 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).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

- ☐ Differential rate for *non-traditional hours*. Describe:
- ☐ Differential rate for *children with special needs*, as defined by the state/territory. Describe:
- ☐ 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:
- ☐ 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:
- ☒ Differential rate for *higher quality*, as defined by the state/territory. Describe: For providers who sign up to participate in Quality Rated (Georgia's QRIS) and receive a rating, there is a tiered reimbursement bonus added to the base subsidy rate: 10% increase for a 1-star rating, 20% increase for a 2-star rating, and 40% increase for a 3-star rating.
- ☒ Other differential rates or tiered rates. Describe: For children in the custody of the GA Division of Family and Children Services (DFCS) (including Foster Care), as well as children with disabilities, subsidy is paid at the provider's published weekly rate instead of the base subsidy rate.
- ☐ Tiered or differential rates are not implemented.

4.4 Summary of Facts Used to Determine That Payment Rates Are Sufficient to Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

- a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices. Georgia's CCDF policies allow for families to select programs that best meet their needs. Available provider types include licensed child care centers, licensed family child care

homes, family, friend, and neighbor care (referred to as informal providers), and certain categories of license-exempt programs. The state has also braided subsidy funds with Georgia's Pre-K, Head Start, and Early Head Start funds to support programs and give families additional higher quality options.

Approximately 70% of licensed child care centers and 30% of licensed family child care homes participate in Georgia's subsidy program (as of January 2018). In 2017, the Lead Agency greatly expanded Quality Rated Subsidy Grants to provide families and providers with additional options for participating in the subsidy program. The Quality Rated Subsidy Grant per child funding levels are set at or above the 50th percentile of the 2016 market rate survey and do not charge a family fee. Georgia will continue to increase the percentage of programs participating in Quality Rated Subsidy Grants, with a goal of 20% of children receiving subsidies participating in a grant model by 2020.

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%, 20%, and 40% for one-, two-, and three-star programs, respectively—greatly enhance the amount providers receive for participating in the subsidy program and ensure that families have higher quality options.

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% higher than rates for programs participating in the subsidy program. Rates in family child care homes were 17% higher for those not participating in the subsidy program.

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 the 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. Similarly, families did acknowledge that family fees, in some instances, created hardships. However, both families and 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 (on a scale of 1 to 5) 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 bonus 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%, 58%, and 59% for the other options, respectively.

Throughout the stakeholder feedback process, providers and families continually stressed that any options that reduced the average number of children served to less than 50,000 were not optimal.

- 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. The Lead Agency's current rates, reported in 4.3.1, were established in 2006. Through stakeholder feedback, providers overwhelmingly preferred to keep current rates and serve the same number of children than raise rates and serve fewer children. This overwhelming preference by providers to keep current base rates indicates that current rates are adequate. However, recognizing that our base rates for infants and toddlers set at a lower percentile than other rates, the agency plans to raise infant and toddler base rates to at least the 25th percentile of market rates effective January 1, 2019. This rate change requires an IT system change that will result in a delay in implementation from October 1, 2018, to January 1, 2019. The lead agency is not ignoring how the rates compare to the market based on the 2016 MRS. The Lead Agency is currently placing an emphasis on our child care subsidy providers who participate in our state QRIS by paying a bonus on our weekly rates based on the provider's rating. The lead agency has also established a future date by which all child care subsidy providers must be in the state QRIS. This mechanism will serve, in effect, to reestablish child care subsidy rates to higher percentiles of the market while maintaining an emphasis on investing in quality child care. On October 1, 2018, our bonus percentages increased from 5% for one-star, 10% for two-star, and 25% for three-star providers to 10% for one-star, 20% for two-star, and 40% for three-star providers. As a result, CAPS weekly payment rates in licensed care for the highest quality providers, when the 40% bonus for three-star providers is included, range from the 50th to the 75th percentiles of market rates, depending on child's age, geographic payment zone, child care setting, and type of care. These percentiles will increase further when infant and toddler base rates increase in 2019. The data from programs participating in CCDF and Quality Rated suggest that these new rates are adequate to meet the needs of providers and encourage providers to accept families eligible for subsidy. As of September 30, 2018, 89% of CCDF providers eligible for Quality Rated are participating, and 43% have already received a one-, two-, or three-star rating. Furthermore, 52% of children receiving subsidy are receiving care in a Quality Rated program. One of the projects related to Georgia's CCDF Research Grant will be surveying providers who serve infants and toddlers; this will give the agency more information about how the raise in base rates and raise in tiered reimbursement are meeting providers' needs.
- c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF. Georgia's base rates cover the cost of meeting the state's health and safety and staffing requirements, as embedded in licensing rules. Licensing rules fully align with CCDF health, safety, and staffing requirements. This is evident in the state's high percentage of programs meeting licensing compliance. Currently over 90% of licensed programs are classified as being in good standing. Furthermore, 70% of licensed child care learning centers in Georgia participate in the CAPS program. In addition, 86% of providers receiving subsidy are licensed, and 98% of children receiving subsidy are in licensed care. This high percentage of participation suggests that the rates are sufficient for meeting the costs related to CCDF health, safety, and staffing requirements and to remain competitive in the market. This is also evident in terms of provider feedback. The Lead Agency has engaged in various forms of stakeholder engagement to determine CAPS policies related to base rates, family fees, and tiered

reimbursement amounts. Forms of engagement included provider surveys, provider focus groups, creation of an advisory committee, and community forums. Overwhelmingly, providers preferred to keep the current base rates so that the program would not serve fewer children. This overwhelming preference by providers to keep current base rates indicates that current rates enable those providers to meet health, safety, quality, and staffing requirements under CCDF. A high percentage of CCDF providers participate in Quality Rated. 86% of eligible CCDF providers participate in Quality Rated, and 42% have achieved a star rating. This means that these providers are receiving a tiered reimbursement rate of up to 40% over the base rate that helps pay the cost of quality. The continuing increase in the number of QRIS rated and participating providers caring for children receiving CCDF subsidies indicates that, when base rates are coupled with QRIS bonus rates, providers are more than able to meet CCDF health, safety, quality and staffing requirements. In addition, the lead agency conducted a price survey (MRS) in order to analyze the child care market, assuming providers will charge the price necessary to meet operating costs. This analysis included market rates at each Quality Rated star level. On average, the higher the star rating, the higher the rate, indicating that the price of meeting these requirements is greater for higher rated programs. The lead agency took this finding into account when determining the increase to the tiered reimbursement rates that went into effect on October 1, 2018 where providers receive up to 40% over the base rate. The Lead Agency is committed to increasing opportunities for providers and families to participate in the Quality Rated Subsidy Grants. This program pays providers a rate that is 50% above the CAPS base rate and above the 50th percentile of market rates. Quality Rated Subsidy Grant providers are responsible for conducting on-site eligibility. Qualitative research related to the subsidy grants indicates that many providers utilize the additional funds for staff retention. The Lead Agency is committed to conducting further research and stakeholder engagement with providers to ensure that base rates, in conjunction with other CAPS policies, are sufficient to meet CCDF requirements and that these rates cover the cost of meeting basic health, safety, quality and staffing requirements.

- d) Describe how the Lead Agency took the cost of higher quality 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, pre-K standards, Head Start performance standards, or State defined quality measures). The Lead Agency is able to develop cost models for various scenarios based on the Market Rate Survey (MRS), our own economic impact study, and stakeholder engagement efforts related to quality to determine the cost of quality in Georgia. Quality engagement efforts include provider surveys, provider focus groups, creation of an advisory committee, and community forums. The MRS included provider responses from across the state at all levels of quality. The Lead Agency is able to stratify the price of quality reported by one-, two-, and three-star providers to develop cost models for various scenarios. In tandem with stakeholder engagement, the cost models were used as a framework to considerably increase the tiered reimbursement percentages to 10%, 20%, and 40% of the base reimbursement rate for one-, two-, and three-star providers, respectively. This significant increase to our tiered reimbursement rates allowed the Lead Agency to address the cost of higher quality for the benefit of children and families of Georgia. The MRS included information to differentiate the price of care based on a provider's star level. On October 1, 2018, the lead agency increased tiered reimbursement

percentages to better address the cost of higher quality. These higher percentages are 10%, 20%, and 40% of the base reimbursement rate for one-, two-, and three-star providers, respectively. The 2016 market rate survey found that reported market rates were generally higher for higher star levels. For example, the mean weekly rate for infants is \$150.66 for one-star providers, \$156.01 for two-star providers, and \$170.56 for three-star providers. Future research includes activities related to the state's CCDF Research Grant. Providers will be surveyed related to the barriers around providing high quality care for infants and toddlers. It also includes further analysis of existing administrative data and the ongoing collection of rates through Georgia's new provider self-service portal.

- e) 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 funds (98.16 (k))? Check all that apply.

- ☐ Limit the maximum co-payment per family. Describe:
- ☒ 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 describe. For families with income over 100% of the most recent poverty guidelines issued by the U.S. Department of Health and Human Services, the family copayment is limited to 7% of family income, regardless of the number of children in care. Families above 50% and at or below 100% of the poverty guidelines are assessed a copayment that is limited to 5% of family income, regardless of the number of children in care. Families above 10% and at or below 50% of the poverty guidelines are assessed a copayment that is limited to 3% of family income, regardless of the number of children in care. Families at or below 10% of the poverty guidelines are not assessed a family fee. Beginning in July 2018, families who select a Quality Rated provider (1, 2, or 3 stars) receive a 15% discount on their family fee.
- ☒ 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 3.1.7. Describe: While families must meet the eligibility threshold of 50% SMI to initially qualify for child care subsidy, they may remain in the program until their income exceeds the exit threshold of 85% SMI. Because family fee is determined as a percent of income, the family fee will gradually approach the full cost of care as income increases. As a result, the "cliff effect" that can occur when a family is no longer eligible for benefits and is faced with the difficult new household cost of paying full child care rates should be minimized. Furthermore, it is Georgia's policy not to raise the family fee within the 12-month eligibility period, so any increases in family fee may only occur once per year.
- ☐ Other. Describe:

- f) To support parental choice and equal access to the full range of child care options, 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 determining current CAPS policies, the Lead Agency engaged in extensive stakeholder engagement (report available at <http://dec.al.ga.gov/documents/attachments/SummaryReportCAPSStakeholderInput.pdf>). This included a provider survey, family focus groups, provider focus groups, community meetings, and the market rate survey. The overwhelming response from the stakeholder engagement was that there was a threshold of 50,000 children that the Lead Agency should not go below in terms of the number of children served. To significantly raise base rates and lower family fees, the Lead Agency would have to serve fewer children. The Lead Agency created several simulations of scenarios where the impact of raising base rates and lowering family fees was ascertained. In each case, the impact on the number of children served was considerable. Stakeholders were concerned that serving fewer children would negatively impact communities and providers and leave many families without any options for care. Since the base rates are low, it was determined that providers should continue to be able to charge families the difference between the provider's stated rate and the subsidy reimbursement amount (including family fee). If the Lead Agency prohibited providers from charging additional fees, there was a concern that fewer providers would participate and there would not be any access for families in parts of the state. The Lead Agency is piloting the Quality Rated Subsidy Grant program that prohibits providers from charging families additional fees. This is a small pilot program, but in 2018 the Lead Agency will increase the number of slots offered through this model to 2,500, or approximately 5% of all subsidy recipients.
- 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% of providers reported that they charge families the difference between the stated rate and the subsidy amount (including family fee). 79% of providers reported charging families a registration fee. In a separate survey distributed by the Lead Agency in the fall of 2016, providers were asked the specific amount families pay. 17% (n=108) reported that the fee differential was \$51 or more a week, 42% (n=266) reported that it was between \$21 and \$50 a week, and 22% (n=138) reported that it was between \$1 and \$20 a week, while 17% (n=108) reported not charging a fee differential.

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. The Lead Agency has engaged in extensive stakeholder feedback to determine subsidy policy. This included family focus groups. In 2018, the Lead Agency is developing a research agenda, related to an OPRE CCDBG Phase One Planning Grant, to further engage with families about the barriers to accessing high-quality programs. This research is beginning in the second quarter of 2018. Additionally, the Lead Agency is evaluating the impact of the Quality Rated Subsidy Grants and the feasibility of scaling up the program.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers. The Lead Agency contracts with a third-party vendor to process provider invoices and payments through a web-based billing portal as well as processing paper-based provider claims for those providers unable to utilize the web-based portal. The web-based billing portal is utilized by over 98% of child care subsidy providers for billing for child care services. 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. Over 80% 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 allows for provider to use a paper-based claim to invoice for services as well. Once received, these claims are processed within two days of receipt and paid via ACH transfer with 8 business days of receipt. Enabling 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.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- ☒ Geographic area. Describe: Counties are assigned to one of three market rate zones and rates differ based on the zone. The zones are verified with each market rate

survey. Zone One encompasses the highest rates and generally correlates to the state's metro areas, Zone Two encompasses the middle rates and generally correlates to the state's mid-size counties, and Zone Three encompasses the lowest rates and coincides with the state's more rural areas

- ☒ Type of provider. Describe: Rates are differentiated by the following categories of provider: 1) child care centers; 2) family child care homes; and 3) informal providers (family, friend, and neighbor care). Licensed child care centers receive the highest rates, and the rate differentials are supported by data from the market rate survey. The list below reports the mean weekly infant rate for the various provider types. (Public schools are not listed below as only one public school respondent reported serving infants.) The mean market rates support the pay differential policy.

Child Care Learning Center: \$160.14

Family Child Care Learning Home: \$124.11

License Exempt: \$90.57

Informal: \$114.85

- ☒ Age of child. Describe: Rates are differentiated by the following age categories: 1) infants; 2) toddlers (13–36 months); 3) preschool (3–5 years not in school); and 4) school-age.
- ☒ Quality level. Describe: Through tiered reimbursement, Quality Rated providers receive an additional percentage of the base rate per child per week. One-star, two-star, and three-star providers receive an additional 5%, 10%, and 25%, respectively. Quality Rated providers are also eligible to participate in the Quality Rated Subsidy Grant program that pays at or above the 50th percentile in its current iteration.
- ☐ Other. Describe: _____

- i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

- ☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS. Describe: _____
- ☐ Based on the approved alternative methodology, payment rates ensure equal access. Describe: _____
- ☒ Feedback from parents, including parent surveys or parental complaints. Describe: The Lead Agency has engaged in considerable stakeholder feedback in setting CAPS payment policies. The stakeholder feedback includes provider surveys, provider focus groups, family focus groups, community meetings, and the market rate survey. A report summarizing the focus groups and community meetings can be found at:
<http://dec.al.ga.gov/documents/attachments/SummaryReportCAPSStakeholderInput.pdf>
Results from the market rate survey can be found at:
<http://www.dec.al.ga.gov/BftS/ResearchMarketRates.aspx>

☐ Other. Describe:

4.5 Payment Practices and the 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(I)(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(I)(3)).

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(I)(4) through (6); 658E(c)(2)(S)(ii); 98.45(I)(4); 98.45(I)(5); 98.45(I)(6)).

4.5.1 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):

- ☐ Paying prospectively prior to the delivery of services. Describe the policy or procedure.
- ☒ 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 DECAL (the Lead Agency) as soon as the service week ends and up to 60 days after. 95% of all providers complete online invoicing using the CAPS provider billing website, which is 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 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 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):

- ☐ Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. [redacted]
- ☐ Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. [redacted]
- ☐ Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure. [redacted]
- ☒ 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 space and cost when taking on care for an eligible child. In an effort to support the provider and delink payments from attendance to the highest degree possible, our program policy states that a child need only attend at least one day a week in order for the provider to claim a full weekly payment for that child. Also, providers are able to claim up to two weeks a year for each eligible child in the event a 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 either full-time or part-time
- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. CAPS will pay the registration fee and the CAPS rate, but all other fees are the parents' 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, and the dispute-resolution process. Describe: Each CAPS provider signs a Child Care Provider Agreement. CAPS Policy Manual, Section 12 outlines 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: Once CAPS is notified by the parent, CAPS Scholarship staff prepare form 62 and submit the form to the provider.
- f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: CAPS Policy Manual, Section 17 – Grievances

A grievance is any complaint regarding program services, policies, and/or procedures offered through the CAPS program, excluding those subject to an administrative hearing. Grievances are handled at the State Office level and reviewed by impartial members of CAPS leadership.

CAPS Policy Manual, Section 18 – Administrative Hearings

The purpose of this policy is to establish guidelines for administrative hearings when parental authorities or child care providers disagree with an adverse action taken by the Lead Agency.

CAPS Policy Manual 17.3 allows providers to file a grievance and provides contact information for doing so. CAPS Policy Manual 15.8.1 notes that if benefits are underpaid due to an administrative error (i.e., an error made by the agency), the amount owed shall be paid within 30 business days of the date the error was discovered, unless more information is needed to calculate the correct payment or the parental authority or the child care provider has an outstanding overpayment. In addition, CAPS Policy Manual 15.6 provides parental authorities and providers the right to appeal establishments of overpayment claims.

- g) Other. Describe:

4.5.2 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:

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for 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. Lead Agencies are also required to identify shortages in the supply of high-quality providers (658 E(c)(2)(M); 98.16 (x)).

- 4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

- ☒ **In licensed family child care.** DECAL, the Lead Agency, regularly conducts internal analyses that show existing quality and access needs. These analyses include the ongoing Quality Rated validation study that tracks the percentage of children receiving subsidies in Quality Rated programs –both center and family based providers -, the percentage of eligible programs at the county level participating in Quality Rated (and achieving a higher rating), the impact of various new initiatives (such as offering subsidy grants to higher quality providers), and the current capacity of existing providers. By having an internal research and policy analysis unit housed within DECAL, the agency is able to undergo various ongoing analyses that measure supply needs related to access and quality.
- ☒ **In licensed child care centers.** The methods described above also apply to licensed child care centers. DECAL, the Lead Agency, regularly conducts internal analyses that show existing quality and access needs. These analyses include the ongoing Quality Rated validation study that tracks the percentage of children receiving subsidies in Quality Rated programs –both center and family based providers -, the percentage of eligible programs at the county level participating in Quality Rated (and achieving a higher rating), the impact of various new initiatives (such as offering subsidy grants to higher quality providers), and the current capacity of existing providers. By having an internal research and policy analysis unit housed within DECAL, the agency is able to undergo various ongoing analyses that measure supply needs related to access and quality.
- ☐ **Other.** _____

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

- ☒ Grants and contracts (as discussed in 4.1.3). **Describe:** Quality Rated subsidy grants are awarded to high-quality child care programs in high-need areas of the state that provide services to families with infants and toddlers who receive child care subsidies.
- ☒ Family child care networks. **Describe:** Networks and peer mentor programs are in place that specifically target family child care programs in rural and underserved areas of the state.
- ☐ Start-up funding. **Describe:** _____
- ☒ Technical assistance support. **Describe:** Child Care Resource & Referral agencies provide technical assistance statewide. Materials and equipment are provided to enhance quality. Georgia Early Learning Standards are in place to provide guidance on cognitive and social-emotional development.
- ☒ Recruitment of providers. **Describe:** Partnerships with Early Head Start programs and the initiation of quality subsidy grants serve to promote recruitment of providers who may not currently receive subsidy funds.

- ☒ Tiered payment rates (as discussed in 4.3.2). **Describe:** Providers at higher quality levels are eligible for tiered reimbursements for children receiving subsidy in their care.
- ☒ Support for improving business practices, such as management training, paid sick leave, and shared services. **Describe:** The Lead Agency offers a Director's Institute statewide to support the improvement of business practices and is developing new resources on this topic with support from a private grant.
- ☐ Accreditation supports. **Describe:** _____
- ☐ Child care health consultation. **Describe:** _____
- ☐ Mental health consultation. **Describe:** _____
- ☐ Other. **Describe:** _____

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

- ☒ Grants and contracts (as discussed in 4.1.3). **Describe:** Quality Rated subsidy grants are awarded to high quality child care programs that provide services to families with infants and toddlers who receive child care subsidies.
- ☒ Family child care networks. **Describe:** Networks and peer mentor programs are in place specifically targeting family child care programs.
- ☐ Start-up funding. **Describe:** _____
- ☒ Technical assistance support. **Describe:** Materials and equipment are provided to enhance quality. Georgia Early Learning Standards are in place to provide guidance on cognitive and social-emotional development.
- ☒ Recruitment of providers. **Describe:** Partnerships with Early Head Start programs and the initiation of quality subsidy grants serve to promote recruitment of providers who may not currently receive subsidy funds.
- ☒ Tiered payment rates (as discussed in 4.3.2). **Describe:** Providers at higher quality levels are eligible for tiered reimbursements for children receiving subsidy in their care.
- ☒ Support for improving business practices, such as management training, paid sick leave, and shared services. **Describe:** The Lead Agency offers a Director's Institute to support the improvement of business practices and is developing new resources on this topic with support from a private grant.
- ☒ Accreditation supports. **Describe:** Providers receive additional points in their Quality Rated portfolio for attaining a national accreditation.
- ☐ Child care health consultation. **Describe:** _____
- ☐ Mental health consultation. **Describe:** _____
- ☒ Other. **Describe:** Targeted training and technical assistance is in place to child care programs serving infants and toddlers, particularly focusing on language and literacy.

