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Child Care and Development Fund (CCDF) Plan
for
State/Territory Georgia

FFY 2025 – 2027

Version: Amendment 1

Plan Status: Approved as of 2025-05-12 16:04:39 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, 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.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS 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.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Georgia Department of Early Care and Learning**

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

   iii. City: **Atlanta**

   iv. State: **Georgia**

   v. ZIP Code: **30334**

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

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Amy**

   ii. Lead Agency Official Last Name: **Jacobs**

   iii. Title: **Commissioner**

   iv. Phone Number: **404-651-7432**

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

1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

a. CCDF Administrator contact information:

   i. CCDF Administrator First Name: **Ira**

ii. CCDF Administrator Last Name: **Sudman**

iii. Title of the CCDF Administrator: **General Counsel**

iv. Phone Number: **470-631-1017**

v. Email Address: **Ira.Sudman@decal.ga.gov**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Woody**

ii. CCDF Co-Administrator Last Name: **Dover**

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

iv. Phone Number: **404-463-0741**

v. Email Address: **Woody.Dover@decal.ga.gov**

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

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program. 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 Entity establishing CCDF program rules

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.

Check one of the following:

a. **[x]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

b. **[ ]** Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[ ] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

1.2.2 Entities implementing CCDF services

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

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[ ]	[ ]	[ ]	[ ] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who issues payments?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors licensed providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who monitors license-exempt providers?	[x]	[ ]	[ ]	[ ]	[ ] Describe:
Who operates the quality improvement activities?	[x]	[ ]	[ ]	[x]	[x] Describe: Care Solutions, Inc. is a sub-recipient of CCDF in Georgia and works on behalf of the Lead Agency to administer the DECAL Scholars program.

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

[x] Yes. If yes, describe: **Despite Georgia not having a Child Care Resource & Referral (CCR&R) network, as defined by CCDF, we still partner with CCR&R organizations in Georgia to implement critical activities to improve the quality of child care. CCR&Rs are responsible for supporting access to high quality programs in their assigned region. This support includes providing coaching and technical assistance to providers participating in the state's Quality Rating and Improvement**

System. Additionally, CCR&Rs serve as regional hubs to support families and the workforce. Using available data and their well-established relationships in their communities, CCR&Rs assist families identify high quality care and will support the workforce in attaining credentials and ongoing training.

Care Solutions, Inc. is responsible for overseeing the DECAL Scholars program, which provides scholarships, stipend payments, and wage supplements to support early childhood educators who are pursuing a degree or credential in early childhood education. Additionally, Care Solutions manages workforce and provider payments for DECAL projects, such as Quality Rated teacher and provider bonuses and training stipends for participants in priority DECAL trainings.

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: CCR&R and Care Solutions tasks and performance measures are established on an annual basis with each contract renewal. Data from the previous year along with any new agency priorities are reviewed to determine each year's expectations and tasks. Both contractors are expected to bill for services within 30 days following the month in which services are rendered. Invoices must be itemized in accordance with line items established in the approved budget. Each contractor is expected to submit regular reports outlining activities aligned with contractual obligations and fiscal expenditures. CCR&Rs submit quarterly reports and also engage in monthly action planning sessions with lead agency staff. Care Solutions submits monthly reports and engages in monthly update meetings as required by lead agency staff.

[ ] No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

[x] Yes. If yes, describe: The Lead Agency engages in a periodic Request for Proposals (RFP) process to identify organizations to serve as CCR&Rs in each region. The RFP process establishes baseline budgets in the following categories: Personnel, Regular Operating, Administrative, Travel, Equipment, Facility Costs, Contracts, Telecommunications, and Professional Development. Budgets are reviewed on an annual basis and are adjusted as needed based on any new contractual requirements, review of expenditures from the previous year, audit findings (if appropriate), and increasing costs due to inflation or other factors.

[ ] No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

[x] Yes. If yes, describe: The Lead Agency enters into an annual contract with each of its six regional CCR&Rs. Annual performance measures identified in the contracts are established based on data from the previous year's work as well as upcoming agency priorities and needs. CCR&Rs work with Lead Agency staff to develop action plans for meeting each performance measure. Quarterly reports must be submitted demonstrating progress toward meeting goals and plans for addressing any roadblocks. The Lead Agency's internal research team also supports monitoring of CCR&Rs by providing analysis of internal data, such as star ratings and information on licensed providers in the region. This information is provided to CCR&Rs and Lead Agency staff to support

continued progress. Action plans are updated on a quarterly basis to ensure CCR&Rs are continuing to make adequate progress toward performance measure targets. When needed, a corrective action plan is developed for CCR&Rs not making adequate progress.

The Lead Agency also enters into an annual contract with Care Solutions, Inc. Annual expectations are established based on the previous year's data and include number of applications processed, processing time, number and type of marketing activities, and customer service expectations. Monthly reports are submitted outlining progress in each area.

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **In addition to the monitoring activities described above, each CCR&R is subject to an annual audit by the Lead Agency's Audits and Compliance unit. The audit focuses on annual expenditures to ensure federal funding requirements are met and all expenses are allowable under CCDF regulations. Further, each region is expected to complete a risk assessment on an annual basis as a prerequisite to securing the next year's contract. CCR&Rs must also provide staffing plans, hiring practices, and salary/promotion guidelines annually.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs

to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The proposed state plan was sent to the Georgia's Children's Cabinet (Georgia's State Advisory Council on Early Childhood Education and Care) for review and comment. The Commissioner of the Lead Agency is the co-chair of the Cabinet. The proposed State Plan was summarized and shared in total for comment to the following state agencies: Department of Education, Department of Juvenile Justice, Department of Health and Human Services, Department of Public Health, Department of Community Health, Georgia Office of Student Achievement, Technical College System of Georgia, Georgia Office of the Child Advocate, Council of Juvenile Court Judges, Criminal Justice Coordinating Council, and Department of Behavioral Health and Developmental Disabilities.**
The Lead Agency meets three times a year with all the aforementioned state agencies as primary members of the Children's Cabinet. Each agency was afforded the opportunity to review the plan and comment directly by e-mail or at the May 14th meeting in person.

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The proposed state plan was sent to the Georgia's Children's Cabinet (Georgia's State Advisory Council on Early Childhood Education and Care) for review and comment. The Commissioner of the Lead Agency is the co-chair of the Cabinet. The proposed State Plan was summarized and shared in total for comment to the following state agencies: Department of Education, Department of Juvenile Justice, Department of Health and Human Services, Department of Public Health, Department of Community Health, Georgia Office of Student Achievement, Technical College System of Georgia, Georgia Office of the Child Advocate, Council of Juvenile Court Judges, Criminal Justice Coordinating Council, and Department of Behavioral Health and Developmental Disabilities.**
The Lead Agency meets three times a year with all the aforementioned state agencies as primary members of the Children's Cabinet. Each agency was afforded the opportunity to review the plan and comment directly by e-mail or at the May 14th meeting in person.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal

organizations(s) within the State: **Not applicable.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The Lead Agency meets with the Georgia Child Care Association, The Professional Family Child Care Association of Georgia, Georgia Early Education Alliance for Ready Students, Voices for Georgia's Children, Black Child Development Institute of Atlanta individually on a quarterly basis. Each organization was afforded the opportunity to review the plan and comment directly by e-mail or at either of the Lead Agency's public hearings.**

1.3.2 Public hearing process

Lead Agencies must 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.

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.

i. Date of the public hearing: **5/29/2024; 5/30/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/6/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**The public was notified by placing an advisory on the Lead Agency's website, mass email to stakeholders, and through multiple social media platforms. If requested, the Lead Agency uses a translation service that provides translation for multiple languages. https://www.decal.ga.gov/documents/attachments/CCDFStatePlan25-27PublicHearingNotice.pdf**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **All public hearings were conducted virtually. The virtual public hearings allowed all Georgia citizens interested in making public comment to attend and allowed their voices to be heard.**

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

vii. Describe how the information provided by the public was 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 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **http://www.decal.ga.gov/BftS/CCDFPlan.aspx**

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

i. **[x]** Working with advisory committees. Describe: **Information about the Plan was shared with the Lead Agency's advisory committee through email announcing that the Plan was made available on the Lead Agency's website, social media platforms, and in local media.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **Information about the Plan was shared with child care resource and referral agencies through email announcing that the Plan was made available on the Lead Agency's website, social media platforms, and in local media.**

iii. **[x]** Providing translation in other languages. Describe: **If requested, the Lead Agency uses a translation service that provides translation for multiple languages.**

iv. **[x]** Sharing through social media (e.g., 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**

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **An email blast was sent to all providers and applicable stakeholder groups with information about public hearings and with links to the State Plan.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **Information about the Plan was shared with statewide afterschool networks or similar coordinating entities.**

vii. **[x]** Direct communication with the child care workforce. Describe: **An e-mail blast was sent to all providers and applicable stakeholder groups with information about public hearings and with links to the State Plan.**

viii. **[ ]** Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy

applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

   i. **[ ]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

   ii. **[ ]** Leveraging eligibility from other public assistance programs. Describe:

   iii. **[ ]** Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:

   iv. **[ ]** Self-assessment screening tools for families. Describe:

   v. **[ ]** Extended office hours (evenings and/or weekends).

   vi. **[x]** Consultation available via phone.

   vii. **[ ]** Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:

   viii. **[ ]** None.

b. Does the Lead Agency use an online subsidy application?

   [x] Yes.

[ ] No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. [x] Advance notice to parents of pending redetermination.

ii. [x] Advance notice to providers of pending redetermination.

iii. [x] Pre-populated subsidy renewal form.

iv. [x] Online documentation submission.

v. [ ] Cross-program redeterminations.

vi. [ ] Extended office hours (evenings and/or weekends).

vii. [x] Consultation available via phone.

viii. [ ] Leveraging eligibility from other public assistance programs.

ix. [x] Other. Describe: **A redetermination interview is conducted by phone to gather information from the family and to provide resources the family may need. Via email, families can choose the time for this phone call based on their schedule and availability through Microsoft Bookings.**

b. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

[x] Yes.

[ ] No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

[ ] No.

[x] Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

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

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

[ ] No.

[x] Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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

i. "residing with": **The Lead Agency defines residing with as all children included in the family unit. CAPS Policy Manual 5.3 defines a family unit as a parent with legal, biological, or day-to-day responsibility for children in the home and all those for whom the parent 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 parent; 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 parent temporarily absent from the household due to employment, military deployment, training, or education.**

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

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[ ]** During a time of emergency or disaster, partnering in essential services.

iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

v. **[ ]** Time for meals or breaks.

vi. **[x]** Time for travel.

vii. **[x]** Seeking employment or job search.

viii. **[ ]** Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. **[x]** Vocational/technical job skills training.

ii. **[x]** Apprenticeship or internship program or other on-the-job training.

iii. **[x]** English as a Second Language training.

iv. **[x]** Adult Basic Education preparation.

v. **[x]** Participation in employment service activities.

vi. **[ ]** Time for meals and breaks.

vii. **[x]** Time for travel.

viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[x]** Other. Describe: **Each credit hour (or hour of online or in-person coursework) equates to two hours of state-approved activity to account for study time.**

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. **[x]** Adult High School Diploma or GED.

ii. **[x]** Certificate programs (12-18 credit hours).

iii. **[x]** One-year diploma (36 credit hours).

iv. **[x]** Two-year degree.

v. **[x]** Four-year degree.

vi. **[ ]** Travel to and from classrooms, labs, or study groups.

vii. **[x]** Study time.

viii. **[ ]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[ ]** Applicable meal and break times.

xi. **[x]** Other. Describe: **Each credit hour (or hour of online or in-person coursework) equates to two hours of state-approved activity to account for study time.**

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[ ] No.

[x] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[x] Work. Describe: **Most parents must be working for an average of at least 24 hours per week.**

[x] Job training. Describe: **Parents 21 years of age or older must participate in job training at least 24 hours per week. Each credit hour (or hour of online or in-person coursework) for vocational training equates to two hours of state-approved activity to account for study time. Parents 20 years of age or younger participating in vocational training have no additional activity requirement.**

[x] Education. Describe: **Parents 21 years of age or older must participate in education activities at least 24 hours per week. Each credit hour (or hour of online or in-person coursework) for adult education (with confirmed course hours), vocational training, early childhood education credential or training courses, technical certificate of credit (TCC), technical college diploma (TCD), education or training through WorkSource Georgia, associate degree programs, and bachelor's degree programs equates to two hours of state-approved activity to account for study time. Parents 20 years of age or younger participating in middle or high school, adult education, early childhood education credential or training courses,**

vocational training, TCC, TCD, education or training through WorkSource Georgia, associate degree, or bachelor's degree program have no additional activity requirement.

[x] Combination of allowable activities. Describe: **Parents aged 21 or older must participate in state approved activities for an average of at least 24 hours per week. The 24-hour per week requirement may be met by employment, education, or a combination of employment and education. Each credit hour (or hour of online or in-person coursework) for adult education (with confirmed course hours), vocational training, early childhood education credential or training courses, technical certificate of credit (TCC), technical college diploma (TCD), education or training through WorkSource Georgia, associate degree programs, and bachelor's degree programs equates to two hours of state-approved activity to account for study time. Education is participation in middle or high school, adult education programs (High School Equivalency [HSE] courses which includes HiSET testing, General Equivalency Diploma [GED], and Career Plus HSE, Adult Basic Education [ABE], Adult Secondary Education [ASE], Integrated English Literacy and Civics Education [IELCE], and English as a Second Language [ESL]), vocational training programs, early childhood education programs, TCC, TCD, education or training through WorkSource Georgia, associate degree programs, and bachelor's degree programs. Parents 21 years of age or older enrolled in a self-paced (i.e., no confirmed instructional or online course hours) adult education or high school diploma program will be granted six credit hours, which equates to 12 hours of state-approved activity hours. Parents 20 years of age or younger participating in middle or high school, adult education, early childhood education credential or training courses, vocational training, TCC, TCD, education or training through WorkSource Georgia, associate degree programs, or bachelor's degree program have no additional activity requirement.**

[ ] Other. Describe:

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

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: 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 Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

[x] Children in foster care.

[x] Children in kinship care.

[x] Children who are in families under court supervision.

[x] Children who are in families receiving supports or otherwise engaged with a child welfare agency.

[x] Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

[ ] Children whose family members are deemed essential workers under a governor-declared state of emergency.

[x] Children experiencing homelessness.

[x] Children whose family has been affected by a natural disaster.

[x] Other. Describe: **Protective services also includes families of children experiencing domestic violence and family violence, families participating in or transitioning from Temporary Assistance for Needy Famalies (TANF), and families who qualify for the Need to Protect priority group with CAPS Management Approval. The Need to Protect priority group consists of children who need to receive protective services but are not formally involved with Child Protective Services (CPS). Situations include, but are not limited to: grandparents, relatives, and other caregivers (excluding biological or adoptive parents) who have taken over full-time care of a child (due to abuse, neglect, or abandonment) that is not in Division of Family and Children Services (DFCS) custody, families who had a substantiated CPS case that closed within the last 12 months, and families of children involved in the juvenile justice system.**

g. 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?

[ ] No.

[x] Yes.

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

[ ] No.

[x] Yes.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

[ ] No.

[x] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] There is a statewide limit with no local variation.

[ ] There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	4589.00	30.00	1377.00
2	6001.00	30.00	1800.00
3	7413.00	30.00	2224.00
4	8824.00	30.00	2647.00
5	10236.00	30.00	3071.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[x] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

[ ] Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

[ ] Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

[ ] No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination? Check all that apply:

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[ ]** Inheritance.

ix. **[ ]** Public assistance.

x. **[x]** Other. Describe: **Additional income sources as prescribed in Georgia CAPS Policy 8.4 are used to determine the annual gross income for the family unit.**

d. What is the effective date for these income eligibility limits? **09/01/2024**

e. 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, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?
[x] LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

[ ] Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://caps.decal.ga.gov/assets/downloads/CAPS/AppendixA-CAPS%20Maximum%20Income%20Limits%20by%20Family%20Size.pdf

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **Georgia CAPS Policy 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, when the parent's income varies considerably, staff calculate the average of all pay stubs for the past six months.**

ii. **[ ]** Request earning statements that are most representative of the family's monthly income.

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

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed $1,000,000?

[x] Yes.

[ ] No. If no, describe:

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.

[x] Yes. If yes, describe the policy or procedure: **CAPS Policy Manual 8.9.1 exempts children in Georgia Division of Family and Child Services (DFCS) custody (i.e., foster care) from certifying that family assets do not exceed $1,000,000.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. **[x]** Eligibility determination? If checked, describe: **CAPS Policy Manual 7.3 identifies 13 priority population categories that receive child care subsidies at times of funding restrictions. Families are required to be part of at least one of the priority population categories at initial eligibility. Families, except those of children enrolled in Georgia's Pre-K Program, do not need to demonstrate they continue to meet these conditions at redetermination. However, families may be required to submit verification documents to support eligibility at redetermination if there is a change in their circumstances. Families of children enrolled in Georgia's Pre-K Program at initial eligibility may have to identify with one of the CAPS priority populations at redetermination and re-verify applicable circumstances that were verified previously. Priority categories include: Child Protective Services and court-ordered supervision cases; families with children enrolled in Georgia's Pre-K program; children in Georgia Division of Family and Children Services custody; children with disabilities; families with very low income as defined by CAPS; grandparents raising grandchildren; minor parents (aged 20 years of age or younger); families experiencing domestic violence; families who lack fixed, regular, and adequate housing; families who have experienced a natural disaster; families participating in or transitioning from TANF; need to protect; student parent.**

b. **[x]** Eligibility redetermination? If checked, describe: **Redeterminations are processed in the same manner as a new application. While the CAPS program does ask families about priority group status at redetermination, families, except those of children enrolled in Georgia's Pre-K Program, do not need to demonstrate they continue to meet priority**

group conditions at redetermination. Families of children enrolled in Georgia's Pre-K Program at initial eligibility may have to identify with one of the CAPS priority populations at redetermination and re-verify applicable circumstances that were verified previously.

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
[x]	**[ ]**	Applicant identity. Describe how you verify: **CAPS Policy 6.7 requires proof of the parent's identity and provides the following list of acceptable verification documents: federal or state issued identification card; military issued identification card; current school identification card; U.S. Passport; Medicare/Medicaid recipient card; Social Security award letter; declaration of citizenship; naturalization certificate; voter registration card; work or school visa. This list is not all inclusive and other documents may be accepted/considered on a case by case basis. Identity can also be verified using other eligibility program system sources whenever possible. CAPS Policy 14.3.1 notes that parents are not required to re-verify circumstances that have already been verified and are not questionable or subject to change at redetermination.**
[x]	**[ ]**	Applicant's relationship to the child. Describe how you verify: **Although the lead agency accepts client's self-attestation to verify the applicant's relationship to the child, the parent is responsible for disclosing the names and relationships of all individuals that reside together in the household to determine the composition of the family unit. For CAPS staff to determine the family unit, discussion needs to include who lives in the home, who is married, who are the parents of which children, and what the relationships are between adults and children in the home (CAPS Policy 5.3.4). CAPS Policy 14.3.1 notes that parents are not required to re-verify circumstances that have already been verified and are not questionable or subject to change at redetermination.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[ ]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **CAPS Policy 6.4.2 provides the following list of acceptable documents to verify the child's age. (These also serve as verification of the child's identity.): birth certificate; court records; U.S. passport; state-issued identification; hospital certificate of live birth; immigration card; social security records; immigration court order; Homeland security documents. Families have the right to submit other forms of verification/documentation that must be credible to determine proof of age. Proof of age can also be verified using other eligibility program system sources whenever possible. CAPS Policy 6.5.6 provides the following list of acceptable documents to verify the child's citizenship: birth certificate; certificate of citizenship; naturalization certificate; vital records; report of birth from abroad of a U.S. citizen; U.S. citizen I.D. card; U.S. passport; consoler's report of birth; American Indian card (first issued by USCIS in 1983); court records of parentage, juvenile proceedings, or child support indicating place of birth; religious record of birth recorded in the U.S. or its territories within three months of birth (The document must show the date of birth or the individual's age at the time the record was made); any document that establishes place of birth or U.S. citizenship, such as records from Social Security Administration, Veterans Administration, local government agencies, hospitals, or clinic's record of birth or parentage; early school records showing the date of admission to the school, the child's date and place of birth, and the names and place of birth of the parents; census record showing the name, U.S. citizenship, or a U.S. place of birth and date of birth or age of the individual; adoption finalization papers showing the child's name and place of birth in one of the 50 states, the District of Columbia, or a U.S. Territory. If verification of the child's citizenship is available from another state or federally recognized program, a copy of the automation/system screen indicating citizenship or alien status may be used and filed in the case record. If verification of the child's citizenship was obtained from another state public agency, a fax/copy of the verification document may be accepted. CAPS Policy 14.3.1 notes that parents are not required to re-verify circumstances that have already been verified and are not questionable or subject to change at redetermination.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Work. Describe how you verify: **Acceptable forms of verification of hours of employment include pay stubs, a letter from the employer on business letterhead, CAPS Self-employment Report (Appendix CC) (for self-employed parents only), CAPS Employment Verification (Appendix F), or employer wage records. The acceptable forms of verification are not all-inclusive, and families have the right to submit other forms of third-party verification/documentation that must be credible to determine activity hours. Activity hours can also be verified using other eligibility program system sources when sufficient documentation is available. This information is under CAPS Policy 6.8.2.3.**
[x]	[x]	Job training or educational program. Describe how you verify: **CAPS staff will verify education enrollment and participation with one or more of the following: Written verification of enrollment from the educational institution and current class schedule or approved DECAL trainer (CDA training only). At a minimum, the written verification must include: The parent's name and enrollment date, the name of the institution, contact person, and contact information (phone and email). If not included on the class schedule, the written statement must also include the number of credit hours or the number of in-class or online hours per week. Parent can also complete the Completed Education Verification Form (Appendix DD). This information is under CAPS Policy 6.8.3.9.1.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Family income. Describe how you verify: **Earned Income Verification. CAPS staff will verify earned income (wages) with one or more of the following: 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/statement from employer (the letter/statement should be signed and dated on an employer letterhead and include contact information for the employer [phone number, title and relationship to employee], expected/current hire date, number of hours the employee is scheduled/works, and hourly rate of pay [and/or gross salary]) ,documentation from other state eligibility programs, if verification of income is within past six (6) months, employer completed CAPS Employment Verification form (Appendix F) or itemized statement completed by the employer, Military Leave Earning Statement (LES) this is the only acceptable form of verification for a member of the military, family can complete CAPS Self-employment Report form (Appendix CC), business ledgers, business receipts, previous year tax form if submitting before April 15, current tax form if submitting after April 15. Note: The above list is not an all-inclusive list and families have the right to submit other forms of verification/documentation that must be credible to determine income eligibility. Income can also be verified using other eligibility program system sources whenever possible. This information is under CAPS Policy 8.6.1.** **Unearned Income Verification. CAPS staff will verify unearned income with one or more of the following: 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. Note: The above list is not all-inclusive, and families have the right to submit other credible forms of verification/ documentation to determine income eligibility. Income can also be verified using other eligibility program system sources whenever possible. This information is**

Required at Initial Determination	Required at Redetermination	Description
		under CAPS Policy 8.7.1.
[x]	**[x]**	Household composition. Describe how you verify: **Although the lead agency accepts client-attestation to verify household composition, the parent is responsible for disclosing the names and relationships of all individuals who reside in the household to determine the composition of the family unit. For CAPS staff to determine the family unit, discussion needs to include who lives in the home, who is married, who are the parents of which children, and what the relationships are between adults and children in the home.**
[x]	**[x]**	Applicant residence. Describe how you verify: **All CAPS parents must be a resident of the State of Georgia. Proof of residency may include one of the following: current (unexpired) Georgia government issued driver's license/identification (I.D.) card, current (unexpired) 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/statement, current property tax statement. Note: The list is not an all-inclusive list and families have the right to submit other forms of verification/documentation that must be credible to determine Georgia residency. Georgia residency can also be verified using other eligibility program system sources whenever possible.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Other. Describe how you verify: **Families are required to be part of at least one of the priority population categories at initial eligibility. Families, except those of children enrolled in Georgia's Pre-K Program, do not need to demonstrate they continue to meet these conditions at redetermination. However, families may need to provide supporting documentation to meet program eligibility at redetermination as prescribed in CAPS policy 7.3.1. Families of children enrolled in Georgia's Pre-K Program at initial eligibility may have to identify with one of the CAPS priority populations at redetermination and re-verify applicable circumstances that were verified previously. Child Protective Services (CPS) and court-ordered supervision cases require a referral from Georgia CPS. Children in Georgia Division of Family and Children Services (DFCS) custody must have a referral from DFCS stating need for child care services and verification that the child is in DFCS custody. Families experiencing domestic violence must provide verification from the Georgia Department of Human Services, report to TANF, police report, court documents, proof of shelter residence, or other third-party documentation verifying the family has experienced domestic violence. Families of children with disabilities acceptable verification may include any of the following: written diagnosis and statement of how the child's learning is impacted from a licensed medical specialist, 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) that indicates how the child's learning is impacted, a Medicaid waiver for persons with disabilities (Katie Beckett, NOW, or COMP), proof of Supplemental Security Income for a child who is blind or disabled. Families of children enrolled in Georgia's Pre-K Program must submit a completed CAPS Georgia's Pre-K Program Referral Form (Appendix S) if the child's Pre-K status cannot be verified through the state's Pre-K database. Families participating in or transitioning from TANF need a referral from TANF (Appendix FF) and a work plan. Families who have experienced a natural disaster must verify residency in the designated area during the time of the declared natural disaster. Designated areas for federal and state declared natural disasters can be verified by the Federal Emergency Management Agency at www.FEMA.gov/disaster. Families who lack fixed, regular,**

Required at Initial Determination	Required at Redetermination	Description
		and adequate housing must meet Georgia residency requirement. Residency can be verified with a letter from the homeowner or lease holder (does not need to be notarized), an emergency shelter, or an agency that provides homeless assistance programs in Georgia. This will also be used to verify homeless status. A written attestation from the parent that they lack a fixed, regular, and adequate nighttime residence may be accepted if no other documentation is available. Families with very low income as defined by CAPS must submit earned and unearned income verification for the last four weeks. Grandparents Raising Grandchildren (GRG) must verify participation in the DFCS GRG program. Minor parents: At least one parent must be 20 years of age or younger and provide verification of age. Need to protect: The following situations that may qualify for a need to protect include, but are not limited to: grandparents, relatives, and other caregivers (excluding biological or adoptive parents) who have taken over full-time care of a child (due to abuse, neglect, or abandonment) who is not in DFCS custody, families who had a substantiated CPS case that closed within the last 12 months, families of children involved in the juvenile justice system. Acceptable verification includes: 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. Student parent Education Verification, CAPS staff will verify education enrollment and participation with one or more of the following: Written verification of enrollment from the educational institution and current class schedule or approved DECAL trainer (CDA training only). The written verification must include, at a minimum: The parent's name and enrollment date, the name of the institution, contact person, and contact information (phone and email). If not included on the class schedule, the written statement must also include either the number of credit hours or the number of in-class or online hours per week. Parents can also complete the Completed Education Verification Form (Appendix DD).

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

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

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

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

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

   iii. "Unsuitability of informal child care": **An informal caregiver who failed to meet the health and safety requirements or background check or who has not properly enrolled with CAPS.**

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

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

   i. **[x]** In writing

   ii. **[ ]** Verbally

   iii. **[ ]** Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **A child that has a disability or developmental delay that impacts their learning as measured and documented by appropriate diagnostic instruments and procedures by a licensed medical specialist. The disability or delay must be in one of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive**

development. Children with disabilities may include: a child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.); a child who is eligible for services under part B, section 619, of the Individuals with Disabilities Education Act (20 U.S.C. 1419); a child who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); a child with a Medicaid waiver for persons with disabilities (i.e., Katie Beckett, NOW, or COMP); and a child receiving Supplemental Security Income for blindness or a disability.

e. "Families with very low incomes." **Currently, families with very low income are defined as families whose income falls at or below 10 percent of the Federal Poverty Guidelines.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	**[x]**	**[x]**	**[ ]**	**[x]**	**[ ]**	**[ ]** Describe:
Families with very low incomes	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:
Children experiencing homelessness, as defined by CCDF	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]** Describe:

a. Does the Lead Agency define any other priority groups?