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

- ☐ Grants and contracts (as discussed in 4.1.3). **Describe:** _____

- ☒ Family child care networks. **Describe:** The state supports the Early Head Start Child Care Partnership with serving a cohort of family child care providers whose enrollment includes more than 10% of children with an identified disability.
 - ☐ Start-up funding. **Describe:** _____
 - ☒ Technical assistance support. **Describe:** Specified training on understanding behaviors is provided to programs. The state provides a network of Inclusion specialists to support programs in serving children with disabilities. Georgia Early Learning Standards are in place to provide guidance on cognitive and social-emotional development.
 - ☒ Recruitment of providers. **Describe:** Partnerships with Early Head Start programs and the initiation of quality subsidy grants serve to promote recruitment of providers who may not currently receive subsidy funds.
 - ☒ Tiered payment rates (as discussed in 4.3.2). **Describe:** Providers at higher quality levels are eligible for tiered reimbursements for children receiving subsidy in their care. Providers may receive higher reimbursements up to the full cost of care for children with disabilities.
 - ☐ Support for improving business practices, such as management training, paid sick leave, and shared services. **Describe:** _____
 - ☐ Accreditation supports. **Describe:** _____
 - ☐ Child care health consultation. **Describe:** _____
 - ☐ Mental health consultation. **Describe:** _____
 - ☒ Other. **Describe:** The state offers training and technical assistance to support programs in attaining a Quality Rated Inclusion endorsement.
- d) Children who receive care during non-traditional hours. Check **and describe** all that apply.
- ☐ Grants and contracts (as discussed in 4.1.3). **Describe:** _____
 - ☒ Family child care networks. **Describe:** Networks and peer mentor programs are in place that specifically target family child care programs who are more likely to serve children during nontraditional hours.
 - ☐ Start-up funding. **Describe:** _____
 - ☐ Technical assistance support. **Describe:** _____
 - ☒ Recruitment of providers. **Describe:** Partnerships with Early Head Start programs and the initiation of quality subsidy grants serve to promote recruitment of providers who may not currently receive subsidy funds.
 - ☒ Tiered payment rates (as discussed in 4.3.2). **Describe:** Providers at higher quality levels are eligible for tiered reimbursements for children receiving subsidy in their care.
 - ☒ Support for improving business practices, such as management training, paid sick leave, and shared services. **Describe:** The Lead Agency offers a Director's Institute to support the improvement of business practices and is developing new resources on this topic with support from a private grant.
 - ☐ Accreditation supports. **Describe:** _____

- ☐ Child care health consultation. Describe:
 - ☐ Mental health consultation. Describe:
 - ☐ Other. Describe:
- e) Other. Check and **describe all that apply**:
- ☐ Grants and contracts (as discussed in 4.1.3). Describe:
 - ☐ Family child care networks. Describe:
 - ☐ Start-up funding. Describe:
 - ☐ Technical assistance support. Describe:
 - ☐ Recruitment of providers. Describe:
 - ☐ Tiered payment rates (as discussed in 4.3.2). Describe:
 - ☐ Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:
 - ☐ Accreditation supports. Describe:
 - ☐ Child care health consultation. Describe:
 - ☐ Mental health consultation. Describe:
 - ☐ Other. Describe:

4.6.3 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.

- a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment? Child poverty, overall population poverty, and unemployment data as reported by the U.S. Census at the county level is used to determine significant concentration areas.
- 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. The Lead Agency uses a combination of targeted community outreach and funding support to prioritize access for high-quality child care. The Lead Agency has developed a pilot that allows for the identification of areas around the state where high-needs children have little or no access to high-quality child care environments. The development of the Early Education Empowerment Zones (E3Z) has allowed the Lead Agency to work with local stakeholders in four areas of the state where assessments indicated that if best practices and interventions within these zones were implemented in a concentrated way, children would be positively impacted and ready for Kindergarten. The focus for the E3Z is on infants and toddlers in these four urban and non-urban areas. Partnerships with entities such as Early Head Start providers, home visiting programs, local businesses, local health departments, civic leaders, public and faith-based partners, and family connection partnership collaborations helped to rally support and identify critical need populations and areas where high-quality programs were limited. To increase quality levels, technical assistance was provided to existing child care programs, including expansion grants, peer-to-peer mentoring programs, and CCR&R supports. Parent incentives were provided in the

form of reduced child care co-payments, parent focus groups, and additional resources through home visiting programs. The work with the E3Zs has been in place since 2014 and is expected to expand to other areas around the state with legislative support.

The Lead Agency has developed a technical assistance compliance unit that provides technical assistance to child care programs that may not be in full compliance with licensing rules. The unit works with each program to bring them up to compliance and continue to encourage programs in the direction of Quality Rated.

The Lead Agency's Georgia Lottery-funded Pre-K program researches poverty rates to determine where classes are needed in high-need areas.

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 providers of child care in a state or territory and then moves to focus on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

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 are in effect for all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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 all that apply and provide a citation to the licensing rule.

- ☒ **Center-based child care. Describe and provide the citation:** Licensing requirements for Child Care Learning Centers can be found in Rule 591-1-1-.16 under the chapter “Governing Body and Licenses.” A license is required for a program operated by a person, society, agency, corporation, institution, or group that receives pay for group care. The child care learning center cares for 19 or more children under the age of 18 for less than 24 hours per day. 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.

Citation: 591-1-1-.16 - Rules for Child Care Learning Centers

- ☒ **Family child care. Describe and provide the citation:** 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) class prior to submitting an application for licensure. FCCLH – LOM is required for all FCCLH applicants that are not currently licensed

Citation: 290-2-3-.04(1) and (2)- Rules for Family Child Care Learning Homes

- ☒ **In-home care (care in the child's own home). Describe and provide the citation (if applicable):** In-home care is considered per policy as an Informal Caregiver. Information regarding Informal Caregivers can be found in the CAPS Policies and Procedures section 11.5. (Policy link: http://caps.decal.ga.gov/assets/downloads/CAPS/11-CAPS_Policy-Participating%20Providers.pdf) 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.

- 5.1.2 **Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).** **Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.** Rules and regulations allow 14 categories of programs that serve children to be exempt from licensing. Two categories may accept CCDF subsidies – government owned/operated and day camps. 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, attended pre-service orientation and 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 campaigns 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 chosen is not subject to the rules and regulations for licensed facilities.

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 DECAL's (Lead Agency) phone number and website address for parents to see

Additionally, exempt programs are required to:

- Ensure DECAL (Lead Agency) has their current contact information
- Submit to DECAL (Lead Agency) copies of policies, advertisements, and parental agreement forms to verify that the program functions as an exempt program
- Notify DECAL 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. DECAL (Lead Agency) also has the authority to rescind an exemption approval 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. Furthermore, beginning July 2018, a random sampling of exempt programs that are not eligible to accept CCDF subsidies will be visited 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 sampling 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, which ensures 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 conducts visits to measure that the program is meeting the defined health and safety standards.

The Lead Agency also has the authority to rescind an exemption approval 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. Health and safety standards for exempt programs can be found here under .46 (P)

<http://www.dec.state.ga.us/documents/attachments/ExemptprogramsHealth&SafetyStandards.pdf>

Link to the Lead Agency's rules and regulations concerning licensing requirements applicable to CCS is <http://www.dec.state.ga.us/CCS/RulesAndRegulations.aspx>

- 5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? 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

- ☒ Center-based child care. If checked, describe the exemptions. Georgia law allows some types of classes or groups of programs to be exempt from licensing requirements. While there are 14 exemption classes or groups in Georgia, the Department has made a policy decision to pay subsidy in two types of programs:
1. Government-owned and operated programs - These are programs owned and operated by any department or agency of state, county, federal or municipal government. The majority of the 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 - These are day camp programs for children five (5) years and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities. The day camp programs may operate during summer and other school breaks and shall operate for no more than twelve (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 of school hours. Without this exemption category and the opportunity for subsidy children to attend, families and children could be put at risk of having no care options available to them.
- ☐ Family child care. If checked, describe the exemptions. N/A
- ☒ In-home care. If checked, describe the exemptions. 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.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish 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.

a) Licensed CCDF center-based care

1. Infant

- How does the State/territory define infant (age range): 0 up to 12 months
- Ratio: 1:6
- Group size: 12
- Teacher/caregiver qualifications: All lead teachers in a Child Care Center must be at least 18 years of age. Lead teachers must be hired with a minimum education level of a Child Development Associate (CDA) credential issued by the Council for Professional Recognition or a higher education credential in Early Childhood Education from a college or university where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Lead Agency. Other accepted credentials include a Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development, Technical College Diploma (TCD) in Early Childhood Education or Child Development, an Associate's degree in Early Childhood Education or Child Development (AA, AAS, AAT), a Paraprofessional Certificate issued by the Georgia Professional Standards Commission, 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development, a 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, a Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development, or a Master's degree from an accredited college or university in Early Childhood Education or Child Development.

If the newly hired lead teacher does not possess one of the educational and qualifying child care experience requirements, the lead teacher must enroll in a program of study within six months of the hire date to obtain one of the educational credentials listed above. The newly hired teacher must complete the credential or degree within 18 months after enrollment. The child care center is required to maintain a written professional development plan for all newly hired teachers without a credential. This professional development plan must be maintained in the lead teacher's file, and such plan shall be available for inspection and provided to Lead Agency staff upon request.

Assistant teacher qualifications: An assistant teacher in a child care center must be at least 16 years of age to work with children. An assistant teacher in a child care center must be at least 18 years of age to be solely responsible for children without a lead teacher.

2. Toddler

- How does the State/territory define toddler (age range): 12 to 24 months old, who are walking, and 25- to 35-months-old
- Ratio: 1:8 (one-year-olds); 1:10 (two-year-olds)
- Group size: 16 (one-year-olds); 20 (two-year-olds)

- **Teacher/caregiver qualifications:** All lead teachers in a Child Care Center must be at least 18 years of age. Lead teachers must be hired with a minimum education level of a CDA credential issued by the Council for Professional Recognition or a higher education credential in Early Childhood Education from a college or university where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Lead Agency. Other accepted credentials include a Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development, Technical College Diploma (TCD) in Early Childhood Education or Child Development, an Associate's degree in Early Childhood Education or Child Development (AA, AAS, AAT), a Paraprofessional Certificate issued by the Georgia Professional Standards Commission, 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development, a 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, a Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development, or a Master's degree from an accredited college or university in Early Childhood Education or Child Development.

If the newly hired lead teacher does not possess one of the educational and qualifying child care experience requirements, the lead teacher must enroll in a program of study within six months from the hire date to obtain one of the educational credentials listed above. The newly hired teacher must complete the credential or degree within 18 months after enrollment. The child care center is required to maintain a written professional development plan for all newly hired teachers without a credential. This professional development plan must be maintained in the lead teacher's file, and such plan shall be available for inspection and provided to Lead Agency staff upon request.

Assistant teacher qualifications: An assistant teacher in a child care center must be at least 16 years of age to work with children. An assistant teacher in a child care center must be at least 18 years of age to be solely responsible for children without a lead teacher.

3. Preschool

- How does the State/territory define preschool (age range): three- and four-year-olds
- Ratio: 1:15 (three-year-olds); 1:18 (four-year-olds)
- Group size: 30 (three-year-olds); 36 (four-year-olds)
- **Teacher/caregiver qualifications:** All lead teachers in a Child Care Center must be at least 18 years of age. Lead teachers must be hired with a minimum education level of a credential issued by the Council for Professional Recognition or a higher education credential in Early Childhood Education from a college or university where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Lead Agency. Other accepted credentials include a Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development, Technical College Diploma (TCD) in Early Childhood Education or Child Development, an Associate's degree in Early

Childhood Education or Child Development (AA, AAS, AAT), a Paraprofessional Certificate issued by the Georgia Professional Standards Commission, 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development, a 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, a Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development, or a Master's degree from an accredited college or university in Early Childhood Education or Child Development.

If the newly hired lead teacher does not possess one of the educational and qualifying child care experience requirements, the lead teacher must enroll in a program of study within six months from the hire date to obtain one of the educational credentials listed above. The newly hired teacher must complete the credential or degree within 18 months after enrollment. The child care center is required to maintain a written professional development plan for all newly hired teachers without a credential. This professional development plan must be maintained in the lead teacher's file, and such plan shall be available for inspection and provided to Lead Agency staff upon request.

Assistant teacher qualifications: An assistant teacher in a child care center must be at least 16 years of age to work with children. An assistant teacher in a child care center must be at least 18 years of age to be solely responsible for children without a lead teacher.

4. School-age

- How does the State/territory define school-age (age range): Five years old and older
- Ratio: 1:20 (five-year-olds); 1:25 (six years old and older)
- Group size: 40 (five-year-olds); 50 (six years old and older)
- Teacher/caregiver qualifications: All lead teachers in a Child Care Center must be at least 18 years of age. Lead teachers must be hired with a minimum education level of a CDA credential issued by the Council for Professional Recognition or a higher education credential in Early Childhood Education from a college or university where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Lead Agency. Other accepted credentials include a Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development, Technical College Diploma (TCD) in Early Childhood Education or Child Development, an Associate's degree in Early Childhood Education or Child Development (AA, AAS, AAT), a Paraprofessional Certificate issued by the Georgia Professional Standards Commission, 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development, a 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, a Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development, or a Master's degree from an accredited college or university in Early Childhood Education or Child Development.

If the newly hired lead teacher does not possess one of the educational and qualifying child care experience requirements, the lead teacher must enroll in a program of study within six months from the hire date to obtain one of the educational credentials listed above. The newly hired teacher must complete the credential or degree within 18 months after enrollment. The child care center is required to maintain a written professional development plan for all newly hired teachers without a credential. This professional development plan must be maintained in the lead teacher's file, and such plan shall be available for inspection and provided to Lead Agency staff upon request.

Assistant teacher qualifications: An assistant teacher in a child care center must be at least 16 years of age to work with children. An assistant teacher in a child care center must be at least 18 years of age to be solely responsible for children without a lead teacher.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers. 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 the federal legislation. The subsidy policy is updated to reflect these requirements
6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups. 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 shall be based on the ages of the youngest children in the group if more than 20% of the children in the mixed-age group belong to younger age grouping(s). Children under three years of age shall be housed in separate physical areas 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 may be grouped with older children so long as staff: child ratios and group size are met based upon the age of the youngest child in the group.

For centers with a capacity of seven to eighteen children, all age groups can be mixed provided that the staff: child ratio is based on the age of the youngest child in care.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care. A Child Care Learning Center must have a director who is responsible for the supervision, operation, and maintenance of the center. The director must be on the center's premises. If the director is absent from the center at any time during the hours of the center's operation, there shall be an officially designated person on the center site to assume responsibility for the operation of the center, and this person shall have full

access to all records required to be maintained.

The Director of a Child Care Center must be at least 21 years of age. Also, the director must be hired with a minimum education level of a Child Development Associate (CDA) credential issued by the Council for Professional Recognition or a higher education credential in Early Childhood Education from a college or university where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Department and six months of qualifying child care experience. Other accepted credentials include a Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development and six months of qualifying child care experience, Technical College Diploma (TCD) in Early Childhood Education or Child Development and six months of qualifying child care experience, 40-hour director training course approved by the Lead Agency and has been employed for a minimum of five years as an on-site Child Care Learning Center Director or as an on-site Group Day Care Home Director, an Associate's degree in Early Childhood Education or Child Development (AA, AAS, AAT) and six months of qualifying child care experience, a Paraprofessional Certificate issued by the Georgia Professional Standards Commission and six months of qualifying child care experience, 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, a 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, a Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development, or a Master's degree from an accredited college or university in Early Childhood Education or Child Development.

Additionally, prior to the issuance of an initial license, the Director of a Child Care Learning Center shall have completed a 40-hour director training course that was approved by the Lead Agency. At a minimum, the subject matter taught at a director 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. There are currently no variations to these requirements based on the ages of children in care.

b) Licensed CCDF family child care provider

1. Infant

- How does the State/territory define infant (age range): 0 to 12 months old
- Ratio: Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. To be considered as meeting the entry threshold to qualify as a Family Child Care Learning Home the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation of six children prescribed by the definition of a

Family Child Care Learning Home, 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 total 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.

- **Group size:** Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. To be considered as meeting the entry threshold to qualify as a family child care learning home 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 total 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

- **Teacher/caregiver qualifications:** Pre-service training is required prior to the submission of a Family Child Care Learning Home application. The applicant who will be responsible for the day-to-day operations shall complete the pre-service training listed below that has been approved by the Lead Agency and which will include:
 1. Orientation that provides, at a minimum, instruction on the application process and gives an overview of the state's rules and regulations that relate to the operation of the 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 or trainers and approved by the Lead Agency, which include emergency care for infants and children.

The Family Child Care Home provider shall be at least 21 years of age. Effective July 1, 2009, providers who apply for initial license shall submit valid evidence/documentation of one of the following credentials/degrees issued by either the organization listed below, an accredited educational institution, or another organization approved/recognized by the Lead Agency:

1. Child Development Associate (CDA) credential (issued by the Council for Professional Recognition)
2. Technical Certificate of Credit (TCC) in Early Childhood Education
3. Technical College Diploma (TCD) in Early Childhood Education
4. Associate Degree in Early Childhood Education (AA, AAS, AAT)

5. Paraprofessional Certificate (issued by the Georgia Professional Standards Commission)
6. Bachelor's degree in Early Childhood Education
7. Master's degree in Early Childhood Education.

2. Toddler

- How does the State/territory define toddler (age range): 12 to 24 months old who are walking and 25 to 35 months old
- Ratio: Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. In order to be considered as meeting the entry threshold to qualify as a Family Child Care Learning Home the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation to six children prescribed by the definition of a Family Child Care Learning Home, 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 total 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.

- Group size: Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. In order to be considered as meeting the entry threshold to qualify as a family child care learning home 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 total 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.
- Teacher/caregiver qualifications: Pre-service training is required prior to the submission of a Family Child Care Learning Home application. The applicant who will be responsible for the day-to-day operations shall complete the pre-service training listed below that has been approved by the Lead Agency and which will include:
 1. Orientation that provides, at a minimum, instruction on the application process and gives an overview of the state's rules and regulations that relate to the operation of the 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 or trainers and approved by the Lead Agency, which include emergency care for infants and children.

The Family Child Care Home provider shall be at least 21 years of age. Effective July 1, 2009, providers who apply for initial license shall submit valid evidence/documentation of one of the following credentials/degrees issued by either the organization listed below, an accredited educational institution, or another organization approved/recognized by the Lead Agency:

1. Child Development Associate (CDA) credential (issued by the Council for Professional Recognition)
2. Technical Certificate of Credit (TCC) in Early Childhood Education
3. Technical College Diploma (TCD) in Early Childhood Education
4. Associate Degree in Early Childhood Education (AA, AAS, AAT)
5. Paraprofessional Certificate (issued by the Georgia Professional Standards Commission)
6. Bachelor's degree in Early Childhood Education
7. Master's degree in Early Childhood Education

3. Preschool

- How does the State/territory define preschool (age range): Three- and four-year-olds
- Ratio: Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. In order to be considered as meeting the entry threshold to qualify as a Family Child Care Learning Home the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation to six children prescribed by the definition of a Family Child Care Learning Home, 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 total 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.

- Group size: Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. To be considered as meeting the entry threshold to qualify as a family child care learning home 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 total 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.

- **Teacher/caregiver qualifications:** Pre-service training is required prior to the submission of a Family Child Care Learning Home application. The applicant who will be responsible for the day-to-day operations shall complete the pre-service training listed below that has been approved by the Lead Agency and which will include:
 1. Orientation that provides, at a minimum, instruction on the application process and gives an overview of the state's rules and regulations that relate to the operation of the 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 or trainers and approved by the Lead Agency, which include emergency care for infants and children.

The Family Child Care Home provider shall be at least 21 years of age. Effective July 1, 2009, providers who apply for initial license shall submit valid evidence/documentation of one of the following credentials/degrees issued by either the organization listed below, an accredited educational institution, or another organization approved/recognized by the Lead Agency:

1. Child Development Associate (CDA) credential (issued by the Council for Professional Recognition)
2. Technical Certificate of Credit (TCC) in Early Childhood Education
3. Technical College Diploma (TCD) in Early Childhood Education
4. Associate Degree in Early Childhood Education (AA, AAS, AAT)
5. Paraprofessional Certificate (issued by the Georgia Professional Standards Commission)
6. Bachelor's degree in Early Childhood Education
7. Master's degree in Early Childhood Education

4. School-age

- **How does the State/territory define school-age (age range):** Five years and older
- **Ratio:** Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. In order to be considered as meeting the entry threshold to qualify as a Family Child Care Learning Home the family must have at least three unrelated children for care for pay.

Notwithstanding the limitation to six children prescribed by the definition of a Family Child Care Learning Home, 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 total 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.

- **Group size:** Family Child Care Learning Homes are limited to the total number of children not related to the provider in the Family Child Care Learning Home, for pay or not for pay, to not exceed six children. In order to be considered as meeting the entry threshold to qualify as a family child care learning home 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 total 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.

- **Teacher/caregiver qualifications:** Pre-service training is required prior to the submission of a Family Child Care Learning Home application. The applicant who will be responsible for the day-to-day operations shall complete the pre-service training listed below that has been approved by the Lead Agency and which will include:
 1. Orientation that provides, at a minimum, instruction on the application process and gives an overview of the state's rules and regulations that relate to the operation of the 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 or trainers and approved by the Lead Agency, which include emergency care for infants and children.

The Family Child Care Home provider shall be at least 21 years of age. Effective July 1, 2009, providers who apply for initial license shall submit valid evidence/documentation of one of the following credentials/degrees issued by either the organization listed below, an accredited educational institution, or another organization approved/recognized by the Lead Agency:

1. Child Development Associate (CDA) credential (issued by the Council for Professional Recognition)
2. Technical Certificate of Credit (TCC) in Early Childhood Education
3. Technical College Diploma (TCD) in Early Childhood Education
4. Associate Degree in Early Childhood Education (AA, AAS, AAT)
5. Paraprofessional Certificate (issued by the Georgia Professional Standards Commission)
6. Bachelor's degree in Early Childhood Education
7. Master's degree in Early Childhood Education

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes. Informal care providers who care for relative children may care for up to six related children. Informal care providers, who are unrelated to the children in care, are limited to two children for pay. 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 less 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 care providers.

c) In-home CCDF providers:

1. Describe the ratios. If the relative cares for children for pay, the total number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay. Specifically, informal caregivers may have a ratio of 1:6 maximum, with no more than two unrelated children for pay, or 6 related or combination of related and unrelated.
2. Describe the group size. If the relative cares for children for pay, the total number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.
3. Describe the maximum number of children that are allowed in the home at any one time. Informal caregivers may not have more than six children allowed in the home at any one time. Licensing is required if the provider has enrolled more than two unrelated children for pay or if the group size exceeds six children, either if related or a combination of related and unrelated children. A Family Child Care Learning Home license is required for enrollments of three to six children. A Child Care Learning Center license is required for seven or more children.
4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size. Yes, related children are included in the child-to-provider ratio for informal care providers.
5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day. N/A- All children are included in the maximum of six children in care at all times.

5.2.2 Health and safety standards for CCDF programs.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, 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 providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

- a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics

(98.16(l)). Note – This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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 placed in such a way as to limit 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 three years must be disinfected daily. In addition, programs must exclude staff or children from care that exhibit illness symptoms and notify all enrolled families of instances of certain illnesses present in the facility when they occur. The Communicable Diseases chart is required to be posted in Child Care Learning Centers. The Georgia Department of Public Health (DPH) requires that they 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. For programs that are license-exempt but receive CCDF subsidy, in order to maintain hygienic measures to prevent infectious diseases, the Health and Safety Standards Manual requires that these programs maintain a minimum number of toilets and sinks based on the number of children attending the program; bathrooms be located near child care spaces; bathrooms be equipped with soap, toilet tissue, and single-use towels or cloth towels used only once between launderings; and that bathrooms 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 be located adjacent to the diapering area; the diapering surface be smooth, nonporous. The surface shall be cleaned with a disinfectant and dried with a single-use disposable towel; the area used for diapering is required to be clear of formulas, food, food utensils, or food preparation items.
- List all citations for these requirements, including those for licensed and license-exempt programs.

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); 591-1-1-.18(5)-(8); 5

91-1-1-18(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(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:

-CAPS Policy Manual 11.4.2 CAPS: Compliance for License-Exempt Programs (11.4.2.1)

-Health & Safety Standards for License-Exempt Providers Receiving Subsidy:

Sections: B. Bathrooms and U. Diapering

-CAPS Policy 11.5.3.4- Monitoring Informal Care Givers for Health and Safety Compliance

-Exemption Visit Health & Safety Monitoring Checklist

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). The Lead Agency does not have jurisdiction to require license-exempt programs to maintain these requirements. However, handwashing and diapering practices are monitored on the health and safety checklist during visits to exempt programs that accept CCDF subsidies. The Health and Safety Checklist conducted at the annual monitoring visits ask whether the program has policies for the exclusion of sick children; notification to parents if a child becomes ill; and notification to 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.
 - Describe any variations based on the age of the children in care. There are no variations in the prevention and control of infectious diseases based on the ages of the children in care.
 - Describe if relatives are exempt from this requirement. 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 conducted.
2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Both 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 shall be firm and tight-fitting and that the sheet be 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.

- List all citations for these requirements, including those for 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

-CAPS Policy 11.4.2.:Compliance for License-Exempt Programs - 11.4.2.1.

-Health & Safety Standards for License-Exempt Providers Receiving Subsidy – Section V. Safe Sleep Requirements

-CAPS Policy 11.5.3.4- Monitoring Informal Care Givers for Health and Safety Compliance

-Exemption Visit Health & Safety Monitoring Checklist

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). License-exempt programs receiving CCDF subsidy are visited annually to monitor health and safety standards, though the programs are not required by rule to comply but by policy. The checklist asks if safe sleep regulations are met.
 - Describe any variations based on the age of the children in care. The Safe Sleep rules apply to programs caring for infants who are 12 months and younger, and children up to the age of 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.
 - Describe if relatives are exempt from this requirement. 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.
3. Administration of medication, consistent with standards for parental consent

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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 period authorized to be given. Medications are required to 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 the families in the program's written policies. License-exempt programs accepting CCDF subsidy are required to only give medication 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, parent signature; The dispensing records must record the date, time and amount of medication administered, any noticeable adverse reactions observed, signature or initials of administrator of the medication. The medication is required to be in a locked storage cabinet or container inaccessible to children, stored separately from cleaning chemicals, supplies, or poisons. Refrigerated medications are required to be placed in a leakproof container in a refrigerator inaccessible to children.
- List all citations for these requirements, including those for 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)

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

-11.4.2. CAPS Compliance for License-Exempt Programs - 11.4.2.1.

-Health & Safety Standards for License-Exempt Providers Receiving Subsidy - I. Medications

-Monitoring Informal Care Givers for Health and Safety Compliance - 11.5.3.4

-Exemption Visit Health & Safety Monitoring Checklist

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). License-exempt programs receiving CCDF subsidy are visited annually to monitor health and safety standards, though the programs are not required by rule to comply but by policy. The Health and Safety Checklist conducted during the annual monitoring visit includes indicators that reference medication administration.

- Describe any variations based on the age of the children in care. There is no variation for medication administration based on the ages of children in care.
 - Describe if relatives are exempt from this requirement. 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 medications are stored securely.
4. Prevention of and response to emergencies due to food and allergic reactions
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) As part of each child's enrollment record, families must report any known allergies, including those to food. The Emergency Transportation record used for Child Care Learning Centers also requires this information to be recorded. The infant feeding plan must include whether 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 in order to prepare staff to respond in such emergencies. For license-exempt programs, the Health and Safety Checklist conducted during inspections asks if the children's records are maintained at the facility. Staff at these programs are also required to obtain First Aid, CPR, and Health and Safety Orientation within 90 days of employment.
 - List all citations for these requirements, including those for 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(5)
- 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)

FAMILY CHILD CARE LEARNING HOMES

- Rule 290-2-3-.08. Children's Records - 290-2-3-.08(4)

LICENSE-EXEMPT PROGRAMS

-Exemption Visit Health & Safety Monitoring Checklist

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations based on category of care.
- Describe any variations based on the age of the children in 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.
- Describe if relatives are exempt from this requirement. The Lead Agency does not require these practices for informal caregivers who are relatives.

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
 - Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Many of the Lead Agency's rules encompass the intent 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 secure and not within the reach of children. Fencing must be adequate to prevent access into traffic or any other hazards and the fence material itself should not present hazards. Any animals must not be 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 prior to use so that 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 may break. 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 be in compliance with the local or state fire marshal and receive a certificate prior to caring for children. If there is access to bodies of water greater than two feet, 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 depth of greater than two inches is considered a drowning hazard by policy. In addition, the rules stipulate that playgrounds should include no more than ¼ of the space as hard surface, fall zones should be provided, and equipment should be anchored in order to protect children's safety.

For Family Child Care Homes, the rules also address combustible materials, specifying that these items 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 prior to 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-feet high or greater fence barrier that does not present a hazard, with gates kept closed. Playground equipment shall be free from hazards, regularly maintained, and arranged to not obstruct supervision of

the children. Climbing and swinging equipment is required to be anchored and have a resilient surface beneath the equipment. Fall zones must be maintained to assure 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.

- List all citations for these requirements, including those for 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)(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

-CAPS Policy 11.4.2. CAPS Compliance for License-Exempt Programs - 11.4.2.1

-Health & Safety Standards for License-Exempt Providers Receiving Subsidy: sections L. Physical Plant; M. Playgrounds; Q. Swimming Pools and Water-related Activities

-CAPS Policy 11.5.3.4- Monitoring Informal Care Givers for Health and Safety Compliance

-Exemption Visit Health & Safety Monitoring Checklist

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). 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. Though not by rule, the health and safety checklist includes indicators to assess the physical safety of the environment. Additionally, all exempt programs are required to meet local approval standards, including fire marshal requirements, by rule, subject to the exemption being rescinded.

- Describe any variations based on the age of the children in care. There is no distinction based on the ages of the children in care for building and physical premises safety.
- Describe if relatives are exempt from this requirement. Though informal caregivers are not subject to licensing rules, these caregivers are visited annually to assess general health and safety if they are receiving CCDF subsidies. An indicator on the

checklist documents any hazards and whether the home has a working smoke detector and a fire extinguisher.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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.

- List all citations for these requirements, including those for 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-.21(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

-CAPS Policy 11.4.2- Compliance for License-Exempt Programs (11.4.2.1)

-Health & Safety Standards for License-Exempt Providers Receiving Subsidy: Section A. Activities; E. Discipline

-CAPS Policy 11.5.3- Monitoring Informal Care Givers for Health and Safety Compliance (11.5.3.4)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). License-exempt programs are monitored annually using a health and safety checklist. The checklist evaluates observed discipline. If no discipline is observed, staff are asked about their discipline practices.
 - Describe any variations based on the age of the children in care. 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 Department
 - Describe if relatives are exempt from this requirement. Discipline is an indicator addressed on the health and safety checklist conducted annually at monitoring visits at informal caregivers' homes receiving CCDF subsidies.
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.

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) All programs including Centers, Family Child Care, and Licensed Exempt programs are required to have an emergency preparedness response plan that covers each one of the identified situations in place as of October 1, 2016 when new rules were implemented to include each of the required components. The rules and policy was updated on October 1, 2016 to 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. Centers must post their plans for staff reference and parent awareness. Family Child Care and Licensed Exempt programs must have a written plan available to share with families and the Department. 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 these child care facilities, both licensed and license-exempt.

- List all citations for these requirements, including those for 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

-CAPS Policy 11.4.2 - Compliance for License-Exempt Programs (11.4.2.1.B)

-Health & Safety Standards for License-Exempt Providers Receiving Subsidy-
Section J. Policies and Procedures

-CAPS Policy- Monitoring Informal Care Givers for Health and Safety Compliance -
11.5.3.4

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Family Child Care and License-Exempt programs accepting CAPS subsidies are required by policy to have emergency preparedness and response plans that includes all required components. Components 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.

- Describe any variations based on the age of the children in care. There is no variation of emergency preparedness and response planning based on ages of children in care.
 - Describe if relatives are exempt from this requirement. Informal caregivers are exempt from the requirement to this extent. These caregivers are required to maintain an emergency contact phone list
8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Hazardous materials are required to be stored out of reach of children in all child care programs, licensed or license-exempt with CCDF subsidy. 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 are required to 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 providers are required to have universal precaution procedures stored with the first aid kit.
 - List all citations for these requirements, including those for 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
- CAPS Policy 11.4.2-Compliance for License-Exempt Programs (11.4.2.1)
 - Health & Safety Standards for License-Exempt Providers Receiving Subsidy L. Physical Plant; J. Policies and Procedures
 - CAPS Policy-Monitoring Informal Care Givers for Health and Safety Compliance - 11.5.3.4
- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Family child care providers are required to have universal precaution procedures stored with the first aid kit, whereas this is not directly addressed in the rules for Child Care Learning Centers or in the policies for License-Exempt programs.
 - Describe any variations based on the age of the children in care. There are no variations of this standard based on ages of children in care.
 - Describe if relatives are exempt from this requirement. Relative providers are required to ensure no hazardous materials are accessible to children. This standard is monitored using the health and safety checklist at annual visits.
9. Precautions in transporting children (if applicable)

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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 that the vehicle be inspected annually, the vehicle be kept in clean, safe condition with no hazardous or loose items inside, and that a careful plan include a passenger checklist accounting 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 are required to be used during travel. The Health and Safety Standards Manual for License-Exempt Providers Receiving Subsidy also include these same requirements.
- List all citations for these requirements, including those for 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)

LICENSE – EXEMPT PROGRAMS

-CAPS Policy 11.4.2. Compliance for License-Exempt Programs (11.4.2.1)

-Health & Safety Standards for License-Exempt Providers Receiving Subsidy R. Transportation

-Monitoring Informal Care Givers for Health and Safety Compliance – CAPS 11.5.3.4

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). The rules regarding transportation do not contain as much detail for Family Child Care Learning Homes 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.
- Describe any variations based on the age of the children in care. There are no variations regarding compliance for transportation based on the ages of children in care.
- Describe if relatives are exempt from this requirement. 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.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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 Department, also the training is required to 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% of the current employed staff must have current CPR and First Aid certification with at least one person with the certification on the premises and on transportation vehicles at all times. All child care providers are required to have current CPR and First Aid regardless of the facility type or licensed-exempt status.

- List all citations for these requirements, including those for 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)(c)3

LICENSE – EXEMPT PROGRAMS

-CAPS Policy 11.4.2. Compliance for License-Exempt Programs (11.4.2.1. A)

-Monitoring Informal Care Givers for Health and Safety Compliance – CAPS 11.5.3.1

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). There are no variations to the rule for program staff to obtain CPR and first aid certifications.
- Describe any variations based on the age of the children in care. There are no variations to this indicator based on the ages of children in care.
- Describe if relatives are exempt from this requirement. Relative providers are not exempt from this requirement to obtain CPR and first aid certifications.

11. Recognition and reporting of child abuse and neglect

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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. 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.

- List all citations for these requirements, including those for 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)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.07. Staffing and Supervision - 290-2-3-.07(6)

Rule 290-2-3-.14. Reporting 290-2-3-.14(3)

LICENSE – EXEMPT PROGRAMS

Exemption Visit Health & Safety Monitoring Checklist

Health and Safety Standards Manual for License-Exempt Providers Receiving Subsidy, T. Required Reporting

Official Code of Georgia - Mandated Reporter Law (2016) - O.C.G.A. §19-7-5(c)(1)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Though the 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 to comply. The Health and Safety Checklist conducted at annual monitoring visits asks if the program has a policy for recognizing and reporting suspected child abuse or neglect.
- Describe any variations based on the age of the children in care. There are no variations based on age of children in care to the requirement to report suspected child abuse or neglect.
- Describe if relatives are exempt from this requirement. 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 make a report of suspected child abuse or neglect.

b) Does the Lead Agency include any of the following optional standards?

☐ No, if no, skip to 5.2.3.

☒ Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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 shall meet nutritional guidelines as established by the USDA Child Care Food Program. Meals and snacks shall be varied daily, and additional servings of nutritious food shall be offered to children over and above the required daily minimum if not contraindicated by special diets. 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.

- List **all** citations for these requirements, **including those for licensed and license-exempt providers.**

CHILD CARE LEARNING CENTERS

Rule 591-1-1-.15. Food Service and Nutrition - 591-1-1-.15(1)-(2)

FAMILY CHILD CARE LEARNING HOMES

Rule 290-2-3-.10. Nutrition and Food Services - 290-2-3-.10(1)-(5)

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Informal and license-exempt programs are not held to this standard.
 - **Describe any variations based on the ages of the children in care.** Meal pattern guidelines established by the USDA vary by age and licensing requirements mandate that the established USDA guidelines be followed.
 - Describe if relatives are exempt from this requirement. Relative caregivers are exempt from this requirement.
2. Access to physical activity
- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) Child Care Learning Center rules require: Appropriate activities to promote all areas of development, including physical play and a balance of quiet and active periods, large and small motor activities. Outdoor activities shall be provided daily, weather permitting, in accordance with the following: 1. Centers operating five hours or more per day shall provide each child who is not an infant at least one and one-half hours of outdoor activity per day. 2. Infants shall spend at least one hour daily out of doors. 3. Centers operating less than five hours per day shall 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 both quiet and active periods of play and to provide activities for the development of gross motor skills. License-exempt providers accepting CCDF subsidy must follow the Health and Safety Standards for License-Exempt Providers Receiving Subsidy. The standards requires that the program provide developmentally appropriate activities that promote physical development of each child, along with social, emotional, physical, cognitive, language and literacy activities.

- List **all** citations for these requirements, **including those for licensed and license-exempt providers.**

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)

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)

LICENSE-EXEMPT PROGRAMS

Health and Safety Standards for License-Exempt Programs Accepting Subsidy

A. Activities

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). All variations of care have requirements for physical play activities to be provided for the children.
- Describe any variations based on the ages of the children in care. Infants are required one hour of outdoor play daily; all other ages are required 1.5 hours daily.
- Describe if relatives are exempt from this requirement. Relative caregivers are exempt from this standard.

3. Caring for children with special needs

- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.) 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 shall be made in connection with the child's enrollment or at the time that the special need becomes apparent to the child care program or the parents.

- List all citations for these requirements, including those for licensed and license-exempt providers.

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)

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)

INFORMAL PROVIDERS

Criteria for Informal Child Care Givers – CAPS Policy 11.5.2.1

- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). License-exempt programs are not held to this standard.
 - Describe any variations based on the ages of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Relative caregivers are exempt from this requirement. However, families may choose an informal caregiver only under certain circumstances, one of which is that the child has special needs by definition that licensed care is unable to fulfill.
4. 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 enrolled. These rules specifically address teaching methods, lesson plans, and developmentally appropriate play activities.

- Provide a brief summary of how the standard(s) is defined (i.e., what is the standard, content covered, practices required, etc.) The following are additional rules required for licensed child care programs:
 - The child care program shall 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 shall use a variety of teaching methods to accommodate the needs of the children's different learning styles.
 - Current lesson plans shall be kept on site and reflect appropriate instruction practices and activities to support children's development. The child care program shall 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.
- List all citations for these requirements, including those for licensed and license-exempt providers.