[ ] No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **To support families with the greatest needs, Childcare and Parent Services (CAPS) established the additional priority groups: Child Protective Services (CPS) and court ordered supervision cases - a child who is**

receiving protective services; Children enrolled in Georgia's Pre-K Program; Children in Georgia Division of Family and Children Services (DFCS) Custody; Grandparents Raising Grandchildren (GRG) - Parents participating in GRG with DFCS; Minor Parents - Parents 20 years old and younger; Families experiencing domestic violence. For the purpose of this policy, domestic violence includes any violent crime that is alleged by the applicant against any past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household. This shall also include emotional, psychological, physical, or sexual abuse as attested to by the applicant or formally documented by a referral agency, law enforcement, or a court of competent jurisdiction; Families who have experienced a natural disaster in the family's county of residence that has been identified by government officials as an area included in the state or federal disaster area; Need to protect - A child who needs to receive protective services but is not formally involved with Child Protective Services; Student Parent - A parent with dependent children enrolled in high school, adult education, vocational training, early childhood education credential or training courses, technical certificate of credit (TCC), technical college diploma (TCD), education or training through WorkSource Georgia, associate degree program, or bachelor's degree program. Families in these priority groups meet first-level eligibility criteria for CAPS. In addition, the CAPS program pays the full rate for child care for families of children with special needs and children in foster care. Finally, CAPS does not assess a co-payment for minor parents below the age of 18 and children in DFCS custody.

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Verification of priority group status is required before an initial eligibility determination. If additional documentation is not immediately available, families are allowed an additional 45 days to submit verification of the child's citizenship or qualified alien status, child's immunization (if applicable), activity, and income without postponing their eligibility determination.**

b. Describe the grace period for each population below and how it allows them 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.

   i. Provide the policy for a grace period for:

Children experiencing homelessness: **CAPS Policy Manual 6.6 specifies that families have at least 45 days to verify immunization requirements. This applies to all families including children experiencing homelessness. CAPS Procedure Manual 3.5.5 notes the additional 45 days does not affect approval of eligibility unless verification cannot be granted after the 45-day period. For extenuating circumstances beyond 45 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 45-day time frame was established as sufficient to obtain a copy of an immunization certificate or for a child to receive appropriate immunizations.**

Children who are in foster care: **CAPS Policy Manual 6.6 specifies that families have at least 45 days to verify immunization requirements. This applies to all families including children who are in foster care. CAPS Procedure Manual 3.5.5 notes the additional 45 days does not affect approval of eligibility unless verification cannot be granted after the 45-day period. For extenuating circumstances beyond 45 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 45-day time frame was established as sufficient to obtain a copy of an immunization certificate, or for a child to receive appropriate immunizations.**

ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

[x] Yes.

[ ] No. If no, describe:

c. 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: **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.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[ ]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[x]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[ ]** Home visiting programs.

x. **[x]** Other. Describe: **The Lead Agency has a Rising Pre-K Summer Transition Program, funded in part by CCDF, that targets children who are age eligible for Pre-K the next school year and whose home language is Spanish. The program includes bilingual teachers and a strong family engagement component. Services and resources are provided to families in English and Spanish. In addition, Pre-K is launching a new family portal in January 2025 that will include the ability for families to choose their language to view and access the portal. The Lead Agency continues to recruit bilingual parents for the Family Peer Ambassador program. The Lead Agency also provides financial supports for bilingual individuals to obtain a degree or credential in early childhood education. The Lead Agency is also developing a plan to comprehensively review websites, resources, and forms to determine if these supports should be translated into other languages to make information more accessible for families and providers. As part of its child care access, consumer education, and family outreach activities, the Lead Agency funds the toll-free 877ALLGAKIDS Call Center and participation in community events around the state to distribute information about accessing early education supports and provide referrals to high-quality child care. Several of the team members delivering these services are bilingual speakers who are able to assist families whose home language is Spanish.**

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

i. **[x]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[x]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[x]** Ensuring accessibility of environments and activities for all children.

v. [ ] Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. [x] 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.

vii. [x] Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. [x] Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. [x] Other. Describe: **The Lead Agency added a button to the DECAL and CAPS websites to the Resource and Referral Portal (FindHelp GA), which contains many resources for families with a person(s) with a disability, including but not limited to Mental Health and Behavioral Supports, Disability Supports, Child Development, Early Intervention, Children with Special Needs, and Caregiver Supports. The Lead Agency provides a Helpline staffed by trained Inclusion and Behavior Support Coordinator. Families and child care providers can call (1-833-354-4357) or email inclusion@decal.ga.gov) to provide resources and referrals to families of children with disabilities and assistance in identifying inclusive child care. A team of statewide Inclusion and Behavior Support Specialists assists child care providers by providing coaching and training on inclusive classroom practices and social emotional development.**

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. [x] Lead Agency accepts applications at local community-based locations.

ii. [x] Partnerships with community-based organizations.

iii. [x] Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.

iv. [x] Other. Describe: **The Lead Agency and the Head Start State Collaboration Office are providing a series of trainings and ongoing technical assistance to community partners who support families and children experiencing homelessness to improve their knowledge of the early care and education programs, priorities, and the referral systems. The Lead Agency has also partnered with Our House, a nonprofit agency providing shelter and innovative services to the Atlanta homeless population, to develop and implement training for staff to enhance outreach efforts. The Lead Agency added a feature to the Contact Us form on the CAPS website to enable community programs supporting families who are homeless to communicate and expedite their subsidy applications. The Lead Agency understands that communication may be a challenge for families with limited access to technology, so this feature allows staff to work with the system on their behalf. The Lead Agency added a button to the DECAL and CAPS websites to the Resource and Referral Portal (FindHelp GA), which contains many**

resources for families experiencing homelessness including but not limited to Emergency Shelter, Temporary Housing, Help Find Housing, Help Pay for Housing. Families Experiencing Homelessness remains a Priority Group for the CAPS subsidy program, targeting specific challenges faced by families as defined by McKinney-Vento. In addition, the Lead Agency developed a series of visual aids specific to community partners in the Continuum of Care who serve families experiencing homelessness to explain the process for child care and subsidy assistance.

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **DECAL CAPS created a new functional area, CAPS Provider Relations that includes four teams, one of which is the Education and Outreach team which is responsible for developing and delivering training to child care providers. This team has built on the work undertaken in previous years and to refine training and resource materials, collaborates with experts in serving children and their families that experience homelessness. The Education and Outreach team has completed the ECKLC Head Start Training Modules Supporting Children and Families Experiencing Homelessness and has collaborated with Head Start and the Department of Education to create a training session for child care providers on the topic of identifying and supporting children and families experiencing homelessness.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The Lead Agency's CAPS program contains a stand-alone Quality Assurance and Training (QA&T) unit. This team conducts training for newly hired Lead Agency staff on CAPS policy and how the policy is implemented. Also, children experiencing homelessness are a priority group for the CAPS program, so training includes information on identifying and serving children and their families experiencing homelessness. All new CAPS staff are also required to complete the Head Start Early Childhood Learning & Knowledge Center (ECLCK) Training Modules Supporting Children and Families Experiencing Homelessness during their onboarding training to help them identify and serve children and families experiencing homelessness based on guidance from the McKinney-Vento Assistance Act. The QA&T unit also conducts weekly updates for new and existing staff, to provide added support and address all policy changes, policy clarifications and best practices, including children and families experiencing homelessness. Additionally, staff responsible for determining eligibility for initial determination and redetermination use interview scripts with guiding questions to help them identify children and their families experiencing homelessness. Interview scripts include questions staff are required to ask families to determine if they meet the McKinney-Vento definition of homelessness. Further, an internal Homelessness Committee meets regularly to coordinate efforts among the divisions in the Lead Agency to connect with and serve Georgia's homeless populations.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **The Lead Agency coordinates with Head Start, Georgia's Pre-K Program, other early learning programs, and school-age programs to accommodate parents' work schedules. The Lead Agency determines whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP) prior to enrollment in child care subsidies. Cross-enrollment or referrals to other public benefits through the Lead Agency's resource and referral portal (FindHelp GA) are completed to ensure families have access to appropriate services. The Lead Agency will continue to collaborate 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. Using established coaching protocols, the Lead Agency will provide more intensive case management for families with children with multiple risk factors. The Lead Agency continues to Implement 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.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

[ ] Yes.

[x] No. If no, describe: **The Lead Agency was notified of possible non-compliance with 45 CFR §98.21(a)(1) on May 23, 2024. The Lead Agency certifies that additional time is required to implement policies and procedures to come into compliance with the noted rule. Current policies and procedures do not afford any child added during an existing eligibility period a full and complete twelve months before their next determination. The Lead Agency will be in compliance with this rule by Marh 30, 2025.**

b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. 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.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.

3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[x] No.

[ ] Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. **[x]** No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **Parents who permanently lose their employment or stop attending education/training programs 13 weeks or more prior to the end of their current eligibility period will be allowed job search as an approved activity for 13 weeks from the date the activity ended. If the parent resumes participation in a state-approved activity at any level during the 13-week job search period, child care will continue for the duration of the existing eligibility period. If the parent does not resume participation in a state-approved activity at any level and have 13 or more weeks left in their current eligibility period, the case will close at**

the end of the 13-week job search period. If the parent permanently loses their employment or stops attending education/training program with 12 weeks or less remaining in their current eligibility period, child care will continue through the end of their current eligibility period. At redetermination, the parent must meet applicable state-approved activity requirements. (CAPS Policy 13.8)

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **The parent loses their employment or permanently stops attending their training or education program. The parent reports this change in activity to their assigned Family Support Consultant and the 13-week job search is triggered for the case.**

iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **13 weeks**

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

i. **[ ]** Not applicable.

ii. **[x]** 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **CAPS Policy Manual 13.10.2 allows for CAPS cases to be closed when there are excessive unexplained absences, and the parent cannot be reached using the most recently provided contact information. Excessive unexplained absence occurs when it is confirmed that CAPS subsidies have not been used by the parent for authorized children, with no contact or previous notification of absence, for at least 30 calendar days. CAPS will attempt to contact parents through each communication channel available (phone, mail, and email) at least two times prior to closing their case for abandonment.**

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **CAPS Policy Manual 13.4.3 requires the parent to report within 10 calendar days when the family moves out of the state of Georgia. CAPS Policy 13.10.2 allows for CAPS cases to be closed when the family has moved out of the state of Georgia.**

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **CAPS Policy Manual 13.10.2 allows for CAPS cases to be closed if there has been a program violation and the sanction is closure of the child care case. Violations that lead to discontinued assistance are addressed in CAPS Policy Manual**

16.4.4 and include the following: Parent provided inaccurate, outdated, or incomplete information or did not report a change that would have impacted eligibility; parent did not cooperate with an investigation; parent did not respond to or honor the child care claim or repayment statement; parent provided false information or documents related to their eligibility determination. CAPS Policy Manual 16.4.4.2 (B) states program violations are the result of intentional noncompliance with CAPS policy and may be referred for further investigation. Program violations may be considered fraud if established by a court of jurisdiction.

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

[ ] Yes.

[x] No. If no, describe: **CAPS Policy Manual 13.4.3 requires parents to report: when the family moves out-of-state; changes in contact information such as phone number, email address, and mailing address; changes in child care provider, changes in child care arrangements; and if CAPS services are no longer needed.**

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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

(i) 85 percent of SMI for a family of the same size; or,
(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 family with a low income
  (B) Provides justification that the second eligibility threshold is:
    (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes 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 must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

a. **[ ]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[x]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **CAPS Policy 8.3: When a family is initially approved for child care assistance, the gross applicable income of the family unit must be equal to or less than the current SMI for initial eligibility as defined by CAPS. For applications received on or after September 1, 2024, the SMI is equal to or less than 30 percent of the SMI. During the eligibility period, if the family's gross applicable income increases but remains at or below the maximum allowable federal limit of 85 percent of SMI, the family will remain in the program with no impact to eligibility or family fee until redetermination. At redetermination, families' income will be reassessed. If a family's gross applicable income increases but remains at or below the maximum allowable federal limit of 85 percent of SMI, the family will continue to be eligible for the program. The family fee will be calculated at redetermination based on the family's current gross applicable income.**

   i. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

   ii. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

c. **[ ]** 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. If checked, provide the following information:

   i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three:

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:

iii. Describe how the second eligibility threshold 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:

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **Family fees are based on a percentage of a family's annual gross applicable income and family size. The assessed fee is a family fee for all children in care, not a fee for each child. The maximum copay is always 7% and never goes above. Family fees are not assessed for child care services when one of the following applies: Children who are in Georgia's Division of Family and Children Services (DFCS) custody, a parent who is 17 years of age or younger at eligibility determination, and the family's gross applicable income is at or below 10% of the poverty guidelines.**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

a. Is the sliding fee scale set statewide?

[x] Yes.

[ ] No. If no, describe how the sliding fee scale is set:

b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	*B*	*C*	*D*	*E*	*F*
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	**126.00**	**4.00**	**3.00**	**2064.00**	**144.00**	**7.00**
2	**170.00**	**5.00**	**3.00**	**2698.00**	**189.00**	**7.00**
3	**215.00**	**6.00**	**3.00**	**3333.00**	**233.00**	**7.00**
4	**260.00**	**8.00**	**3.00**	**3968.00**	**278.00**	**7.00**

	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
5	305.00	9.00	3.00	4603.00	322.00	7.00

c. What is the effective date of the sliding-fee scale(s)? **March 1, 2024**

d. Provide the link(s) to the sliding-fee scale(s): **https://caps.decal.ga.gov/assets/downloads/CAPS/AppendixD-Family%20Fee%20Assessment%20Chart.pdf**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[ ] No.

[x] 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 does not provide a barrier and promotes affordability and access for families: **The Lead Agency is committed to paying child care subsidy providers in a way that allows the greatest number of families the greatest degree of access while also ensuring long-term financial sustainability. As with other areas of policy, the Lead Agency will continuously work to balance these competing factors. Because funding levels are not high enough to pay all providers their published price, providers are allowed to charge families any additional amount between the total subsidy payment rate and their published rate on file. While this may place an additional burden on families, the Lead Agency also understands that preventing providers from having this option could reduce the number of providers willing to participate in the program. The Lead Agency believes that current subsidy reimbursement rates will significantly reduce the potential burden to families and allow for a better balance policy and practice to promote affordability and access.**

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: **Historically, approximately 70% of child care subsidy providers have reported**

charging families the additional amounts above the required co-payment. From the week starting May 17, 2021, through the week ending September 29, 2024, the Lead Agency used funding from CRRSA and ARPA to pay subsidy providers their published rate for providing child care. As a part of this change, providers were prevented from charging families any amount greater than the required co-payment. Due this prior policy, no data is available to be collected regarding the frequency or amounts of charged to families.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[ ]** The fee is a dollar amount and (check all that apply):

[ ] 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 a 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:

ii. **[x]** The fee is a percent of income and (check all that apply):

[ ]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 a 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:

[x] Other. Describe: **The percentage of income a family pays is determined by the ratio of the family's gross income to the most recent poverty guidelines issued by the U.S. Department of Health and Human Services. Family incomes are grouped into four tiers for determining what percent of income is assessed: 1) the copayment is waived for families at or below**

10 percent of the poverty guidelines; 2) families above 10 percent and at or below 50 percent of the poverty guidelines are assessed a copayment of 3 percent of family income; 3) families more than 50 percent and at or below 100 percent of the poverty guidelines are assessed a copayment of 5 percent of family income; 4) families more than 100 percent of the poverty guidelines are assessed a copayment of 7 percent of family income. The family fee is assessed weekly and is rounded down to the nearest dollar. Due to this methodology, the actual percentage of income paid may differ from the nominal percent assessed.

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[ ] No.

[x] Yes.

If yes, check and describe those additional factors below:

i. **[ ]** Number of hours the child is in care. Describe:

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[x]** Other. Describe: **Family fees are not assessed for child care services when one of the following applies: Children in Georgia's Division of Family and Children Services (DFCS) custody, a parent who is 17 years of age or younger at eligibility determination, and when a family's gross applicable income is at or below 10% of the poverty guidelines**

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[ ]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. **[ ]** Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. **[ ]**Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

[ ] No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

[x] Yes. If yes, identify and describe which family contributions/co-payments waived.

i. [ ]Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. [ ]Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. [ ]Families experiencing homelessness.

iv. [ ]Families with children with disabilities.

v. [ ]Families enrolled in Head Start or Early Head Start.

vi. **[x]**Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **CAPS Policy Manual 9.5 notes that family fees are not assessed for children who are in Georgia's Division of Family and Children Services (DFCS) custody.**

vii. **[x]**Families meeting other criteria established by the Lead Agency. Describe the policy: **CAPS Policy Manual 9.5 states that family fees are not assessed for child care services when a parent is 17 years of age or younger at eligibility determination and also when a family's gross applicable income is at or below 10% of the poverty guidelines.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **In the most recent survey, conducted by the Lead Agency, to inquire about barriers to participation in child care subsidy, providers reported the following reasons for not participating in CCDF: 35 percent stated the families they currently served would not qualify for child care subsidy; 20 percent stated there was too much paperwork involved; 19 percent stated they were at full enrollment without participating; 15 percent stated families in the area they operated would not qualify; 11 percent stated payment rates were too low; and 10 percent stated payments took too long to receive. Beginning in May 2021, in response to the pandemic, the Lead Agency used funds from the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA) to pay all differences when the provider's rate exceeded the subsidy payment, effectively paying the full price of care for all families. Despite removing all barriers related to provider payment rate amounts, the Lead Agency saw no increase in provider participation. This outcome indicates that payment rate amounts are not the most significant barrier to participation and reinforces the survey data that other barriers are more impactful in determining participation rates. For those providers that stated that there was too much paperwork involved, the program process has been improved to eliminate paper completely from all aspects of participation, unless the provider chooses to use paper forms. This improvement removes the burden of completing and submitting paper-based forms for program enrollment. For those that responded that payments took too long, the Lead Agency believes that this barrier is more perception than reality. Payments have been and continue to be paid weekly. While the time between the billing and payment on the first invoice can be up to 10 days, regular and timely invoicing by a provider will result in regular weekly deposits from the subsidy program. Implementation of the 2024 rule will not necessarily improve the current processes. There will continue to be some delay between enrollment and the first payment, which will be minimized to the greatest degree possible. After the first payment, the cadence of payments will continue to be regular and predictable but will be in advance of care. This change may improve the perceptions regarding payment timing. Overall, the most significant barrier is that many providers operate successfully without participation and see no benefit to their business by taking on the perceived burdens of participation. The Lead Agency cannot force participation to eliminate this barrier, so this barrier is likely to continue to be noted by potential providers in the future.**

b. Does the Lead Agency offer child care assistance through vouchers or certificates?

[x] Yes.

[ ] No.

c. Does the Lead Agency offer child care assistance through grants or contracts?

[ ] Yes.

[x] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based

providers; centers; family child care homes; or in-home providers: **CAPS staff provide consumer education to families during the application or redetermination process about different child care provider options. CAPS staff, a resource and referral website known as Find Help GA, and the 1-877-ALLGAKIDS referral helpline are available to help parents select a child care provider. QualityRated.org, all CCR&R agencies, and the statewide call center maintain information on Quality Rated providers and child care providers who accept CAPS subsidies to share with participating families. If a family needs guidance on how to select a child care provider, CAPS staff or staff at the All Georgia Kids call center are available to assist. This information is also shared during community outreach, workshops, or other in-person activities.**

e. Describe what information is included on the child care certificate: **Information included on the child care certificate includes details on the child, the parent, the provider, the type of care, and payment amounts. The certificate reports the provider rate, family fee, and CAPS weekly payment amount to the child care provider. Dates on the certificate show when it was issued and when it is up for redetermination. Consumer education about the parent's weekly responsibility is also included on the child care certificate. The child care certificate is generated after the family has selected a provider.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (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, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

a. **[x]** Market rate survey.

i. When were the data gathered (provide a date range; for instance, September – December 2023)? **The data used for the 2024 Market Rate Study represents rates entered into provider self-service accounts between 1/1/2023 and 9/30/2023. The lead agency collected the bulk of the data through a stabilization reporting period from 5/1/2023 to 7/31/2023 but also included rates entered by providers as early as 1/1/2023 and as late as 9/30/2023. Evaluation of those rates deemed current, added by providers from 1/1/2023 through 9/30/2023, began in October of 2023 and is the referenced by the 2024 Market Rate Study.**

b. **[ ]** ACF pre-approved alternative methodology.

i. **[ ]** The alternative methodology was completed.

ii. **[ ]** The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

iii. State Advisory Council or similar coordinating body: **The Georgia Children's Cabinet, the State Advisory Council, typically meets three times each year but in 2023, there were only two meetings, one in March 2023 and a second in July 2023. The Commissioner of the Lead Agency is the co-chair of the Cabinet and provides the Cabinet with updates regarding CCDF activities at each meeting in addition to other agency activities. The State Advisory Council did not provide any specific feedback to inform the Market Rate Study.**

iv. Local child care program administrators: **The Lead Agency meets quarterly with stakeholders that represent licensed child care learning center operators and licensed family child care learning home operators. These regular meetings include updates regarding CCDF activities in addition to other agency activities. No specific feedback was given to inform the Market Rate Study; however, some feedback was received asking the Lead Agency should reconsider the counties assigned to each market rate zone. This feedback did not inform the development and execution of the Market Rate Study because the Study was already established to conduct that analysis. Ultimately, the Study did not result in any changes to which county was assigned to each zone in the proposed plan.**

v. Local child care resource and referral agencies: **Georgia does not have a resource and referral network as defined by CCDF and these organizations, while integral to improving the quality of child care in Georgia, are not closely aligned with administration of the child care subsidy program. For its current Market Rate Study, the Lead Agency did not consult on the development and execution of the Market Rate Study with local resource and referral agencies. The Lead Agency works closely with Georgia's local resource and referral agencies to provide coaching and technical assistance to providers participating in the state's Quality Rating and Improvement System.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **No such organization exists in Georgia to represent only the interests of these roles. That being said, the Lead Agency does meet regularly with stakeholders that represent licensed child care learning center operators and licensed family child care learning home operators that employ those in these roles.**

vii. Other. Describe: **The Lead Agency meets quarterly with child care advocates such as the Georgia Early Education Alliance for Ready Students, Voices for Georgia's Children, Black Child Development Institute of Atlanta individually on a quarterly basis. These regular meetings include updates regarding CCDF activities in addition to other agency activities. No specific feedback was given to inform the Market Rate Study.**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

i. When was the market rate survey completed? **5/29/2024**

ii. What was the time period for collecting the information (e.g., all of the prices in

the survey are collected within a three-month time period)? **Georgia's Market Rate Study was completed May 29, 2024. The survey process to collect data used for the 2024 Market Rate Study concluded 9/30/2023 and represents rates entered into provider self-service accounts between 1/1/2023 and 9/30/2023. The lead agency collected the bulk of the data through a stabilization reporting period from 5/1/2023 to 7/31/2023 but also included rates entered by providers as early as 1/1/2023 and as late as 9/30/2023. Evaluation of those rates deemed current, added by providers from 1/1/2023 through 9/30/2023, began in October of 2023 and is the referenced by the 2024 Market Rate Study.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **Primarily, the Lead Agency used regular reporting required by the child care stabilization program to collect current provider prices for child care through a stabilization reporting period from 5/1/2023 to 7/31/2023. The providers included in the data collection process were licensed child care learning centers and licensed family child care learning homes and represented 89% of all licensed child care providers operating in Georgia. Valid responses were collected from 3,435 licensed child care providers. This total represented 78 percent of all licensed child care providers. In addition to this focused collection, the data collected also included rates entered by providers as early as 1/1/2023 and as late as 9/30/2023 and allowed for providers that did not receive stabilization funds to be included. In Georgia, licensed child care represents the CCDF-eligible, priced market for child care.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The providers included in the data collection process were licensed child care learning centers and licensed family child care learning homes. The data was collected in a database used specifically for managing the child care licensing process and also allows licensed child care programs to publicize their child care prices to the public if they choose. No other database is necessary or would be appropriate.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The data collection process consisted of licensed child care providers using a web-based application by logging into their child care license self-service account. After logging in, providers were asked to provide their current child care prices using an established process developed more than eight years ago to collect and advertise provider prices. Rate data was then extracted from the database and was evaluated for quality and inclusion in the evaluation process. The cleaning process by the lead agency involved excluding providers with rates deemed not current, which meant that the rates had been entered prior to 1/1/2023. In addition, providers were excluded if all or a majority of their rates were not reported.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **79.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **73.00**

viii. Describe if the survey conducted in any languages other than English: **The web-**

based application used to collect the data is in English by default but can be translated to multiple languages using Google Translate.

ix. Describe if data were analyzed in a manner to determine price of care per child: **The data was analyzed in a manner that allowed the Lead Agency to determine the market price, on a per provider basis: statewide and in each market zone for each provider type, type of care, and age group.**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The data analyzed was a collected sample that represented 3,435 out of 4,425, or 78 percent of the statewide licensed child care market eligible to receive CCDF. This includes 79 percent of licensed centers and 73 of licensed family homes. The sample collected, 78 percent, is far higher than the 50 percent response rate that is generally considered an excellent response rate and therefore 78 percent is highly representative the provider population. No weighting was necessary or applied to this sample.**

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **Results of the market rate survey were analyzed at the state and county levels. Based on county-level data and reported rates, counties were assigned to one of three market rate zones. Zone One encompasses the highest tier of rates and generally coincides with the counties in the Atlanta metro area; Zone Two encompasses the middle tier of rates and generally coincides with the state's counties encompassing mid-sized metro areas; Zone Three encompasses the lowest tier of rates and consists of the remainder of the state's counties.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Results of the market rate survey were analyzed and reported by child care learning centers and family child care learning homes, the two types of providers that make up the priced market for CCDF. While licensed-exempt and informal caregivers are allowed to participate in the subsidy program under certain conditions, their inclusion as an option to families should not mean that they should be considered an influential part of the priced market to be considered in the Market Rate Study. These programs typically care for less than 1.5% of all children in care in the subsidy program. For licensed-exempt providers to participate, they must be either government owned and operated or a seasonal camp for school aged children. An informal caregiver can also participate but is not typically a provider that would market themselves for services or otherwise collect a fee for services. Including these unlicensed providers would ultimately skew analysis in a way that would negatively impact license providers and their**

markets. Also, licensed-exempt providers that participate are reimbursed at the same level as child care centers and informal caregivers are reimbursed at the same level as family child care learning homes.