CHILD CARE LEARNING CENTERS
 Rule 591-1-1-.03 Activities - 591-1-1-.03(1)-(3), (5)
 Rule 290-2-3-.09. Children's Activities -290-2-3-.09(1)(a)-(k); 290-2-3-.09(2)

LICENSE – EXEMPT PROGRAMS
 Health & Safety Standards for License-Exempt Providers Receiving Subsidy- Section A. Activities

 - Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt). Though the Health and Safety Checklist conducted at annual monitoring visits does not assess whether the program is developmentally appropriate for children, the policy does provide guidance stating: Providers should 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 should use a variety of teaching methods to accommodate the needs of the children's different learning styles.
 - Describe any variations based on the ages of the children in care. N/A
 - Describe if relatives are exempt from this requirement. Informal caregivers are exempt from this standard.

5.2.3 Health and safety training for CCDF providers on required topics.

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, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with *Caring for our Children Basics* for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
 1. Licensed child care centers: A minimum of 6 hours of pre-service orientation related to health and safety topics defined in CCDF requirements is required to be completed for caregivers, teachers, and directors. Also, all child care staff are required to obtain a minimum of ten (10) clock hours of training during their first year of employment. At least six (6) of those hours should be obtained in the following topics: Four (4) clock hours of training in any of the following topics: disease control, cleanliness, basic hygiene, illness detection, illness disposition, and childhood injury control. Two (2) clock hours of training in identifying, reporting, and meeting the needs of abused, neglected, or deprived children. First year training requirements can be combined with pre-service orientation health and safety training for a minimum of 8 hours.
 2. Licensed FCC homes: Initial applicants are required to attend FCCLH-LOM (Family Child Care Learning Home - Licensure Orientation Meeting) and to complete 10 additional hours of training in five specific areas: Early Learning Standards, Communications, Leadership and Professional Development, Business Management, and Advocacy for Parents and Children (2 hours in each). A minimum of 6 hours of pre-service orientation related to health and safety topics defined in CCDF requirements is required to be completed for caregivers, teachers, and directors. Also, all child care staff are required to obtain a minimum of ten (10) clock hours of training during their first year of employment. At least six (6) of those hours should be obtained in the following topics: Four (4) clock hours of training in any of the following topics: disease control, cleanliness, basic hygiene, illness detection, illness disposition, and childhood injury control. Two (2) clock hours of training in identifying, reporting, and meeting the needs of abused, neglected, or deprived children. First year training requirements can be combined with pre-service orientation health and safety training for a minimum of 8 hours.
 3. In-home care: Minimum of 6 hours of pre-service orientation is required for informal providers receiving subsidy payments from the CAPS program.
 4. Variations for exempt provider settings: Minimum of 6 hours of pre-service orientation is required for all child care staff.

- b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer). Within 90 days of hire date.
- c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served. There are no differences in pre-service or orientation training requirements based on the ages of the children served. All Caregivers working with children are required to complete the full health and safety training module.
- d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered. Training is delivered in multiple ways across the state of Georgia. State-approved trainers may offer the training face to face or through an online module. In order for the training to be approved, the content must cover all health and safety topics required by the rule. DECAL worked with the Georgia Approval Training 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. <https://www.training.dec.state.ga.us/info-for-approved-trainers/health-safety-orientation-training> . Additionally, DECAL contracted with Pennsylvania State University's online training system, Better Kid Care, to provide the CCDF required Health and Safety Orientation training, beginning in 2016. Any Georgia provider is eligible to create an account and take this training module at no cost to the participant. The certificate earned is valid for the career of the participant and must be at least six hours in length. The Better Kid Care Health and Safety Orientation certificate was expanded to eight hours in 2018 when the component for child development was added. As part of the contract, Better Kid Care furnishes DECAL with a list of participants that have taken 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. https://www.training.dec.state.ga.us/sites/default/files/uploads/docs/ccdf_health_safety_orientation_only_sample_certificate_0.pdf
- e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).
1. Prevention and control of infectious diseases (including immunizations)
 - Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 Child Care Learning Centers 591-1-1-.33(3) and 591-1-1-.33(4)
 Family Child Care Learning Homes 290-2-3-.07(4)
 CAPS Policy:
 12.4.4- Training, Technical Assistance, Compliance, and Monitoring Standards
 11.4.2- CAPS Compliance for License-Exempt Programs
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in licensed CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in **license-exempt CCDF programs** are allowed to care for children unsupervised?
☐ Yes
☒ No
- **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 Child Care Learning Centers 591-1-1-.33(3)
 Family Child Care Learning Homes 290-2-3-.07(4).
 CAPS policy:
 12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards
 11.4.2 CAPS Compliance for License-Exempt Programs.
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in **licensed CCDF programs** are allowed to care for children unsupervised?
☐ Yes
☒ No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in **license-exempt CCDF programs** are allowed to care for children unsupervised?
☐ Yes
☒ No
- **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

3. Administration of medication, consistent with standards for parental consent

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 Child Care Learning Centers 591-1-1-.33(3)
 Family Child Care Learning Homes 290-2-3-.07(4).
 CAPS policy:
 12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards
 11.4.2 CAPS Compliance for License-Exempt Programs.

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in **licensed CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in **license-exempt CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
 - **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.
4. Prevention and response to emergencies due to food and allergic reactions
- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 - Child Care Learning Centers 591-1-1-.33(3)
 - Family Child Care Learning Homes 290-2-3-.07(4)
 - CAPS policy:
 - 12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards
 - 11.4.2 CAPS Compliance for License-Exempt Programs
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in **licensed CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in **license-exempt CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
 - **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.
5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 Child Care Learning Centers 591-1-1-.33(3)
 Family Child Care Learning Homes 290-2-3-.07(4)
 CAPS policy: 12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards
 11.4.2 CAPS Compliance for License-Exempt Programs
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in licensed CCDF programs** are allowed to care for children unsupervised?
☐ Yes
☒ No
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in license-exempt CCDF programs** are allowed to care for children unsupervised?
☐ Yes
☒ No
 - **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance
6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 Child Care Learning Centers 591-1-1-.33(3)
 Family Child Care Learning Homes 290-2-3-.07(4)
 CAPS policy: 12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards
 11.4.2 CAPS Compliance for License-Exempt Programs
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in licensed CCDF programs** are allowed to care for children unsupervised?
☐ Yes
☒ No
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in license-exempt CCDF programs** are allowed to care for children unsupervised?
☐ Yes
☒ No
 - **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

Child Care Learning Centers 591-1-1-.33(3)

Family Child Care Learning Homes 290-2-3-.07(4)

CAPS policy:

12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards

11.4.2 CAPS Compliance for License-Exempt Programs

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
☐ Yes
☒ No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
☐ Yes
☒ No
- Describe if relatives are exempt from this requirement. Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

Child Care Learning Centers 591-1-1-.33(3)

Family Child Care Learning Homes 290-2-3-.07(4)

CAPS policy:

12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards

11.4.2 CAPS Compliance for License-Exempt Programs

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
☐ Yes
☒ No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
☐ Yes
☒ No

- **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**

Child Care Learning Centers 591-1-1-.33(3)

Child Care Learning Centers 591-1-1-.36(3)(a-b)

Family Child Care Learning Homes 290-2-3-.07(4)

CAPS policy:

12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards

11.4.2 CAPS Compliance for License-Exempt Programs

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in licensed CCDF programs** are allowed to care for children unsupervised?
 - ☒ Yes
 - ☐ No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in license-exempt CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
- **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

10. Pediatric first aid and CPR certification

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**

Child Care Learning Centers 591-1-1-.33(3)

Child Care Learning Center 591-1-1-.14(1)

Family Child Care Learning Homes 290-2-3-.07(4)

Family Child Care Learning Homes 290-2-3-.07(17)(d)

CAPS policy:

12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards

11.4.2 CAPS Compliance for License-Exempt Programs

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in licensed CCDF programs** are allowed to care for children unsupervised?

- ☒ Yes Note: both checked b/c Yes for FCCLH, No for CCLC & Exempt; see what ACF database allows for entry
- ☒ No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
- Describe if relatives are exempt from this requirement. Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

11. Recognition and reporting of child abuse and neglect

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.
 - Child Care Learning Centers 591-1-1-.33(3)
 - Child Care Learning Centers 591-1-1-.33(4)
 - Family Child Care Learning Homes 290-2-3-.07(4)
 - Family Child Care Learning Homes 290-2-3-.07(6)
 - CAPS policy:
 - 12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards
 - 11.4.2 CAPS Compliance for License-Exempt Programs
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
- Describe if relatives are exempt from this requirement. Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

12. Child development (98.44(b)(1)(iii))

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.
 - Child Care Learning Centers 591-1-1-.33(3)
 - Child Care Learning Centers 591-1-1-.33(6)

Family Child Care Learning Homes 290-2-3-.07(4)

Family Child Care Learning Homes 290-2-3-.07

CAPS policy:

12.4.4 Training, Technical Assistance, Compliance, and Monitoring Standards

11.4.2 CAPS Compliance for License-Exempt Programs

- Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in licensed CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
 - Does the state/territory require that this training topic be completed before caregivers, teachers, and directors **in license-exempt CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
 - **Describe if relatives are exempt from this requirement.** Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.
13. Describe other training requirements, **such as nutrition, physical activities, caring for children with special needs, etc.** During the first year of employment, the Director and the person primarily responsible for food preparation are required to obtain a minimum of four (4) clock hours of training in food nutrition planning, preparation, serving, proper dish washing, and food storage. In the first year of employment and then by calendar year thereafter, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training, and volunteers shall attend ten (10) clock hours of training that is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university, vocational program, or other Department-approved source.
- Provide the citation(s) for other training requirements, **including citations for both licensed and license-exempt providers.**
 - Child Care Learning Center 591-1-1-.33(5)
 - Child Care Learning Center 591-1-1-.33(6)
 - Family Child Care Learning Homes 290-2-3-.07(6)
 - Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors **in licensed CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No
 - Does the state/territory require that this training topic(s) be completed before caregivers, teachers, and directors **in license-exempt CCDF programs** are allowed to care for children unsupervised?
 - ☐ Yes
 - ☒ No

- Describe if relatives are exempt from this requirement. Relatives who care for children and receive subsidy payments are required to follow policies set by the CAPS program. CAPS policy 11.5.3 Monitoring Informal Care Givers for Health and Safety Compliance.

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

- Licensed child care centers: Ten clock hours
- Licensed FCC homes: Ten clock hours
- In-home care: Ten clock hours
- Variations for exempt provider settings: No variations, ten clock hours required

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

-Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) Applies to all staff with direct care responsibilities (to include the director)

-Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) Applies to all staff with direct care responsibilities (to include the provider)

-License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 Applies to all staff with direct care responsibilities (to include the director)

-Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 Applies to all staff with direct care responsibilities

-Licensed Child Care Learning Centers: Each staff member with direct care responsibilities shall complete health and safety training at the time of employment. The state-approved training hours obtained will count toward required first year or annual training hours. Staff employed on or prior to September 30, 2016 will complete the training by December 29, 2016. Staff members employed after September 30, 2016 will complete the health and safety training within the first 90 days of employment. The training must address the following health and safety topics: prevention and control of infectious diseases; prevention of sudden infant death syndrome (SIDS) 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 and abusive head trauma; 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; and precautions in transporting children (if applicable).

- Licensed Family Child Care Learning Homes: The provider, employees, and provisional employees with direct care responsibilities shall complete health and safety training at the time of employment. The state-approved training hours obtained may count toward required annual training hours. Staff employed on or prior to September 30, 2016 will complete the training by December 29, 2016. Staff employed after September 30, 2016 will complete the health and safety training within the first 90 days of employment. The training must address the following health and safety topics: prevention and control of infectious diseases; prevention of SIDS 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 and abusive head trauma; emergency preparedness and response planning for emergencies resulting from a natural disaster or threatening event such as violence at the facility; handling and storage of hazardous materials and the appropriate disposal of bio contaminants; and precautions in transporting children (if applicable).

- License-exempt Programs: 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 providers must complete pre-service orientation and training requirements within the first three months of employment and ten hours of ongoing health and safety training each calendar year thereafter. Health and safety training must cover, at a minimum, the following topic areas:

- Prevention and control of infectious diseases (including immunizations);
- Prevention of SIDS and use of safe sleep practices;
- Administration of medication, consistent with standards for parental consent;
- Prevention 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;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning for emergencies resulting from natural or man-made disasters;
- Handling, storage, and disposal of hazardous materials;
- Transportation safety for children;
- Nutrition and access to physical activity; and
- Promotion of child development.

- Exempt Informal Providers: All informal care givers are required to complete pre-service and annual health and safety training. CPR training for infants and toddlers must be completed prior to the caregiver's enrollment in the CAPS program. Informal care givers must complete pre-service orientation and training requirements within the first 90 days of enrollment and ten hours of ongoing Lead Agency-approved health and safety training each calendar year thereafter. The health and safety training course for informal care givers must cover, at a minimum, the following topics:

- Prevention and control of infectious diseases (including immunizations);
- Prevention of SIDS and use of safe-sleep practices;
- Administration of medication, consistent with standards for parental consent;
- Prevention 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;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning for emergencies resulting from natural or man-made disasters;
- Handling, storage, and disposal of hazardous materials;
- Transportation safety for children;
- Nutrition and access to physical activity; and
- Promotion of child development.

- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.
 - Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) applies to all directors/caregivers
 - Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) applies to all providers/helpers/caregivers
 - License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 applies to all providers/directors/caregivers
 - Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 applies to all Informal Providers
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
 - ☐ Annually.

- ☒ Other. Describe Within the first 90 days of employment
 - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment
3. Administration of medication, consistent with standards for parental consent
- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.
 - Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) applies to all directors/caregivers
 - Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) applies to all providers/helpers/caregivers
 - License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 applies to all providers/directors/caregivers
 - Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 applies to all Informal Providers
 - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment
 - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment
4. Prevention and response to emergencies due to food and allergic reactions
- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.
 - Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) applies to all directors/caregivers
 - Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) applies to all providers/helpers/caregivers
 - License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 applies to all providers/directors/caregivers
 - Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 applies to all Informal Providers
 - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment
 - How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
 - ☐ Annually.

☒ Other. Describe Within the first 90 days of employment

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**

-Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) **applies to all directors/caregivers**

-Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) **applies to all providers/helpers/caregivers**

-License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 **applies to all providers/directors/caregivers**

-Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 **applies to all Informal Providers**

- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in licensed CCDF programs?**

☐ Annually.

☒ Other. Describe Within the first 90 days of employment

- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in license-exempt CCDF programs?**

☐ Annually.

☒ Other. Describe Within the first 90 days of employment

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**

-Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) **applies to all directors/caregivers**

-Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) **applies to all providers/helpers/caregivers**

-License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 **applies to all providers/directors/caregivers**

-Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 **applies to all Informal Providers**

- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in licensed CCDF programs?**

☐ Annually.

☒ Other. Describe Within the first 90 days of employment

- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in license-exempt CCDF programs?**

☐ Annually.

☒ Other. Describe Within the first 90 days of employment

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
 - Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 - Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) **applies to all directors/caregivers**
 - Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) **applies to all providers/helpers/caregivers**
 - License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 **applies to all providers/directors/caregivers**
 - Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 **applies to all Informal Providers**
 - How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in licensed CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe **Within the first 90 days of employment**
 - How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in license-exempt CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe **Within the first 90 days of employment**

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
 - Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
 - Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) **applies to all directors/caregivers**
 - Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) **applies to all providers/helpers/caregivers**
 - License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 **applies to all providers/directors/caregivers**
 - Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 **applies to all Informal Providers**
 - How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in licensed CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe **Within the first 90 days of employment**
 - How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in license-exempt CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe **Within the first 90 days of employment**

9. Appropriate precautions in transporting children (if applicable)

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.** -Licensed Child Care Learning Centers: DECAL Rules & Regulations: 591-1-1-.33(3) **applies to all directors/caregivers**
-Licensed Family Child Care Learning Homes: DECAL Rules & Regulation: 290-2-3-.07(4) **applies to all providers/helpers/caregivers**
-License - Exempt Providers: CAPS Policy – 11.4.2.1 and DECAL Rules & Regulations 591-1-1-.46 **applies to all providers/directors/caregivers**
-Exempt Informal Providers: CAPS Policy -11.5.3 and 11.5.4 **applies to all Informal Providers**
- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in licensed CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe **Within the first 90 days of employment**
- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in license-exempt CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe **Within the first 90 days of employment**

10. Pediatric first aid and CPR certification

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**
Licensed Child Care Learning Centers: DECAL Rules & Regulations - 591-11-.14(1) and 591-1-1-.14(2) **applies to director/caregivers**
Licensed Family Child Care Learning Homes: DECAL Rules & Regulations - 290-2-3-.07(5) **applies to Provider/helper/caregiver**
License – Exempt Providers: CAPS Policy – 11.4.2.1; DECAL Rules & Regulations – 591-1-1-.46 (Health & Safety Standards (G)) **applies to the Provider/director/caregiver**
Exempt Informal Providers: CAPS Policy – 11.5.3 **applies to the Informal Provider**
Licensed Child Care Learning Centers:
- Training- The center director must successfully complete a biennial training program in CPR and a triennial training program in first aid and shall have current evidence of the successful completion of such training. The training must be done by certified or licensed health care professionals or trainers and must deal with the provision of emergency care to infants and children. In addition, at any given time, at least 50% of the caregiver staff shall have completed such training and shall have current evidence of the completion of such training.
- Staffing Requirement- Whenever any child is present, there must always be a staff member on the center premises and on any field trip who is trained in CPR and first aid. All staff who provide direct care to children must obtain certification in first aid and CPR within the first 90 days of employment. The hours obtained completing this certification will not count toward required annual training hours. Staff employed on or prior to September 30, 2016 must have satisfactorily completed certification by December 29, 2016. Staff members employed after September 30, 2016 must satisfactorily complete

certification within 90 days from date of hire.

Licensed Family Child Care Learning Homes:

Every provider, provisional employee, and employee with direct care responsibilities shall have current evidence of successful completion of a biennial training program in CPR and a triennial training program in first aid that have been offered by certified or licensed health care professionals or trainers and which dealt with emergency care for infants and children. Such training must be completed by the provider prior to initial licensure. Training must be completed within 90 days from date of hire for provisional employees and employees.

License-Exempt Programs:

License-exempt providers must participate in training and technical assistance required by the CAPS program and also must comply with same requirements established for licensed programs as related to first aid and CPR. All staff who provide direct care to children must obtain certification in first aid and CPR within the first 90 days of employment. The hours obtained completing this certification will not count toward required annual training hours. Staff members must satisfactorily complete certification within 90 days from date of hire.

Exempt Informal Providers:

All informal care givers are required to complete pre-service and annual health and safety training. CPR training for infants and toddlers must be completed prior to the caregiver's enrollment in the CAPS program. Informal caregivers must complete pre-service orientation and training requirements within the first 90 days of enrollment and ten hours of ongoing Lead Agency-approved health and safety training each calendar year thereafter.

- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment

11. Recognition and reporting of child abuse and neglect

- Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.
 - Licensed Child Care Learning Centers: DECAL Rules & Regulations - 591-1-1-.33(4) applies to all directors/caregivers
 - Licensed Family Child Care Learning Homes: DECAL Rules & Regulations - 290-2-3-.07(6) applies to all providers/helpers/caregivers
 - License – Exempt Providers: CAPS Policy – 11.4.2.1; DECAL Rules & Regulations –

591-1-1-.46 (Health & Safety Standards (P)) applies to all providers/directors/caregivers

Exempt Informal Providers: CAPS Policy – 11.5.3 applies to all Informal Providers

Licensed Child Care Learning Centers:

First Year Training - Direct Care Staff. Within the first year of employment, all staff who provide any direct care to children, except independent contractors, students-in-training, and volunteers, shall obtain ten clock hours of training or instruction in child care issues from an accredited school or Lead Agency-approved source. At least six of the clock hours must be divided as follows: four clock hours of training in any of the following topics: disease control, cleanliness, basic hygiene, illness detection, illness disposition and childhood injury control and two clock hours of training in identifying, reporting, and meeting the needs of abused, neglected, or deprived children.

Licensed Family Child Care Learning Homes:

The provider, provisional employee, and employee shall attend ten clock hours of diverse training that is related to the care of children and is offered by an accredited college, university, vocational program, or other Lead Agency-approved source, annually. The annual ten 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 identification and 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 ten (10) clock hours of training. Records of completion of such training programs shall be maintained in the home by the provider, as required by these rules.