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Results of the market rate survey were analyzed and reported by the following age groups: under 1 year, 1 year olds, 2 year olds, 3 year olds, 4 year olds, 5 year olds, and school-age. In addition, results were reported by age groups that align with subsidy payment rates: infant (birth - 12 months), toddler (1 - 2 years), preschool (3 - 5 years), school-age (5 years and older).**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Results were broken out by different Quality Rated (QRIS) levels and by providers' participation in CCDF subsidy**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **Instead of a narrow cost analysis, the Lead Agency conducted a "total cost study" in three parts: development of a cost model, review of internally available provider-level data, and extensive survey efforts administered externally to a large number of child care providers. The second and third parts informed assumptions in the model in a statistically valid and representative manner. The goal of the total cost study was to understand what expenses providers actually paid considering the constraints under which they operate rather than develop estimates based on aspirational case studies. Cost model development was initiated by the Lead Agency in 2019 and involved significant modifications to the Cost of Provider Quality & Revenue (CPQ&R) tool from the National Institute of Early Education Research (NIEER). The developer of the CPQ&R assisted the Lead Agency in these modifications after being introduced to the Lead Agency by NIEER representatives. That CPQ&R is a system-level model for estimating preschool costs at the provider, district, and state level, and allows a population of children to be modeled based on a mix of part-day, full-day, and extended-day slots (e.g., 3-, 6-, and 11-hour care). It was modified for the Lead Agency to accommodate any age-group participating in subsidized child care as well as**

programs of varying duration that may operate simultaneously within a single child care facility. To that end, several new concepts were introduced in the model calculations: the ability to vary operating assumptions by time of day; the impact of shared or unused classrooms on calculated costs per child; and the acceleration or deceleration of depreciation expense based on asset utilization rates. Cost calculations at the district and state level in the CPQ&R were removed so that the Lead Agency's model focused solely on costs at the provider level, and a user interface was created allowing the Lead Agency to navigate between model parameters and assumptions more easily. The two provider types included in subsidy reimbursement rate tables in Georgia are licensed child care learning centers (CCLCs) and licensed family child care learning homes (FCCLHs). Additional dimensions in the rate tables include three geographic regions (Market Rate Zones 1, 2, and 3), three quality rating levels (Quality Rated One Star, Two Star, and Three Star), and two types of care (Full-Day and Before-/-After-School). In addition, the Lead Agency wanted a cost model that could dynamically vary assumptions by facility size (for CCLCs), by providers' level of participation in child care subsidy (a socioeconomic indicator), and by season. The Lead Agency observed that the distribution of children by age group that it serves varies between the summer and the school year. Initially, the Lead Agency used its state licensing standards and indicators from its Quality Rated program, data from the Bureau of Labor Statistics (BLS), and other publicly available secondary data sources to inform its first round of cost model estimates in 2020. However, it had concerns with using this information to establish new subsidy rates. Among its concerns: Licensing standards identify only the minimum requirements for metrics of potential interest to cost modeling. Quality Rated indicators are not mandates, and providers do not have to meet the scoring thresholds on any structural quality indicator (e.g., group size) to achieve a higher rating. Furthermore, a previous Quality Rated Validation Study conducted by the Lead Agency found that the scores earned by providers on structural quality indicators those most strongly associated with child care costs were not strongly correlated with their final quality rating. A previous Economic Impact Study conducted on behalf of the Lead Agency included data (collected by survey) that questioned the validity in applying published BLS statistics to Georgia's private child care providers and their workers. BLS data is neither collected or reported in a manner that would inform wages exclusive to private child care centers and account for variations by region (below the state level); nor is it available in any form for family home providers and their workers. These concerns led the Lead Agency to engage in a strategic planning process for its cost modeling efforts in early 2022. The strategic plan identified two internal data sources that could be used to improve the quality of cost model assumptions. The first was the Lead Agency's most recent (at the time) market rate survey in 2021, for which it received responses from more than 2,800 providers including information pertaining to their operating structure (hours of operation, number of classrooms by age group, single or multiple sites under management). The second, and more compelling internal data source was the Lead Agency's Quality Rated information system, which recorded structural quality indicator measurements for each rating issued, including but not limited to, observed group size and child-adult ratios, staff education credentials, and annual training hours. All providers participating in child care subsidy program are required to participate in Quality Rated, and a total of 2,712 providers (representing 11,863 classrooms) were included in the data set analyzed by the Lead Agency. With guidance from its strategic plan, in late 2022 (and through the summer of 2023), the Lead Agency engaged in a series of surveys with providers to address key assumptions in the cost model not addressed by

the market rate survey or Quality Rated data. The Lead Agency was able to leverage its American Rescue Plan Act (ARPA) stabilization subgrant program, STABLE 4ward, in this regard by requiring participating providers to submit quarterly reports, including responses to survey questions about their unit costs and primary cost drivers. Furthermore, because the reports were collected quarterly, the Lead Agency was able to vary the information it requested from providers in each period. 3,677 providers participated in STABLE 4ward, representing more than 34,000 active child care workers in Georgia. The Lead Agency was able to collect hourly wage and education credentials for these workers; identify staffing levels for non-teaching staff as a function of facility size; gather information on employee benefits, occupancy costs, and the cost to provide child meals; and obtain information specifically from FCCLH providers to establish their effective hourly wage in a manner commensurate with the wage treatment of hourly staff employed at CCLCs. This information addresses unit costs for most of the expenses incurred by providers.

While licensed-exempt and informal caregivers are allowed to participate in the subsidy program under certain conditions, their inclusion as an option to families should not mean that they should be considered an influential part of the total cost study. These programs typically care for less than 1.5% of all children in care in the subsidy program. For licensed-exempt providers to participate, they must be either government owned and operated or a seasonal camp for school aged children. An informal caregiver can also participate but is not typically a provider that would market themselves for services or otherwise collect a fee for services. Including these unlicensed providers would ultimately skew analysis in a way that would negatively impact license providers and their markets. Also, licensed-exempt providers that participate are reimbursed at the same level as child care centers and informal caregivers are reimbursed at the same level as family child care learning homes.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? In the subsequent analysis of the internal and external data collected, provider measurements were grouped according to child age (classroom), geography (Market Rate Zone), provider type (CCLC versus FCCLH), and quality rating as well as by facility size, type of care, and whether the provider served children on subsidies. The distribution of measurement values for each group was examined, and selected statistics were compared between relevant groups. If the difference in observed mean values between groups was found to be statistically significant, then this increased the Lead Agency's confidence in assuming variations in the cost model. Provider type, geography, and child age were all relevant in the variations observed in the data by the Lead Agency. The Lead Agency observed several interesting variations in its analysis: higher wages among CCLC staff possessing higher education credentials but not among FCCLH providers possessing higher education credentials; higher wages among FCCLH providers rated at higher quality levels but not among CCLC staff (controlling for education credentials); higher wages among CCLC and FCCLH staff at providers who did not care for children on subsidies and for providers in more urban areas; increasing class size for older age groups at CCLCs (consistent with licensing) but smaller class sizes than state licensing guidelines would suggest (i.e., well below the maximum group sizes allowable); higher annual training hours for staff at providers with higher quality ratings and higher at all quality levels than Quality Rated guidelines suggest;

higher mortgage/lease costs per square foot in more urban areas but not higher utilities, insurance, and maintenance/repair costs per square foot. The Lead Agency also observed many interesting lack of variations in its analysis: Calculated effective hourly wages for FCCLH providers were not universally lower than hourly wages paid to CCLC lead teachers. Non-teaching staff counts at CCLCs did not, in general, change as a function of facility size or quality rating. Class sizes at FCCLHs were, in general, close to the state licensing guidelines (i.e., their maximum allowable group size). Class size reductions by quality level were smaller than expected for both CCLCs and FCCLHs. Staff education credentials by quality rating varied less than expected. Very few providers were observed to provide additional benefits to their employees, regardless of their quality rating or participation in child care subsidies. Mortgage/lease, utilities, building insurance, and maintenance/repair costs per square foot, in general, did not change as a function of facility size. Usable classroom square footage per child decreased with increasing child age less than expected and did not change as function of quality rating. Facility shared space factors (allowances for hallways, bathrooms, offices, etc.) did not change as a function of facility size. Providers did not spend more on child meals than current CACFP rates, regardless of their quality rating, participation in child care subsidies, and geographic location.

While licensed-exempt and informal caregivers are allowed to participate in the subsidy program under certain conditions, their inclusion as an option to families should not mean that they should be considered an influential part of the total cost study. These programs typically care for less than 1.5% of all children in care in the subsidy program. For licensed-exempt providers to participate, they must be either government owned and operated or a seasonal camp for school aged children. An informal caregiver can also participate but is not typically a provider that would market themselves for services or otherwise collect a fee for services. Including these unlicensed providers would ultimately skew analysis in a way that would negatively impact license providers and their markets. Also, licensed-exempt providers that participate are reimbursed at the same level as child care centers and informal caregivers are reimbursed at the same level as family child care learning homes.

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? The Lead Agency defines the base level of quality as 1 star under its Quality Rated program. Provider level data was filtered only for providers rated 1 star; this data was further filtered by provider type, geography (as defined by Market Rate Zone), and child age (for classroom-level data). The Lead Agency included 725 providers rated one star in the analysis described in Section 4.2.5.a. The distribution of measurement values for each filtered data set was examined, and statistics supporting variations between data sets were identified by the Lead Agency to inform cost model assumptions. Major assumptions in the cost model include the following: group size, hours of care, number of children per classroom adult, maximum number of lead teachers per class, maximum number of assistant teachers per class, number of target age classrooms per facility, number of total classrooms per facility, percent of lead teachers by education credential (at the facility), percentage of assistant teachers by education credential (at the facility), center director or family home provider education credential, number of annual professional

development training hours for center directors (or family home providers), number of

annual professional development training hours for lead teachers, number of annual professional development training hours for assistant teachers, hourly wage by credential level for center directors, hourly wage by credential level for lead teachers, hourly wage by credential level for assistant teachers, effective hourly wage for family home providers, non-teaching staff hourly wages, non-teaching staffing levels, mandatory benefits rate, additional benefits rate, cost per child meal or snack, number of meals and snacks offered per day, percentage of children served meals and snacks, transportation cost per child-trip, number of child-trips offered per day, percentage of children served by transportation, education supplies cost per child, office supplies and miscellaneous operations expense per child, lease/mortgage cost per square foot, utilities cost per square foot, insurance cost per square foot, and maintenance cost per square foot, square footage allocated per child, site-level cost per child for telephone/internet, site-level cost per child for professional services, instructional assessment cost per child, percentage of children assessed, annualized replacement cost per child for durable education equipment, and annualized replacement cost per child for other durable equipment. Among One-Star providers, virtually all the assumptions listed above were varied by provider type (CCLCs versus FCCLHs). Assumptions for hourly wages, facilities, and site-level costs were also varied by geography (MRZ). Assumptions for group size, number of children per classroom adult, percentage of children served by transportation, square footage allocated per child, percentage of children assessed, and annual replacement cost for durable education equipment were varied by child age.

While licensed-exempt and informal caregivers are allowed to participate in the subsidy program under certain conditions, their inclusion as an option to families should not mean that they should be considered an influential part of the total cost study. These programs cannot participate in the state's quality rating and improvement system and typically care for less than 1.5% of all children in care in the subsidy program. For licensed-exempt providers to participate, they must be either government owned and operated or a seasonal camp for school aged children. An informal caregiver can also participate but is not typically a provider that would market themselves for services or otherwise collect a fee for services. Including these unlicensed providers would ultimately skew analysis in a way that would negatively impact license providers and their markets. Also, licensed-exempt providers that participate are reimbursed at the same level as child care centers and informal caregivers are reimbursed at the same level as family child care learning homes.

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). The Lead Agency defines higher levels of quality according to Quality Rated 2-star and 3-star ratings it issues to providers. A key question the Lead Agency sought to answer in its total cost study was the degree to which child care costs differed between higher Quality Rated and lower Quality Rated providers. As mentioned, Quality Rated does not include mandates that require higher costs to achieve a higher quality rating. By analyzing the data as described in Section 4.2.5.a. from 1,380 2-star providers and 491 3-star providers, the Lead Agency was able to observe variations

compared to 1-star providers than could inform cost model assumptions regarding the true cost of quality. The Lead Agency observed variations by quality level in the following provider measurements: group size, percentage of lead teachers by education credential (at the facility), percentage of assistant teachers by education credential (at the facility), number of annual professional development training hours for center directors (or family home providers), number of annual professional development training hours for lead teachers, number of annual professional development training hours for assistant teachers, square footage allocated per child (CCLCs only), site level facility costs per child, annualized replacement cost per child for durable education equipment, and annualized replacement cost per child for other durable equipment (CCLCs only). Coupled with variations reported in Section 4.2.5.b., the Lead Agency was able to develop a robust set of assumptions to inform its cost model for its total cost study.

While licensed-exempt and informal caregivers are allowed to participate in the subsidy program under certain conditions, they cannot participate in the state's QRIS, Quality Rated, and their inclusion as an option to families should not mean that they should be considered an influential part of the total cost study. These programs typically care for less than 1.5% of all children in care in the subsidy program. For licensed-exempt providers to participate, they must be either government owned and operated or a seasonal camp for school aged children. An informal caregiver can also participate but is not typically a provider that would market themselves for services or otherwise collect a fee for services. Including these unlicensed providers would ultimately skew analysis in a way that would negatively impact license providers and their markets. Also, licensed-exempt providers that participate are reimbursed at the same level as child care centers and informal caregivers are reimbursed at the same level as family child care learning homes.

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information?

For the Lead Agency, 30 distinct rates exist for the child care subsidy program. When evaluating each rate individually and at an individual provider level, the gap between the price at the 60th percentile and the estimated cost varies greatly and identifies how price and cost do not align consistently. Eight subsidy rates meet or exceed the estimated cost of care. Typically, 69 percent of children are served at these rates during the school year, and 62 percent are served at these rates during school breaks. The average value of the amount over the cost per child, per week is $20.29 during school and $24.42 during school breaks. These rates include: center-based, before and after school care in market zones 1, 2, and 3; center-based, full-time care in market zone 1 for toddlers (1-2), and preschool (35), and school-age children; family home-based, full-time care in market zone 1 for infants; and center-based, full-time care in market zone 2 for school-age children. Seven subsidy rates have a low price-to-cost gap of less than 10 percent. The average value of the gap per child, per week is $7.65 during school and $7.85 during school breaks. Typically, 7.9 percent of all children are served at these rates during the school year, and 10.5 percent are served at these rates during school breaks. These rates include: family home-based, before and after school care in market zones 1 and 2; family home-based, full-time care in market zone 1 for toddlers (1-2) and preschool (3-5); family home-based, full-time care in market zone 2 for infants and toddlers (1-2); and center-based, full-time care in market zone 2 for preschool (3-5). Thirteen subsidy rates have a moderate price-

to-cost gap of 11 percent to 33 percent. The range of the gap per child, per week is from $7 to $64, depending on the rate, and the average value of the gap per child, per week is $46.70 during school and $42.34 during school breaks. Typically, 18.8 percent of all children are served at these rates during the school year, and 23 percent are served at these rates during school breaks. These rates include: family home-based, before and after school care in market zone 3; center-based, full-time care in market zone 1 for infants; family home-based, full-time care in market zone 1 for school-age children; center-based, full-time care in market zone 2 for toddlers (1-2); family home-based, full-time care in market zone 2 for preschool (3-5) and school-age children; center-based, full-time care in market zone 3 for toddlers (1-2), preschool (3-5), and school-age children; and family home-based, full-time care in market zone 3 for infants, toddlers (1-2), preschool (3-5), and school-age children. Two subsidy rates have a high price-to-cost gap of 40 percent to 48 percent. The average value of the gap per child, per week is $112 during school and school breaks. Typically, 4 percent of all children are served at these rates each week. These rates include: center-based, full-time care in market zone 2 for infants and center-based, full-time care in market zone 3 for infants. Provider level analysis was completed and based on the total of typical weekly payments for care when paying at the 60th percentile of the market rate zone compared to the baseline level of total cost for a 1-star provider in that same market rate zone. Child care centers in market zone 1 benefit the greatest, and child care centers and family child care learning homes in market zone 3 benefit the least from the proposed rates. For child care centers in market zone 1, which is 43 percent of all subsidy providers, the Lead Agency estimates that 98 percent of providers during school and 97 percent during school breaks would receive total funding more than total cost. The programs in the 2 percent and 3 percent of programs that do not receive total funding are not overly reliant on child care subsidies for total revenue. These programs typically serve an average between 16 percent and 21 percent of their capacity on children in the subsidy program, and the total price to cost gap averages between $54 and $71 per week or less than 5 percent below cost. For family child care home providers in market zone 1, the Lead Agency estimates that during school weeks, total payments will meet or exceed cost for 53 percent of providers. For the remaining 47 percent, total payments would average less than 5 percent below cost. During summer weeks, the results shift, and for 83 percent, total payments would average 7 percent below cost. For child care centers in market zone 2, the Lead Agency estimates that 85 percent of providers during school and 92 percent during school breaks would receive on average total funding of 13 percent less than total cost. For family child care home providers in market zone 2, the Lead Agency estimates that during school weeks, total payments will meet or exceed cost for 33 percent of providers. For the remaining 67 percent, total payments would average less than 8 percent below cost. During summer weeks, the results shift, and for 92 percent, total payments would average 10 percent below cost. For child care centers in market zone 3, the Lead Agency estimates that 97 percent of providers during school and 99 percent during school breaks would receive on average total funding of 24 percent less than total cost. For family child care home providers in market zone 3, the Lead Agency estimates that during school weeks, total payments will meet or exceed cost for 19 percent of providers. For the remaining 81 percent, total payments would average less than 20 percent below cost. During summer weeks, the results shift, and for 98 percent, total payments would average 23 percent below cost. In general, when considering the relationship between price and cost, two key trends exist. One, for both price and cost, geography factors in significantly. However,

when going from market zone 1 to 3, the cost does not decline to the degree that price does. This leads to greater price to cost gaps in market zones 2 and 3 as mentioned in the analysis above. Second, in addition to the first key, family child care tends to underprice their services relative to cost when compared to child care centers, specifically for children in preschool and school-age children in full-time care. For full-time care in family child care homes, the cost per child does not vary much from age group to age group, but family child care home providers tend to lower their prices as children age, similarly to child care centers. These key trends underscore how using only price evaluation when setting child care subsidy rates can lead to disproportionate impact in relation to the estimated cost of care. These disproportionate impacts create price to cost gaps that cannot be overcome by selecting a higher percentile of the market for child care subsidy rates. When updating child care subsidy rates, the Lead Agency did not ultimately focus on price to cost gaps. However, the Lead Agency gave significant consideration to the existing gaps and intends to increase stakeholder engagement to communicate more broadly the findings of the total cost study and the Lead Agency's cost model.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

i. Provide the date the report was completed: **5/29/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **6/3/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
Market Rate Study for child care pricing:
https://www.decal.ga.gov/documents/attachments/GeorgiaChildCareMarketRatesSummarywithAppendices.pdf
Evaluation of the cost of child care:
https://www.decal.ga.gov/BftS/CostofCare.aspx

In addition to posting these resources on the Lead Agency's website, the Lead Agency held 3 webinars during July and August of 2024 regarding the changes to rates and other policies. During each webinar, these resources were mentioned along with directions on how to locate these resources on the Lead Agency's website.

iv. Describe how the Lead Agency considered partner views and comments in the

detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The Lead Agency is solely responsible for all CCDF activities in the State of Georgia and for its current Market Rate Study and Total Cost Study. The lead agency did not consider the views and comments of other state agencies since they have no direct role in CCDF administration. The Lead Agency considered the views of early childhood and education advocates in that that the data collected represented the largest number of providers possible. In terms of those representing child care providers, some feedback was received asking the Lead Agency should reconsider the counties assigned to each market rate zone. This feedback did not inform the development and execution of the Market Rate Study because the Study was already established to conduct that analysis. Ultimately, no immediate action was made to re-assign counties to new market rate zones, but the analysis pointed to the possible need to revisit the original criteria for the zone and conduct further evaluation. The lead agency has initiated that work in advance of the next Market Rate Study. For both early childhood and education advocates and child care provider advocates, in addition to showing rates for each market rate zone for licensed centers and licensed family homes, the final report responded to the desire to see how market prices varied by factors such as Child Care and Parent Services (CAPS) participation and Quality Rated (QR) participation and rating, statewide values, and expanded values for each market rate zone from the 5th percentile to the 95th percentile. In addition, each rate view, shows rates by individual age level and by CAPS age group. Full-time CAPS rates are based on the following age categories: infant (birth - 12 months), toddler (1 - 2 years), preschool (3 - 5 years), and school-age (5 years & older).**

The Lead Agency considered the views of those representing providers in the Total Cost Study which were not specific but generally supportive. The idea of a cost-based approach to setting rates is not well understood by all providers but their advocates are interested in knowing more. The Total Cost Study was able to collect data from a large majority of licensed providers and the provider community is receptive to stakeholder engagement on the topic and how it can be used to set rates in the future. Overall, the final reports were not significantly influenced in any specific way by any partner, but the reports and their content are aligned with stakeholders and will allow the Lead Agency to continue to actively engage with partners moving forward.

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

[x] Yes.

i. If yes, check if the Lead Agency:

[ ] Sets the same payment rates for the entire State or Territory.

[x] Sets different payment rates for different regions in the State or Territory.

[ ] No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **9/29/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The Lead Agency publishes weekly rates.**

4.3.2 Base payment rates

a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost

of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	260.00 Per Week	35.00	260.00	60.00	240.00	260.00	315.00	324.00 Per Week	80.20
Family Child Care for Infants (6 months)	199.00 Per Week	35.00	199.00	60.00	180.00	199.00	224.00	190.00 Per Week	104.70
Center Care for Toddlers (18 months)	248.00 Per Week	35.00	248.00	60.00	225.00	248.00	299.00	233.00 Per Week	106.40

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Toddlers (18 months)	188.00 Per Week	35.00	188.00	60.00	175.00	188.00	206.00	192.00 Per Week	97.90
Center Care for Preschoolers (4 years)	221.00 Per Week	35.00	221.00	60.00	200.00	221.00	275.00	180.00 Per Week	122.80
Family Child Care for Preschoolers (4 years)	180.00 Per Week	35.00	180.00	60.00	170.00	180.00	200.00	197.00 Per Week	91.40
Center Care for School-Age (6 years)	185.00 Per Week	35.00	185.00	60.00	170.00	185.00	225.00	154.00 Per Week	120.10
Family Child Care for School-Age (6 years)	156.00 Per Week	35.00	156.00	60.00	150.00	156.00	185.00	191.00 Per Week	81.70

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	130.00 Per Week	23.00	130.00	60.00	125.00	130.00	145.00	250.00 Per Week	52.00
Family Child Care for Infants (6 months)	120.00 Per Week	28.00	120.00	60.00	105.00	120.00	125.00	139.00 Per Week	86.00

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Toddlers (18 months)	125.00 Per Week	23.00	125.00	60.00	115.00	125.00	143.00	184.00 Per Week	67.90
Family Child Care for Toddlers (18 months)	110.00 Per Week	28.00	110.00	60.00	100.00	110.00	125.00	141.00 Per Week	78.00
Center Care for Preschoolers (4 years)	120.00 Per Week	23.00	120.00	60.00	110.00	120.00	135.00	146.00 Per Week	82.20
Family Child Care for Preschoolers (4 years)	105.00 Per Week	28.00	105.00	60.00	100.00	105.00	124.00	147.00 Per Week	71.40
Center Care for School-Age (6 years)	115.00 Per Week	23.00	115.00	60.00	110.00	115.00	130.00	129.00 Per Week	89.10
Family Child Care for School-Age (6 years)	94.00 Per Week	28.00	94.00	60.00	85.00	94.00	100.00	140.00 Per Week	67.10

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

[x] Yes.

[ ] No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

[x] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Effective September 29, 2024, the Lead Agency will begin implementing a new process that will result in payment rate add-ons for high-quality child care providers, Quality Rated 2-star or 3-star, providing care in the child care subsidy program. Rate add-ons will be based on a percentage of net base payment, base payment less the family fee, made to a provider. Quality Rated 2-star providers will receive a 5 percent add-on bonus, and Quality Rated 3-star providers will receive a 10 percent add-on bonus.**

[ ] No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. **[ ]** Differential rate for non-traditional hours. Describe:

ii. **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **The Lead Agency will pay a child care provider's full public price for care provided to children with special needs. In addition, upon review and approval, the Lead Agency may pay an amount greater than a provider's full public rate determined by the specific needs of the care situation. Historically, 6 percent of all children receiving care in the subsidy program are impacted by this payment rate policy.**

iii. **[ ]** 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:

iv. **[ ]** 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:

v. **[ ]** Differential rate for higher quality, as defined by the Lead Agency. Describe:

vi. **[x]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **The Lead Agency will pay a child care provider's full public price for care provided to children in foster care. Historically, 11 percent of all children receiving care in the subsidy program are impacted by this payment rate policy.**

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established

payment rate?

[x] Yes. If yes, describe: **If a provider's public price is below their subsidy payment, the Lead Agency will authorize a payment rate equal to the provider's public price.**

[ ] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The process for setting rates involved balancing multiple factors to achieve the highest possible rate structure while recognizing the applicable limitations. The factors considered include: the long-standing intent to provide care to at least 50,000 children each week, new market rates collected in 2023, cost per child amounts developed through the total cost study, an estimate of funding available, knowledge that add-ons for quality are not creditable toward the evaluation of rate levels, cost impact to families, and minimum rate levels required by OCC interpretation of applicable law. The primary limitation when setting rates was the estimated amount of funding available to apply to child care rates while not sacrificing the integrity of other requirements of CCDF. The first step in the process of setting rates involved compiling child care subsidy data to create a model population of children and providers. With the model data, the Lead Agency developed a rate-setting tool that allowed agency leaders to evaluate the impact and total estimated cost of various scenarios for base rate levels and quality add-ons. For each scenario, the tool would also analyze how each scenario would impact providers. While the Lead Agency did evaluate scenarios that incorporated cost-based rates for all rates as well as a cost/price hybrid approach, the Lead Agency did not adopt this approach due to the need for additional stakeholder engagement since it would represent a significant departure from prior rate setting using the MRS. Ultimately, the Lead Agency decided to set rates based on the MRS at the highest sustainable level. Doing so would provide the greatest impact to families by minimizing their potential cost burden to the greatest extent possible.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **When considering the degree to which base subsidy rates are adequate to meet health, safety, quality, and staffing requirements under CCDF, historical precedence and the scale of each provider's participation must be considered. Historically, despite low base rates, there is no evidence to suggest that receiving low subsidy payments undermined a provider's ability to meet CCDF requirements for health, safety, and staffing. At an individual provider level, there are no quality requirements under CCDF. However, quality-based payment add-ons have been used to offset the potential costs of higher quality. In addition, whether payment rates are adequate to support the requirements of CCDF heavily depends on the scale of each provider's participation. For providers that only care for a small number of children with subsidy relative to the total number cared for, payment rates will have no true impact on whether that provider can meet CCDF requirements. On the other hand, for programs where most of the children cared for are in the subsidy program, payment rates will have a greater impact on the program's ability to meet CCDF requirements because their financial viability is intrinsically linked to their total subsidy funding. When determining if**

payment rates are adequate to meet CCDF requirements, the Lead Agency is increasing base rates to the 60th percentile of the current MRS, a level that meets or exceeds the base level quality for many rates. This determination was supported by evaluating the cost of the base level of quality in a total cost study in comparison to the proposed rates. The Lead Agency must focus on how these rates will impact the providers who participate to a higher degree of scale. Careful analysis shows that providers who care for many children with subsidy, across a variety of ages, will see increased total payments compared to historical rates, and for most, total payments will exceed their total cost of care for those children. Also, history and experience demonstrate that payment rates have not compromised CCDF requirements in the past, and thus higher payment rates relative to the past, as proposed, would not logically change this precedent.

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The Lead Agency used the cost of care at the base level of quality to inform rate setting. Doing so provided valuable perspective for interpreting the impact of rates. The lead agency compared the current market-based rates at the 60th percentile to the cost of quality in the state's QRIS, which is a 1-star provider. The Lead Agency is setting rates at the 60th percentile of each market rate zone and a QRIS rating is required by all child care subsidy providers and therefore the base level of quality is a 1-star provider. The Lead Agency has two primary types of care in the child care subsidy program and those are full-day care and before and after school care. For full time care, there are twenty-four rates, and each rate has been set at the 60th percentile. For five of the twenty-four rates, the rate amount is greater than the estimated cost. An additional five rates are at least 90 percent of cost. While six additional rates are least 80% of cost. Establishing rates at the 60th percentile means that the Lead Agency has made a great deal of progress towards meet the cost of care. The Lead Agency intends to continue to regularly collect data regarding the cost of care in order to educate and engage with providers and stakeholders on the value that understanding the cost of care. The Lead Agency believes that understanding the cost of care and working to invest, when possible, to align subsidy rates more closely with the cost of care will help strengthen and stabilize child care by providers by ensuring that rates adequate enough to support provider cost.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **When setting base rates, the Lead Agency considered only the base level of quality but not high quality since the Office of Child Care makes compliance determinations only at the lowest rate available. High quality, which makes up most subsidy providers, was considered when determining add-on payments for Quality Rated 2- and 3-star programs.**

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **N/A**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by

the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **The Lead Agency cannot currently pay prospectively and has submitted a waiver per Office of Child Care guidance. The Lead Agency has requested a waiver through August 1, 2026, and intends to use the time allowed to develop and implement the necessary policies and procedures to be compliant.**

b. Does the Lead Agency pay based on authorized enrollment for all provider types?

[ ] Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

[ ] No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

[x] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider

payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: **The Lead Agency cannot currently pay based on authorized enrollment and has submitted a waiver per Office of Child Care guidance. The Lead Agency has requested a waiver through August 1, 2026, and intends to use the time allowed to develop and implement the necessary policies and procedures to be compliant.**

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

[x] Yes.

[ ] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

[x] Yes. If yes, identify the fees the Lead Agency pays for: **The Lead Agency allows each provider to claim and be paid a registration fee up to $65 once a year for each child with a CAPS scholarship issued to the provider.**

[ ] No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

c. Describe how 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: **Child care providers serving children participating in the CAPS program are required to sign a Child Care Provider Agreement (CPA) at initial enrollment and on an annual basis thereafter. The CPA defines provider rights and responsibilities, including CAPS payment policies, payment calculations, and the payment dispute resolution process. CAPS payment policies are posted on the CAPS website. Child care providers may also call or email the Lead Agency for questions related to payment policies.**

d. Describe how 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: **On the day that the Lead Agency is aware of eligibility status changes, notices are sent to providers through Georgia Gateway to inform providers of any potential impact to payments being issued by the lead agency. Georgia Gateway is the system used to determine eligibility, create cases, and issue scholarships for care at eligible provider locations.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **Payment disputes and concerns regarding payment inaccuracies are addressed through the Lead Agency's Provider Relations Quality Assurance and Payments team. A provider can request payment adjustments in the payment system, Georgia's Child Care and Administrative Payment System, GACAPS, for various reasons that resulted in an under or overpayment to the provider. These payment requests are reviewed by the team, and payments are netted against previous payments, when applicable. CAPS Policy 12.3.3.2 provides appeal rights for providers receiving subsidies through the CAPS program. The policy states that providers have the right to appeal finance related matters and can request a hearing. CAPS Policy 18.4.2 describes providers' right to an administrative hearing and providers' right to request a reconsideration related to reclaiming funds. When funds are recouped from a provider through payment reviews conducted by the Quality Assurance and Payments team, they will receive a request for reconsideration and review the prior decision. If the decision is affirmed, the provider has the right to appeal. Appeals are handled by the Lead Agency's Legal Division. A reconsideration and appeal process is also afforded to providers for reviews conducted by the Lead Agency's Audits and Compliance team.**

f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **The Lead Agency uses a web-based billing portal to process provider claims. Once eligible providers sign up to be a program provider for child care subsidy, they are automatically enrolled to use the web-based portal. All providers are paid via an ACH transfer to the account provided. The web-based portal allows providers to view eligible children assigned to their program, track attendance, and quickly submit an invoice for care weekly. In addition, as noted in 4.4.1, the Lead Agency has taken steps to support equal access to a range of providers by: delinking provider payments from a child's occasional absence and paying providers for a full week of care if the child is present at least one day that week; paying providers up to two weeks a year even if the child is absent the entire week; paying for full-time or part-time care (rather than hours or other smaller increments); and paying for registration fees**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

[ ] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[ ] Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use

grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

[x] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Lead Agency has submitted a waiver in order to develop a service deliver model for this activity.**

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

[ ] Children with disabilities. Number of slots allocated through grants or contracts:

[ ] Infants and toddlers. Number of slots allocated through grants or contracts:

[ ] Children in underserved geographic areas. Number of slots allocated through grants or contracts:

[ ] Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

[ ] School-age children. Number of slots allocated through grants or contracts:

[ ] Children experiencing homelessness. Number of slots allocated through grants or contracts:

[ ] Children in urban areas. Percent of CCDF children served in an average month:

[ ] Children in rural areas. Percent of CCDF children served in an average month:

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

[x] Yes.

[ ] No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

i. **[ ]** Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage)

requirements. Describe:

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **The provider must be at least 21 years old.**

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv. **[ ]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[x]** Other. Describe: **Per Lead Agency policy, In-home care is considered an Informal Caregiver. An Informal Caregiver is a family, friend, or neighbor who provides care for no more than two unrelated (or no more than six related) children for pay. Informal Caregivers are not required to be licensed but must register with the CAPS program. Informal care can only be authorized in limited situations as detailed in CAPS Participating Providers Policy (CAPS/00-11) when one of following criteria exists: 1) No other licensed care is available within a reasonable geographic area; 2) Care is during non-traditional hours when licensed care is not available; 3) The child in care meets the definition of children with disabilities; 4) The child's primary language is other than English, and no licensed provider equipped for dual language families is available within a reasonable geographic area.**

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The Lead Agency houses an internal Research and Policy Analysis Team that conducts ongoing analyses using existing administrative data and publicly available data to evaluate supply and demand. Enhanced access to data has been enabled with the development of a child care supply and demand data tool. The tool brings in demand-side data by using publicly available data sources and applying methodologies to create modeled population characteristics in great detail to include: total child population for age 0 through 13 in the state; child population by each age group, house hold income, and house hold employment; for each of those elements the geographic distribution of the child population by Lead Agency administrative region, county, state house district, state senate district, school district, and zip code tabulation area (ZCTA) that aligns with the census; for each of those elements the measure of child population over time; and potential child eligibility for the Child Care and**

Parent Services (CAPS) subsidy program, Georgia's Pre-K program, Early Head Start, and Head Start. The tool brings in supply-side data by using Lead Agency administrative data to include: all child care providers by state and county; provider facility type, quality rating and improvement system (QRIS) rating, and public program participation; and estimates total child enrollment with total capacity. Not only does the tool allow for specific investigation into demand use cases and supply use cases, but it also brings supply and demand together to investigate and identify where potential service gaps may or may not exist. Additionally, the tool has been developed to offer alternative data views to provide the perspectives of service gaps by family language and the degree to which a geographic area may be underserved. These analyses are used to help define a shortage of supply and identify where a shortage in supply may exist for infant and toddler programs in the state. This work includes identifying different areas where there are general gaps in access to infant and toddler child care as well as gaps in access to the state's ECE (early care and education) programs that support infant and toddler child care. The analysis can then be used to make informed decisions about how to direct additional resources. In addition to the internal teams, the Lead Agency works with research partners from the Urban Institute, Child Trends, University of Georgia, Georgia State University, and others to conduct formal research studies.

The Office of Child Care has not established criteria for measuring a shortage of supply for infant and toddlers, or any other population, and if there are specific thresholds that identify when a shortage exists. So, there is not a generally accepted definition or criteria for a state to use. Therefore, in order to know if a shortage of infant and toddler programs exists, a state must gather evidence to support the establishment of criteria to measure supply and demand throughout the state in order to determine if a shortage of infant and toddler programs exists in Georgia. Currently, the Lead Agency is evaluating available data in order to define the criteria needed apply appropriate thresholds to supply and demand data for identifying a defined gap. This work will enable the Lead Agency to determine if supply shortages for infant and toddler programs exist in Georgia. The Lead Agency believes that a data-driven approach to evaluating supply and demand is necessary for developing the most impactful strategies and policies for addressing shortages of supply where they exist.

In the absence of an established quantitative method, the Lead Agency is able to make generalized observations related to supply and demand using the data sources and efforts described. From a state-level perspective, there does not appear to be a significant shortage of child care supply for infants and toddlers. For licensed child care learning centers in the state, 75% are licensed for infant care and 81% are licensed for toddler care. For licensed family child care learning homes in the state, 88% are licensed for infant care and 98% are licensed for toddler care. In terms of estimated service levels, the Lead Agency estimates that approximately 20 percent of children 0 up to 5 (not school-age), are in licensed child care. As a group, the percent of infants and toddlers in care is approximately 17.4 percent, with infants estimated at 14.7 percent and toddlers at 18.7 percent. Preschooler children in care is estimated to be 22.6 percent statewide. So, the

infant and toddler populations are somewhat less represented than the total 0 up to 5 and preschool population. This could indicate a potential gap, or shortage of supply, for infants and toddlers. Another potential gap may exist in the Lead Agency's northeast administrative region. When looking at the Lead Agency's supply and demand dashboard, only 14.8 percent of infant and toddlers are estimated to be served compared to 17.4 percent statewide. The northeast administrative region has the greatest number of licensed child care programs and most total child care capacity of any administrative region. Upon closer inspection and considering the number of programs actually licensed to care for infants and toddlers, the data shows that for infant care, the northeast region lags behind four of the six regions in the state. For toddler care, the northeast region lags behind all five other regions. This information seems to indicate that a supply-side gap exists but the more needs to be done to understand if there are demand factors contributing to the potential lack of supply.

The Lead Agency is currently working to better understand and interpret the supply data and collect more demand data to establish criteria by which to measure supply and demand at the statewide level and various local levels where greater variation may exist and define a quantitative method for identifying potential gaps throughout the state. Doing so, would assist the lead agency to develop the appropriate strategies based on the needs of communities where gaps may exist. Until a quantitative method is defined, more general strategies are in place and those include higher subsidy rates for infant and toddler care, technical assistance specifically for implementing best practices in infant and toddler classrooms, offers business support through the Thriving Child Care Business Academy online platform of free training and resources to give owners and administrators the knowledge and tools to enhance their financial management skills with the goal of making their centers and family homes thriving child care businesses, and continuous improvement of the child care licensing process to ease the potential burdens related to becoming a licensed child care program serving infants and toddlers.

ii. Method of tracking progress: The Lead Agency's Research and Policy Analysis Team and Enterprise PM Director report trends for relevant data at the monthly, quarterly, and annual level.

iii. What is the plan to address the child care shortages using family child care homes
For licensed family child care learning homes in the state, 88 percent are licensed for infant care and 98 percent are licensed for toddler care. In the northeast administrative region, where a potential gap exists, the number of family child care providers in that region lags behind 4 of the 6 regions. For those family providers, 90 percent are licensed to serve infants, and 98 percent are licensed to serve toddlers. So, while the family child care providers in that region are largely available to provide care to infant and toddlers, there may not be enough family childcare relative to other regions. To address the potential gap in question, the Lead Agency has increased subsidy rates for infant and toddler care, provides technical assistance specifically for implementing best practices in infants and toddlers, offers business support through the Thriving Child Care Business Academy online platform of free training and resources to give owners and

administrators the knowledge and tools to enhance their financial management skills with the goal of making their centers and family homes thriving child care businesses, and continuous improvement of the child care licensing process to ease the potential burdens related to becoming a licensed child care program serving infants and toddlers.

iv. What is the plan to address the child care shortages using child care centers? For licensed child care learning centers in the state, 75 percent are licensed for infant care and 81 percent are licensed for toddler care. In the northeast administrative region, where a potential gap exists, the number of child care center providers in that region lags behind 3 of the 6 regions. For those center providers, 71 percent are licensed to serve infants, and 76 percent are licensed to serve toddlers. So, child care center providers in that region are less likely to be available to provide care to infant and toddlers than the statewide average and lag most other regions. To address the potential gap in question, the Lead Agency has increased subsidy rates for infant and toddler care, provides technical assistance specifically for implementing best practices in infant and toddler classrooms, offers business support through the Thriving Child Care Business Academy online platform of free training and resources to give owners and administrators the knowledge and tools to enhance their financial management skills with the goal of making their centers and family homes thriving child care businesses, and continuous improvement of the child care licensing process to ease the potential burdens related to becoming a licensed child care program serving infants and toddlers.

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: The Lead Agency houses an internal Research and Policy Analysis Team that conducts ongoing analyses using existing administrative data and publicly available data to evaluate supply and demand. Enhanced access to data has been enabled with the development of a child care supply and demand data tool. The tool brings in demand-side data by using publicly available data sources and applying methodologies to create modeled population characteristics in great detail to include: total child population for age 0 through 13 in the state; child population by each age group, house hold income, and house hold employment; for each of those elements the geographic distribution of the child population by Lead Agency administrative region, county, state house district, state senate district, school district, and zip code tabulation area (ZCTA) that aligns with the census; for each of those elements the measure of child population over time; and potential child eligibility for the Child Care and Parent Services (CAPS) subsidy program, Georgia's Pre-K program, Early Head Start, and Head Start. The tool brings in supply-side data by using Lead Agency administrative data to include: all child care providers by state and county; provider facility type, quality rating and improvement system (QRIS) rating, and public program participation; and estimates total child enrollment with total capacity. Not only does the tool allow for specific investigation into demand use cases and supply use cases, but it also brings supply and demand together to investigate and identify where potential service gaps may or may not exist. Additionally, the tool has been developed to offer alternative data views to

provide the perspectives of service gaps by family language and the degree to which a geographic area may be underserved. These analyses are used to define a shortage of supply and identify where a shortage in supply may exist for infant and toddler programs in the state. This work includes identifying different areas where there are general gaps in access to infant and toddler child care as well as gaps in access to the state's ECE (early care and education) programs that support infant and toddler child care. The analysis can then be used to make informed decisions about how to direct additional resources. In addition to the internal teams, the Lead Agency works with research partners from the Urban Institute, Child Trends, University of Georgia, Georgia State University, and others to conduct formal research studies.

The Office of Child Care has not established criteria for measuring a shortage of supply in different regions, or any other geographic unit, and if there are specific thresholds that identify when a shortage exists. So, there is not a generally accepted definition or criteria for a state to use. Therefore, in order to know if a shortage of programs exists regionally, a state must gather evidence to support the establishment of criteria to measure supply and demand throughout the state in order to determine if a regional shortage in Georgia. Currently, the Lead Agency is evaluating available data in order to define the criteria needed to measure supply and demand and apply appropriate thresholds for identifying a defined gap. This work will enable the Lead Agency to determine if regional supply shortages exist in Georgia. The Lead Agency believes that a data-driven approach to evaluating supply and demand is necessary for developing the most impactful strategies and policies for addressing shortages of supply where they exist.

In the absence of an established quantitative method, the Lead Agency is able to make generalized observations related to supply and demand using the data sources and efforts described. From a state-level perspective, there are potential supply shortages in the northeast and southwest administrative regions. The statewide service level for all ages is 16.5%. In contrast, the service level for all ages is 14.5% in the northeast region and 15.4% in the southwest region.

The Lead Agency is currently working to better understand and interpret the supply data and collect more demand data to establish criteria by which to measure supply and demand at the statewide level and various local levels where greater variation may exist and define a quantitative method for identifying potential gaps throughout the state. Doing so, would assist the lead agency to develop the appropriate strategies based on the needs of communities where gaps may exist. Until a quantitative method is defined, more general strategies are in place and those include higher subsidy rates for care, technical assistance for implementing best practices in infant, toddler, and preschool classrooms, offers business support through the Thriving Child Care Business Academy online platform of free training and resources to give owners and administrators the knowledge and tools to enhance their financial management skills with the goal of making their centers and family homes thriving child care businesses, and continuous improvement of the child care licensing process to ease the potential burdens related to becoming a licensed child care program.

ii. Method of tracking progress: **The Lead Agency's Research and Policy Analysis Team and Enterprise PM Director report trends for relevant data at the monthly, quarterly, and annual level.**

iii. What is the plan to address the child care shortages using family child care homes? **Until a quantitative method is defined, more general strategies are in place and those include higher subsidy rates for care, technical assistance for implementing best practices in infant, toddler, and preschool classrooms, offers business support through the Thriving Child Care Business Academy online platform of free training and resources to give owners and administrators the knowledge and tools to enhance their financial management skills with the goal of making their centers and family homes thriving child care businesses, and continuous improvement of the child care licensing process to ease the potential burdens related to becoming a licensed child care program.**

iv. What is the plan to address the child care shortages using child care centers? **Until a quantitative method is defined, more general strategies are in place and those include higher subsidy rates for care, technical assistance for implementing best practices in infant, toddler, and preschool classrooms, offers business support through the Thriving Child Care Business Academy online platform of free training and resources to give owners and administrators the knowledge and tools to enhance their financial management skills with the goal of making their centers and family homes thriving child care businesses, and continuous improvement of the child care licensing process to ease the potential burdens related to becoming a licensed child care program.**

c. In care for special populations:

i. Data sources used to identify shortages: **In 2021, the Lead Agency commissioned the Urban Institute to conduct stakeholder engagement activities that identified overall early education needs across the state. One of the needs identified was for child care during nontraditional work hours. Based on these initial findings, the Urban Institute conducted further research to determine where nontraditional hour care was most needed. This supplemental research study was completed in early 2023. Based on these findings, the Lead Agency created a pilot program: Expanding Parents' Access to Nontraditional Delivery (EXPAND) grants, offering child care providers and community collaboratives funds to extend hours and/or create local community solutions. Also, existing data tools are enabling staff to understand relative access to early care and education (ECE) services for multi-language learners throughout the state. The Lead Agency has a Rising Pre-K Summer Transition Program, funded in part by CCDF, that targets children who are age eligible for Pre-K the next school year and whose home language is Spanish. The program includes bilingual teachers and a strong family engagement component. Services and resources are provided to families in English and Spanish. Lastly, the Lead Agency is currently working with the Urban Institute to examine strategies to define and measure access by race and ethnicity and for children with disabilities.**

ii. Method of tracking progress: **The Lead Agency, with researchers from the University of Georgia, are conducting an ongoing evaluation of the Expanding Parents' Access to Nontraditional Delivery (EXPAND) grants to determine effectiveness.**

iii. What is the plan to address the child care shortages using family child care homes? **For nontraditional hour care, two licensed family child care learning homes have received Expanding Parents' Access to Nontraditional Delivery (EXPAND) grants. For nontraditional hour care, licensed family child care homes offer the advantage of having a smaller scale and therefore can increase their hours of operation for a lower cost. The EXPAND grants are a pilot program and the Lead Agency is testing how effectively licensed family child care can be leveraged to meet the demand of nontraditional hour care for families. As to shortages related to other special populations, the Lead Agency is currently working to better understand supply and demand to establish criteria by which to measure supply at the statewide level and various local levels where greater variation may exist in order to identify shortages and develop strategies for supply building.**

iv. What is the plan to address the child care shortages using child care centers? **For nontraditional hour care, five child care learning centers have received Expanding Parents' Access to Nontraditional Delivery (EXPAND) grants. For nontraditional hour care, licensed child care centers may incur higher cost of operations to expand their hours of operation. The EXPAND grants are a pilot program and the Lead Agency is testing how effectively licensed child care learning centers can be leveraged to meet the demand of nontraditional hour care for families. As to shortages related to other special populations, the Lead Agency is currently working to better understand supply and demand to establish criteria by which to measure supply at the statewide level and various local levels where greater variation may exist in order to identify shortages and develop strategies for supply building.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

a. Underserved geographic areas. Describe: **The Lead Agency has an internal Research team that works closely with Lead Agency programs to consistently evaluate administrative data and public data to identify service gaps related to underserved geographic areas. The Lead Agency is using multiple programmatic strategies to improve the quality of licensed child care in underserved geographic areas. The Lead Agency has a quality rating and improvement system, Quality Rated, that is intended to improve the quality of child care and includes technical assistance from regional child care resource and referral agencies. 62 percent of all licensed child care providers are rated in Quality Rated. Also, Child Care**

and Parent Services providers must be rated to participate in the child care subsidy program. Currently, over 70% of children are in care at a high quality (Quality Rated 2- or 3-star) program. Additionally, technical assistance for improving quality is available through the Lead Agency's Infant and Toddler and Inclusion and Behavioral Support Services programs. The Infant and Toddler Program works with child care providers to emphasize that quality infant care is centered on relationships. Young children learn and grow in the context of secure, trusting relationships with caring adults. All supports and recommendations offered by our Infant Toddler Care Specialists help providers understand and practice a model of relationship-based care that is respectful and responsive to each child's individual needs. Inclusion and Behavioral Support Services Program offers supports for inclusion through a team of regionally based Specialists. Inclusion and Behavior Support Specialists provide a variety of resources, strategies and supports to programs, classrooms, and the community. These resources and supports include, but are not limited to: Lead Agency approved training and Intensive Professional Development designed to empower child care providers, early learning professionals, families, and communities to identify and utilize resources, services, and supports to ensure that all children are successfully included in early care and learning environments. They also work to promote and increase inclusive child care options for children with disabilities and their families in their communities. In addition, with the assistance of the child care supply and demand data tool and new technology not available in years past, the Lead Agency is currently working on a strategy to more accurately target underserved geographic areas. This strategy involves using data to define the term underserved as it relates to Georgia's early childhood and education system. Once the term underserved is defined, it can be measured and quantified to enable the Lead Agency to more accurately define an underserved geographic area and the degree by which an area is underserved. The work on this strategy is ongoing and once it is completed, the Lead Agency will use the data regarding potential geographic gaps to group those areas into community-based zones. Through creating community-based zones, the Lead Agency can implement policy in a more targeted and impactful way to increase the supply and quality of child care in these underserved geographic areas.

b. Infants and toddlers. Describe: The Lead Agency has an internal Research team that works closely with Lead Agency programs to consistently evaluate administrative data and public data to identify service gaps related to Infants and toddlers. The Lead Agency is using multiple programmatic strategies to improve the quality of licensed child care for infants and toddlers. The Lead Agency has a quality rating and improvement system, Quality Rated, that is intended to improve the quality of child care and includes technical assistance from regional child care resource and referral agencies. 62 percent of all licensed child care providers are rated in Quality Rated. Also, Child Care and Parent Services providers must be rated to participate in the child care subsidy program. Currently, 72% of infants and toddlers are in care at a high quality (Quality Rated 2- or 3-star) program. Additionally, technical assistance for improving quality is available through the Lead Agency's Infant and Toddler and Inclusion and Behavioral Support Services programs. The Infant and Toddler Program works with child care providers to emphasize that quality infant care is centered on relationships. Young children learn and grow in the context of secure, trusting relationships with caring adults. All supports and recommendations offered by our Infant Toddler Care Specialists help providers understand and practice a model of relationship-based care that is respectful and

responsive to each child's individual needs. Inclusion and Behavioral Support Services Program offers supports for inclusion through a team of regionally based Specialists. Inclusion and Behavior Support Specialists provide a variety of resources, strategies and supports to programs, classrooms, and the community. These resources and supports include, but are not limited to: Lead Agency approved training and Intensive Professional Development designed to empower child care providers, early learning professionals, families, and communities to identify and utilize resources, services, and supports to ensure that all children are successfully included in early care and learning environments. They also work to promote and increase inclusive child care options for children with disabilities and their families in their communities. In addition, with the assistance of the child care supply and demand data tool and new technology not available in years past, the Lead Agency is currently working on a strategy to more accurately target underserved geographic areas for infants and toddlers to create policies that will increase supply where needed. This strategy involves using data to define the term underserved as it relates to Georgia's early childhood and education system. Once the term underserved is defined, it can be measured and quantified to enable the Lead Agency to more accurately define an underserved geographic area and the degree by which an area is underserved for infants and toddlers. This strategy will assist the Lead Agency with any necessary supply building necessary for infants and toddlers.

c. Children with disabilities. Describe: The Lead Agency has an internal Research team that works closely with Lead Agency programs to consistently evaluate administrative data and public data to identify service gaps related to children with disabilities. The Lead Agency is using multiple programmatic strategies to improve the quality of licensed child care for children with disabilities. The Lead Agency has a quality rating and improvement system, Quality Rated, that is intended to improve the quality of child care and includes technical assistance from regional child care resource and referral agencies. 62 percent of all licensed child care providers are rated in Quality Rated. Also, Child Care and Parent Services (CAPS) providers must be rated to participate in the child care subsidy program. Currently, 7% of children served by CAPS are children with disabilities and 71% of those children are in care at a high quality (Quality Rated 2- or 3-star) program. The CAPS program also pays the full published rate for children with disabilities and the program has a review process in place to allow providers serving children with extremely high needs to ask for a rate above their published rate. Additionally, technical assistance for improving quality is available through the Lead Agency's Infant and Toddler and Inclusion and Behavioral Support Services programs. The Infant and Toddler Program works with child care providers to emphasize that quality infant care is centered on relationships. Young children learn and grow in the context of secure, trusting relationships with caring adults. All supports and recommendations offered by our Infant Toddler Care Specialists help providers understand and practice a model of relationship-based care that is respectful and responsive to each child's individual needs. Inclusion and Behavioral Support Services Program offers supports for inclusion through a team of regionally based Specialists. Inclusion and Behavior Support Specialists provide a variety of resources, strategies and supports to programs, classrooms, and the community. These resources and supports include, but are not limited to: Lead Agency approved training and Intensive Professional Development designed to empower child care providers, early learning professionals, families, and communities to identify and utilize resources, services, and supports to ensure that all children are successfully included in early care and learning environments.

They also work to promote and increase inclusive child care options for children with disabilities and their families in their communities.

More specifically, the Inclusion and Behavioral Support Services Program with 20 regionally based specialists, work with birth to five and school-age programs to provide training and coaching on the benefits of including children with disabilities and on modifying and adapting the classroom environment and activities to accommodate all. The team provides an inclusion training series for early learning professionals focusing on understanding the importance of inclusion, the laws that support children with disabilities, and strategies to implement inclusive practices in early learning environments. This series was designed to increase access to quality child care for children with disabilities and their families by increasing educators' understanding of inclusion and confidence in providing an inclusive environment for children with disabilities. Educators receive a stipend and classroom materials that support creating inclusive classrooms. The Lead Agency provides the training series to three cohorts of early learning professionals. The Lead Agency also provides an inclusion mini grant to early learning professionals who would benefit from technical assistance to support including children with disabilities in their care. Professionals receive coaching from an Inclusion and Behavior Support Specialist, who assists the professional in implementing inclusive practices, identifying materials, equipment, or training needed to support the child's development and inclusion in the program. The Lead Agency plans to fund at least 75 mini grants over the next three years. The Lead Agency is currently piloting an Infant Early Childhood Mental Health Consultation (IECMHC) Program, which pairs a master's level mental health professional with an Inclusion and Behavior Support Specialist to provide enhanced support to teachers, child care center staff, children, and their families. This program helps with the early identification of children who struggle with social emotional issues or who have experienced early childhood trauma (such as the foster care population, children with high Adverse Childhood Experiences [ACES], exposure to domestic violence and abuse, etc.). IECMHC also supports caregivers, including teachers and parents, to access mental health treatment and resources effectively in their communities. Currently, seven mental health consultants are serving 12 child care programs. The Lead Agency is conducting an evaluation of the pilot project which will inform expansion of the program over the next three years.