License-Exempt Programs:

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 providers must complete pre-service orientation and training requirements within the first three months of employment and ten hours of ongoing health and safety training each calendar year thereafter.

- Program Orientation. Prior to assignment to children or tasks, all staff must receive an orientation on the following subjects: (a) The program's policies and procedures; (b) The portions of these standards dealing with the care, health, and safety of children; (c) The staff member's assigned duties and responsibilities; (d) Reporting requirements for suspected cases of child abuse, neglect, or deprivation and communicable diseases and serious injuries; (e) Emergency plans; (f) Childhood injury control; (g) The administration of medicine; (h) Reducing the risk of SIDS; (i) Hand washing; (j) Fire Safety; (k) Water Safety; and (l) Prevention of HIV/Aids and blood borne pathogens.

Exempt Informal Providers: All informal caregivers are required to complete pre-service and annual health and safety training. CPR training for infants and

toddlers must be completed prior to the caregiver's enrollment in the CAPS program. Informal caregivers must complete pre-service orientation and training requirements within the first 90 days of enrollment and ten hours of ongoing Lead Agency-approved health and safety training each calendar year thereafter.

- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in licensed CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe Within the first year of employment
- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in license-exempt CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe Within the first 90 days of employment

12. Child development (98.44(b)(1)(iii))

- Provide the citation(s) for this training requirement, **including citations for both licensed and license-exempt providers.**

Licensed Child Care Learning Centers: DECAL Rules & Regulations - 591-1-1-.33(6) **applies to all directors/caregivers**

Licensed Family Child Care Learning Homes: DECAL Rules & Regulations - 290-2-3-.07(6) **applies to all providers/helpers/caregivers**

License – Exempt Providers: CAPS Policy - 11.4.2.1; DECAL Rules & Regulations – 591-1-1-.46 (Health & Safety Standards (P)) **applies to all providers/directors/caregivers**

Exempt Informal Providers: CAPS Policy - 11.5.3 **applies to Informal Providers**

Licensed Child Care Learning Centers:

Annual Training. In the first year of employment and then by calendar year thereafter, all supervisory and caregiver personnel, except independent contractors, students-in-training, and volunteers, shall attend ten clock hours of training that is task-focused on early childhood education, child development, or subjects relating to job assignment, and is offered by an accredited college, university, vocational program, or other Lead Agency-approved source.

Licensed Family Child Care Learning Homes:

The provider, provisional employee, and employee shall attend ten clock hours of diverse training that is related to the care of children and is offered by an accredited college, university, vocational program, or other Lead Agency-approved source, annually. The annual ten 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 identification and 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 ten clock hours of training. Records of completion of such training programs shall be maintained in the home by the provider, as required by these rules.

License-Exempt Programs:

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 providers must complete pre-service orientation and training requirements within the first three months of employment and ten hours of ongoing health and safety training each calendar year thereafter.

- On an annual basis, all supervisory and caregiver personnel shall attend ten clock hours of training that is task-focused on early childhood education, child development, or subjects relating to job assignment, and is offered by an accredited college, university, vocational program, or other Lead Agency-approved source.

Exempt Informal Providers:

All informal caregivers are required to complete pre-service and annual health and safety training. CPR training for infants and toddlers must be completed prior to the caregiver's enrollment into the CAPS program. Informal caregivers must complete pre-service orientation and training requirements within the first 90 days of enrollment and ten hours of ongoing Lead Agency-approved health and safety training each calendar year thereafter.

- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?
 - ☒ Annually.
 - ☐ Other. Describe
- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in license-exempt CCDF programs?
 - ☒ Annually.
 - ☐ Other. Describe

13. Describe other requirements, such as nutrition, physical activities, caring for children with special needs, etc. Within the first year of employment, the Director and the person primarily responsible for food preparation must receive four (4) clock hours of training in food nutrition planning, preparation, serving, proper dish washing and food storage.

Child Care Learning Centers that provide any type of transportation must obtain two (2) clock hours of state-approved or state-accepted transportation training, biannually, for the Director and for each Staff person responsible for or who participates in the transportation of children. The training must include, but is not limited to, a review of the transportation rules, a review of approved transportation forms and procedures, and instruction on the usage and completion of the forms and procedures. This training may be counted as part of the annual training requirements for Staff. Director and Staff must complete the training prior to assuming any duties related to the transportation of children and at least every two years thereafter.

- Provide the citation(s) for other training requirements, **including citations for both licensed and license-exempt providers.**
 Center (licensed) – 591-1-.33(5) – Food Preparation applies to the Director/person primarily responsible for food preparation
 Center (licensed) – 591-1-.36(3) – Transportation Training applies to the Director/and for each staff person responsible for or who participates in the transportation of children
 Family Child Care (licensed) – N/A
 Exempt Provider (license – exempt) – N/A
- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in licensed CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe
 Food Preparation – Within first year of employment
 Transportation Training – Director and each Staff person who will be responsible for or participate in the transportation of children shall have completed two (2) clock hours of state-approved or state-accepted transportation training prior to assuming any duties related to the transportation of children and at least every two years thereafter.
- How often does the state/territory require that this training topic be completed **by caregivers, teachers, and directors in license-exempt CCDF programs?**
 - ☐ Annually.
 - ☒ Other. Describe These topics are not required for license-exempt programs beyond the health & safety training required within the first 90 days of employment.

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that 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 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements. 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 CCLC, FCCLH, 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 CCLC and FCCLH, enforcement would follow the procedures of the Enforcement and Compliance rules, which may result in adverse action.

5.3.2 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 responding to the questions below to describe 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

1. Describe your state/territory's requirements 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 prior to a license being 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). (Policy citation: CCS-1300 from Child Care Services Policies and Procedures; Legal Authority: O.C.G.A. 20-1A-1 et seq.)
2. Describe your state/territory's requirements 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) for each licensed CCLC twice during the state fiscal year. Policy citation CCS-1500 from Child Care Services Policies and Procedures; Legal Authority: O.C.G.A. 20-1A-1 et seq.) Additional follow-up visits and complaint investigations are conducted as needed.
3. Identify the frequency of unannounced inspections:
 - ☐ Once a year
 - ☒ 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.
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers 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 (those rules that have been identified to have 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

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers Policy citation CCS-1300, CCS-1500 and CCS-1700 from Child Care Services Policies and Procedures; Legal Authority: O.C.G.A. 20-1A-10 et seq.)

b) Licensed CCDF family child care home

1. 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 prior to a license being 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). (Policy citation: CCS-1300 from Child Care Services Policies and Procedures; Legal Authority: O.C.G.A. 20-1A-1 et seq.)
2. Describe your state/territory's requirements for at least 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. Policy citation CCS-1500 from Child Care Services Policies and Procedures; Legal Authority: O.C.G.A. 20-1A-1 et seq.) Additional follow-up visits and complaint investigations are conducted as needed.
3. Identify the frequency of unannounced inspections:
 - ☐ Once a year
 - ☒ 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.
4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers 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 (those rules that have been identified to have 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.
5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers Policy citation CCS-1300, CCS-1500 and CCS-1700 from Child Care Services Policies and Procedures; Legal Authority: O.C.G.A. 20-1A-10 et seq.

c) Licensed in-home CCDF child care

- ☒ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the state/territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards.
 2. Describe your state/territory's requirements for at least annual, unannounced inspections of licensed CCDF in-home child care providers.
 3. Identify the frequency of unannounced inspections:
 - ☐ Once a year
 - ☐ More than once a year. Describe
 4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.
 5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers
- d) List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. The Lead Agency has the responsibility of conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers. Providers may also receive visits from their local fire, zoning, and building authorities, as well as county Health Departments.

5.3.3 Inspections for license-exempt CCDF 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)). The state/territory may determine if exempt relative providers (as described in section (658P(6)(B)) do not need to meet this requirement. At a minimum, the health and safety requirements to be inspected must address the standards listed in 5.1.4 (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. Annual, unannounced monitoring visits of each license-exempt CCDF provider occurs for compliance with health, safety, and fire standards. Differential monitoring is not currently in place at this time. Citation: CAPS Policy 12.4.5

Provide the citation(s) for this policy or procedure. At this time, statewide licensing inspectors are conducting health and safety monitoring visits for license-exempt, center-based CCDF providers. A formal written policy is not in place. An exemption unit within the licensing division will be responsible for the monitoring visits for license-exempt programs effective July 2018 and written policies will be developed.

- 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. This would not apply, as family child care CCDF providers are ineligible to become license-exempt and differential monitoring is not currently in place at this time.

Provide the citation(s) for this policy or procedure. Rule 591-1-1-.46(1)(a)(2) Exemptions

All programs providing group care for children shall obtain either a license or a commission

for an early care and education program or an exemption from the Lead Agency, as applicable. Any person or entity operating or planning to operate such a service believed to meet the criteria for exemption from licensure shall apply to the Lead Agency for exemption by submitting the Lead Agency's application for exemption. Programs operated in a residence are not eligible for exemption.

- c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used. Applies only to relative care, in-home CCDF providers, as family child care CCDF providers are ineligible to become license-exempt. Annual, announced monitoring visits of each in-home, license-exempt CCDF provider occurs for compliance with health, safety, and fire standards. Differential monitoring is not currently in place at this time.

Provide the citation(s) for this policy or procedure.

CAPS Policy:

11.5.3 *Monitoring Informal Care Givers for Health and Safety Compliance*

11.5.3.4 As part of CAPS program requirements, informal caregivers must be monitored for health and safety compliance in the home where care is provided. Lead Agency staff will monitor all informal caregivers for health and safety requirements during on-site visits. The monitoring checklist can be found in Appendix T.

11.5.3.5 Monitoring for health and safety compliance will take place within the first 90 days of the caregiver's completion of pre-service orientation and each year thereafter.

11.5.3.6 Failure to comply with monitoring may result in the informal care giver being disqualified from the CAPS program.

11.5.3.7 The Lead Agency reserves the right to make unannounced visits to the home at any time of the day or year where care is provided.

CCS Policy: CCS 1400 – Informal / Unregulated Providers

- d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

☒ No

☐ Yes. If yes, describe: _____

- e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers: The Lead Agency- Georgia Department of Early Care and Learning

5.3.4 Licensing inspectors.

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 and that those inspectors 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)). Georgia employs licensing inspectors that meet the minimum qualifications as set forth by the Georgia Department of Administrative Services as it relates to requirements for Early Childhood Education. A child care licensing consultant must meet the following required minimum qualifications prior to 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.

Further, the Lead Agency has implemented a three-month long onboarding process for training each licensing inspector on the requirements for health and safety as set forth 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 enhance 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.

- b) Provide the citation(s) for this policy or procedure. [Lead Agency \(DECAL\) Internal Policy and CCS Policy and Procedures](#)

5.3.5 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 CCS division. 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. O.C.G.A. §20-1A-9 Authority to license and regulate day care centers, group day care homes, and family day care homes transferred to the Lead Agency. Current ratio of 49 licensed facilities: 1 licensing consultant.

5.3.6 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 inspection requirements. *Note:* This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

- ☐ Yes, relatives are exempt from all inspection requirements. If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.
- ☐ Yes, relatives are exempt from some inspection requirements. If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.
- ☒ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal 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 FCC 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)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks:

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		

Components	In-State	National	Inter-State
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. 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			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

- The national FBI fingerprint check; and,
- The three in-state background check provisions for the current state of residency:
 - state criminal registry or repository using fingerprints;
 - state sex offender registry or repository check; and
 - state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/prerequisite for waiver	Possible time limited waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/prerequisite for waiver	Possible time limited waiver for current (existing) staff

Components	New (Prospective) Staff	Existing Staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/prerequisite for waiver	Possible time limited waiver for current (existing) staff
4. FBI fingerprint check	Milestone/prerequisite for waiver	Possible time limited waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible time limited waiver for: <ul style="list-style-type: none"> • establishing requirements and procedures; and/or • conducting checks on all new (prospective) staff; and/or • conducting checks on current (existing) staff 	
6. 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	Possible time limited waiver for: <ul style="list-style-type: none"> • establishing requirements and procedures; and/or • conducting checks on all new (prospective) staff; and/or • conducting checks on current (existing) staff 	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible time limited waiver for: <ul style="list-style-type: none"> • establishing requirements and procedures; and/or • conducting checks on all new (prospective) staff; and/or • Conducting checks on current (existing) staff 	
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible time limited waiver for: <ul style="list-style-type: none"> • establishing requirements and procedures; and/or • conducting checks on all new (prospective) staff; and/or • conducting checks on current (existing) staff 	

Use the questions below to describe the status of the requirements, policies, and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

- a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or

repository, with the use of fingerprints required in the state where the staff member resides.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations For the FBI fingerprint check, a child care provider must do the following for all applicants: Submit a current records check application to DECAL, either electronically through DECAL KOALA (preferred), the Lead Agency's online information resource for child care providers, or by mail; Register with Gemalto/COGENT for the national and Georgia fingerprint-based criminal history screening; Pay the fee associated with the national and Georgia fingerprint-based criminal history screening to Gemalto/COGENT, if applicable; and Fingerprint through a Gemalto/COGENT fingerprint site for the national and Georgia fingerprint-based criminal history screening; and DECAL will review each national fingerprint-based criminal history report and make a determination as to whether the applicant is satisfactory or unsatisfactory based upon that review. 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 every licensed child care learning center and family child care learning home. Georgia's Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations This requirement extends to any child care provider and any resident age 17 and older of a license-exempt program that receives CCDF funds: government owned and operated programs, family/friend/neighbor

care homes and day camps. Georgia's Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h)

<http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx> Click or tap here to enter text.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☒ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. N/A

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers).
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies, and procedures for the search of the in-state sex offender registry.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. A name-based search of the Georgia sex offender registry is conducted for all those undergoing the comprehensive background check. 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>. DECAL (Lead Agency) employees type in the name of the applicant as listed on his/her records check application and record the result in our database. 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 every licensed child care learning center and family child care learning home. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. This requirement extends to any child care provider and any resident age 17 and older of a license-exempt program that receives CCDF funds: government owned and operated programs, family/friend/neighbor care homes and day camps. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☒ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. N/A

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state sex offender registry for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe:

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies, and procedures for the search of the in-state child abuse and neglect registry.

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with

98.43(a)(1)(i) and 98.16(o). Describe and provide citations. A name-based search of the Georgia child abuse registry is conducted for all those undergoing the comprehensive background check. A search is conducted immediately upon submission of a valid records check application through an interface between the DECAL (Lead Agency) background check database and the Georgia child abuse and neglect registry. In the event that an interface-based check cannot be conducted, DECAL staff will submit a written 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 every licensed child care learning center and family child care learning home. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. This requirement extends to any child care provider and any resident age 17 and older of a license-exempt program that receives CCDF funds: government owned and operated programs, family/friend/neighbor care homes and day camps. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

- ☒ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. N/A
- ☐ No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:
 - Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
 - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)

- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note that an FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

- a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies, and procedures for the search of the national FBI fingerprint check.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. A fingerprint-based criminal history search of both the national and Georgia criminal repositories is conducted for all those undergoing the comprehensive background check. 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 every licensed child care learning center and family child care learning home. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.gov/CCS/CriminalRecordsCheck.aspx>.
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. This requirement extends to any child care provider and any resident age 17 and older of a license-exempt program that receives CCDF funds: government owned and operated programs, family/friend/neighbor care homes and day camps.

Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h)
<http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

- ☒ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. N/A
- ☐ No (Waiver request allowed. See Appendix A.) Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:
 - Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
 - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF
 - Key challenges to fully implementing this requirement
 - Strategies used to address these challenges

Describe:

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff?

- ☒ Yes. If yes,
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. The GBI conducts both 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 national criminal history report for all those undergoing the comprehensive background check. 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 every licensed child care learning center and family child care learning home. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h)

<http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations. This requirement extends to any child care provider and any resident age 17 and older of a license-exempt program that receives CCDF funds: government owned and operated programs, family/friend/neighbor care homes and day camps. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

- ☐ No (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe:

- b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

- ☒ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. N/A
- ☐ No (Waiver request allowed. See Appendix A.) Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers).
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe:

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

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 (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o).
- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o).

☒ No. (Waiver request allowed. See Appendix A.). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
- Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirement
- Strategies used to address these challenges

Describe: Georgia has created policies, procedures, and the infrastructure to allow for complete implementation for employees of both licensed and license-exempt programs that receive CCDF funds. The key challenge to fully implement is failure to receive timely responses from other states, territories, and tribal lands. Georgia recommends that all states, territories, and tribal lands be required to join the "Compact" as a National Fingerprint File contributor so that the fingerprint-based FBI criminal history report would be the only source needed.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

- ☐ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.
- ☒ No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:
 - Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
 - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
 - Key challenges to fully implementing this requirement
 - Strategies used to address these challenges

Describe: Georgia has created policies, procedures, and the infrastructure to allow for complete implementation for employees of both licensed and license-exempt programs that receive CCDF funds. The key challenge to fully implement is failure to receive timely responses from other states, territories, and tribal lands. Georgia recommends that all states, territories, and tribal lands be required to join the “Compact” as a National Fingerprint File contributor so that the fingerprint-based FBI criminal history report would be the only source needed.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

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) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

- ☒ Yes. If yes,
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). A name-based check of interstate sex offender registry sites is conducted for all those requesting a comprehensive background check. 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 every licensed child care learning center and family child care learning home. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). This requirement extends to any child care provider and any resident age 17 and older of a license-exempt program that receives CCDF funds: government owned and operated programs, family/friend/neighbor care homes and day camps. Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

- ☐ No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:
- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
 - Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
 - Key challenges to fully implementing this requirement
 - Strategies used to address these challenges
- Describe:

- b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

- ☒ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. A name-based check of interstate sex offender registry sites is conducted for all those requesting a comprehensive background check. 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 every licensed child care learning center and family child care learning home.

- ☐ No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:
- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
 - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
 - Key challenges to fully implementing this requirement
 - Strategies used to address these challenges
- Describe:

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

- a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

- ☐ Yes. If yes,
- i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o).
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o).
- ☒ No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:
- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
 - Efforts to date to complete the requirement for all new child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
 - Key challenges to fully implementing this requirement
 - Strategies used to address these challenges

Describe: Georgia has created policies, procedures, and the infrastructure to allow for complete implementation for employees of both licensed and license-exempt programs that receive CCDF funds. The key challenge to fully implement is failure to receive timely responses from other states, territories, and tribal lands. Georgia recommends that all states, territories, and tribal lands be required to have a viable and reliable child abuse registry and to be able to provide information from such registry upon request. Further, a central repository of such information should be created so that each state can obtain the information from one source and in a timely fashion.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

- ☐ Yes. Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations. [REDACTED]
- ☒ No. (Waiver request allowed. See Appendix A.) Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:
- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs
 - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)
 - Key challenges to fully implementing this requirement
 - Strategies used to address these challenges

Describe: Georgia has created policies, procedures, and the infrastructure to allow for complete implementation for employees of both licensed and license-exempt programs that receive CCDF funds. The key challenge to fully implement is failure to receive timely responses from other states, territories, and tribal lands. Georgia recommends that all states, territories, and tribal lands be required to have a viable and reliable child abuse registry and to be able to provide information from such registry upon request. Further, a central repository of such information should be created so that each state can obtain the information from one source and in a timely fashion.

Provisional Employment

The CCDF Final Rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF Final Rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below (Waiver request allowed. See Appendix A). Check all that apply.