An additional strategy that is focused on increasing the supply of child care for children with disabilities is through a research partnership with the Urban Institute to better understand the unique demands for services by families with children who are disabled and data sources that can be collected regularly that can inform the measure the demand for this population throughout the state. In addition, the ongoing research is reviewing the characteristics of the child care supply for these families to understand gaps in supply and services critical to serving children with disabilities. This research will help the Lead Agency to establish criteria and a data framework by which to measure supply at the statewide level and various local levels where greater variation may exist for children with disabilities and support policy and program initiatives to build supply for this population more appropriately.

d. Children who receive care during non-traditional hours. Describe: **DECAL contracted with the Urban Institute to better understand the need for non-traditional hour child care in**

Georgia through surveys of providers, focus groups with families who need non-traditional hour care, and analyses of DECAL administrative data and statewide census data. While DECAL collects and tracks the operating hours that licensed programs are authorized to open, programs may open later or close earlier than their authorized hours. Defining nontraditional hour child care as between 6:00 PM and 7:00 AM on weekdays and any time on weekends, the Urban Institute found that DECAL may be overestimating the supply of nontraditional hour care by as much as 50 percent by comparing provider survey-reported operating hours to licensed operating hours. To address the gap in available non-traditional hour child care, DECAL launched the Expanding Parents Access to Nontraditional Delivery (EXPAND) grants program in fall 2023. There are two types of EXPAND grants: one for licensed child care providers to expand their operating hours and a second for government entities and nonprofit organizations to form collaboratives to address the child care access challenges in their communities. Funded by the American Rescue Plan (ARP) Act, five licensed child care learning centers, two licensed family child care learning homes, and six nonprofit and government entities received EXPAND grants in October 2023. Providers received awards up to $500,000 and nonprofit and government entities up to $750,000. Project periods run through December 31, 2024, with provider grantees using funds to implement the supports they need to extend their hours and nonprofit and government entities using funds to support providers in their areas and offer child care tuition assistance to their local communities. DECAL is working with University of Georgia's Carl Vinson Institute of Government to evaluate the implementation and impact of these grants.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **Not applicable**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. **The Lead Agency's vision statement is that "Every child in Georgia will have equal access to high quality early care and education." Goal Four in the Lead Agency's strategic plan is to "Expand Two Generational (2Gen) approaches to better support children and families." To accomplish this, the Lead Agency has developed strategies for achieving this goal. The first strategy is to expand supports and resources for families seeking additional education and/or work experience. The second strategy is to increase community-based 2Gen initiatives. The third strategy is to strengthen family resiliency by engaging families in their children's care and education. As part of its child care access, consumer education, and family outreach activities, the Lead Agency funds participation in community events to distribute information about accessing early education supports and to provide referrals to high-quality child care. In addition, the Lead Agency developed a family-centered coaching model that trains all Child Care and Parent Services (CAPS) staff to provide family-centered coaching to all CAPS families at initial determination and each annual redetermination on available services and supports. In 2023, the family resource and**

referral portal, Find Help Georgia, https://findhelpga.org/, went live to connect families to financial assistance, food pantries, medical care, child care, job training, and other free or reduced-cost services in their communities. DECAL is maintaining the site and actively working with Community Based Organizations to ensure the information is up-to-date and accurate to expand access to available resources. Families can search for resources such as financial assistance, food pantries, medical care, child care, job training, and other free or reduced-cost services in their communities through the website. A mobile app for Find Help Georgia has also rolled out and has proven to be highly utilized.

In addition to these 2Gen strategies and activities, the Lead Agency requires that all licensed child care programs participating in the state's child care subsidy program, CAPS, must be rated in the state's quality rating and improvement system, Quality Rated (QR). License-exempt and informal CAPS providers cannot be QR and represent a very small proportion of CAPS providers and the number of children care for in CAPS. The full implementation of this requirement has led to prioritization of CAPS investment as well as QR activities and investment in areas of concentrated poverty and unemployment. The Lead Agency's data shows that 12% of all licensed providers operate in zip codes identified as associated with extreme poverty (>40% in poverty) or high poverty (20-<40% in poverty), and 72% of those licensed child care providers are rated in the state's QRIS. Additionally, the data shows that 57% of all licensed child care providers operate in zip codes identified as associated with medium poverty (10-<20% in poverty), and 67% those licensed child care providers are rated in the state's QRIS. Lastly, the data shows that 31% of all licensed child care providers operate in zip codes identified as associated with low poverty (<10% in poverty), and 55% of licensed child care providers are rated in the state's QRIS. The statistics show that CAPS families that live in areas of concentrated poverty have greater access to a Quality Rated CAPS provider and that CCDF-related activities and investments are being prioritized to those communities.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to Lead Agencies to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the Lead Agency. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, Lead Agency licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

a. Identify the center-based provider types subject to child care licensing: **Child Care Learning Centers which are defined as any place operated by an individual or any business entity recognized under Georgia law wherein are received for pay for group care, for fewer than 24 hours per day without transfer of legal custody, seven or more children under 18 years of age and which is required to be licensed. Child Care Learning Center also includes any day care center previously licensed by the Department of Human Resources and transferred pursuant to Code Section 20-1A-1 et seq.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **Family Child Care Learning Homes which are defined as a private residence operated by any person who receives therein for pay for supervision and care fewer than 24 hours per day, without transfer of legal custody, at least three but not more than six Children under 13 years of age who are not Related to such persons and whose Parent(s) are not residents in the same private residence as the Provider and which is required to be licensed; provided, however, that the total number of unrelated Children cared for in such Home, for pay and not for pay, may not exceed six Children under 13 years of age at one time, except that a Provider may care for two additional children three years of age or older for two designated one hour periods daily upon approval by the Department.**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **N/A**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

[x] Yes. If yes, describe: **A license is not required for Informal Caregivers unless they meet the family child care learning home or child care learning center licensing requirements, but they must register with the Child and Parent Services (CAPS) program. An Informal Caregiver is a family, friend, or neighbor who provides care for no more than two unrelated (or no more than six related) children for pay. Informal care can be provided only when no other licensed care is available within a reasonable geographic area, during non-traditional hours when licensed care is not available, or if the child in care is determined to meet the special needs definition. For "relative informal child care" the arrangement may take place at the relative's residence or in the child's residence. The relative must not be included in the family unit. For "non-relative informal child care," the non-relative caregiver must provide care in his/her own residence and may not be a resident of the household of the child(ren) receiving care.**

[ ] No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Georgia law allows some types of classes or groups of programs to be exempt from licensing requirements. While Georgia has 14 exemption classes or groups, the Lead Agency has made a policy decision to pay subsidy in two types of programs: Government-owned and operated programs and school-age day camp programs**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **1. Government-owned and operated programs: Programs owned and operated by a department or agency of federal, state, county, or municipal government can receive subsidies. Most government-owned and operated programs in Georgia are operated by local school boards at public schools to serve families that need afterschool child care. The remainder of the programs in this exemption category are mostly operated by local parks and recreation departments for children's extracurricular activities occurring after school or at day camps. 2. School-age day camp programs: Day camp programs for children age five and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities,**

can receive subsidies. The day camp programs may operate during summer and other school breaks and shall operate for no more than 12 hours per day. Children in day camp programs are school age only, and the program operates only during school breaks. In some areas of the state, there is a lack of licensed care, meaning that on-site after school programs and day camps are the only resources for working families for care outside school hours. Without this exemption category and the opportunity for subsidy children to attend, families and children could be at risk of having no child care options available to them. These exempt programs receiving CCDF are monitored annually by the Lead Agency, which ensures that all staff working in these programs have met Criminal Record Check requirements, have attended pre-service orientation, and have met training requirements; an emergency preparedness, response, and recovery plan is in place; and ensures that the program is meeting the health and safety standards defined by the Lead Agency. Data from previous monitoring efforts show that programs in these categories are substantially meeting the Georgia core rules around health and safety. In addition, all exempt programs are required to notify families that they are not licensed to ensure the families are fully informed that the program is not subject to the rules and regulations for licensed facilities.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. To ensure that these exemptions do not endanger children receiving CCDF services, the Lead Agency has the following policies/requirements in place. Exempt programs are required to: post a notification that their program is exempt from licensing; obtain a form signed by parents acknowledging that they know the program is exempt from licensing requirements; and post the Lead Agency phone number and website address for parents to see. Additionally, exempt programs are required to: ensure the Lead Agency has their current contact information; submit copies of policies, advertisements, and parental agreement forms to the Lead Agency to verify that the program functions as an exempt program; notify the Lead Agency of any changes in their accreditation and other changes in the program that may affect the program's exempt status; maintain children's attendance records and parents' signed forms that acknowledge that the program is not licensed.

Exempt programs are inspected annually and must provide care that meets state health and safety standards as reflected in the health and safety monitoring checklists. The checklist can be found at: https://caps.decal.ga.gov/assets/downloads/CAPS/Appendix_GG-Exempt%20Provider%20Checklist.pdf and includes an evaluation of: activities and equipment, physical plant (bathroom, building, hazards, etc.), playgrounds, records (children, staff, training, criminal background checks, policies and procedures), discipline, hygiene, medication, staffing and supervision, playgrounds, required reporting, diapering, transportation and field trips, and safe sleep procedures. In addition, regional and state authorities such as the Department of Public Health, state and local fire marshal, and local building and zoning officials continue to have authority to inspect and approve these programs. The Lead Agency also has the authority to rescind an exemption if a program fails to meet the requirements.

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **N/A**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **N/A**

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the Lead Agency defines the following age classifications (e.g., Infant: 0 – 18 months).

a. Infant. Describe: **"Infant" means any child who is under twelve (12) months of age or any child who is under eighteen (18) months of age and who is not yet walking, as defined by licensing regulations.**

b. Toddler. Describe: **"Toddler" means any child who is 12 to 24 months of age, who are walking, or 25 to 35 months of age, as defined by licensing regulations.**

c. Preschool. Describe: **"Preschool" means any child who is three or four years of age, as defined by licensing regulations.**

d. School-Age. Describe: **"School-age" means any child who is five years of age or older, as defined by licensing regulations.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1:6**

Group size: **12**

ii. Toddler.

Ratio: **1:8 (one year olds); 1:10 (two year olds)**

Group size: **16 (one year olds); 20 (two year olds)**

iii. Preschool.

Ratio: **1:15 (three year olds); 1:18 (four year olds)**

Group size: **30 (three year olds); 36 (four year olds)**

iv. School-Age.

Ratio: **1:20 (five year olds); 1:25 (six year olds and older)**

Group size: **40 (five year olds); 50 (six year olds and older)**

v. Mixed-Age Groups (if applicable).

Ratio: **For centers with a licensed capacity of 19 or more children, the staff to child ratios for a mixed-age group shall be based on the age of the youngest group of children that includes more than twenty percent (20%) of the total number of children in the mixed-age group.**

For centers with a licensed capacity of 18 or fewer children, the staff to child ratios for a mixed-age group shall be based on the following: the age of the youngest child under three (3) years of age shall determine the staff to child ratio for the group in which the child(ren) under three (3) years of age are cared for; and where all of the children in any one group are three (3) years of age or older, the age of the majority of the children in the group shall determine the staff to child ratios.

Group size: **For centers with a licensed capacity of 19 or more children, the maximum group size is dependent on the age of the youngest group of children that includes more than twenty percent (20%) of the total number of children in the mixed-age group. Infants and children younger than three years old may be grouped with older children if group size is met based on the age of the youngest child in the group.**

For centers with a licensed capacity of 18 or fewer children, the maximum group size is 18.

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

ii. Infant:

iii. Toddler:

iv. Preschool:

v. School-Age:

vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

i. Infant (if applicable)

Ratio: **1:3**

Group size: **6 unrelated for pay; or whenever related children or children who reside in the Home are also present in the Home for whom no pay is received, the total number of children present under the age of thirteen years may not exceed 12.**

ii. Toddler (if applicable)

Ratio: **1:6**

Group size: **6 unrelated for pay; or whenever related children or children who reside in the Home are also present in the Home for whom no pay is received, the total number of children present under the age of thirteen years may not exceed 12.**

iii. Preschool (if applicable)

Ratio: **1:6 per definition of family child care learning homes, except for two designated one-hour periods daily upon approval by the Lead Agency where the ratio would be 1:8 for pay; also 1:8 if more than 8 children under the age of 5 are present whenever related children or children who reside in the Home are also present for whom no pay is received.**

Group size: **6 unrelated for pay except for two designated one-hour periods daily upon approval by the Lead Agency where the group size limit would be 8 for pay. Whenever related children or children who reside in the Home are also present in the Home, the total number of children present under the age of thirteen years may not exceed 12.**

iv. School-Age (if applicable)

Ratio: **1:6 per definition of family child care learning homes, except for two designated one-hour periods daily upon approval by the Lead Agency where the ratio would be 1:8 for pay; also 1:12 whenever related children or children who reside in the Home are also present in the Home for whom no pay is received.**

Group size: **6 unrelated for pay except for two designated one-hour periods daily upon approval by the Lead Agency where the group size limit would be 8 for pay. Whenever related children or children who reside in the Home are also present in the Home, the total number of children present under the age of thirteen years may not exceed 12.**

v. Mixed-Age Groups

Ratio: **1:3 if more than 3 children under the age of 12 months are present, 1:6 if more than 6 children under the age of 3 are present; 1:8 if more than 8 children under the age of 5 are present; or 1:12 if all children are 5+ years old when related children or children who reside in the Home are also present for whom no pay is received.**

Group size: **6 unrelated for pay except for two designated one-hour periods daily upon approval by the Lead Agency where the group size limit would be 8 for pay. Whenever related children or children who reside in the Home are also present in the Home, the total number of children present under the age of thirteen years may not exceed 12.**

d. Are any of the responses above different for license-exempt family child care homes?

[ ] No.

[ ] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

[x] Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **There are no ratio requirements pertaining to the ages of the children for informal caregivers.**

Group size: **If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.**

ii. Toddler (if applicable)

Ratio: **There are no ratio requirements pertaining to the ages of the children for informal caregivers.**

Group size: **If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.**

iii. Preschool (if applicable)

Ratio: **There are no ratio requirements pertaining to the ages of the children for informal caregivers.**

Group size: **If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.**

iv. School-Age (if applicable)

Ratio: **There are no ratio requirements pertaining to the ages of the children for informal caregivers.**

Group size: **If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.**

v. Mixed-Age Groups (if applicable)

Ratio: **There are no ratio requirements pertaining to the ages of the children for informal caregivers.**

Group size: **If the relative cares for children for pay, the number of children in care cannot exceed six. Of the children in care, no more than two can be unrelated for pay.**

f. Are any of the responses above different for license-exempt in-home care?

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **The Lead Agency does not have license-exempt family child care homes.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Teachers in licensed center-based care must meet the following qualifications: Be at least 18 years of age; possess at least one of the following sets of minimum academic requirements and qualifying experience at the time of employment: (i) Child Development Associate (CDA); (ii) Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development; (iii) Technical Certificate of Credit (TCC) in Infant and Toddler; (iv) Technical Certificate of Credit (TCC) in Program Administration; (v) Technical Certificate of Credit (TCC) in School Age and Youth Care; (vi) Technical College Diploma (TCD) in Early Childhood Education or Child Development; (vii) Associate degree in Early Childhood Education or Child Development (AA, AAS, AAT); (viii) Paraprofessional Certificate issued by the Georgia Professional Standards Commission; (ix) 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development; (x) Bachelor's degree from an accredited college or university in a field other than Early Childhood Education or Child Development and three months of qualifying child care experience; (xi) Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development; (xii) Master's degree from an accredited college or university in Early Childhood Education or Child Development.**

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **Directors of center-based care must meet the following qualifications: Be at least 21 years of age; possess at least one of the following sets of minimum academic requirements and qualifying child care experience: (i) Child**

Development Associate (CDA) and six months of qualifying child care experience; (ii) Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development and six months of qualifying child care experience; (iii) Technical Certificate of Credit (TCC) in Infant and Toddler and six months of qualifying child care experience; (iv) Technical Certificate of Credit (TCC) in Program Administration and six months of qualifying child care experience; (v) Technical Certificate of Credit (TCC) in School Age and Youth Care and six months of qualifying child care experience; (vi) Technical College Diploma (TCD) in Early Childhood Education or Child Development and six months of qualifying child care experience; (vii) 40-hour director training course approved by the Lead Agency and employed for a minimum of five years as an on-site child care learning center director; (viii) Associate degree in Early Childhood Education or Child Development and six months of qualifying child care experience; (ix) Paraprofessional Certificate issued by the Georgia Professional Standards Commission and six months of qualifying child care experience; (x) 25 quarter hours or 15 semester hours from an accredited college or university in Early Childhood Education or Child Development and six months of qualifying child care experience; (xi) Bachelor's degree from an accredited college or university in a field other than Early Childhood Education or Child Development and three months of qualifying child care experience; (xii) Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development; (xiii) Master's degree from an accredited college or university in Early Childhood Education or Child Development.

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: A family child care learning home provider is required to be at least 21 years of age. The provider is required to complete pre-service training before submitting an application to be a licensed family child care learning home. This training is required to include the following:
1. Orientation that provides, at a minimum, instruction on the application process and gives an overview of the state's rules and regulations relating to operating a family child care learning home.
2. Training course that includes provider competencies that serve as a framework for professional development, which includes, but is not limited to, early learning standards, communication, developmentally appropriate practices, professional and leadership development, business management, and advocacy for the family child care learning home, parents, children, and staff.
3. Cardiopulmonary resuscitation (CPR) and First Aid training offered by certified or licensed health care professionals and approved by the Lead Agency, which include emergency care for infants and children.

In addition, licensed family child care providers must possess and submit valid evidence/documentation of one of the following credentials/degrees issued by either the organizations listed below, an accredited educational institution, or another organization approved/recognized by the Department:
a. Child Development Associate (CDA) credential (issued by the Council for Professional Recognition and kept current); or

b. Technical Certificate of Credit (TCC) in Early Childhood Education; or
c. Technical College Diploma (TCD) in Early Childhood Education; or
d. Associate Degree in Early Childhood Education (AA, AAS, AAT); or
e. Paraprofessional Certificate (issued by the Georgia Professional Standards Commission and kept current); or
f. Bachelor's degree in Early Childhood Education; or
g. Master's degree in Early Childhood Education.

Providers and applicants who have applied for a license on or before June 30, 2009, shall be exempt from the requirements stated above, except if the family child care learning home closes for business and then submits a new application for a license on or after July 1, 2009. Any provider who had submitted an application for a license on or before June 30, 2009, was required to have submitted valid evidence/documentation of a high school diploma, General Education Diploma (GED), or other credentials.

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Relative informal providers must be individuals related to the child by blood, marriage, or adoption, such as an aunt, uncle, grandparent, great-grandparent, or adult sibling. The relative must not be included in the family unit and must be at least 21 years of age.**
Non-relative informal providers must be individuals who are not related to the child by blood, marriage, or adoption. The non-relative may not be a resident of the household of the children receiving care and must be at least 21 years of age.

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **License-exempt child care center staff must comply with health and safety standards as defined by the Lead Agency. Additionally, license-exempt center staff must have evidence of completing cardiopulmonary resuscitation (CPR) training for infants and toddlers, pre-service orientation, and 10 hours of training each calendar year thereafter.**

b. License-exempt home-based child care. **N/A**

c. License-exempt in-home care (care in the child's own home). **N/A**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only

exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Bathrooms
591-1-1-.06(1) Required Facilities. Flush toilets and hand washing sinks with running water shall be provided in the following minimum ratios for the use of all children:

Number of Children	Toilets and Sinks *
1-12	1
13-25	2
26-50	3
51-75	4
76-100	5
101-125	6
126-150	7
151-175	8

591-1-1-.06(4) Ventilation. In Centers first licensed after March 1, 1991, and Centers that remodel or add to existing plumbing facilities, the bathroom area shall be fully enclosed and ventilated to the outside of the building with either an open screened window or functioning exhaust fan and duct system. Centers without fully enclosed bathrooms shall ensure that there is adequate ventilation to control odors and adequate sanitation measures to prevent the spread of contagious diseases.

591-1-1-.06(7) Cleanliness. Bathrooms shall be cleaned daily with a disinfectant.

Children's Health
591-1-1-.07(1) Exclusion of Sick Children. A child shall not be accepted nor allowed to remain at the Center if the child has the equivalent of a one hundred one (101) degrees Fahrenheit or higher oral temperature and another contagious symptom, such as but not limited to, a rash, diarrhea or a sore throat. When a child shows symptoms of illness during the day, the child shall be moved to a quiet area away

from other children where the child shall be supervised and provided the necessary attention until such time as the child leaves the Center or is able to return to the child's group.

591-1-1-.07(2) Parental Notification. Parents must be notified of incidents, illnesses or injuries as follows:
Immediately notify Parent(s) and obtain specific instructions until child can be picked up or returned to group:
When professional medical attention is required, or
When child experiences symptoms of moderate discomfort such as elevated temperature, vomiting or diarrhea, or
When child is involved in an incident that puts their health and/or safety at risk (e.g., missing from program, left on vehicle, escaped from building/playground, etc.)

591-1-1-.07(3) Communicable Diseases. The Department's current communicable disease chart of recommendations for exclusion of sick children from the Center and their readmission shall be followed. Parents of all children enrolled shall be notified in writing of the occurrence of any of the illnesses on the most current version of the communicable disease chart, as found on the Department's website, or any cases or suspected cases of viruses or illnesses (COVID-19, etc.) identified during a public health emergency, within twenty-four (24) hours after the Center becomes aware of the illness or the next working day.

Children's Records
591-1-1-.08(2) The file shall also contain evidence of age-appropriate immunizations or a signed affidavit against such immunizations. The items shall be maintained for each child enrolled in the Center on a form approved by the Department, and no child shall continue enrollment in the Center for more than thirty (30) days without such evidence.

Diapering
591-1-1-.10(1) Ventilation. For Centers first licensed after March 1, 1991, and for Centers that are renovated after March 1, 1991, the diapering areas shall be ventilated by functioning exhaust fans and a duct system or by the required amount of window space provided by operable windows when open.

591-1-1-.10(2) Hand Washing Sink. In Centers first licensed after March 1, 1991, and Centers that renovate existing plumbing facilities, a hand washing sink with running heated water shall be located adjacent to the diapering area. Flush sinks shall not be used for hand washing. Cleansing procedures in other facilities shall be approved by the Department.

591-1-1-.10(3) Changing Diapers. Diapers shall be changed in the child's own crib or on a diaper changing surface that is used for no purposes other than changing clothes in each room where infants or any other children wearing diapers are served.

591-1-1-.10(4) If diapers are changed on a diaper changing surface, the surface shall be smooth, nonporous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper changing surface shall be cleaned with a disinfectant and dried with a single-use disposable towel.

591-1-1-.10(7) Supplies. The following items shall also be provided at the diapering area: liquid soap, individually dispensed, single-use hand towels, single-use wash cloths, and covered storage container for soiled items.

591-1-1-.10(8) Hygiene. Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

591-1-1-.10(9) Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.

Equipment and Toys
591-1-1-.12(2) Equipment and Furniture. Equipment and furniture shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and shall be kept clean.

591-1-1-.12(8) Toys for Children Under Three. Toys for children under three (3) years of age shall also be age-appropriate. Those toys shall be: non-toxic and lead-free; too large to be swallowed by a child and not capable of causing asphyxiation or strangulation; free of sharp pieces, edges or points; free of small parts which may be pried off by a child; free of rust; and easily cleaned with a disinfectant daily.

Food Service and Nutrition
591-1-1-.15(3) Baby Bottles and Formula. All baby bottles shall be clearly labeled with the individual child's name. Formula or breast milk shall be supplied by the Parent daily in bottles. Only the current day's formula or breast milk shall be served. Bottles shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or less. If formula must be provided by the Center, only commercially prepared, ready-to-feed formula shall be used. Refrigerated or frozen breast milk shall only be heated or thawed under warm running water or in a container of warm water.

591-1-1-.15(4) Feeding Chairs. A feeding chair or similar equipment designed for feeding children shall be provided for the use of each child being fed who is capable of sitting up but who is unable to sit unassisted at a table. The chair or similar equipment must be cleaned with a disinfectant after each use. Such chair or similar equipment shall have a broad base to prevent tipping; a surface that the child cannot raise; a strap or other device which prevents the child from sliding out of the chair; and a feeding surface free of cracks.

591-1-1-.15(6)(a) Meal Service. Children shall be served all meals and snacks scheduled for the period during which they are present. In those Centers where

the Parent(s) of children enrolled provide the meals and snacks, the Center shall ensure that no child remains at the Center without receiving the scheduled nutritious meals and snacks. There shall be a period of at least two (2) hours between each required meal or snack. The following meals and snacks shall be scheduled and served by the Center when appropriate: breakfast or a morning snack, lunch, an afternoon snack, supper if a Center operates evening care and an evening snack prior to bed time if a Center operates night time care.

Hygiene
591-1-1-.17(4) Contagious Diseases. Children, Parents, Staff, or any other persons being supervised by the Staff, shall not be allowed in the Center who knowingly have or present symptoms of a contagious communicable disease (such as fever, coughing, fatigue, muscle aches, diarrhea, etc.) or any virus or illness (such as COVID-19, etc.) identified during a public health emergency.

591-1-1-.17(7) Handwashing, Children. Children's hands shall be washed with liquid soap and warm running water: immediately upon arrival for care, when moving from one child care group to another and upon re-entering the child care area after outside play; before and after eating meals and snacks, handling or touching food, or playing in water; after toileting and diapering, playing in sand, touching animals or pets, contact with bodily fluids such as, but not limited to, mucus, saliva, vomit or blood and after contamination by any other means.

591-1-1-.17(7)(a) Washcloth handwashing is permitted for infants when the infant is too heavy to hold for handwashing or cannot stand safely to wash hands at a sink and for children with special needs who are not capable of washing their own hands. An individual washcloth shall be used only once for each child before laundering.

591-1-1-.17(8) Handwashing, Staff. Personnel shall wash their hands with liquid soap and warm running water: immediately upon arrival for the day, when moving from one child care group to another, and upon re-entering the child care area after outside play; before and after diapering each child, dispensing medication, applying topical medications, ointments, creams or lotions, handling and preparing food, eating, drinking, preparing bottles, feeding each child, and assisting children with eating and drinking; after toileting or assisting children with toileting, using tobacco products, handling garbage and organic waste, touching animals or pets, handling bodily fluids, such as, but not limited to, mucus, saliva, vomit or blood and after contamination by any other means.

591-1-1-.17(10) Potty Chairs. If used, toilet potty chairs shall after each use be emptied by disposal in a flush toilet, cleaned with a disinfectant, and stored in the bathroom. If a sink is used, the sink shall also be disinfected.

591-1-1-.17(11) Soiled Containers and Items. Separate containers shall be used for storing soiled disposable items, such as disposable diapers, disposable washcloths and soiled nondisposable items, such as cloth diapers, washcloths and bed linens. Such containers shall be waterproof or equipped with a leakproof disposable liner,

covered, easily cleaned and maintained in such a manner so as the contents of the container are never accessible to the children.

Kitchen Operations
591-1-1-.18(1) Food. Food shall be in sound condition, free from spoilage and contamination and safe for human consumption. Eggs, pork, pork products, poultry and fish shall be thoroughly cooked. All raw fruits and vegetables shall be washed thoroughly before being cooked or served. Foods not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination. Meats, poultry, fish, dairy products and processed foods shall have been inspected under an official regulatory program. Hot foods shall be maintained at a temperature of one hundred forty (140) degrees Fahrenheit or above except during serving. Food and drinks shall be prepared as close to serving time as possible to protect children and Personnel from foodborne illness.

591-1-1-.18(2) Food Preparation Areas. Each Center shall have a designated space for food preparation separate from rooms used by children and in an area not used for diaper changing. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits. Food preparation surface areas shall be nonporous with no unsealed cracks or seams.

591-1-1-.18(5) Refrigeration. All perishable and potentially hazardous foods shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or below and served promptly after cooking. Freezer temperature shall be maintained at zero (0) degrees Fahrenheit or below.

591-1-1-.18(6) Dishwashing. Non-disposable dishes, glasses and silverware shall be properly cleaned by pre-rinsing, or scraping, washing, sanitizing and air drying. A three (3) compartment sink or a dishwasher with a sani-cycle or capability of maintaining a rinse water temperature of a minimum of one hundred fifty (150) degrees Fahrenheit and a two (2) compartment sink shall be available. Dishes, glasses and silverware shall be rinsed in the approved dishwasher or rinsed in a chemical sanitizer and air dried.

591-1-1-.18(7) Storage Areas. Each Center shall have a designated space for storage of food and kitchen items. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits.

591-1-1-.18(8) Containers of food shall be stored above the floor on clean surfaces protected from splash and other contamination. Containers for food storage other than the original container or package in which the food was obtained, shall be impervious and non-absorbent, have tight-fitting lids or covers and labeled as to contents.

591-1-1-.18(10) Garbage. Garbage shall be stored in trash containers with lids. Containers shall be emptied and cleaned as needed. Acceptable facilities, including water and detergent or steam, shall be provided and used for cleaning

containers. Areas around outside containers shall be kept clean.

591-1-1-.18(11) Hygiene. Kitchen Staff shall wash their hands and arms thoroughly with liquid soap and warm running water before starting food service work and shall wash hands during work hours as often as may be necessary to remove soil and contamination as well as after visiting the toilet room.