- ☒ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving 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 child care staff member resides. Describe and include a citation: A program may hire a provisional employee and that provisional employee may begin to work at the program upon receipt of a satisfactory national fingerprint-based criminal history determination. If that provisional employee only has this part of the clearance, she or he must be supervised at all times by someone with a satisfactory comprehensive background check clearance. For the FBI fingerprint check, a child care provider must do the following for all applicants: Submit a current records check application to DECAL, either electronically through DECAL KOALA (preferred), the Lead Agency's online information resource for child care providers, or by mail: Register with Gemalto/COGENT for the national and Georgia fingerprint-based criminal history screening; Pay the fee associated with the national and Georgia fingerprint-based criminal history screening to Gemalto/COGENT, if applicable; and Fingerprint through a Gemalto/COGENT fingerprint site for the national and Georgia fingerprint-based criminal history screening; and DECAL will review each national fingerprint-based criminal history report and make a determination as to whether the applicant is satisfactory or unsatisfactory based upon that review. 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 every licensed child care learning center and family child care learning home. Georgia's Comprehensive Background Check Policy – CBC-001(5)(a), (b) and (h) <http://dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>
- ☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving 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 child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A). Describe and include a citation: _____

☐ Other. Describe

- 5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)). Georgia is a national Fingerprint File(NFF) state, and therefore, the National Crime Information Center (NCIC) report satisfies the interstate criminal history reporting requirement. The Georgia Department of Human Services, Division of Family and Children Services (DHS-DFCS) is the state agency that maintains and manages the Georgia Child Abuse Registry. Child abuse registry screenings may be made either by the individual or the state agency. A state or government agency of any state which licenses entities that have interactions with children or are responsible for providing care for children must submit the purpose of the request on agency letterhead, along with a signed screening request application for each individual to be screened. An individual making a self-screening request must provide Driver's License, State ID, Passport, or Military ID, along with a signed self-screening request form. Additional information about the GA Child Abuse and Neglect Registry can be found here:

<https://dfcs.georgia.gov/child-abuse-registry-%E2%80%93-cpsis>

or by contacting DHS-DFCS at the following:

2 Peachtree St, NW

Atlanta, GA 30303

18th Floor

Email Contact: cpsis.helpdesk@dhs.ga.gov .

- 5.4.11 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. 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)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

- ☐ No
- ☒ Yes. Describe other disqualifying crimes and provide citation: The following is Georgia's list of disqualifying crimes: Any felony; A violation of O.C.G.A. § 16-5-23, relating to simple battery, where the victim is a minor; A violation of O.C.G.A. § 16-5-23.1, relating to battery, where the victim is a minor; A violation of O.C.G.A. § 16-21-1, relating to contributing to the delinquency, unruliness or deprivation of a minor; A violation of O.C.G.A. § 16-6-1 et seq., relating to sexual offenses; A violation of O.C.G.A. § 16-5-29, relating to battery of an unborn child; A violation of O.C.G.A. § 16-5-70, relating to cruelty to children; 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; A violation of O.C.G.A. § 16-12-100, relating to obscenity relating to minors; A violation of O.C.G.A. § 16-12-100.1, relating to electronically furnishing obscene materials to minors; A violation of O.C.G.A. § 16-12-100.2, relating to computer or electronic pornography and child exploitation prevention; A violation of O.C.G.A. § 16-12-100.3, relating to obscene telephone contact with minors; A violation of O.C.G.A. § 40-6-391, relating to DUI, when a child is endangered; A violation of O.C.G.A. § 19-7-5, relating to failure to report child abuse when mandated by law to report; 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; Child pornography; Abuse of, endangerment of, or sexual assault against a child by an adult; Any other violent misdemeanor against a child by an adult; or Any other offense committed in another jurisdiction which, if committed in this state, would be one of the enumerated crimes listed in this paragraph.

- 5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3). Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, 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)). When an individual is disqualified as a result of a background check, GA DECAL (Lead Agency) informs the individual of the basis of the disqualification by letter mailed, certified, and addressed only to the prospective employee to the mailing address provided on the records check application. The letter specifically informs the individual that she or he can appeal the accuracy and completeness of any disqualifying factor outlined in the federal statute. Further, they are notified of appeal rights for any disqualifying factors outlined solely in Georgia law. An Administrative Law Judge at the Office of State Administrative Hearings (OSAH) conducts the review of any appeal submitted to the Lead Agency as outlined in the disqualification letter, including those felony drug offenses. Under GA law, an applicant disqualified due to a felony drug offense is eligible for review by the Administrative Law Judge so long as that person has satisfied all terms of probation.
- 5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)). Describe how the state/territory ensures 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. 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 \$47.25 to conduct the fingerprint scan. For the next two years 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.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- ☒ No, relatives are not exempt from background check requirements.
- ☐ Yes, relatives are exempt from all background check requirements.
- ☐ Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

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.

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, which is 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:

- 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 answer the question, "What should early learning and school-age professionals know and be able to do?" The Lead Agency has recently completed a revision of the WKC 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 implementing a statewide rollout plan to ensure all trainers, coaches, professional learning specialists, and higher education faculty across the state are utilizing the revised WKC in their professional learning offerings. The rollout includes a phased approach, with use by trainers to be fully implemented by January 1, 2019.
- Career pathways. Describe: The Georgia Professional Development System (GaPDS) tracks the education, training, and career experiences of the State's early learning professionals. Participants in GaPDS are assigned a Career Level that aligns with the State's Career Level Lattice. The Lead Agency is in the process of making enhancements to GaPDS that will allow the State's approved trainers to keep track of their credentials and trainings as well. Enhancements are expected to be completed by the end of the 2018 calendar year. Workforce information gathered through GaPDS is used to inform workforce initiatives.
- Advisory structure. Describe: The Lead Agency's Professional Learning Advisory Committee includes representatives from state education agencies, technical colleges, universities, as well as early learning professionals working directly with children. The Committee reviews and makes recommendations on the State's professional learning initiatives. Currently, the Committee is providing guidance on the personal and professional needs of the State's early learning workforce and will make recommendations for changes to existing State systems to better support these needs.
- 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, earned from 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 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.

- Workforce information. Describe: The 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.
- Financing. Describe: The Lead Agency's DECAL Scholars program provides scholarships and financial incentives for qualifying early learning professionals to obtain either 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 support the purchase of 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.

- ☐ Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:
- ☒ 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 over 600 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 are required to align with the State's revised WKC and to demonstrate best practices in adult learning. Additionally, the Lead Agency has created a Trainer Support Network to encourage collaborative relationships among trainers and with Lead Agency staff in order to continually support development of quality training opportunities for early learning and school-age professionals. Lastly, key staff members from the Lead Agency participate in the Technical College System of Georgia's Early Learning Consortium, which provides a venue to discuss and support alignment of coursework with the newly revised WKC.
- ☐ 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 membership 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 in the role of 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.
- 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 professionals to obtain either 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 support the purchase of books and materials needed to adequately participate in their chosen degree or credential program. In order 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, funded through the Early Learning Challenge (ELC) Grant, provides an additional one-time financial bonus upon completion of a qualifying credential or degree program. The Lead Agency is currently in the process of reviewing data from the AWARDS program to determine how to maintain the program when ELC funds are no longer available. In order to support outreach to high school students, the Lead Agency has developed a strong relationship with the Georgia Department of Education’s Career, Technical, and Agricultural Education (CTAE) program. Students can complete three courses of study within the Education and Training Career Cluster, two for early learning and one for teacher as a profession. Students who complete the pathway are eligible to take an End of Pathway Assessment. The CDA assessment is one of several End of Pathway Assessment options for early childhood. Additionally, the Lead Agency regularly provides training opportunities for CTAE professionals working with high school students in early childhood programs. Training topics include the Georgia Early Learning and Development Standards, child development, lesson planning, and meaningful instructional practices. To further support retention of 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.

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 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 early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (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-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 through the State’s childcare resource and referral network as well as from key 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 newly revised 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. Georgia’s network of Inclusion Specialists provides 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 empower 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 Infant Toddler Specialists in communities across the state. In addition to training, sites can apply to be a part of the Pyramid Model Implementation Project, which offers supports for program-wide implementation of the model. Health and Safety Orientation training is mandatory by rule for all direct child care staff. Rules also require that child care staff obtain additional in-depth training on specific health and safety topics during the

first year of employment. Many private training vendors offer the health and safety training, also sometimes combined with the additional first year training as a package and made available to child care providers by direct marketing to them and through the official Georgia-approved training website. 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 provides mandatory Licensure Orientation for all prospective child care providers prior to submitting 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 a "Core Rules Guidance Manual" to accompany the rule book that provides clarification of the intent and purpose of each of the core health and safety rules. CCS sends a monthly newsletter to providers that contains information highlighting a selected rule each month to deepen knowledge. At the conclusion of each regulatory monitoring visit made at the child care programs, the Child Care 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.

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)). The State 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:

- a) with limited English proficiency. The Lead Agency has partnered with one of the State's technical colleges to offer an Enhanced CDA program. The Enhanced CDA is specifically targeted to individuals whose home language is not English. Instruction for CDA coursework is either provided from an approved CDA instructor who speaks the student's home language or through the use of translation software and/or coaches who can assist in translation of material. Enhanced CDA participants are also provided opportunities to gain employment in programs with high numbers of children whose home language is not English. The Enhanced CDA program is currently being expanded in collaboration with the Lead Agency's Early Head Start Partnership. The recruitment process for the program is led by the local technical college, based upon community needs. Individuals who are bilingual and speak the languages of children represented in local childcare centers are recruited as are bilingual individuals who are interested in opening family childcare learning homes. The technical college also forms partnerships with local childcare providers to identify possible participants and to provide opportunities for CDA participants to have field experiences with bilingual children.
- b) who have disabilities. The Lead Agency has inclusion specialists as part of our Instructional Support staff who are available to assist providers with disabilities participating in the subsidy program by providing information on suggested resources.

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 and Native Hawaiians (98.44(b)(2)(iii–iv)). The Georgia Training Approval (GTA) System oversees approval of all trainings offered to providers. When submitting trainings for approval, trainers must indicate the topic areas 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 as well. Additionally, GTA approves trainers with relevant experience and education in key “specialty areas” to offer trainings in those specialty 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 childcare program administration. These programs are in alignment with the State's WKC framework.

6.2.5 The Lead Agency must provide training and technical assistance 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 children and their families experiencing homelessness (relates to question 3.2.2). The Lead Agency has contracted with experts in the area of homelessness to assist in the development of training materials for early learning and development providers and agency staff. The training will cover 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 will be shared with Lead Agency-approved trainers through a “train the trainer” model and will be offered to trainers from all areas of the state. Trainers in turn will redeliver the two-hour training to early learning and development providers in their catchment area. The training is Lead Agency-approved and will qualify as training to meet licensure requirements. CAPS Family Support Consultants will receive the training and will also redeliver to early learning and development providers across the state.

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 3.2.2). 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 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 experiencing homelessness are categorically eligible for the Lead Agency's Early Head Start-Child Care Partnership grant. Children who are homeless are also a priority group for the Lead Agency's CAPS program.

In 2017, the Lead Agency contracted with experts in the field of homelessness to develop training content for employees. This content has been shared with staff within the Federal Programs division and will be shared with all staff as part of regional staff meetings. Additionally, an internal Homelessness Committee was convened in 2017 in order to coordinate efforts among the divisions within the Lead Agency to connect with and serve Georgia's homeless populations.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). 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.

- ☒ Issue policy change notices
- ☒ Issue new policy manual
- ☒ Staff training
- ☒ Orientations
- ☐ Onsite training
- ☒ Online training
- ☒ Regular check-ins to monitor the implementation of CCDF policies. Describe the type of check-ins, including the frequency. Providers are required to go through an annual renewal process in which they must sign a new 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 emails 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.
- ☒ Other. Describe: The Lead Agency's CAPS Program will partner with the Child Care Services Division and the State Provider Management Agent, Maximus, to offer provider trainings in the areas of 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 our website. The CAPS Program will also offer to participate at provider conferences and conventions throughout the state to give the provider community important policy updates and a resource to answer any questions they may have.

6.2.7 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 providers' business practices, which can include training and/or TA efforts.

- a) **Describe** the strategies that the state/territory is developing and implementing for training and TA. As a recipient of the Race to the Top-Early Learning Challenge Grant, the Lead Agency is committed to developing resources to identify and promote usage of existing economic development incentives for child care programs. To support this work, Georgia had the honor of being selected as one of the states to participate in the ECE Business Collaboratory in 2017 sponsored by First Children's Finance.

As a result, the state has developed a plan to address the present lack of connection between child care owners and business resources currently available throughout the state, including through certain state agencies, small business referral organizations, and technical schools. The State is conducting interviews with the following stakeholders to gather an understanding of what resources are currently being provided to child care business owners:

- Technical College System of GA,
- GA Department of Economic Development,
- Small business development organizations,
- GA Department of Community Affairs,
- Quality Care for Children –The Alliance (Shared Services Platform),
- Sheltering Arms, Quality Rated Advisory Committee, and
- Georgia Child Care Association.

As part of this work, the State plans to strengthen the utility of existing small business development tools by increasing their utilization and developing a business resource guide specifically for child care providers.

- b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- ☒ Fiscal management
- ☒ Budgeting
- ☒ Recordkeeping
- ☒ Hiring, developing, and retaining qualified staff
- ☒ Risk management
- ☒ Community relationships
- ☒ Marketing and public relations
- ☒ Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ☐ Other. Describe:

6.3 Early Learning and Developmental Guidelines

- 6.3.1 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 are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. 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. Further, the GELDS were reviewed by national reviewers to ensure alignment with best practices in early childhood education. They are based upon 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.

To further ensure that the GELDS are both culturally and linguistically appropriate, the Lead Agency has 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. At the completion of the cross walk, "The Connection: Georgia Early Learning and Development Standards and WIDA Early English Language Development Standards" was produced. The Connections document assists practitioners in identifying and understanding the receptive and expressive language that Dual Language Learners need in order 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.

- b) Describe how the state/territory's early learning and developmental guidelines are 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.
- c) **Verify by checking the domains** included in the state/territory's early learning and developmental guidelines. **Responses for "other" are optional.**
- ☒ Cognition, including language arts and mathematics
 - ☒ Social development
 - ☒ Emotional development

- ☒ Physical development
- ☒ Approaches toward learning
- ☐ Other. Describe:

- d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body. The Georgia Children's Cabinet is Georgia's SAC. The GELDS are implemented in consultation with the agencies represented in the SAC. Any changes or additions to the guidelines are communicated to the SAC and opportunities for feedback are ongoing.
- e) 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 standards were developed through a three-year revision process that began in 2010 and ended in 2013. The existing GELDS were published in June 2013. At this time, 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 the development of the PEACH website, a tool designed to help teachers develop lesson plans using the GELDS, and GELDS-based training opportunities for early learning professionals. The DECAL Instructional Learning Manager participates in the development and revision process of learning standards for birth through 12th grade in Georgia. The GaDOE updated the K-12 standards for Physical Education in SY2018. The GELDS were reviewed and determined to be in alignment with no revisions or additions to the standards. There have not been substantial changes to the GELDS since 2013; however, this ongoing process ensures that the GELDS remain in alignment with K-12 standards and consistent with current research.
- f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards. Licensed childcare 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 the development and adoption of school age standards through a full-time School-Age Specialist position, shared jointly between the lead agency's Quality Rated and Childcare Licensing divisions. The role of the School-Age Specialist is to focus on quality improvement for school-age programs monitored by DECAL throughout the state and to create a path for school-age programs housed in childcare 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.
- g) Provide the Web link to the state/territory's early learning and developmental guidelines.
www.gelds.dec.al.ga.gov
www.peach.dec.al.ga.gov

6.3.2 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; 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 informing instructional practices at the beginning of the Kindergarten year for each child assessed. All of these assessments are designed to 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. Assessment information from these methods is not intended to be used in a punitive manner against providers or children.

7 Support Continuous Quality Improvement

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). 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 Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). 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 separate annual Quality Progress Report that will include a description of activities to be 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

- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system 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.**

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

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 evaluation division which routinely carries out both programmatic and systemic evaluations of early learning in the state. Currently, Georgia's primary mechanism for measuring quality is Quality Rated, the state's tiered QRIS. 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 Scales (ERS). A small number of programs do not achieve a rating, generally due to low ERS scores. Georgia reviews the data from Quality Rated on an ongoing basis. Internally, data is reviewed twice per month. The Lead Agency also shares the data with an external validation committee made up of stakeholders from the post-secondary, advocacy, non-profit, and CCR&R sectors three times per year.

The current distribution of stars suggests that the state is effectively discriminating various levels of quality (child care centers: 13%, 45%, 35%, and 7% are three, two, one, and zero stars,

respectively; family child care learning homes: 28%, 41%, 25%, and 6% are three, two, one, and zero stars, respectively). As of January 2018, 62% of eligible facilities are participating in Quality Rated and 30% of eligible facilities have achieved a star rating.

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 reveals additional areas where improvement is needed or where quality is already well-supported.

Finally, the Lead Agency also convenes an Advisory Committee made up of family- and center-based child care providers, advocates, policymakers, school system leadership, and other key stakeholders to provide feedback on an ongoing basis regarding needs in the field. This in-person body provides additional qualitative data to inform and flesh out the quantitative data provided via the Quality Rated data system.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. The challenges in Georgia's primary goals for overarching quality improvement include:

- Increasing the percentage of children receiving subsidies who attend programs rated two or three stars, the highest levels of quality;
- Increasing supports for teachers of special populations of children, including dual language learners, children with challenging behaviors, and children with disabilities;
- Increasing supports for the early childhood workforce; and
- Increasing supports for teachers of specialized age groups, particularly infant/toddler teachers and school-age/after-school teachers.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing.

- ☒ Supporting the training and professional development of the child care workforce

If checked, respond to section 7.3 and indicate which funds will be used for this activity.

Check all that apply.

- ☒ CCDF funds

- ☒ Other funds. **Describe:** State Lottery Funds, State General Funds, Race to the Top Early Learning Challenge Grant, Early Head Start Child Care Partnership

- ☒ Developing, maintaining, or implementing early learning and developmental guidelines.

If checked, respond to section 6.3 and indicate which funds will be used for this activity.

Check all that apply.

- ☒ CCDF funds

- ☒ Other funds. **Describe:** State Lottery Funds, State General Funds, Race to the Top Early Learning Challenge Grant

- ☒ Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** Race to the Top Early Learning Challenge Grant

- ☒ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** State General Funds, Race to the Top Early Learning Challenge Grant, Early Head Start Child Care Partnership

- ☒ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** Private/philanthropic funds

- ☒ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** State General Funds

- ☒ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** State General Funds, Race to the Top Early Learning Challenge Grant

- ☒ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** Private/Philanthropic Funds

- ☒ Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** State Lottery Funds, State General Funds, Race to the Top Early Learning Challenge Grant, HHS Office of Minority Health Grant
- ☒ 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. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply.
 - ☒ CCDF funds
 - ☒ Other funds. **Describe:** State Lottery Funds, State General Funds, Race to the Top Early Learning Challenge Grant, Early Head Start Child Care Partnership

7.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest 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 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce.

- a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- ☒ 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. Describe: Training is available for early childhood educators on understanding developmental milestones and monitoring, infant brain development, early literacy and numeracy, outdoor play, cognitive development, and other topics. The training is delivered through Lead Agency staff, CCR&R agency staff, trainers approved through the GTA system, and trainers from agency partners. All training offered through the Lead Agency can be applied to the child care licensing requirement for yearly training hours.

The Lead Agency is responsible for administering and overseeing two federally funded child nutrition programs, the Child and Adult Care Food Program and the

Summer Food Service Program. In addition to providing general training on program requirements, the Lead Agency provides technical assistance to institutions on incorporating nutrition education and physical fitness activities as part of the meal service. General training topics include incorporating diverse foods at meal service, creative menu planning with locally sourced foods, onsite gardening and the use of fresh fruits and vegetables in meal services, and practical indoor and outdoor physical activities for children. Training is funded through a combination of CCDF, federal nutrition funds, state lottery funds, and other state funds.

- ☒ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health 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 2.5.) Describe: Training, coaching, and resources are available for early childhood educators on topics such as implementing positive behavior management strategies, promoting positive social emotional development, and preventing and responding to persistent challenging behaviors. These resources are available as part of the Georgia SEEDS for Success initiative. This initiative encompasses all the Lead Agency's resources, supports, and projects addressing social emotional development and challenging behavior in an effort to provide intentional support to reduce the use of suspension and expulsion in early childhood settings. The State has adopted the Pyramid Model as the basis for this work. Inclusion and Infant Toddler Specialists provide training to teachers, administrators, family child care learning home personnel, and others. Six online modules are available, covering topics such as schedules, routines and transitions, social-emotional supports, and intensive interventions. Ten face-to-face training modules are available for preschool teachers on topics such as developing relationships, supporting positive environments, emotional literacy, self-regulation, friendship skills, and behavior as communication. Five face-to-face-training modules are available for infant and toddler teachers on topics such as nurturing and responsive relationships, temperament, environments and routines, and developing social-emotional skills. CCDF funds are used for development and delivery of onsite and web-based training modules.
- ☒ 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. Describe: Georgia has designated the Strengthening Families Framework as the basis for training and technical assistance on family engagement principles and strategies. Training on each of the five Strengthening Families protective factors is available to all early learning professionals through a cadre of trainers made up of private trainers and staff from the CCR&R agencies. Providers participating in Quality Rated have access to online training on authentic family engagement as well as a self-assessment and planning

tool. Additionally, the Lead Agency employs a full time Family Engagement Specialist to provide training to early learning professionals on topics such as planning effective family engagement activities, using parent CAFES in family engagement efforts, and discussing developmental concerns. The Family Engagement Specialist also supports implementation of best practices in family engagement at the state, local, and provider levels.

- ☒ 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.

Describe: The GELDS provide the foundation for assisting early learning professionals in understanding what children ages birth to five years old should know and be able to do. The GELDS are used to guide decisions on intentional teaching practices, curriculum selection, and trainings offered to staff members. All Georgia's Pre-K programs are required to use an approved curriculum. The Lead Agency conducts an approval process for curricula every five years. Curricula submitted are reviewed to ensure they demonstrate a commitment to developmentally appropriate instruction that aligns with the GELDS. Additionally, the GELDS are embedded in the State's QRIS, Quality Rated, and are used to inform assessment of a program's intentional teaching practices. Participating programs are also invited to participate in a training series designed to assist early learning professionals with understanding how to use the GELDS, effective lesson planning, and developmentally appropriate activities. Through Quality Rated, programs also receive technical assistance on intentional teaching practices. Lastly, the Lead Agency's child care licensing rules mandate that all licensed programs provide a daily plan of varied, developmentally appropriate activities that promote the social, emotional, physical, cognitive, and language and literacy development of each child. The Lead Agency's free lesson planning website, PEACH, is also available to support teachers in planning meaningful classroom activities that are aligned with the GELDS.

- ☐ 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: _____

- ☒ Using data to guide program evaluation to ensure continuous improvement.

Describe: As part of the state's QRIS, Quality Rated, programs receive a detailed scoring report when they receive their star rating. A technical assistance provider reviews the results of the assessment with the director and works with the provider to develop a plan for continuous quality improvement.

- ☒ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: The Lead Agency convenes a Peer Support Network where directors of programs that are highly rated in the state's QRIS lead groups to support neighbor providers in the Quality Rated process. This initiative

came out of Directors Network meetings that were held in the state's Early Education Empowerment Zones to help connect providers in the same geographic area with peer-led professional learning and knowledge about hyper-local resources. The Zones were selected because of high unemployment and child poverty, among other risk factors.

- ☒ Caring for and supporting the development of children with disabilities and developmental delays. Describe: A network of Inclusion Specialists provides training, coaching, and resources to teachers to strengthen their knowledge and skills in meeting the needs of the children with disabilities in their classrooms. Training is available on topics such as developmental monitoring and making referrals to services, providing adaptations and accommodations, and partnering with early intervention and special education personnel. Inclusion Specialists are also available to provide onsite technical assistance and coaching to assist teachers with identifying strategies and increasing their knowledge and skills to ensure that their classroom environments and teaching practices support the full participation and success of the children with disabilities they serve. Additionally, teachers may choose to participate in intensive, targeted technical assistance with the Inclusion Specialist. This technical assistance is based on the Inclusive Classroom Profile instrument that outlines 12 principles of high-quality inclusion. Technical assistance is focused on increasing the teacher's skills and knowledge around each of these principles.
- ☒ Supporting the positive development of school-age children. Describe: 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. Through Quality Rated, these programs are eligible to receive training and technical assistance in best practices for school-age care and education. In 2017 a School-Age Specialist position was created at the Lead Agency as a joint position with Quality Rated and Childcare Licensing. 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 works closely with the Georgia Statewide Afterschool Network (GSAN).
- ☐ Other. Describe:

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. Check all that apply.

- ☒ Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- ☒ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

- ☒ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- ☐ Other. Describe:

7.3.2 Describe the measureable indicators of progress relevant to this use of funds 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's primary mechanism for measuring quality is Quality Rated, the state's tiered QRIS. 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 ERS. A small number of programs do not achieve a rating, generally due to low ERS scores.

The current distribution of stars suggests that the state is effectively discriminating various levels of quality (child care centers: 13%, 45%, 35%, and 7% are three, two, one, and zero stars, respectively; family child care learning homes: 28%, 41%, 25%, and 6% are three, two, one, and zero stars, respectively). Results from the validation study show that a program's star rating is closely tied to the classroom quality observation. As of January 2018, 62% of eligible facilities are participating in Quality Rated and 30% of eligible facilities have achieved a star rating.

The state is also undergoing a rigorous validation project to ensure that Quality Rated was effectively designed to evaluate and discriminate quality and to measure the components of the system associated with improved child outcomes. The validation project will be completed by the end of Georgia's Early Learning Challenge grant period.

As of March 2018, two reports have been released from the validation study. The reports can be found at: <http://www.decal.ga.gov/BftS/QRValidation.aspx>

Georgia's Pre-K programs also use CLASS. Each year, CLASS observations are conducted on a sample of Georgia's Pre-K programs, and the instrument is also being used to inform technical assistance. Since 2011, the State has commissioned a comprehensive longitudinal study that measures the impact of the Georgia's Pre-K program. Administrative data and results from the longitudinal study indicate that the quality in Georgia's Pre-K classrooms is higher than what is typically reported for preschool classrooms. Reports from this evaluation can be found at: <http://www.decal.ga.gov/BftS/EvaluationGAPreKProgram.aspx>

The State also uses commissions and conducts evaluations, including quality measures and child outcomes, for the Rising Pre-K and Rising Kindergarten Summer Transition Programs. Reports from these evaluations can be found at: <http://www.decal.ga.gov/BftS/SummerTransitionProgram.aspx>

7.4 Quality Rating and Improvement System (QRIS)

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

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- ☐ No, but the state/territory is in the QRIS development phase. **If no, skip to 7.5.1.**
- ☐ No, the state/territory has no plans for QRIS development. **If no, skip to 7.5.1.**
- ☒ 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 assign star ratings, with technical assistance provided at no cost to child care providers by a network of six regional Child Care Resource and Referral (CCR&R) entities. Families and consumers can search for Quality Rated child care at www.qualityrated.org. The Quality Rated program manual and policies, as well as where Child care providers sign up to participate in Quality Rated and complete their online portfolio, are available at <https://qualityrated.dec.state.ga.us/>
- ☐ 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.
- ☐ **Yes, the state/territory has another system of quality improvement.**
- If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds 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.

7.4.2 QRIS participation.

a) Are providers required to participate in the QRIS?

- ☐ Participation is voluntary.
- ☒ Participation is mandatory for providers serving children 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 that are eligible for a Quality Rated star rating must be rated one, two, or three stars by December 31, 2020 to continue to receive 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. In addition to an aggressive social media campaign across all channels,

providers that are not yet Quality Rated receive a quarterly electronic notification informing them of the policy deadline requiring rating by the end of 2020 and of their non-compliant status. The state has also hosted in-person Question and Answer sessions at least once per quarter in each of the state's six CCRR regions, including weekend and evening in-person sessions. In addition, to be eligible for a Quality Rated Subsidy Grant, child care providers must be star rated.

- ☐ 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's QRIS? Check all that apply.

- ☒ Licensed child care centers
- ☒ Licensed family child care homes
- ☒ License-exempt providers
- ☒ Early Head Start programs
- ☒ Head Start programs
- ☒ State prekindergarten or preschool programs
- ☒ Local district-supported prekindergarten programs
- ☒ Programs serving infants and toddlers
- ☒ Programs serving school-age children
- ☒ Faith-based settings
- ☐ Tribally operated programs
- ☐ Other. Describe: _____

7.4.3 Support and assess 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. *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). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

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.
 - ☐ 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).
 - ☐ 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).

- ☐ 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).
- ☐ Programs that meet all or part of state/territory school-age quality standards.
- ☐ Other. Describe:
- ☐ None.

7.4.4 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.
 - ☒ Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - ☐ Embeds licensing into the QRIS.
 - ☐ State/territory license is a "rated" license.
 - ☐ Other. Describe: _____
 - ☐ Not linked.

7.4.5 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.

- ☐ No
- ☒ Yes. If yes, check all that apply.
 - ☒ One time grants, awards, or bonuses
 - ☒ Ongoing or periodic quality stipends
 - ☒ Higher subsidy payments
 - ☒ Training or technical assistance related to QRIS
 - ☒ Coaching/mentoring
 - ☒ Scholarships, bonuses, or increased compensation for degrees/certificates
 - ☒ Materials and supplies
 - ☒ Priority access for other grants or programs
 - ☐ Tax credits (providers or parents)
 - ☐ Payment of fees (e.g., licensing, accreditation)
 - ☐ Other:
 - ☐ None

7.4.6 Describe the measureable indicators of progress relevant to this use of funds 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. The state monitors this data monthly and reports it publicly on a quarterly basis. Quality Rated is a relatively young system. In its first year of operation in 2013, approximately 230 programs were rated. This accounted for 3.5% of all eligible programs. At the end of 2017, nearly 1,500 child care programs had been rated, representing 30% of all licensed child care programs in the state. An additional 1,642 programs were participating in Quality Rated but not yet rated. This is a substantial increase. The state's goal is that all eligible child care programs that receive child care subsidy funds will be rated by the end of 2020, and that all eligible child care programs will participate in Quality Rated.

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the 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.

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.

7.5.1 What activities 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? Check all that apply and describe.

- ☐ 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: _____
- ☒ Establishing or expanding the operation of community- or neighborhood-based family child care networks. 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 FCCLH providers. This cohort is being supported through a regional resource hub. The Lead Agency is evaluating this approach for possible expansion.
- ☒ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Georgia Program for Infant and Toddler Care (GAPITC) is based on the West-Ed Program for Infant and Toddler Care (PITC) and the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. Training is offered by regional Infant Toddler Specialists on various topics related to high-quality infant and toddler

care, such as understanding temperament, brain development, responsive caregiving, supporting social-emotional development, and strategies to support early language and literacy. Training is also available through a network of more than 600 private trainers, whose credentials and content have been approved through the GTA system. These trainers offer sessions across the state on various topics related to infant and toddler care.

- ☒ 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: The Lead Agency supports a state-wide network of qualified infant toddler specialists to provide support to early childhood programs. The network is funded using CCDF dollars and is the structure the state uses to deliver coaching, mentoring and technical assistance to teachers and administrators serving infants and toddlers. Additionally, in 2017 the Lead Agency began a project to support early language and literacy in 50 infant and toddler classrooms through onsite coaching, technical assistance, and focused professional learning opportunities. This project is funded with State dollars.
- ☒ 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: Staff from the Lead Agency, IDEA Part B and Part C, and the Head Start Collaboration Office meet quarterly to ensure good communication and collaboration around services for children with disabilities. A representative from the Lead Agency serves on the Part C State Interagency Coordinating Council. The Lead Agency inclusion specialists work with early intervention specialists to ensure that families have information about services for their infants or toddlers with disabilities and that programs serving infants and toddlers have sufficient training and resources to support infants and toddlers with disabilities.
- ☒ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: The State's QRIS, Quality Rated, includes the stipulation that a third of classrooms at each age group must be observed and assessed using the ERS. This includes infant and toddler classrooms. Currently, the state uses the ITERS-R (Infant/Toddler Rating Scale-Revised) to assess infant/toddler classroom quality, but it will be transitioning to ITERS-3 in 2018-2019.
- ☒ Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: The State's licensing requirements specifically address components of infant toddler care, including safe sleep guidelines.
- ☒ Developing infant and toddler components within the early learning and developmental guidelines. Describe: The GELDS span the birth to kindergarten age range. Professional development and resources specific to infants and toddlers have been developed by the Lead Agency.
- ☒ 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 materials available for families to use to support their children's learning during everyday activities and routines. Shopping lists, place mats, and growth charts that provide developmental information and everyday activities based on the GELDS are available on the GELDS e-store and are provided to families at conferences, meetings, and other events. Additionally, the Lead Agency provides "Learn the Signs. Act Early." materials such as growth charts, developmental checklists, and "Milestones Moments" booklets to families at conferences, meetings, and other events. The Lead Agency plans to develop other materials for families to use to support their infant or toddler's development to be provided on the infant toddler webpage on the Lead Agency's website as well as on the family portal.

- ☐ 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: _____
- ☐ Coordinating with child care health consultants. Describe: _____
- ☐ Coordinating with mental health consultants. Describe: _____
- ☐ Other. Describe: _____

7.5.2 Describe the measureable indicators of progress relevant to this use of funds 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 evaluation related to the quality of infant and toddler classrooms. This includes tracking and analyzing Quality Rated administrative data as well as implementing and commissioning formal evaluations of programs designed to improve the quality of infant and toddler care. In 2009, the state published the results of a quality study that measured quality among a representative sample of child care programs. This included infant and toddler classrooms. This study revealed that over two-thirds of infant and toddler classrooms were low-quality. Since this study was conducted, the State has continued to make investments in improving the quality of infant and toddler classrooms.

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. Currently, 13%, 45%, 35%, and 7% of child care centers are three, two, one, and zero stars, respectively, and 28%, 41%, 25%, and 6% of family child care providers are three, two, one, and zero stars, respectively. Embedded in these ratings are center-based classrooms and family child care programs 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 ITERS-R. The state tracks and analyzes ITERS-R scores to determine which specific items are more likely to receive lower scores. This is used for developing training and technical assistance.

The state is currently expanding services for programs serving infants and toddlers. This includes a new program focused on supporting language and literacy development for infants and toddlers. In this program the state is utilizing the Infant and Toddler CLASS to measure progress.

The state will continue to use the ITERS-R, Infant CLASS, and Toddler CLASS 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. This also includes completing the Quality Rated Validation Study.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand 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.

- 7.6.1 Describe the measureable indicators of progress relevant to this use of funds 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. Based on the quality needs assessment described above, the Lead Agency enters into yearly grant agreements with regional community entities to provide CCR&R services to child care programs. The principle goal of the regional CCR&R entities is to provide technical assistance to programs completing the Quality Rated process. As part of these grant agreements, the state sets monthly, quarterly, and annual performance measures for the CCR&R grantees by region. These performance measures change annually based on state need, and each individual CCR&R grantee is held accountable through the grant process to achieving these measures. Performance data is pulled directly from the state's Quality Rated data system. In the 2017-2018 grant year, the state monitored achievement on three performance measures. The first was that 95% of child care programs earn a star, and 60% earn two to three stars. The second measure looked at the re-rating process, specifically the percent and number of programs that maintained one or two stars, or that increased in star level or maintained three stars. The third measure looked at the number of portfolios submitted by region, a proxy for "Ready to be Rated," as the submission of the online portfolio by providers triggers the assignment of an ERS assessor. The final measure in 2017-2018 was a statewide goal that 33% of all providers that received subsidies but were not yet Quality Rated on October 1, 2017 (the start of the CCR&R grant year) would be rated by September 30, 2018 (the end of the grant year). This measure was to support the state's deadline that all eligible providers must be Quality Rated by the end of 2020 in order to continue to receive child care subsidy funds.

7.7 Facilitating Compliance with State Standards

- 7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe: The Lead Agency

uses CCDF funds to support the child care licensing division. This 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.

7.7.2 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: _____

7.7.3 Describe the measureable indicators of progress relevant to this use of funds 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.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including 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 tiered QRIS. 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 ERS. A small number of programs do not achieve a rating, generally due to low ERS scores. Child Care Learning Homes and Family Child Care Learning Homes are both eligible to participate in Quality Rated. The current distribution of stars suggests that the state is effectively discriminating various levels of quality (child care centers: 13%, 45%, 35%, and 7% are three, two, one, and zero stars, respectively; family child care learning homes: 28%, 41%, 25%, and 6% are three, two, one, and zero stars, respectively). As of January 2018, 62% of eligible facilities are participating in Quality Rated and 30% of eligible facilities have achieved a star rating. The state is also undergoing a rigorous validation project to ensure that Quality Rated was effectively designed to evaluate and discriminate quality and to measure the components of the system associated with increased child outcomes. The validation project will be completed by the end of Georgia's Early Learning Challenge grant period. As of March 2018, two reports have been released from the validation study. The reports can be found at: <http://www.decal.ga.gov/BftS/QRValidation.aspx>. Georgia's Pre-K programs also use CLASS. Each year, CLASS observations are conducted in a sample of Georgia's Pre-K programs, and the instrument is also being used to inform technical assistance. 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.dec.state.ga.us/BftS/EvaluationGAPreKProgram.aspx> .

Both the Pre-K study and Quality Rated Validation study include measuring child outcomes. In both studies, standardized, norm-referenced tools are used. The Lead Agency also routinely surveys families about their experiences participating in various programs and initiatives. Additionally, the Lead Agency uses CLASS observations to measure improvements in key professional development initiatives and surveys providers/directors about their perceptions regarding training and professional development offered by the state.

The state also uses commissions and conducts evaluations, including quality measures and child outcomes for the Rising Pre-K and Rising Kindergarten Summer Transition Programs. Reports from these evaluations can be found at:

<http://www.dec.state.ga.us/BftS/SummerTransitionProgram.aspx> .

- 7.8.2 Describe the measureable indicators of progress relevant to this use of funds 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 evaluation related to child care program quality. This includes tracking and analyzing Quality Rated administrative data as well as implementing and commissioning formal evaluations of programs designed to improve quality. In both the Quality Rated Validation Study and Pre-K Longitudinal Study there are quality measures. In 2009, the state published the results of a quality study that measured quality among a representative sample of child care programs. This included infant and toddler classrooms. In 2010, a similar study was published for Family Child Care Learning Homes. The studies revealed that over two-thirds of infant and toddler classrooms, three-fourths of family child care learning homes, and one-third of preschool classrooms were low-quality. Since this study was conducted the state has continued to make investments in improving quality. 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. This data includes scores from the four Environment Rating Scales: Early Childhood Environment Rating Scale - Revised (ECERS-R), Infant Toddler Environment Rating Scale -Revised (ITERS-R), Family Child Care Environment Rating Scale - Revised (FCCRS-R), and School-Age Care Environment Rating Scale (SACERS). 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. Through Quality Rated, the state uses several measures, computed monthly or quarterly, to measure how well the state is meeting goals of improving access to quality. The first is the percentage of programs receiving a one-, two-, or three-star rating. As detailed in 7.8.1, approximately 30% of programs have achieved a rating (as of January 2018) and 70% of programs are in the process. The state also looks at the percentage of children receiving subsidies who are in a Quality Rated program. As of February 2018, approximately 40% of children receiving subsidies in licensed child care are in a Quality Rated program. This includes children in a program receiving a Quality Rated subsidy grant. The state will continue to use these measures, along with formal evaluations, to measure quality.

7.9 Accreditation Support

7.9.1 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?

- ☒ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. 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. Programs who are accredited with the National Association for the Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), or a similar accreditation receive bonus points in their final Quality Rated score. Programs receive bonus points for the 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)
- ☐ 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:
- ☐ 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:
- ☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.
- ☒ Focused on child care centers. Describe:
- ☐ Focused on family child care homes. Describe:
- ☐ No, but the state/territory is in the accreditation development phase.
- ☐ Focused on child care centers. Describe:
- ☐ Focused on family child care homes. Describe:

☐ No, the state/territory has no plans for accreditation development.

7.9.2 Describe the measureable indicators of progress relevant to this use of funds 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. This includes 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.

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children:

Georgia's QRIS, Quality Rated, is a three-star rating system developed and continuously revised by Georgia's stakeholders to measure program quality. The star rating is based on a classroom/program observation using the Environment Rating Scales, and scores on a portfolio that assesses structural quality. The Quality Rated star rating is available to all licensed child care programs, including centers, family providers, and standalone afterschool programs. The state also offers an Inclusion endorsement and is developing an afterschool endorsement that rated centers will be able to pursue after they earn their star rating. The Lead Agency employs a Quality Rated Advisory Committee, made up of 18-20 child care center directors, corporate child care leadership, family providers, afterschool center directors, and other early childhood education stakeholders to provide feedback on the quality standards. An internal Quality Rated Policy Committee made up of senior agency leadership, including QRIS, child care licensing, Pre-K, Instructional Supports, and Federal Programs (including the state's CCDF co-administrators) provide final approval and oversight of the program standards.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds 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.