Operational Policies & Procedures
591-1-1-.21(1)(g) A Center shall establish and implement written policies and procedures which shall be kept current, be consistent with applicable laws, regulations and these rules, made available to the Parent(s) and used to govern the operations of the Center.
(1) The policies and procedures shall include the following:
(g) A description of parental notification when a notifiable communicable disease is present (see rule .07 about children's health);

Physical Plant
591-1-1-.25(3) Cleanliness. The Center and surrounding premises shall be kept clean, free of debris and in good repair. Hygienic measures such as, but not limited to, screened windows and proper waste disposal procedures shall be utilized to minimize the presence of rodents, flies, roaches and other vermin at the Center.

Posted Notices
591-1-1-.27 Each Center shall post in a designated area for public viewing near the front entrance the following: the Center's current License or Permit; a copy of these rules; a copy of the current communicable disease chart; a statement allowing Parent(s) access to all child care areas upon notifying any staff member of his or her presence; names of persons responsible for the administration of the Center in the administrator's absence; the dated current week's menu for meals and snacks; emergency plans for severe weather, fire, and other emergency situations; a statement requiring visitors to check in with Staff when entering the Center; no smoking signs; and a notice provided by the Department which advises Parents of their right to review a copy of the Center's most recent licensure evaluation report upon request to the Center Director. The Center shall provide any Parent with a copy of this evaluation report upon request.

Required Reporting
591-1-1-.29(2) Communicable Diseases. The Director or designated person-in-charge shall report or cause to be reported any cases or suspected cases of notifiable communicable diseases (COVID-19, Tuberculosis, Measles, etc.) or any viruses or illnesses identified during a public health emergency, immediately to the Department and to the local County Health Department as required by the rules of the Georgia Department of Public Health, Rule 511-2-1, Notification of Disease.

Safe Sleeping and Resting Requirements
591-1-1-.30(1)(d) Arrangement of Sleeping and Resting Equipment. All sleeping

and resting equipment shall be arranged to avoid obstructing access to exit doors, to provide the caregivers access to each child, and to prevent children's access to cords hanging from window treatments and other hazardous objects. To reduce the transfer of airborne diseases, sleeping and resting equipment shall be arranged as follows. There shall be a minimum of twenty-four inch (24") corridor between each row of sleeping or resting equipment. There shall be a minimum of twelve inches (12") between each piece of sleeping or resting equipment in each row of equipment. Children shall be placed on cots and mats so that one child's head is toward another child's feet in the same row.

591-1-1-.30(4) Storage. If cots and mats are stored in the children's activity room or area, they shall be stored to prevent children's access to them and to allow maximum use of play space. When storage is available and used for the storage of cots and mats that allows the cots, mats and any bedding to be stored without touching any other cots, mats or bedding, the bedding may be left on the cot or mat. When such storage is not available for the cots and mats, each child's bedding shall be kept separate from other children's bedding and stored in containers marked for individual use, such as, but not limited to, bins, cubbies, or bags.

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person’s assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program’s emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

591-1-1-.33(4) Food Preparation and Nutrition Training. Within the first year of employment, the Director and the person primarily responsible for food preparation shall receive four (4) clock hours of training in food nutrition planning, preparation, serving, proper dish washing and food storage.

591-1-1-.33(5) Annual Training. Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Staffing & Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent;

prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

290-2-3-.07(9) Annual Training. Every calendar year, after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained in the Home by the Provider, as required by these rules.

Children's Records
290-2-3-.08(2) Such records shall include evidence of age appropriate immunizations, or a signed affidavit certifying that the required immunizations conflict with the religious belief of the Parent or a physician statement that immunization is contraindicated. Evidence of immunizations or required documentation shall be on file for each Child upon admission to the Home or within 30 days thereafter.

290-2-3-.08(8)(b)(4) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
(b)(4) The policies and procedures shall also include written procedures for the following: Notifying Parent(s) in writing of their Child's: illness, injury, and exposure to a notifiable communicable disease or any cases or suspected cases of viruses or illnesses (COVID-19, etc.) identified during a public health emergency, within twenty-four (24) hours after the Home becomes aware of the illness or the next working day.

290-2-3-.08(8)(b)(6-7) Policies and Procedures. Each Family Child Care Learning

Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
(b)(6-7) The policies and procedures shall also include written procedures for the following: Exclusion of sick children; Exclusion and readmission of children with communicable diseases, as defined on the most current version of the communicable disease chart, as found on the Department's website, or with cases or suspected cases of viruses or illnesses (COVID-19, etc.) identified during a public health emergency.

Nutrition and Food Services
290-2-3-.10(3)(c) Feeding of Infants and Children. A signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s). Instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the main child care area and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies.
(c)Age-appropriate solid foods (including cereal) shall not be given to infants or children less than one (1) year of age until recommended as developmentally appropriate by the child's primary care physician and indicated in writing by the Parent(s). As soon as the feeding plan indicates that a child is ready for solid foods, the child shall be fed from individual spoons and individual containers or dishes. A child shall not be fed directly from the original baby food container if the contents are to be fed to the child at more than one (1) meal or to more than one (1) child.

290-2-3-.10(4) Baby Bottles and Formula. All baby bottles shall be clearly labeled with the individual child's name. Formula or breast milk shall be supplied by the Parent daily in bottles. Only the current day's formula or breast milk shall be served. Bottles shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or less. If formula must be provided by the Home, only commercially prepared, ready-to-feed formula shall be used. Refrigerated or frozen breast milk shall only be heated or thawed under warm running water or in a container of warm water.

290-2-3-.10(5) Feeding Chairs. A feeding chair or similar equipment designed for feeding children shall be provided for the use of each child being fed who is capable of sitting up but who is unable to sit unassisted at a table. The chair or similar equipment must be cleaned with a disinfectant after each use. Such chair or similar equipment shall have a broad base to prevent tipping; a surface that the child cannot raise; a strap or other device which prevents the child from sliding out of the chair; and a feeding surface free of cracks.

290-2-3-.10(7)(b) Meal Service. Food and beverages shall be served in individual

plates or bowls and with individual glasses or cups, that are not chipped or cracked.

290-2-3-.10(10) Unconsumed Food. Any portions of food or drink which are served to children or placed on the table for service and are not consumed at that meal or snack by the children to whom the portions are served shall be thrown away. Any formula or breast milk remaining one hour from the beginning of the feeding shall be discarded or returned to Parent(s).

290-2-3-.10(11) Food. Food shall be in sound condition, free from spoilage and contamination and safe for human consumption. Eggs, pork, pork products, poultry and fish shall be thoroughly cooked. All raw fruits and vegetables shall be washed thoroughly before being cooked or served. Foods not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination. Meats, poultry, fish, dairy products and processed foods shall have been inspected under an official regulatory program. Hot foods shall be maintained at a temperature of one hundred forty (140) degrees Fahrenheit or above except during serving. Food and drinks shall be prepared as close to serving time as possible to protect children and Personnel from foodborne illness.

290-2-3-.10(12) Food Preparation Areas. The Home shall have a designated space for food preparation and in an area not used for diaper changing. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits. Food preparation surface areas shall be nonporous with no unsealed cracks or seams.

290-2-3-.10(13) Refrigeration. All perishable and potentially hazardous foods shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or below and served promptly after cooking. Freezer temperature shall be maintained at zero (0) degrees Fahrenheit or below.

290-2-3-.10(14) Storage Areas. The Home shall have a designated space for storage of food and kitchen items. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits.

290-2-3-.10(15) Containers of food shall be stored above the floor on clean surfaces protected from splash and other contamination. Containers for food storage other than the original container or package in which the food was obtained, shall be impervious and non-absorbent, have tight-fitting lids or covers and labeled as to contents.

290-2-3-.10(17) Garbage. Garbage shall be stored in trash containers with lids and emptied and cleaned as needed. Areas around outdoor containers shall be kept clean.

290-2-3-.10(18) Hygiene. The person preparing meals shall wash their hands and arms thoroughly with soap and warm water before starting food service work and

as often as necessary during food preparation and serving to remove soil and contamination.

290-2-3-.10(19) Dishwashing. Non-disposable dishes and silverware shall be properly cleaned by pre-rinsing, or scraping, washing, sanitizing and air drying.

Health, Safety, and Discipline
290-2-3-.11(1)(a-b) Health.
(a) Children, Parents, Staff, or any other persons being supervised by the Staff, shall not be allowed in the Home who knowingly have or present symptoms of a contagious communicable disease (such as fever, coughing, fatigue, muscle aches, diarrhea, etc.) or any virus or illness (such as COVID-19, etc.) identified during a public health emergency.
(b) Parental Notification. Parents must be notified of incidents, illnesses, or injuries as follows:
Immediately notify Parent(s) and obtain specific instructions until child can be picked up or returned to group:
When professional medical attention is required, or When child experiences symptoms of moderate discomfort such as elevated temperature, vomiting or diarrhea, or
When child is involved in an incident that puts their health and/or safety at risk (e.g., missing from program, left on vehicle, escaped from building/playground, etc.)

290-2-3-.11(1)(e-k)
(e)The Home and any vehicle used by the Home for transportation of Children shall have a first aid kit which shall at least contain: scissors, tweezers, gauze pads, thermometer, adhesive tape, band-aids, insect-sting preparation, antiseptic cleaning solution, antibacterial ointment, bandages, disposable rubber gloves, protective eyewear, facemask, and cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored in a central location so that it is not accessible to Children but is easily accessible to the Provider and Staff. The Home must also maintain written directions for the use of universal precautions for handling blood and bodily fluids. The directions on the use of universal precautions must be kept with the first aid kit at all times.
(f) Diapers shall be changed in the Child's own crib or on a nonporous surface which is cleaned with a disinfectant and dried with a single use disposable towel after each diaper change.
(g) Soiled diapers and linens shall be disposed of in a closed container.
(h) If used, toilet potty chairs shall after each use be emptied by disposal in a flush toilet, cleaned with a disinfectant, and stored in the bathroom. If a sink is used, it shall be disinfected after each use.
(i) Personnel shall wash their hands with liquid soap and warm running water: immediately before and after each diaper change; immediately upon the first Child's arrival in the Home for care and upon re-entering the Home after outside play; before and after dispensing oral medications and applying topical medications, ointments, creams or lotions, handling and preparing food, eating, drinking, preparing bottles, feeding or assisting children with eating and drinking;

after toileting or helping children with toileting, using tobacco products, handling garbage and organic waste, touching animals or pets, handling bodily fluids such as, but not limited to, mucus, saliva, vomit or blood and after contamination by any other means.
(j) Children's hands shall be washed with liquid soap and warm running water: immediately upon arrival for the day and re-entering the child care area after outside play; before and after eating meals and snacks, handling or touching food, and playing in water; after toileting and diapering, playing in sand, touching animals or pets, contact with bodily fluids such as, but not limited to, mucus, saliva, vomit or blood, and after contamination by any other means.
(k) Washcloth handwashing is permitted for infants when the infant is too heavy to hold for handwashing or cannot stand safely to wash hands at a sink and for children with special needs who are not capable of washing their own hands. An individual washcloth shall be used only once for each child before laundering.

Equipment and Supplies
290-2-3-.12(3) Furniture and equipment shall be kept clean and in a safe usable condition.

290-2-3-.12(5) All indoor and outdoor furniture, activity materials, and equipment shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and kept clean.

290-2-3-.12(12) Toys for children under three (3) years of age shall be non-toxic and lead free; too large to be swallowed by a child and not capable of causing asphyxiation or strangulation; free of sharp pieces, edges or points; free of small parts which may be pried off by a child; free of rust and easily cleaned with a disinfectant daily.

Building and Grounds
290-2-3-.13(1) The Home's building shall be kept clean and free from obvious hazards to the children's health and safety.

Reporting
290-2-3-.14(4) Communicable Diseases. The Provider or designated person-in-charge shall report or cause to be reported any cases or suspected cases of notifiable communicable diseases (COVID-19, Tuberculosis, Measles, etc.) or any viruses or illnesses identified during a public health emergency, immediately to the Department and to the local County Health Department as required by the rules of the Georgia Department of Public Health, Rule 511-2-1, Notification of Disease.
Safe Sleeping and Resting Requirements
290-2-3-.19(1)(a) Sleeping and Resting Equipment.
(a) Cribs and Other Approved Sleep Equipment. The Home shall provide either a safety approved crib or other equipment that is approved for infant sleep for each infant who cannot climb out of the crib or other approved equipment. Each crib shall be safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International

(ASTM) safety standards; any other equipment, such as, but not limited to, a portable crib, playpen, play yard or bassinet, shall be in compliance with current ASTM Standard Consumer Safety Specifications for Non-Full-Size Baby Cribs/Play Yards. ("Infant" refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)

290-2-3-.19(1)(d) Arrangement of Sleeping and Resting Equipment. All sleeping and resting equipment shall be arranged to avoid obstructing access to exit doors, to provide the caregivers access to each child, and to prevent children's access to cords hanging from window treatments and other hazardous objects. To reduce the transfer of airborne diseases, sleeping and resting equipment shall be arranged as follows. There shall be a minimum of twenty-four inch (24") corridor between each row of sleeping or resting equipment. There shall be a minimum of twelve inches (12") between each piece of sleeping or resting equipment in each row of equipment. Children shall be placed on cots and mats so that one child's head is toward another child's feet in the same row.

290-2-3-.19(4) Storage. If cots and mats are stored in the children's activity room or area, they shall be stored to prevent children's access to them and to allow maximum use of play space. When storage is available and used for the storage of cots and mats that allows the cots, mats and any bedding to be stored without touching any other cots, mats or bedding, the bedding may be left on the cot or mat. When such storage is not available for the cots and mats, each child's bedding shall be kept separate from other children's bedding and stored in containers marked for individual use, such as, but not limited to, bins, cubbies, or bags.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

B. Bathrooms
Toilets and hand washing sinks with running water shall be provided in the following minimum ratios for the use of all children:

Number of Children	Toilets and Sinks *
1-12	1
13-25	2
26-50	3
51-75	4
76-100	5
101-125	6
126-150	7
151-175	8

Each additional group of twenty-five (25) children shall require one (1) additional toilet and sink.

* For children being potty-trained, at least one (1) flush toilet shall be provided. If used, nursery potty chairs may not be substituted for a required flush toilet.
Location of Bathrooms. Bathrooms shall be located on each floor in or adjacent to child care areas and rooms.
In lieu of the requirements set forth in subparagraphs (1) and (2) above, School-age only facilities shall provide at least one (1) toilet and (1) sink for each group of twenty-five (25) children on the premises.
Supplies. Bathrooms shall be within easy reach of children and equipped with soap, toilet tissue and single-use towels or cloth towels used only once between launderings.
Cleanliness. Bathrooms shall be cleaned daily with a disinfectant.

F. Equipment and Toys
All equipment and furniture shall be used only by the age-appropriate group of children. Equipment and furniture shall be:
(b) Kept clean;

H. Hygiene
Handwashing, Children. Children's hands shall be washed with liquid soap and warm running water:
(a) Before and eating meals and snacks, and handling or touching food; and
(b) After toileting and diapering.
Handwashing, Staff. Staff shall wash their hands with liquid soap and warm running water:
(a) Before and eating meals and snacks, and handling or touching food;
(b) After diapering each child; and
(c) After toileting or assisting children with toileting.

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
•The exclusion of children with contagious illness
•Notification of parents in the event their child becomes ill while at the facility
•The notification of all parents of enrolled children when a reportable contagious illness is present in the facility
•Emergency preparedness and response. A written plan for handling emergencies, including but not limited to severe weather, loss of electrical power or water and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the program. The program will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, and continuity of operations. The plan must apply to all children in care and will include specific accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Such plan shall include assurance that no Personnel will impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.
•The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(a) Prevention and control of infectious diseases;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

S. Required Reporting
The Informal Provider shall report or cause to be reported the following:
(b) Communicable Diseases. Any cases or suspected cases of notifiable communicable diseases (COVID-19, Tuberculosis, Measles, etc.) or any viruses or illnesses identified during a public health emergency, immediately to the Department and to the local County Health Department as required by the rules of the Georgia Department of Public Health, Rule 511-2-1, Notification of Disease.
(5) Annual Reports.

T. Diapering
Handwashing Sink. A hand washing sink with running heated water shall be located adjacent to the diapering area.
Diaper Changing Surface. If diapers are changed on a diaper changing table/surface, the surface shall be smooth, nonporous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper change surface shall be cleaned with a disinfectant and dried with a single-use disposable towel. Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface.
Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.

U. Safe Sleep Requirements
Crib Mattress. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
Crib Sheet. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

CAPS Policy Manual 6.6 Child's Immunization Requirements
(1) Current immunizations are required for children to receive CAPS.
(3) A Certificate of Immunization is required to be kept in the CAPS case record for all non-school aged children who are receiving care through an informal provider.

DPH Rules and Regulations: Chapter 511-2-2.02
(a) Except as otherwise provided, immunization against the following diseases shall be required of all children entering a school or childcare facility operating in the state:
(1) Diphtheria;
(2) Haemophilus influenzae type B (not required on or after the fifth birthday);
(3) Hepatitis A;
(4) Hepatitis B;
(5) Measles;
(6) Meningitis;
(7) Mumps;
(8) Pertussis;
(9) Pneumococcal disease (not required on or after the fifth birthday);
(10) Poliomyelitis;
(11) Rubella (German measles);
(12) Tetanus; and
(13) Varicella (chickenpox).
(b) A parent or guardian must submit a valid Certificate of Immunization for any child entering a school or childcare facility in the state of Georgia for the first time.
(c) School or childcare facility officials may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that the parent or legal guardian either shows that that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules, or presents an affidavit of religious objection as provided in DPH Rule 511-2-2-.07.
(d) Effective July 1, 2014, for entrance into Georgia school grades kindergarten through twelve, students must have a total of two doses of measles vaccine, two doses of mumps vaccine, one dose of rubella vaccine and a total of two doses of varicella vaccine.
(e) Children attending any childcare facility must show evidence of protection against pneumococcal disease.
(f) Children born on or after January 1, 2006 who are attending any childcare facility or school must have proof of protection against hepatitis A disease (vaccination or serology).
(g) Requirements for hepatitis A, hepatitis B, measles, mumps, rubella, and varicella vaccines may be waived with serologic proof of immunity. Requirements for varicella vaccine may be waived also with a healthcare provider diagnosis of varicella disease or healthcare provider verification of history of varicella disease.
(h) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine.
(i) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of meningococcal conjugate vaccine.
(j) Effective July 1, 2020, children sixteen years of age and older who are attending eleventh grade must receive a booster dose of meningococcal conjugate vaccine,

unless their initial dose was administered on or after their sixteenth birthday.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

B. Bathrooms
Flush toilets and lavatories (hand washing sinks) with running water shall be provided in the following minimum ratios for the use of all children:

Number of Children	Toilets and Restrooms *
1-12	1
13-25	2
26-50	3
51-75	4
76-100	5
101-125	6
126-150	7
151-175	8

Each additional group of twenty-five (25) children shall require one (1) additional toilet and lavatory.
*** For children being potty-trained, at least one (1) flush toilet shall be provided. If used, nursery potty chairs may not be substituted for a required flush toilet.**
Location of Bathrooms. Bathrooms shall be located on each floor in or adjacent to child care areas and rooms.
In lieu of the requirements set forth in subparagraphs (1) and (2) above, School-age only facilities shall provide at least one (1) toilet and (1) lavatory for each group of twenty-five (25) children on the premises.
Supplies. Bathrooms shall be within easy reach of children and equipped with soap, toilet tissue and single-use towels or cloth towels used only once between launderings.
Cleanliness. Bathrooms shall be cleaned daily with a disinfectant.

F. Equipment and Toys
All equipment and furniture shall be used only by the age-appropriate group of children. Equipment and furniture shall be:
(b) Kept clean;

H. Hygiene
Handwashing, Children. Children's hands shall be washed with liquid soap and warm running water:
(a) Before and after eating meals and snacks, and handling or touching food; and
(b) After toileting and diapering.
Handwashing, Staff. Staff shall wash their hands with liquid soap and warm running water:
(a) Before and after eating meals and snacks, and handling or touching food;

(b) After diapering each child; and
(c) After toileting or assisting children with toileting.

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The exclusion of children with contagious illness
• Notification of parents in the event their child becomes ill while at the facility
• The notification of all parents of enrolled children when a reportable contagious illness is present in the facility
• Emergency preparedness and response. A written plan for handling emergencies, including but not limited to severe weather, loss of electrical power or water and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the program. The program will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, and continuity of operations. The plan must apply to all children in care and will include specific accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Such plan shall include assurance that no Personnel will impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(d) Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;
(i) Hand washing;
(l) Prevention of HIV/Aids and blood borne pathogens.

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(a) Prevention and control of infectious diseases;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

T. Required Reporting
The Administrator or designated person-in-charge shall report or cause to be reported the following:
(b) Communicable Diseases. Any cases or suspected cases of notifiable communicable diseases shall be reported to the local County Health Department as required by the rules of the Department of Human Resources regarding Notification of Disease, Chapter 290-5-3.
(c) Incident Reports. The following incidents must be reported to the Department within twenty-four (24) hours or the next work day:
1. Any death of a child while in the care of the program; and
2. Any serious illness or injury requiring hospitalization or professional medical attention other than first aid of a child while in the care of the program.

U. Diapering
Handwashing Sink. A hand washing sink with running heated water shall be located adjacent to the diapering area.
Diaper Changing Surface. If diapers are changed on a diaper changing table/surface, the surface shall be smooth, nonporous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper change surface shall be cleaned with a disinfectant and dried with a single-use disposable towel. Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface.
Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.

V. Safe Sleep Requirements
Crib Mattress. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
Crib Sheet. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

CAPS Policy Manual 6.6 Child's Immunization Requirements
(1) Current immunizations are required for children to receive CAPS.
(3) A Certificate of Immunization is required to be kept in the CAPS case record for all non-school aged children who are receiving care through an informal provider.

DPH Rules and Regulations: Chapter 511-2-2.02
(a) Except as otherwise provided, immunization against the following diseases shall be required of all children entering a school or childcare facility operating in the state:
(1) Diphtheria;
(2) Haemophilus influenzae type B (not required on or after the fifth birthday);
(3) Hepatitis A;
(4) Hepatitis B;
(5) Measles;

(6) Meningitis;
(7) Mumps;
(8) Pertussis;
(9) Pneumococcal disease (not required on or after the fifth birthday);
(10) Poliomyelitis;
(11) Rubella (German measles);
(12) Tetanus; and
(13) Varicella (chickenpox).
(b) A parent or guardian must submit a valid Certificate of Immunization for any child entering a school or childcare facility in the state of Georgia for the first time.
(c) School or childcare facility officials may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that the parent or legal guardian either shows that that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules, or presents an affidavit of religious objection as provided in DPH Rule 511-2-2-.07.
(d) Effective July 1, 2014, for entrance into Georgia school grades kindergarten through twelve, students must have a total of two doses of measles vaccine, two doses of mumps vaccine, one dose of rubella vaccine and a total of two doses of varicella vaccine.
(e) Children attending any childcare facility must show evidence of protection against pneumococcal disease.
(f) Children born on or after January 1, 2006 who are attending any childcare facility or school must have proof of protection against hepatitis A disease (vaccination or serology).
(g) Requirements for hepatitis A, hepatitis B, measles, mumps, rubella, and varicella vaccines may be waived with serologic proof of immunity. Requirements for varicella vaccine may be waived also with a healthcare provider diagnosis of varicella disease or healthcare provider
verification of history of varicella disease.
(h) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine.
(i) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of meningococcal conjugate vaccine.
(j) Effective July 1, 2020, children sixteen years of age and older who are attending eleventh grade must receive a booster dose of meningococcal conjugate vaccine, unless their initial dose was administered on or after their sixteenth birthday.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to**

school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.

B. Bathrooms

Flush toilets and lavatories (hand washing sinks) with running water shall be provided in the following minimum ratios for the use of all children:

Number of Children	Toilets and Restrooms *
1-12	1
13-25	2
26-50	3
51-75	4
76-100	5
101-125	6
126-150	7
151-175	8

Each additional group of twenty-five (25) children shall require one (1) additional toilet and lavatory.

* For children being potty-trained, at least one (1) flush toilet shall be provided. If used, nursery potty chairs may not be substituted for a required flush toilet.

Location of Bathrooms. Bathrooms shall be located on each floor in or adjacent to child care areas and rooms.

In lieu of the requirements set forth in subparagraphs (1) and (2) above, School-age only facilities shall provide at least one (1) toilet and (1) lavatory for each group of twenty-five (25) children on the premises.

Supplies. Bathrooms shall be within easy reach of children and equipped with soap, toilet tissue and single-use towels or cloth towels used only once between launderings.

Cleanliness. Bathrooms shall be cleaned daily with a disinfectant.

F. Equipment and Toys

All equipment and furniture shall be used only by the age-appropriate group of children. Equipment and furniture shall be:

(b) Kept clean;

H. Hygiene

Handwashing, Children. Children's hands shall be washed with liquid soap and warm running water:

(a) Before and after eating meals and snacks, and handling or touching food; and

(b) After toileting and diapering.

Handwashing, Staff. Staff shall wash their hands with liquid soap and warm running water:

(a) Before and after eating meals and snacks, and handling or touching food;

(b) After diapering each child; and

(c) After toileting or assisting children with toileting.

J. Policies and Procedures

Program shall have a written policy regarding the following:
• The exclusion of children with contagious illness
• Notification of parents in the event their child becomes ill while at the facility
• The notification of all parents of enrolled children when a reportable contagious illness is present in the facility
• Emergency preparedness and response. A written plan for handling emergencies, including but not limited to severe weather, loss of electrical power or water and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the program. The program will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, and continuity of operations. The plan must apply to all children in care and will include specific accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Such plan shall include assurance that no Personnel will impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(d) Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;
(i) Hand washing;
(l) Prevention of HIV/Aids and blood borne pathogens.

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(a) Prevention and control of infectious diseases;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

T. Required Reporting
The Administrator or designated person-in-charge shall report or cause to be reported the following:
(b) Communicable Diseases. Any cases or suspected cases of notifiable

communicable diseases shall be reported to the local County Health Department as required by the rules of the Department of Human Resources regarding Notification of Disease, Chapter 290-5-3.
(c) Incident Reports. The following incidents must be reported to the Department within twenty-four (24) hours or the next work day:
1. Any death of a child while in the care of the program; and
2. Any serious illness or injury requiring hospitalization or professional medical attention other than first aid of a child while in the care of the program.

U. Diapering
Handwashing Sink. A hand washing sink with running heated water shall be located adjacent to the diapering area.
Diaper Changing Surface. If diapers are changed on a diaper changing table/surface, the surface shall be smooth, nonporous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper change surface shall be cleaned with a disinfectant and dried with a single-use disposable towel. Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface.
Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.

CAPS Policy Manual 6.6 Child's Immunization Requirements
(1) Current immunizations are required for children to receive CAPS.
(3) A Certificate of Immunization is required to be kept in the CAPS case record for all non-school aged children who are receiving care through an informal provider.

DPH Rules and Regulations: Chapter 511-2-2.02
(a) Except as otherwise provided, immunization against the following diseases shall be required of all children entering a school or childcare facility operating in the state:
(1) Diphtheria;
(2) Haemophilus influenzae type B (not required on or after the fifth birthday);
(3) Hepatitis A;
(4) Hepatitis B;
(5) Measles;
(6) Meningitis;
(7) Mumps;
(8) Pertussis;
(9) Pneumococcal disease (not required on or after the fifth birthday);
(10) Poliomyelitis;
(11) Rubella (German measles);
(12) Tetanus; and
(13) Varicella (chickenpox).
(b) A parent or guardian must submit a valid Certificate of Immunization for any child entering a school or childcare facility in the state of Georgia for the first time.
(c) School or childcare facility officials may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of

attendance, provided that the parent or legal guardian either shows that that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules, or presents an affidavit of religious objection as provided in DPH Rule 511-2-2-.07.
(d) Effective July 1, 2014, for entrance into Georgia school grades kindergarten through twelve, students must have a total of two doses of measles vaccine, two doses of mumps vaccine, one dose of rubella vaccine and a total of two doses of varicella vaccine.
(e) Children attending any childcare facility must show evidence of protection against pneumococcal disease.
(f) Children born on or after January 1, 2006 who are attending any childcare facility or school must have proof of protection against hepatitis A disease (vaccination or serology).
(g) Requirements for hepatitis A, hepatitis B, measles, mumps, rubella, and varicella vaccines may be waived with serologic proof of immunity. Requirements for varicella vaccine may be waived also with a healthcare provider diagnosis of varicella disease or healthcare provider
verification of history of varicella disease.
(h) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine.
(i) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of meningococcal conjugate vaccine.
(j) Effective July 1, 2020, children sixteen years of age and older who are attending eleventh grade must receive a booster dose of meningococcal conjugate vaccine, unless their initial dose was administered on or after their sixteenth birthday.

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Children's Records
591-1-1-.08(2) The file shall also contain evidence of age-appropriate immunizations or a signed affidavit against such immunizations. The items shall be maintained for each child enrolled in the Center on a form approved by the Department, and no child shall continue enrollment in the Center for more than thirty (30) days without such evidence.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The**

following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Children's Records
290-2-3-.08(2) Such records shall include evidence of age appropriate immunizations, or a signed affidavit certifying that the required immunizations conflict with the religious belief of the Parent or a physician statement that immunization is contraindicated. Evidence of immunizations or required documentation shall be on file for each Child upon admission to the Home or within 30 days thereafter.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

CAPS Policy Manual 6.6(1-5) Child's Immunization Requirements
(1) Current immunizations are required for children to receive CAPS.
(2) A Certificate of Immunization is not required to be present in the CAPS record for children enrolled in school settings, children receiving Temporary Assistance for Needy Families (TANF), or children receiving care in licensed child care providers since these requirements are already met based on school/licensing and TANF requirements.
(3) A Certificate of Immunization is required to be kept in the CAPS case record for all non-school aged children who are receiving care through an informal provider.
(4) Families may receive up to an additional 45 calendar days to verify immunization requirements. The 45 calendar days granted will not postpone the eligibility determination. However, if immunization is not verified by the end of the 45-day period, the child for whom immunization cannot be verified will be determined ineligible for on-going child care assistance.
(5) Exceptions to Immunizations
Through Georgia law, the Department of Public Health allows for two types of exemptions from the immunization requirements: medical and religious. Each child must have one of two items on file either a valid Georgia Immunization Certificate (Form 3231) or a signed, notarized statement, which is called an affidavit of religious exemption.

DPH Rules and Regulations: Chapter 511-2-2.02
(a) Except as otherwise provided, immunization against the following diseases shall be required of all children entering a school or childcare facility operating in the state:
(1) Diphtheria;
(2) Haemophilus influenzae type B (not required on or after the fifth birthday);
(3) Hepatitis A;
(4) Hepatitis B;

(5) Measles;
(6) Meningitis;
(7) Mumps;
(8) Pertussis;
(9) Pneumococcal disease (not required on or after the fifth birthday);
(10) Poliomyelitis;
(11) Rubella (German measles);
(12) Tetanus; and
(13) Varicella (chickenpox).
(b) A parent or guardian must submit a valid Certificate of Immunization for any child entering a school or childcare facility in the state of Georgia for the first time.
(c) School or childcare facility officials may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that the parent or legal guardian either shows that that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules, or presents an affidavit of religious objection as provided in DPH Rule 511-2-2-.07.
(d) Effective July 1, 2014, for entrance into Georgia school grades kindergarten through twelve, students must have a total of two doses of measles vaccine, two doses of mumps vaccine, one dose of rubella vaccine and a total of two doses of varicella vaccine.
(e) Children attending any childcare facility must show evidence of protection against pneumococcal disease.
(f) Children born on or after January 1, 2006 who are attending any childcare facility or school must have proof of protection against hepatitis A disease (vaccination or serology).
(g) Requirements for hepatitis A, hepatitis B, measles, mumps, rubella, and varicella vaccines may be waived with serologic proof of immunity. Requirements for varicella vaccine may be waived also with a healthcare provider diagnosis of varicella disease or healthcare provider verification of history of varicella disease.
(h) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine.
(i) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of meningococcal conjugate vaccine.
(j) Effective July 1, 2020, children sixteen years of age and older who are attending eleventh grade must receive a booster dose of meningococcal conjugate vaccine, unless their initial dose was administered on or after their sixteenth birthday.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

CAPS Policy Manual 6.6(1-5) Child's Immunization Requirements
(1) Current immunizations are required for children to receive CAPS.
(2) A Certificate of Immunization is not required to be present in the CAPS record for children enrolled in school settings, children receiving Temporary Assistance for Needy Families (TANF), or children receiving care in licensed child care providers since these requirements are already met based on school/licensing and TANF requirements.
(3) A Certificate of Immunization is required to be kept in the CAPS case record for all non-school aged children who are receiving care through an informal provider.
(4) Families may receive up to an additional 45 calendar days to verify immunization requirements. The 45 calendar days granted will not postpone the eligibility determination. However, if immunization is not verified by the end of the 45-day period, the child for whom immunization cannot be verified will be determined ineligible for on-going child care assistance.
(5) Exceptions to Immunizations
Through Georgia law, the Department of Public Health allows for two types of exemptions from the immunization requirements: medical and religious. Each child must have one of two items on file either a valid Georgia Immunization Certificate (Form 3231) or a signed, notarized statement, which is called an affidavit of religious exemption.

DPH Rules and Regulations: Chapter 511-2-2.02
(a) Except as otherwise provided, immunization against the following diseases shall be required of all children entering a school or childcare facility operating in the state:
(1) Diphtheria;
(2) Haemophilus influenzae type B (not required on or after the fifth birthday);
(3) Hepatitis A;
(4) Hepatitis B;
(5) Measles;
(6) Meningitis;
(7) Mumps;
(8) Pertussis;
(9) Pneumococcal disease (not required on or after the fifth birthday);
(10) Poliomyelitis;
(11) Rubella (German measles);
(12) Tetanus; and
(13) Varicella (chickenpox).
(b) A parent or guardian must submit a valid Certificate of Immunization for any child entering a school or childcare facility in the state of Georgia for the first time.
(c) School or childcare facility officials may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that the parent or legal guardian either shows that that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules, or presents an affidavit of religious objection as provided in DPH Rule 511-2-2-.07.

(d) Effective July 1, 2014, for entrance into Georgia school grades kindergarten through twelve, students must have a total of two doses of measles vaccine, two doses of mumps vaccine, one dose of rubella vaccine and a total of two doses of varicella vaccine.
(e) Children attending any childcare facility must show evidence of protection against pneumococcal disease.
(f) Children born on or after January 1, 2006 who are attending any childcare facility or school must have proof of protection against hepatitis A disease (vaccination or serology).
(g) Requirements for hepatitis A, hepatitis B, measles, mumps, rubella, and varicella vaccines may be waived with serologic proof of immunity. Requirements for varicella vaccine may be waived also with a healthcare provider diagnosis of varicella disease or healthcare provider verification of history of varicella disease.
(h) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine.
(i) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of meningococcal conjugate vaccine.
(j) Effective July 1, 2020, children sixteen years of age and older who are attending eleventh grade must receive a booster dose of meningococcal conjugate vaccine, unless their initial dose was administered on or after their sixteenth birthday.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

CAPS Policy Manual 6.6(1-5) Child's Immunization Requirements
(1) Current immunizations are required for children to receive CAPS.
(2) A Certificate of Immunization is not required to be present in the CAPS record for children enrolled in school settings, children receiving Temporary Assistance for Needy Families (TANF), or children receiving care in licensed child care providers since these requirements are already met based on school/licensing and TANF requirements.
(3) A Certificate of Immunization is required to be kept in the CAPS case record for all non-school aged children who are receiving care through an informal provider.
(4) Families may receive up to an additional 45 calendar days to verify immunization requirements. The 45 calendar days granted will not postpone the eligibility determination. However, if immunization is not verified by the end of

the 45-day period, the child for whom immunization cannot be verified will be determined ineligible for on-going child care assistance.
(5) Exceptions to Immunizations
Through Georgia law, the Department of Public Health allows for two types of exemptions from the immunization requirements: medical and religious. Each child must have one of two items on file either a valid Georgia Immunization Certificate (Form 3231) or a signed, notarized statement, which is called an affidavit of religious exemption.

DPH Rules and Regulations: Chapter 511-2-2.02
(a) Except as otherwise provided, immunization against the following diseases shall be required of all children entering a school or childcare facility operating in the state:
(1) Diphtheria;
(2) Haemophilus influenzae type B (not required on or after the fifth birthday);
(3) Hepatitis A;
(4) Hepatitis B;
(5) Measles;
(6) Meningitis;
(7) Mumps;
(8) Pertussis;
(9) Pneumococcal disease (not required on or after the fifth birthday);
(10) Poliomyelitis;
(11) Rubella (German measles);
(12) Tetanus; and
(13) Varicella (chickenpox).
(b) A parent or guardian must submit a valid Certificate of Immunization for any child entering a school or childcare facility in the state of Georgia for the first time.
(c) School or childcare facility officials may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that the parent or legal guardian either shows that that the child is in the process of completing required immunizations and that immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules, or presents an affidavit of religious objection as provided in DPH Rule 511-2-2-.07.
(d) Effective July 1, 2014, for entrance into Georgia school grades kindergarten through twelve, students must have a total of two doses of measles vaccine, two doses of mumps vaccine, one dose of rubella vaccine and a total of two doses of varicella vaccine.
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(h) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of Tdap vaccine.
(i) Effective July 1, 2014, children born on or after January 1, 2002 who are attending seventh grade, and children who are new entrants into a Georgia school in grades eight through twelve, must have received one dose of meningococcal conjugate vaccine.
(j) Effective July 1, 2020, children sixteen years of age and older who are attending eleventh grade must receive a booster dose of meningococcal conjugate vaccine, unless their initial dose was administered on or after their sixteenth birthday.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Operational Policies and Procedures
591-1-1-.21(1)(q) The policies and procedures shall include the following: A description of the safe sleep practices followed by the Center that includes the following information: the initial placement of infants on their backs to sleep; no cover or other soft items in crib; appropriate sleep clothing for infants to be provided by Parent; individual crib, cot or mat and bedding provided and changing and cleaning practices for these items; infants who fall asleep in other equipment, on the floor or elsewhere will be moved to a crib to sleep; and no swaddling or positioning devices used.

591-1-1-.21(2) The Center shall have written documentation signed by the Parent(s) in each child's file that the Director or designee has: provided to the Parent(s) a copy of the Center's policies and procedures required by this rule; advised the Parent(s) of the safe sleep practices followed by the Center; advised the Parent(s) of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs; and encouraged participation by Parent(s) in Center activities.

Safe Sleeping and Resting Equipment
591-1-1-.30(1)(a)(1-3) Sleeping and Resting Equipment.
(a) Cribs. A crib that is safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards shall be provided for each infant. ("Infant" refers to any child under the age of twelve (12) months or any child who is under

eighteen (18) months of age who is not walking.)
1. Crib Construction. Cribs shall be in good repair and free of hazards. Stack cribs and cribs with drop sides shall not be used.
2. Crib Mattress. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
3. Crib Sheet. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

591-1-1-.30(2) Sleeping and Resting Environment for Infants. A Center shall provide a safe sleep environment in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) recommendations as listed in these rules for all infants. Center Staff shall place an infant to sleep on the infant's back unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant's back but allow the infant to roll over into his or her preferred position and not re-position the infant. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant, however swaddling shall not be used unless the Center has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items and shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.

591-1-1-.30(2)(a-c)
(a) Center shall maintain the infant's sleeping area to be comfortable for a lightly clothed adult within a temperature range of sixty-five (65) to eighty-five (85) degrees depending upon the season. There shall be lighting adequate to see each sleeping infant's face to view the color of the infant's skin and check on the infant's breathing.
(b) Wedges, other infant positioning devices and monitors shall not be used unless the Parent provides a physician's written statement authorizing its use that includes how to use the device and a time frame for using the device is provided for that particular infant.
(c) Infants shall not sleep in equipment other than safety-approved cribs, such as, but not limited to, a car safety seat, bouncy seat, highchair, or swing. Infants who arrive at the Center asleep or fall asleep in such equipment, on the floor or elsewhere, shall be transferred to a safety-approved crib.

Staff Training

591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing & Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-

approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Children's Records

290-2-3-.08(8)(b)(16) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home. The policies and procedures shall also include written procedures for the following: Notification of infant sleep position practices. The Provider must notify Parent(s) of Sudden Infant Death Syndrome (SIDS) risk reduction practices, sleep positioning policies, and arrangements for placing all infants on their backs for sleep.

Safe Sleeping and Resting Requirements

290-2-3-.19(1)(a)(1-3) Sleeping and Resting Equipment.

(a) Cribs and Other Approved Sleep Equipment. The Home shall provide either a safety approved crib or other equipment that is approved for infant sleep for each infant who cannot climb out of the crib or other approved equipment. Each crib shall be safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards; any other equipment, such as, but not limited to, a portable crib, playpen, play yard or bassinet, shall be in compliance with current ASTM Standard Consumer Safety Specifications for Non-Full-Size Baby Cribs/Play Yards. ("Infant" refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)

1. Crib Construction. Cribs and other equipment approved for infant sleep shall be in good repair and free of hazards. Stack cribs and cribs with drop sides shall not be used.

2. Crib Mattress. A mattress shall be provided for each crib and other equipment approved for infant sleep and shall be firm, tight-fitting, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.

3. Crib Sheet. Each crib and other equipment approved for infant sleep shall have only an individual, tight-fitting sheet which is changed daily or more often as

needed and prior to a change of occupant.

290-2-3-.19(2)(a-c) Environment. A Family Child Care Learning Home shall provide a safe sleep environment in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) recommendations as listed in these rules for all infants and one-year-old children when placed for sleep in a safety approved crib or in any other type of equipment approved for infant sleep. Staff shall place an infant to sleep on the infant's back unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant's back, but allow the infant to roll over into his or her preferred position and not re-position the infant. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant, however swaddling shall not be used unless the Home has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items and shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.
(a) The Home shall maintain the infant's sleeping area to be comfortable for a lightly clothed adult within a temperature range of sixty-five (65) to eighty-five (85) degrees depending upon the season. There shall be lighting adequate to see each sleeping infant's face to view the color of the infant's skin and check on the infant's breathing.
(b) Wedges, other infant positioning devices and monitors shall not be used unless the Parent provides a physician's written statement authorizing its use that includes how to use the device and a time frame for using the device for that particular infant.
(c) Infants shall only sleep in a safety approved crib or other equipment approved for infant sleep as described in 290-2-3-.19 (1)(a) and shall not sleep in any other equipment, such as, but not limited to, a car safety seat, bouncy seat, highchair, or swing. Infants who arrive at the facility asleep or fall asleep in such equipment or on the floor shall be transferred to a safety approved crib or other equipment approved for infant sleep.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(b) Prevention of sudden infant death syndrome and use of safe sleeping practices;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

U. Safe Sleep Requirements
Cribs. A crib that is safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards shall be provided for each infant. (Infant refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)
Crib Mattress. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
Crib Sheet. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.
Infant Sleep Position. Informal Provider shall place an infant to sleep on the infant's back in a crib unless the program has been provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
Safe Sleep Environment. Informal Provider shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items. Staff shall not attach objects or allow objects to be attached.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(h) Reducing the risk of Sudden Infant Death Syndrome (SIDS);

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(b) Prevention of sudden infant death syndrome and use of safe sleeping practices;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

V. Safe Sleep Requirements.
Cribs. A crib that is safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards shall be provided for each infant. (Infant refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)
Crib Mattress. A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2") thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
Crib Sheet. Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.
Infant Sleep Position. Staff shall place an infant to sleep on the infant's back in a crib unless the program has been provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
Safe Sleep Environment. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items. Staff shall not attach objects or allow objects to be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in**

Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(h) Reducing the risk of Sudden Infant Death Syndrome (SIDS);

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(b) Prevention of sudden infant death syndrome and use of safe sleeping practices;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers**

Discipline
591-1-1-.11(2) Personnel shall not: physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Center; inflict corporal/physical punishment upon a child; shake, jerk, pinch or handle a child roughly; verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family; isolate a child in a dark room, closet or unsupervised area; use mechanical or physical restraints or devices to discipline children; use medication to discipline or control children's behavior without written medical

authorization issued by a licensed professional and given with the parent's written consent; restrict unreasonably a child from going to the bathroom; punish toileting accidents; force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks; force or withhold naps; allow children to discipline or humiliate other children; and confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat.

Medications
591-1-1-.20(2) Dispensing Medication. Written authorization to dispense medications shall be limited to two (2) weeks unless otherwise prescribed by a physician or authorized under Georgia law. Medication shall only be dispensed out of its original container which must be labeled with the child's name or as authorized under Georgia law.

591-1-1-.20(3) Dispensing Records. The Center shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.

591-1-1-.20(5) Unused Medication. Medicines which are no longer to be dispensed shall be returned to the child's Parent(s) immediately.

591-1-1-.20(6) Non-Emergency Injections. Non-emergency injections shall only be administered by appropriately licensed persons unless the Parent and physician of the child sign a written authorization for the child to self-administer the injection.

Operational Policies and Procedures
591-1-1-.21(1)(e) A Center shall establish and implement written policies and procedures which shall be kept current, be consistent with applicable laws, regulations and these rules, made available to the Parent(s) and used to govern the operations of the Center.
(1) The policies and procedures shall include the following: A description of handling administration of medication (see rule .20 about medications), and notifying Parent(s) of noticeable adverse reactions to prescribed medications;

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person’s assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program’s emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care

responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing & Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such

as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Children's Records
290-2-3-.08(5) Such records shall include documentation of any medications given as required by these rules.

290-2-3-.08(8)(b)(3) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
The policies and procedures shall also include written procedures for the following: Administering medication and recording noticeable adverse reactions to medication.

290-2-3-.08(8)(b)(5) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
The policies and procedures shall also include written procedures for the following: Noticeable adverse reaction to medication(s).

Health, Safety, and Discipline
290-2-3-.11(1)(b) Health. Parental Notification. Parents must be notified of incidents, illnesses, or injuries as follows:
Immediately notify Parent(s) and obtain specific instructions until child can be picked up or returned to group:
When professional medical attention is required, or When child experiences symptoms of moderate discomfort such as elevated temperature, vomiting or diarrhea, or
When child is involved in an incident that puts their health and/or safety at risk (e.g., missing from program, left on vehicle, escaped from building/playground, etc.)
Notify Parent(s) by the end of the day:
When professional medical attention is not required, or When child experiences symptoms of less than moderate discomfort, or When child experiences an adverse reaction to prescribed medication which does not constitute moderate discomfort.

290-2-3-.11(1)(d) Health. Except for first aid and as authorized under Georgia law, personnel shall not dispense prescription or nonprescription medications to a Child without specific written authorization from the Child's physician or Parent. All medications shall be stored as authorized under Georgia law or in accordance with the prescription or label instructions and kept in places that are inaccessible

to children. Each dose of medication given to a Child shall be documented showing the Child's name, name of medication, date and time given, and the name of the person giving the medication.

290-2-3-.11(3)(a) Discipline. Disciplinary actions used to correct a Child's behavior, guidance techniques and any activities in which the Children participate or observe at the Home shall not be detrimental to the physical or mental health of any child.
(a) A Provider or a Home's Provisional Employees or Employees shall not: physically or sexually abuse a child, or engage in or permit others to engage in sexually overt conduct in the presence of any Child enrolled in the Home; inflict corporal/physical punishment upon a Child; shake, jerk, pinch or handle roughly a Child; verbally abuse or humiliate a Child which includes, but is not limited to, the use of threats, profanity, or belittling remarks about a Child or his family; isolate a Child in a dark room, closet, or unsupervised area; use mechanical or physical restraints or devices to discipline Children; use medication to discipline a Child or to control Children's behavior without written medical authorization issued by a licensed professional and given with the Parent's written consent; or discipline a Child by unreasonably restricting a Child from going to the bathroom; or by punishing toileting accidents; or by force feeding a Child; or by not feeding a Child regularly scheduled meals and/or snacks; or by forcing or withholding naps; or by allowing children to discipline or humiliate other Children; or by confining a Child for disciplinary purposes to a swing, high chair, infant carrier, walker or jump seat.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

I. Medications
Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.
Dispensing Records. The Informal Provider shall maintain a record of all

medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.
Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(c) Administration of medication, consistent with standards for parental consent;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

I. Medications
Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.
Dispensing Records. The program shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.

Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.

P. Staff Training.
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(g) The administration of medicine;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(c) Administration of medication, consistent with standards for parental consent;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

I. Medications
Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a

child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.
Dispensing Records. The program shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.
Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.

P. Staff Training.
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(g) The administration of medicine;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(c) Administration of medication, consistent with standards for parental consent;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.

Discipline
591-1-1-.11(2) Personnel shall not: physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Center; inflict corporal/physical punishment upon a child; shake, jerk, pinch or handle a child roughly; verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks

about a child or his family; isolate a child in a dark room, closet or unsupervised area; use mechanical or physical restraints or devices to discipline children; use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent; restrict unreasonably a child from going to the bathroom; punish toileting accidents; force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks; force or withhold naps; allow children to discipline or humiliate other children; and confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat.

Medications
591-1-1-.20(1) Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or Parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of Parent.

591-1-1-.20(6) Non-Emergency Injections. Non-emergency injections shall only be administered by appropriately licensed persons unless the Parent and physician of the child sign a written authorization for the child to self-administer the injection.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Health, Safety, and Discipline
290-2-3-.11(1)(d) Except for first aid and as authorized under Georgia law, personnel shall not dispense prescription or nonprescription medications to a Child without specific written authorization from the Child's physician or Parent. All medications shall be stored as authorized under Georgia law or in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a Child shall be documented showing the Child's name, name of medication, date and time given, and the name of the person giving the medication.

290-2-3-.11(3)(a) Discipline. Disciplinary actions used to correct a Child's behavior, guidance techniques and any activities in
which the Children participate or observe at the Home shall not be detrimental to the physical or mental
health of any child.
(a) A Provider or a Home's Provisional Employees or Employees shall not: physically or sexually abuse a child, or engage in or permit others to engage in sexually overt conduct in the presence of any Child enrolled in the Home; inflict corporal/physical punishment upon a Child; shake, jerk, pinch or handle roughly a Child; verbally abuse or humiliate a Child which includes, but is not limited to, the

use of threats, profanity, or belittling remarks about a Child or his family; isolate a Child in a dark room, closet, or unsupervised area; use mechanical or physical restraints or devices to discipline Children; use medication to discipline a Child or to control Children's behavior without written medical authorization issued by a licensed professional and given with the Parent's written consent; or discipline a Child by unreasonably restricting a Child from going to the bathroom; or by punishing toileting accidents; or by force feeding a Child; or by not feeding a Child regularly scheduled meals and/or snacks; or by forcing or withholding naps; or by allowing children to discipline or humiliate other Children; or by confining a Child for disciplinary purposes to a swing, high chair, infant carrier, walker or jump seat.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

I. Medications
Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.
Dispensing Records. The Informal Provider shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.
Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.

[ ]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age**

children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

I. Medications
Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.
Dispensing Records. The program shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.
Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;

I. Medications
Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.
Dispensing Records. The program shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.
Storage. Medications shall be kept in a locked storage cabinet or container which is not accessible to the children and stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Children's Records
591-1-1-.08(1) A Center must maintain a file for each child while such child is in care at the Center and for a period of one (1) year after such child is no longer in care at the Center. In order for the file to be complete, the file shall contain the following: identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both Parents, name of school, if applicable; identifying information about the Parent(s) to include: names of both Parents, if applicable, home and work addresses, and home and work telephone numbers; name(s) and addresses of the person(s) to whom the child may be released. Such information shall contain the authorized person's address, telephone numbers, relationship to child and to Parent(s) and other identifying information; identifying information about the person(s) to contact in emergencies when the Parent cannot be reached to include name(s) and telephone number(s); identifying information about the child's primary source of health care to include physician's or clinic's name and telephone number; and a statement regarding known allergies or other physical problems, mental health disorders, intellectual disabilities or developmental disabilities which would limit the child's participation in the Center's program and activities.

Field Trips
591-1-1-.13(6) Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the Center uses in the area where the Center is located; and the telephone numbers where the Parent(s) can be reached shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.

Food Service and Nutrition
591-1-1-.15(2) Feeding of Infants and Children. A signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s). Instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the child's assigned room and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies.

Staff Training
591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Transportation
591-1-1-.36(7)(b) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met: Emergency Medical Information. An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a

chronic condition, the name and phone number of the child's doctor, the local medical facility that the Center uses in the area where the Center is located and the telephone numbers where the Parent(s) can be reached.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing & Supervision
290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Children's Records
290-2-3-.08(4) Such records shall include a record of any allergies and other known medical problems.

Nutrition & Food Services
290-2-3-.10(3) Feeding of Infants and Children. A signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s). Instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the main child care area and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age**

children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
• The prevention of and response to food and allergic reactions

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(d) Prevention of and response to emergencies due to food and allergic reactions;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The prevention of and response to food and allergic reactions

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(d) Prevention of and response to emergencies due to food and allergic reactions;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

N/A

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The prevention of and response to food and allergic reactions

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(d) Prevention of and response to emergencies due to food and allergic reactions;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Children's Records
591-1-1-.08(1)(b) A Center must maintain a file for each child while such child is in care at the Center and for a period of one (1) year after such child is no longer in care at the Center. In order for the file to be complete, the file shall contain the following: identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both Parents, name of school, if applicable; identifying information about the Parent(s) to include: names of both Parents, if applicable, home and work addresses, and home and work telephone numbers; name(s) and addresses of the person(s) to whom the child may be released. Such information shall contain the authorized person's address,

telephone numbers, relationship to child and to Parent(s) and other identifying information; identifying information about the person(s) to contact in emergencies when the Parent cannot be reached to include name(s) and telephone number(s); identifying information about the child's primary source of health care to include physician's or clinic's name and telephone number; and a statement regarding known allergies or other physical problems, mental health disorders, intellectual disabilities or developmental disabilities which would limit the child's participation in the Center's program and activities.
(b)The file shall contain parental authorizations, including, but not limited to, written authorization for the Center to obtain emergency medical care for the child when the Parent is not available.

Field Trips
591-1-1-.13(6) Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the Center uses in the area where the Center is located; and the telephone numbers where the Parent(s) can be reached shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.

Transportation
591-1-1-.36(7)(b) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met: Emergency Medical Information. An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the Center uses in the area where the Center is located and the telephone numbers where the Parent(s) can be reached.

Staff Training
591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural

disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing & Supervision
290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Children's Records
290-2-3-.08(1) The Home shall maintain current and updated individual records on each Child in care. The Home shall maintain the records outlined herein while the Child is in care and for a period of one (1) year after such Child is no longer in care at the Family Child Care Learning Home. Such records shall include: identifying information (Child's name, birth date, Parent's name, home and business addresses, telephone numbers); name, address and telephone number of persons, including Child's physician, to contact in emergencies; and name, address, telephone numbers, relationship to Child and to Parent(s) and other identifying information of person(s) to whom the Child may be released.

290-2-3-.08(4) Such records shall include a record of any allergies and other known medical problems.

iii. All CCDF-eligible licensed in-home care. Provide the standard:: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care**

providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
• The prevention of and response to food and allergic reactions

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(d) Prevention of and response to emergencies due to food and allergic reactions;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The prevention of and response to food and allergic reactions

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(d) Prevention of and response to emergencies due to food and allergic reactions;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: N/A

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: N/A

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The prevention of and response to food and allergic reactions

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(d) Prevention of and response to emergencies due to food and allergic reactions;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Animals
591-1-1-.05(1) Control of Animals. Animals shall be controlled to assure that proper sanitation of the premises is maintained and animals are not a hazard to the children, Personnel or visitors at the Center. No animals, such as but not limited to, pit bull dogs, ferrets, and poisonous snakes, which may have a vicious propensity, shall be permitted on the Center premises at any time there are children on the premises. Horses or other farm animals shall not be quartered on any property over which Center Staff exercises any control that is located within five hundred (500) feet of the building in which the Center is located.