As part of the Lead Agency's ongoing internal and external validation of the state's QRIS, Quality Rated, the accuracy and intentionality of quality program standards is continuously monitored. Validation has been integrated as part of the day-to-day management of Quality Rated since its development. The research team at the Lead Agency conducts statistical analyses related to star-level distribution, participation rates, the scores of individual portfolio standards, and scores on process quality. These analyses are revised and rerun as new data become available, and program improvements and revisions are made to support the data and findings.

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable 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)). Child care programs seeking a Quality Rated star rating must demonstrate that they use the Georgia Early Learning Development Standards (GELDS). In addition, CCR&R agencies deliver beginner, intermediate, and advanced trainings on utilization of the GELDS. The state measures its success on this indicator by the number of programs achieving a Quality Rated star rating, as well as the number of teachers trained at each level.

- 7.11.2 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 measureable 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 Lead Agency will consider using CCDF quality funds for the following activities to support improved quality of child care services, provider preparedness, child well-being, and entry into Kindergarten:

- Developing a school-age endorsement to support quality improvement in afterschool classrooms within child care centers.
- Expanding model sites and available technical assistance for best practices in child social-emotional and behavioral health.
- Expanding Georgia's Summer Transition Program serving rising Kindergarten students who did not attend a Georgia's Pre-K program or who need additional services before Kindergarten.
- Expanding Georgia's Summer Transition Program for rising Pre-K students, geared toward English language learners before they enter Pre-K.
- Expanding Quality Rated Subsidy Grants to serve additional children from subsidy-eligible families in high-quality child care programs
- Sustaining Race to the Top Early Learning Challenge grant projects, which may include supports for:
 - Community and consumer awareness and outreach
 - Compensation for early childhood educators
 - Effective instruction for dual language learners
 - Addressing gaps in developmental screenings and assessment
 - Providers maintaining the highest star rating in Quality Rated

DECAL will consider what measures would be relevant to these activities, including Kindergarten Entry Assessment scores, data from within the state's QRIS such as points earned within specific standards, ongoing Georgia's Pre-K Program quality studies, data on star ratings, and workforce data from economic impact studies.

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 (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, 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 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. Check all that apply:

- ☒ Train on policy manual. Describe: The Lead Agency's CCDF program contains a stand-alone QA&T unit to conduct training sessions on policy and how it is implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into four main areas: (1) new hires, (2) temp hires, (3) existing staff, and (4) 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 that are integral to operate the program. Temp hires are given an abbreviated training on policy and systems that has been customized to their specific job functions. 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 Team also conducts weekly updates on policy clarification and best practices to ensure that staff training needs are met in a timely manner.
- ☒ Train on policy change notices. Describe: The Lead Agency's CCDF program contains a stand-alone QA&T unit to conduct training sessions on policy and how it is implemented. The scope and type of training selected is based on the needs of the staff member and is categorized into four main areas: (1) new hires, (2) temp hires, (3) existing staff, and (4) 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 that are integral to operate the program. Temp hires are given an abbreviated training on policy and systems that has been customized to their specific job functions. 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 Team also conducts weekly updates on policy clarification and best practices to ensure that staff training needs are met in a timely manner.

- ☒ Ongoing monitoring and assessment of policy implementation. Describe: The Lead Agency's CCDF program employs a full time Policy and Process Improvement Administrator to coordinate policy updates, policy communication, policy interpretation, and policy implementation within the CAPS Program. This person is responsible for collecting feedback from within the CAPS Program, from other divisions within the Lead Agency, and from outside stakeholders on how to improve the policy or the program. Recommendations are collected, organized, and assessed by leadership. The policy update process has several layers of reviewing and editing. Policy updates are tracked and communicated with relevant stakeholders.

☐ Other. Describe:

8.1.2 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:

- ☒ 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. 95% of all providers complete online invoicing using the Provider Information and Billing Website, which is 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 through two methods. 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. In addition, the Lead Agency's Audits and Compliance Division conducts audits of providers 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 due back to the Lead Agency.

- ☒ 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 our 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, record retention requirements, audit requirements, financial reporting requirements, as well as a termination and debarment clause to be utilized 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:

- CCDF sub-recipients are required to submit a request for reimbursement on a monthly basis. This request details the expenditures for which the sub-recipient is requesting reimbursement and is reviewed by the Lead Agency prior to disbursement of funds.
- 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.
- The Audits and Compliance Division also performs audits of CCDF sub-recipients, annually, where expenditures of CCDF funds are reviewed to ensure they are supported and allowable.
- The Georgia Department of Audits and Accounts (DOAA) performs financial audits as well as the federal single audit, annually, which include reviews of the Lead Agency's expenditure of CCDF funds. In addition, DOAA has recently completed a program audit and a follow-up review related to Lead Agency expenditure of CCDF funds.

Measures used to assess the performance of CCR&R agencies (CCDF sub-recipients) include:

- Setting target amounts for the number of applications and portfolios submitted for our Quality Rating system by child care providers in each CCR&R region;
- Setting target percentages for child care providers who receive a two- or three-star rating from our Quality Rating system in each CCR&R region;
- 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;

- Requiring participation in weekly requirements and testing meetings for the State's Unified Data System;
 - Requiring monthly reporting of number of resource packets provided to families seeking childcare;
 - Requiring reporting of child care referrals and consumer education provided to families impacted by Emergency Closures due to health and safety violations; and
 - Requiring monthly reporting of referrals to quality rated and licensed child care providers.
- ☒ 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 on a monthly basis. This request details the expenditures for which the sub-recipient is requesting reimbursement and is reviewed by the Lead Agency prior to disbursement of funds to ensure reasonableness and allowability. The Lead Agency Audits and Compliance Division also performs audits of CCDF sub-recipients annually where expenditures of CCDF funds are reviewed to ensure they are supported and allowable.
- ☐ Other. Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

- ☒ 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 created and filled a position of Policy and Process Improvement Administrator whose sole responsibility is to constantly assess and revise policy. In addition, Members of Lead Agency leadership 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 whether 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 an annual risk assessment of child care providers who participate in the CCDF program. This risk assessment is based off an assessment of the Lead Agency's policies and procedures where areas of policy that require additional monitoring were identified.
- ☒ Establish checks and balances to ensure program integrity. 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 as well the structure of the Lead Agency and 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

staff. This QA&T unit is not responsible for performing any eligibility determinations, only for reviewing the work of others.

The Lead Agency also segregates certain duties to other divisions who do not perform regular CCDF program administration. This segregation of duties assists with ensuring program integrity in the CCDF program. The Lead Agency's Finance Division is responsible for receiving the CCDF funding, making payments to CCDF providers, as well as 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 for extra checks and balances to ensure program integrity.

- ☒ Use supervisory reviews to ensure accuracy in eligibility determination. Describe: The Lead Agency CCDF Program supervisors conduct 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 will follow up with their staff on areas that are identified as needing improvement.
- ☐ Other. Describe:

8.1.4 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 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. Include a description of the results of such activity.**
 - ☒ 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 Lead Agency's Audits and Compliance Division has developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, the State Pre-K program, and the State Childcare Licensing program. The Division also incorporates data from the Department of Labor wage file. These data matching activities allow us to better identify irregularities in attendance or billing patterns, as well as identify eligibility determinations that may have been made based on inaccurate or incomplete data provided by the applicant.

- ☒ Run system reports that flag errors (include types). Describe: The Audits and Compliance Division has developed a risk assessment tool that is 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 utilizes 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 utilized to flag potential violations/errors. Examples of both types of reports/data elements are noted in the bulleted list below:
- System report identifying active cases with no certificates;
 - System report identifying cases active over 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 childcare provider to the number of children they bill for;
 - Comparison of client's employer to the childcare center their child is attending;
 - and
 - System report that identifies GA Pre-K students who are also receiving full-time care.
- ☒ Review enrollment documents and attendance or billing records. Describe: Audits and Compliance Division staff will conduct random and targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance records provided to the agency 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 Agent (SPMA) conducts a comparative analysis of attendance records to invoices on a monthly basis for a random sample of providers.
- ☒ Conduct supervisory staff reviews or quality assurance reviews. Describe: In our CCDF program, the Lead Agency has a stand-alone Quality Assurance & Training unit (QA&T), who performs quality assurance reviews of eligibility determinations made by our staff. This QA unit is not responsible for performing any eligibility determinations; only for reviewing the work of others. In addition, supervisors conduct 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 will follow up with their staff on areas that are identified as needing improvement.

- ☒ Audit provider records. Describe: Audits and Compliance Division staff will conduct random and targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance records provided to the agency 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 Agent (SPMA) conducts a comparative analysis of attendance records to invoices on a monthly basis for a random sample of providers.
- ☒ Train staff on policy and/or audits. Describe: DECAL's CCDF program contains a stand-alone Quality Assurance and Training (QA&T) Unit to conduct training sessions on policy and how it's implemented. The scope and type of policy and/or audits training selected is based on the needs of the staff member and is categorized into 4 main areas: (1) new hires, (2) temp hires, (3) existing staff, and (4) other divisions within DECAL and other agencies. New hires to the CCDF Program are trained on full policy and how to use the various systems that are integral to operate the program as well as policies. Temp hires are given an abbreviated training on policy and systems that has been customized to their specific job functions. 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 DECAL and other agencies are given policy and systems training based on their needs and roles. The QA&T Team also conducts weekly updates on policy clarification 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.
- ☒ Other. Describe: In addition to the activities noted above, the Audits and Compliance Division maintains a hotline and an email inbox for any and all stakeholders, including the general public, to submit complaints related to the CAPS program. The phone number and email address are published in the policy manual and are also publicized in most literature and presentations created by the CAPS program. Upon receiving a complaint, the Audits and Compliance Division will conduct an investigation to determine if a program violation or administrative error has occurred, and if so, whether any funds are due back to the Lead Agency as a result.

- 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.**

- ☒ 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 Audits and Compliance Division has developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, the State Pre-K program, and the State Childcare Licensing program. The Division also incorporates data from the Department of Labor wage file. These data matching activities allow us to better identify irregularities in attendance or billing patterns, as well as identify eligibility determinations that may have been made off of inaccurate or incomplete data provided by the applicant.
- ☒ Run system reports that flag errors (include types). Describe: The Audits and Compliance Division has developed a risk assessment tool that is 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 utilizes 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 utilized to flag potential violations/errors. Examples of both types of reports/data elements are noted in the bulleted list below:
 - System report identifying active cases with no certificates;
 - System report identifying cases active over 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 childcare provider to the number of children they bill for;
 - Comparison of client's employer to the childcare center their child is attending;and
 - System report that identifies GA Pre-K students who are also receiving full-time care.
- ☒ Review enrollment documents and attendance or billing records. Describe: Audits and Compliance Division staff will conduct random and targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance records provided to the agency 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 Agent (SPMA) conducts a comparative analysis of attendance records to invoices on a monthly basis for a random sample of providers.

- ☒ Conduct supervisory staff reviews or quality assurance reviews. Describe: In our CCDF program, the Lead Agency has a stand-alone Quality Assurance & Training unit (QA&T), which performs quality assurance reviews of eligibility determinations made by our staff. This QA unit is not responsible for performing any eligibility determinations, only for reviewing the work of others. In addition, supervisors conduct 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 will follow up with their staff on areas that are identified as needing improvement.
- ☒ Audit provider records. Describe: Audits and Compliance Division staff will conduct random and targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance records provided to the agency 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 Agent (SPMA) conducts a comparative analysis of attendance records to invoices on a monthly basis for a random sample of providers.
- ☒ Train staff on policy and/or audits. Describe: 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 it's implemented. The scope and type of policy and/or audits training selected is based on the needs of the staff member and is categorized into 4 main areas: (1) new hires, (2) temp hires, (3) existing staff, and (4) other divisions within DECAL and other agencies. New hires to the CAPS Program are trained on full policy and how to use the various systems that are integral to operate the program as well as policies. Temp hires are given an abbreviated training on policy and systems that has been customized to their specific job functions. 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 DECAL and other agencies are given policy and systems training based on their needs and roles. The QA&T Team also conducts weekly updates on policy clarification 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.
- ☐ Other. Describe:

- 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.

- ☒ 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 Audits and Compliance Division has developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, the State Pre-K program, and the State Childcare Licensing program. The Division also incorporates data from the Department of Labor wage file. These data matching activities allow us to better identify irregularities in attendance or billing patterns, as well as identify eligibility determinations that may have been made off of inaccurate or incomplete data provided by the applicant.
- ☒ Run system reports that flag errors (include types). Describe: The Audits and Compliance Division has developed a risk assessment tool that is 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 utilizes 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 utilized to flag potential violations/errors. Examples of both types of reports/data elements are noted in the bulleted list below:
 - System report identifying active cases with no certificates;
 - System report identifying cases active over 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 that have supervisor as the case manager;
 - System report identifying cases with an invalid address according to USPS;
 - System report identifying the percentage of certificate for a provider approved by the same case manager;
 - Comparison of the capacity of a childcare provider to the number of children they bill for;
 - Comparison of client's employer to the childcare center their child is attending;and
 - System report that identifies GA Pre-K students who are also receiving full-time care.
- ☒ Review enrollment documents and attendance or billing records. Describe: Audits and Compliance Division staff will conduct random and targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance records provided to the agency 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 Agent (SPMA) conducts a comparative analysis of attendance records to invoices on a monthly basis for a random sample of providers.

- ☒ Conduct supervisory staff reviews or quality assurance reviews. Describe: In our CCDF program, the Lead Agency has a stand-alone Quality Assurance & Training unit (QA&T), which performs quality assurance reviews of eligibility determinations made by our staff. This QA unit is not responsible for performing any eligibility determinations; only for reviewing the work of others. In addition supervisors conduct 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 will follow up with their staff on areas that are identified as needing improvement.
- ☒ Audit provider records. Describe: Audits and Compliance Division staff will conduct random and targeted reviews by requesting attendance documents via a letter mailed to providers. Staff then compare the attendance records provided to the agency 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 Agent (SPMA) conducts a comparative analysis of attendance records to invoices on a monthly basis for a random sample of providers.
- ☒ Train staff on policy and/or audits. Describe: 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 it's implemented. The scope and type of policy and/or audits training selected is based on the needs of the staff member and is categorized into 4 main areas: (1) new hires, (2) temp hires, (3) existing staff, and (4) other divisions within DECAL and other agencies. New hires to the CAPS Program are trained on full policy and how to use the various systems that are integral to operate the program as well as policies. Temp hires are given an abbreviated training on policy and systems that has been customized to their specific job functions. 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 DECAL and other agencies are given policy and systems training based on their needs and roles. The QA&T Team also conducts weekly updates on policy clarification and best practices to ensure that staff training needs are met in a timely manner. This training helps identify and reduce agency errors.
- ☒ Other. Describe: In addition to the activities noted above, the Audits and Compliance Division maintains a hotline and an email inbox for any and all stakeholders, including the general public, to submit complaints related to the CAPS program. The phone number and email address are published in the policy manual and are also publicized in most literature and presentation created by CAPS. Upon

receiving a complaint, the Audits and Compliance Division will conduct an investigation to determine if a program violation or administrative error has occurred, and if so, whether any funds are due back to the Lead Agency as a result.

8.1.5 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) Check and describe all activities 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. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: All improper payments caused by suspected fraud are recovered regardless of dollar amount.
- ☒ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe: 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.
- ☒ Recover through repayment plans. Describe: Repayment plans are offered to parental authorities and providers to recoup improper payments that are the result of fraud or intentional program violations.
- ☒ Reduce payments in subsequent months. Describe: Improper payments that are identified and recovered from providers are recovered by reducing payments in subsequent months. In most cases 50% of a provider's future payments are withheld until the debt is paid in full.
- ☐ Recover through state/territory tax intercepts. Describe: _____
- ☒ Recover through other means. Describe: 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, we follow those orders.
- ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe: The Lead Agency created the Audits and Compliance Division in 2013. This division has a unit of 13 staff who conduct investigations and reviews of childcare providers who receive CCDF funding from the Lead Agency and clients 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.
- ☐ Other. Describe: _____

- b) Check 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:

- ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: **All improper payments caused by unintentional program violations are recovered regardless of dollar amount.**
- ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe: _____
- ☒ Recover through repayment plans. Describe: **Repayment plans are offered to parental authorities and providers to recoup improper payments that are the result of unintentional program violations.**
- ☒ Reduce payments in subsequent months. Describe: **Improper payments that are identified and recovered from providers are recovered by reducing payments in subsequent months. In most cases 50% 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% reduction is a hardship on their business, the percentage of reduction is reduced and the funds are allowed to be paid back over a 24-month period.**
- ☐ Recover through state/territory tax intercepts. Describe: _____
- ☒ Recover through other means. Describe: **Payments are recovered in a variety of ways, including lump sum payments, reducing future payments, and payment plans.**
- ☒ Establish a unit to investigate and collect improper payments. Describe: **The Lead Agency created the Audits and Compliance Division in 2013. This division has a unit of 13 staff who conduct investigations and reviews of childcare providers who receive CCDF funding from the Lead Agency and clients 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.**
- ☐ Other. Describe: _____

- c) 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.**

- ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe: _____
- ☐ Coordinate with and refer to the other state/territory agency(ies) (e.g., state/territory collection agency, law enforcement agency). Describe: _____
- ☐ Recover through repayment plans. Describe: _____
- ☐ Reduce payments in subsequent months. Describe: _____

- ☐ Recover through state/territory tax intercepts. Describe: _____
- ☐ Recover through other means. Describe: _____
- ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe: **The Lead Agency created the Audits and Compliance Division in 2013. This division has a unit of 13 staff who conduct investigations and reviews of childcare providers who receive CCDF funding from the Lead Agency and clients who participate in 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.**
- ☐ Other. Describe: _____

8.1.6 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:

- ☒ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe: **Clients have ten 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 of 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 then 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 ten 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.**
- ☒ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe: **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 Licensing Division. Staff from the subsidy program follow the lead of licensing since they are the experts on health and safety in Georgia and providers must have a license or exemption**

to participate in the subsidy program. The Licensing Division allows providers ten 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 then 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 ten 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.

- ☒ Prosecute criminally. Describe: Program violations that are believed to be intentional will be referred for criminal prosecution.
- ☒ Other. Describe: In addition to disqualifying a provider or client, other methods used by the Lead Agency to sanction a provider may include requiring the provider or client to repay funds received as a result of improper payments (see 8.1.5) or requiring a provider to attend mandatory training to continue participation in the subsidy program.

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers **will** be considered “transitional and legislative waivers” to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 – 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019.

If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act):	September 30, 2017
Initial one-year extension deadline (658H(j)(2) of CCDBG Act):	September 30, 2018
One-year waiver deadline (45 CFR 98.19(b)(1)(i)):	September 30, 2019
Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)):	September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

- ☐ **Appendix A.1:** In-state criminal registry or repository checks with fingerprint requirements for existing staff. (See related question at 5.4.1 (b).)
 - Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

- 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.
- ☐ **Appendix A.2:** In-state sex offender registry requirements for existing staff. (See related question at 5.4.2 (b).)
- Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 - 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.
- ☐ **Appendix A.3:** In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b).)
- Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 - 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.
- ☐ **Appendix A.4:** National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b).)
- Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 - 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.
- ☐ **Appendix A.5:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a).)
- Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 - 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.
- ☐ **Appendix A.6:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b).)
- Describe the provision from which the state/territory seeks relief.

- Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [\[redacted\]](#)
 - 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. [\[redacted\]](#)
- ☐ **Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a).)
- Describe the provision from which the state/territory seeks relief. [\[redacted\]](#)
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [\[redacted\]](#)
 - 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. [\[redacted\]](#)
- ☐ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b).)
- Describe the provision from which the state/territory seeks relief. [\[redacted\]](#)
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [\[redacted\]](#)
 - 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. [\[redacted\]](#)
- ☐ **Appendix A.9:** Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a).)
- Describe the provision from which the state/territory seeks relief. [\[redacted\]](#)
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [\[redacted\]](#)
 - 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. [\[redacted\]](#)
- ☐ **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b).)
- Describe the provision from which the state/territory seeks relief. [\[redacted\]](#)
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. [\[redacted\]](#)
 - 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. [\[redacted\]](#)
- ☐ **Appendix A.11:** Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a).)

- Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 - 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.
- ☐ **Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b).)
- Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 - 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.
- ☐ **Appendix A. 13:** New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9.)
- Describe the provision from which the state/territory seeks relief.
 - Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
 - 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.