591-1-1-.05(2) Confinement. All animals shall be confined in pens or covered areas except for specific teacher-directed learning experiences. Animal pens and confinement areas shall be kept clean.

Equipment and Toys
591-1-1-.12(1) All indoor and outdoor furniture, activity materials, and equipment shall be used: in a safe and appropriate manner by each Employee and child in attendance; and in accordance with the manufacturer's instructions, recommendations, and intended use. All equipment and furniture shall be used only by the age-appropriate group of children.

591-1-1-.12(2) Equipment and Furniture. Equipment and furniture shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and shall be kept clean.

591-1-1-.12(4) Equipment and furniture shall be secured if it is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over. Potentially unstable equipment and furniture that might injure a child if not secured include, but are not limited to, televisions, chests of drawers, bookcases, shelving, cabinets and fish tanks. Examples of items not required to be secured include, but are not limited to, child-sized tables and chairs, rocking chairs, and cribs.

Kitchen Operations
591-1-1-.18(12) Exclusion of Children. Children shall not be permitted in the kitchen except as part of a planned, supervised learning experience.

Physical Plant
591-1-1-.25(3) Cleanliness. The Center and surrounding premises shall be kept clean, free of debris and in good repair. Hygienic measures such as, but not limited to, screened windows and proper waste disposal procedures shall be utilized to minimize the presence of rodents, flies, roaches and other vermin at the Center.

591-1-1-.25(8) Electrical Outlets. Except in School-age Centers, all unused electrical outlets within reach of children shall have protective caps specifically designed to prohibit children from placing anything in the receptacle. Electrical outlets in use which the children can reach shall be made inaccessible to the children.

591-1-1-.25 (10) Fire Safety. A Center must be in compliance with applicable laws and regulations issued by the state fire marshal, the proper local fire marshal or state inspector, including a certificate of occupancy if required prior to receiving any children for care.

591-1-1-.25(12) Heating and Cooling Equipment. Heating and cooling equipment shall be protected to prevent children from touching it. Fans, space heaters, etc.

shall be positioned or installed so as to be inaccessible to the children.

591-1-1-.25(13) Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

591-1-1-.25 (15) Outside Storage Area. Any outside storage or equipment area shall be locked, separated from the children by a barrier or enclosure, and shall not be accessible to the children.

591-1-1-.25(16) Parking. Sufficient parking areas shall be provided to permit safe discharge and pick up of children.

591-1-1-.25(17) Plants and Shrubs. The Center premises shall be free of plants and shrubs which are poisonous or hazardous.

591-1-1-.25(21) Windows. All floor level windows or full-length glass doors shall be constructed of safety glass with decals applied at the eye level of the children or such windows or doors shall have protective devices covering the glass designed to prevent the children from getting cut by the glass should it break for any reason. Except in School-age Centers, child care rooms shall have outside windows which receive natural sunlight and equal not less than five percent (5%) of the floor area in each room, unless central heating and air conditioning are provided.

Playgrounds
591-1-1-.26(3) Location. Playgrounds shall be adjacent to the Center or in an area which can be reached by a safe route or method approved by the Department. Except in School-age Centers, the playground shall have shaded areas.

591-1-1-.26(4) Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier approved by this Department. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.

591-1-1-.26(5) Playground Surfaces. Except in School-age Centers, the playground shall have a surface suitable for varied activities. Hard surfaces, such as gravel, concrete, or paving shall not exceed one-fourth (1/4) of the total playground area.

591-1-1-.26(6) Equipment. Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age-appropriate.

For example, toddlers shall not be permitted to swing in swings designed for School-age Children. The outdoor equipment shall be free of lead-based paint, sharp corners and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct supervision of children.

591-1-1-.26(7) Anchoring of Certain Equipment. Climbing and swinging equipment shall be anchored.

591-1-1-.26(8) Fall Zones and Surfacing. Climbing and swinging equipment shall have a resilient surface beneath the equipment and the fall zone from such equipment must be adequately maintained by the Center to assure continuing resiliency.

591-1-1-.26(9) Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to rocks, exposed tree roots and exposed sharp edges of concrete.

Safe Sleeping and Resting Requirements
591-1-1-.30(1)(d) Arrangement of Sleeping and Resting Equipment. All sleeping and resting equipment shall be arranged to avoid obstructing access to exit doors, to provide the caregivers access to each child, and to prevent children's access to cords hanging from window treatments and other hazardous objects. To reduce the transfer of airborne diseases, sleeping and resting equipment shall be arranged as follows. There shall be a minimum of twenty-four inch (24") corridor between each row of sleeping or resting.

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person’s assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program’s emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical

hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing and Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Children's Records
290-2-3-.08(8)(b)(8) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with

Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
(b)The policies and procedures shall also include written procedures for the following: Protection of children in the event of: severe weather, fire, and physical plant problems, such as a power failure, that affect climate control, loss of water, or structural damages;

290-2-3-.08(13) Notification of the existence of a firearm in the Family Child Care Learning Home.

290-2-3-.08(15) Notification of the existence of any pets or other animals residing in the Home or on the property of the Family Child Care Learning Home.

Health, Safety, and Discipline
290-2-3-.11(1)(n-o)
(n) Pets in the Home shall be vaccinated in accordance with the requirements of the local county Boards of Health. Unconfined pets shall not be permitted in child care areas when any Child is present except for supervised learning experiences.
(o) Pets and all other animals shall be controlled to assure that proper sanitation of the premises is maintained and animals are not a hazard to the children, personnel or other visitors. No animal, such as but not limited to, pit bull dogs, ferrets, and poisonous snakes, which may have a vicious propensity, shall be permitted on the Family Child Care Learning Home premises at any time there are children on the premises. Horses or other farm animals shall not be quartered on any property over which the Provider exercises any control that is located within five hundred (500) feet of the building in which the Family Child Care Learning Home is located.

290-2-3-.11(2)(d-i)
(d) Children shall not have access to hanging cords or other hazardous objects.
(e) Clear glass doors shall be marked to avoid accidental impact.
(f) Poisons, medicines, cleaning agents, razors, aerosol cans and other potential hazardous materials shall be stored out of reach of children or in locked cabinets.
(g) Firearms shall be stored so they are not accessible to children.
(h) At least one UL Approved smoke detector shall be on each floor of the Home and such detectors shall be maintained in working order. At least one 2-A:10-B:C fire extinguisher shall be kept in the child care area to be located no more than thirty feet from the kitchen. The extinguisher shall be maintained in working order and shall be inaccessible to the children.
(i) Flammable liquids, such as gasoline or kerosene, shall not be stored inside the Home.

Equipment and Supplies
290-2-3-.12(3-7)
(3) Furniture and equipment shall be kept clean and in a safe usable condition.
(4) All indoor and outdoor furniture, activity materials, and equipment shall be: used in a safe and appropriate manner by each Provider, Provisional Employee, Employee and child in attendance and used in accordance with the

manufacturer's instructions, recommendations, and intended use.
(5) All indoor and outdoor furniture, activity materials, and equipment shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and kept clean.
(6) All indoor and outdoor furniture, activity materials, and equipment shall be placed so as to permit the children's freedom of movement and to minimize danger of accident and collision.
(7) All indoor and outdoor furniture and equipment shall be secured if equipment and furniture is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over. Potentially unstable equipment and furniture that might injure a child if not secured include, but are not limited to, televisions, chests of drawers, bookcases, shelving, cabinets and fish tanks. Examples of items not required to be secured include, but are not limited to, child-sized tables and chairs, rocking chairs, and cribs.

Building and Grounds
290-2-3-.13(1) The Home's building shall be kept clean and free from obvious hazards to the children's health and safety.

290-2-3-.13(1)(c-f)
(c) Furniture and equipment shall be arranged so as not to interfere with exits.
(d) The Home shall be kept free of fire hazards and unnecessary or excessive combustible material. When in use, radiators, open fire, oil or wood burning stoves, floor furnaces and similar hazards shall have barriers or screens to prevent Children from being burned. Unvented fuel fired heaters shall not be used unless equipped with an oxygen depletion safety shut off system.
(e) Multiple plugs and electric extension cords shall not be used. Electrical outlets within reach of children shall be plugged or covered.
(f) Fans shall be positioned or installed so as to be inaccessible to the children.

290-2-3-.13(2)(a-d) Outside grounds and play areas shall be kept clean and free of obvious hazards to the children's health and safety.
(a) Outside play areas shall be free of hazards such as, but not limited to exposed sharp edges of concrete or non-play equipment, broken glass, debris, open drainage ditches, holes and stagnant water.
(b) Climbing and swinging equipment that are not portable shall be securely anchored to eliminate accidents or injuries.
(c) Climbing and swinging equipment that are not portable shall have a resilient surface beneath the equipment and the fall zone from such equipment, which is adequately maintained by the Family Child Care Learning Home to assure continuing resiliency.
(d) Such outside play areas shall be protected from traffic or other hazards by fencing or other barriers at least four feet in height and approved by the Department. Fencing material shall not present a hazard to children. A fence shall be provided around swimming pools to make them inaccessible when not in use.

Sleeping and Resting Requirements
290-2-3-.19(1)(d) Arrangement of Sleeping and Resting Equipment. All sleeping

and resting equipment shall be arranged to avoid obstructing access to exit doors, to provide the caregivers access to each child, and to prevent children's access to cords hanging from window treatments and other hazardous objects. To reduce the transfer of airborne diseases, sleeping and resting equipment shall be arranged as follows. There shall be a minimum of twenty-four inch (24") corridor between each row of sleeping or resting equipment. There shall be a minimum of twelve inches (12") between each piece of sleeping or resting equipment in each row of equipment. Children shall be placed on cots and mats so that one child's head is toward another child's feet in the same row.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

F. Equipment and Toys
All indoor and outdoor furniture, activity materials, and equipment shall be used:
(a) In a safe and appropriate manner by each Employee and child in attendance; and
(b) In accordance with the manufacturer's instructions, recommendations, and intended use.
All equipment and furniture shall be used only by the age-appropriate group of children. Equipment and furniture shall be:
(a) Free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint;
(c) Placed so as to permit the children's freedom of movement and to minimize danger of accident and collision;
(d) Secured if equipment and furniture is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over. Potentially unstable equipment and furniture that might injure a child if not secured include, but are not limited to, televisions, chests of drawers, bookcases, shelving, cabinets and fish tanks. Examples of items not required to be secured include, but are not limited to, child-sized tables and chairs, rocking chairs, and cribs.

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

L. Physical Plant
Required approvals. The construction of a new building or any planned structural changes to an existing program building shall obtain approval from the local zoning authorities, fire safety agencies and local building authorities. Construction and maintenance work shall take place only in areas that are not accessible to the children.

Fire Safety. A program must be in compliance with applicable laws and regulations issued by the state fire marshal, the proper local fire marshal or state inspector, including a certificate of occupancy if required prior to receiving any children for care.

Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

M. Playgrounds
Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.

Equipment. Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age-appropriate. The outdoor equipment shall be free from hazards such as, but not limited to, lead-based paint, sharp corners, and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct supervision of children. Climbing and swinging equipment shall be anchored and have a resilient surface beneath the equipment. The fall-zone from such equipment must be adequately maintained to assure continuing resiliency.

Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia

participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

F. Equipment and Toys
All indoor and outdoor furniture, activity materials, and equipment shall be used:
(a) In a safe and appropriate manner by each Employee and child in attendance; and
(b) In accordance with the manufacturer's instructions, recommendations, and intended use.
All equipment and furniture shall be used only by the age-appropriate group of children. Equipment and furniture shall be:
(a) Free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint;
(c) Placed so as to permit the children's freedom of movement and to minimize danger of accident and collision;
(d) Secured if equipment and furniture is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over. Potentially unstable equipment and furniture that might injure a child if not secured include, but are not limited to, televisions, chests of drawers, bookcases, shelving, cabinets and fish tanks. Examples of items not required to be secured include, but are not limited to, child-sized tables and chairs, rocking chairs, and cribs.

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

L. Physical Plant
Required approvals. The construction of a new building or any planned structural changes to an existing program building shall obtain approval from the local zoning authorities, fire safety agencies and local building authorities. Construction and maintenance work shall take place only in areas that are not accessible to the children.

Fire Safety. A program must be in compliance with applicable laws and regulations issued by the state fire marshal, the proper local fire marshal or state inspector, including a certificate of occupancy if required prior to receiving any children for care.

Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides,

office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

M. Playgrounds
Fence or Approved Barriers. It is recommended that playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates should be kept closed except when persons are entering or exiting the area.
If the outdoor play space has no fence or barrier, the program official must submit a plan to ensure children are protected from vehicular traffic, water hazards, and any other potential hazards while participating in outdoor play.

Equipment. Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age-appropriate. The outdoor equipment shall be free from hazards such as, but not limited to, lead-based paint, sharp corners, and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct supervision of children.
Climbing and swinging equipment shall be anchored and have a resilient surface beneath the equipment. The fall-zone from such equipment must be adequately maintained to assure continuing resiliency.

Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(j) Fire Safety;
(k) Water Safety;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

F. Equipment and Toys
All indoor and outdoor furniture, activity materials, and equipment shall be used:
(a) In a safe and appropriate manner by each Employee and child in attendance; and
(b) In accordance with the manufacturer's instructions, recommendations, and intended use.
All equipment and furniture shall be used only by the age-appropriate group of children. Equipment and furniture shall be:
(a) Free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint;
(c) Placed so as to permit the children's freedom of movement and to minimize danger of accident and collision;
(d) Secured if equipment and furniture is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over. Potentially unstable equipment and furniture that might injure a child if not secured include, but are not limited to, televisions, chests of drawers, bookcases, shelving, cabinets and fish tanks. Examples of items not required to be secured include, but are not limited to, child-sized tables and chairs, rocking chairs, and cribs.

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

L. Physical Plant
Required approvals. The construction of a new building or any planned structural changes to an existing program building shall obtain approval from the local zoning authorities, fire safety agencies and local building authorities. Construction and maintenance work shall take place only in areas that are not accessible to the children.

Fire Safety. A program must be in compliance with applicable laws and regulations issued by the state fire marshal, the proper local fire marshal or state inspector, including a certificate of occupancy if required prior to receiving any children for care.

Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

M. Playgrounds
Fence or Approved Barriers. It is recommended that playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates should be kept closed except when persons are entering or exiting the area.
If the outdoor play space has no fence or barrier, the program official must submit a plan to ensure children are protected from vehicular traffic, water hazards, and any other potential hazards while participating in outdoor play.

Equipment. Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age-appropriate. The outdoor equipment shall be free from hazards such as, but not limited to, lead-based paint, sharp corners, and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct supervision of children.
Climbing and swinging equipment shall be anchored and have a resilient surface beneath the equipment. The fall-zone from such equipment must be adequately maintained to assure continuing resiliency.

Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(j) Fire Safety;
(k) Water Safety;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency

preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Swimming
591-1-1-.35(2) Accessibility of Pools. All swimming and wading pools shall be inaccessible to children except during supervised activities.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Staffing & Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Building and Grounds
290-2-3-.13(2)(d) Outside grounds and play areas shall be kept clean and free of

obvious hazards to the children's health and safety.
(d) Such outside play areas shall be protected from traffic or other hazards by fencing or other barriers at least four feet in height and approved by the Department. Fencing material shall not present a hazard to children. A fence shall be provided around swimming pools to make them inaccessible when not in use.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

P. Swimming Pools and Water Related Activities
Accessibility of Pools. All swimming and wading pools shall be adequately fenced and inaccessible to children except during supervised activities.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

M. Playgrounds
Fence or Approved Barriers. It is recommended that playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates should be kept closed except when persons are entering or exiting the area.
If the outdoor play space has no fence or barrier, the program official must submit a plan to ensure children are protected from vehicular traffic, water hazards, and any other potential hazards while participating in outdoor play.

Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(k) Water Safety;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

Q. Swimming Pools and Water Related Activities
Accessibility of Pools. All swimming and wading pools shall be adequately fenced and inaccessible to children except during supervised activities.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

M. Playgrounds
Fence or Approved Barriers. It is recommended that playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or

other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates should be kept closed except when persons are entering or exiting the area.
If the outdoor play space has no fence or barrier, the program official must submit a plan to ensure children are protected from vehicular traffic, water hazards, and any other potential hazards while participating in outdoor play.

Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to non-resilient surfaces under the fall-zone of play equipment, rocks, exposed tree roots and exposed sharp edges of concrete or equipment.

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(k) Water Safety;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

Q. Swimming Pools and Water Related Activities
Accessibility of Pools. All swimming and wading pools shall be adequately fenced and inaccessible to children except during supervised activities.

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and**

Regulations for Child Care Learning Centers.

Physical Plant
591-1-1-.25(16) Parking. Sufficient parking areas shall be provided to permit safe discharge and pick up of children.

Playgrounds
591-1-1-.26(3) Location. Playgrounds shall be adjacent to the Center or in an area which can be reached by a safe route or method approved by the Department. Except in School-age Centers, the playground shall have shaded areas.

591-1-1-.26(4) Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier approved by this Department. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.
Transportation

591-1-1-.36(12) Transporting vehicles shall be parked or stopped so that no child will have to cross the street in order to meet the vehicle or arrive at a destination.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing and Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Building and Grounds
290-2-3-.13(2)(d) Such outside play areas shall be protected from traffic or other hazards by fencing or other barriers at least four feet in height and approved by the Department. Fencing material shall not present a hazard to children. A fence shall be provided around swimming pools to make them inaccessible when not in use.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age**

children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

M. Playgrounds
Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

M. Playgrounds
Fence or Approved Barriers. It is recommended that playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates should be kept closed except when persons are entering or exiting the area.

If the outdoor play space has no fence or barrier, the program official must submit a plan to ensure children are protected from vehicular traffic, water hazards, and any other potential hazards while participating in outdoor play.

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of

children;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

M. Playgrounds
Fence or Approved Barriers. It is recommended that playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates should be kept closed except when persons are entering or exiting the area.

If the outdoor play space has no fence or barrier, the program official must submit a plan to ensure children are protected from vehicular traffic, water hazards, and any other potential hazards while participating in outdoor play.

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(e) 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;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to children ages birth to two years of age in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Discipline
591-1-1-.11(2) Personnel shall not: physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Center; inflict corporal/physical punishment upon a child; shake, jerk, pinch or handle a child roughly; verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family; isolate a child in a dark room, closet or unsupervised area; use mechanical or physical restraints or devices to discipline children; use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent; restrict unreasonably a child from going to the bathroom; punish toileting accidents; force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks; force or withhold naps; allow children to discipline or humiliate other children; and confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat.

Operational Policies and Procedures
591-1-1-.21(1)(k) A Center shall establish and implement written policies and procedures which shall be kept current, be consistent with applicable laws,

regulations and these rules, made available to the Parent(s) and used to govern the operations of the Center.
(1) The policies and procedures shall include the following: Child abuse reporting law requirements.

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.
591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to children birth to two years of age in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing and Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of

HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Health, Safety, and Discipline
290-2-3-.11(3) Discipline. Disciplinary actions used to correct a Child's behavior, guidance techniques and any activities in
which the Children participate or observe at the Home shall not be detrimental to the physical or mental
health of any child.

290-2-3-.11(3)(a) A Provider or a Home's Provisional Employees or Employees shall not: physically or sexually abuse a child, or engage in or permit others to engage in sexually overt conduct in the presence of any Child enrolled in the Home; inflict corporal/physical punishment upon a Child; shake, jerk, pinch or handle roughly a Child; verbally abuse or humiliate a Child which includes, but is not limited to, the use of threats, profanity, or belittling remarks about a Child or his family; isolate a Child in a dark room, closet, or unsupervised area; use mechanical or physical restraints or devices to discipline Children; use medication to discipline a Child or to control Children's behavior without written medical authorization issued by a licensed professional and given with the Parent's written consent; or discipline a Child by unreasonably restricting a Child from going to the bathroom; or by punishing toileting accidents; or by force feeding a Child; or by not feeding a Child regularly scheduled meals and/or snacks; or by forcing or withholding naps; or by allowing children to discipline or humiliate other Children; or by confining a Child for disciplinary purposes to a swing, high chair, infant carrier, walker or jump seat.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to children birth to two years of age in all CCDF-eligible**

regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

A. Activities
Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(a) Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Program;
(c) Shake, jerk, pinch or handle a child roughly;

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(f) Prevention of shaken baby syndrome and abusive head trauma;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The following standards are applicable to children birth to two years of age in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

A. Activities
Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(a) Physically or sexually abuse a child or engage or permit others to engage in

sexually overt conduct in the presence of any child enrolled in the Program;
(c) Shake, jerk, pinch or handle a child roughly;

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(f) Childhood injury control;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(f) Prevention of shaken baby syndrome and abusive head trauma;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

A. Activities
Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(a) Physically or sexually abuse a child or engage or permit others to engage in

sexually overt conduct in the presence of any child enrolled in the Program;
(c) Shake, jerk, pinch or handle a child roughly;

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(b) The portions of these standards dealing with the care, health and safety of children;
(f) Childhood injury control;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(f) Prevention of shaken baby syndrome and abusive head trauma;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.

Activities
591-1-1-.03(9) Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

Discipline
591-1-1-.11(1) Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the Center shall not be detrimental to the physical or mental health of any child.

591-1-1-.11(2) Personnel shall not: physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Center; inflict corporal/physical punishment upon a child; shake, jerk, pinch or handle a child roughly; verbally abuse or humiliate a child which

includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family; isolate a child in a dark room, closet or unsupervised area; use mechanical or physical restraints or devices to discipline children; use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent; restrict unreasonably a child from going to the bathroom; punish toileting accidents; force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks; force or withhold naps; allow children to discipline or humiliate other children; and confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat.

Operational Policies and Procedures
591-1-1-.21(1)(k) A Center shall establish and implement written policies and procedures which shall be kept current, be consistent with applicable laws, regulations and these rules, made available to the Parent(s) and used to govern the operations of the Center.
(1) The policies and procedures shall include the following: Child abuse reporting law requirements.

Staff: Child Ratios and Supervision
291-1-1-.32(7) Supervision. Children shall be supervised at all times appropriate to the individual age, needs and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children, volunteers and Students-in-Training. The persons supervising in the child care area must be alert, positioned to maximize their ability to hear and see the children at all times, and able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers and Students-in-Training, and provide timely attention to the children's actions and needs. Staff shall be attentive and participating with all children during mealtimes and shall be seated within an arm’s length away from children thirty-six (36) months of age and younger.

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person’s assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program’s emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the

first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing and Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials

and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

290-2-3-.07(17) At least one Staff person with a satisfactory Comprehensive Records Check Determination shall supervise Children at all times appropriate to the individual age, needs and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. "Supervision" means Staff members are providing watchful oversight to the children, volunteers and Students-in-Training. The person(s) supervising in the child care area must be alert, positioned to maximize their ability to hear and see the children at all times, and able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers and Students-in-Training, and provide timely attention to the children's actions and needs. Staff shall be attentive and participating with all children during mealtimes and shall be seated within an arm's length away from children thirty-six (36) months of age and younger. Plans shall be made to obtain additional Staff help in cases of emergencies.

Children's Records
290-2-3-.08(8)(b)(4) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
(b) The policies and procedures shall also include written procedures for the following: Notifying Parent(s) in writing of their Child's: illness, injury, and exposure to a notifiable communicable disease or any cases or suspected cases of viruses or illnesses (COVID-19, etc.) identified during a public health emergency, within twenty-four (24) hours after the Home becomes aware of the illness or the next working day.

Children's Activities
290-2-3-.09(8) The Provider shall not engage in or allow children or other adults to engage in activities that could be detrimental to a child's health or well-being such as, but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

Health, Safety, and Discipline
290-2-3-.11(3) Discipline. Disciplinary actions used to correct a Child's behavior, guidance techniques and any activities in
which the Children participate or observe at the Home shall not be detrimental to the physical or mental
health of any child.

290-2-3-.11(3)(a) A Provider or a Home's Provisional Employees or Employees shall not: physically or sexually abuse a child, or engage in or permit others to

engage in sexually overt conduct in the presence of any Child enrolled in the Home; inflict corporal/physical punishment upon a Child; shake, jerk, pinch or handle roughly a Child; verbally abuse or humiliate a Child which includes, but is not limited to, the use of threats, profanity, or belittling remarks about a Child or his family; isolate a Child in a dark room, closet, or unsupervised area; use mechanical or physical restraints or devices to discipline Children; use medication to discipline a Child or to control Children's behavior without written medical authorization issued by a licensed professional and given with the Parent's written consent; or discipline a Child by unreasonably restricting a Child from going to the bathroom; or by punishing toileting accidents; or by force feeding a Child; or by not feeding a Child regularly scheduled meals and/or snacks; or by forcing or withholding naps; or by allowing children to discipline or humiliate other Children; or by confining a Child for disciplinary purposes to a swing, high chair, infant carrier, walker or jump seat.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

A. Activities
Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(a) Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Program;
(b) Inflict corporal/physical punishment upon a child;
(c) Shake, jerk, pinch or handle a child roughly;
(d) Verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family;
(e) Isolate a child in a dark room, closet or unsupervised area;
(f) Use mechanical or physical restraints or devices to discipline children;
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;
(h) Restrict unreasonably a child from going to the bathroom;
(i) Punish toileting accidents;
(j) Force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks;
(k) Force or withhold naps;

(l) Allow children to discipline or humiliate other children;
(m) Confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat;
(n) Commit any criminal act, as defined under Georgia law which is set forth in O.C.G.A. § 16-1-1 et seq., in the presence of any child enrolled in the program.

N. Staffing and Supervision
Supervision. Children shall be supervised at all times. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children. The persons supervising in the child care area must be alert, and able to respond promptly to the needs and actions of the children being supervised.

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(f) Prevention of shaken baby syndrome and abusive head trauma;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

A. Activities
Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(a) Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Program;
(b) Inflict corporal/physical punishment upon a child;
(c) Shake, jerk, pinch or handle a child roughly;
(d) Verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family;

(e) Isolate a child in a dark room, closet or unsupervised area;
(f) Use mechanical or physical restraints or devices to discipline children;
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;
(h) Restrict unreasonably a child from going to the bathroom;
(i) Punish toileting accidents;
(j) Force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks;
(k) Force or withhold naps;
(l) Allow children to discipline or humiliate other children;
(m) Confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat;
(n) Commit any criminal act, as defined under Georgia law which is set forth in O.C.G.A. § 16-1-1 et seq., in the presence of any child enrolled in the program.

O. Staff: Child Ratios and Supervision
Supervision. Children shall be supervised at all times. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children. The persons supervising in the child care area must be alert, and able to respond promptly to the needs and actions of the children being supervised.

P. Staff Training
Program Orientation. Prior to assignment to children or task, 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; communicable diseases and serious injuries;
(f) Childhood injury control;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(b) Prevention of sudden infant death syndrome and use of safe sleeping practices;
(e) 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;
(f) Prevention of shaken baby syndrome and abusive head trauma;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

A. Activities
Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

E. Discipline
Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which the children participate or observe at the program shall not be detrimental to the physical or mental health of any child.
Personnel shall not:
(a) Physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Program;
(b) Inflict corporal/physical punishment upon a child;
(c) Shake, jerk, pinch or handle a child roughly;
(d) Verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family;
(e) Isolate a child in a dark room, closet or unsupervised area;
(f) Use mechanical or physical restraints or devices to discipline children;
(g) Use medication to discipline or control children's behavior without written medical authorization issued by a licensed professional and given with the parent's written consent;
(h) Restrict unreasonably a child from going to the bathroom;
(i) Punish toileting accidents;
(j) Force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks;
(k) Force or withhold naps;
(l) Allow children to discipline or humiliate other children;
(m) Confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat;
(n) Commit any criminal act, as defined under Georgia law which is set forth in

O.C.G.A. § 16-1-1 et seq., in the presence of any child enrolled in the program.

O. Staff: Child Ratios and Supervision
Supervision. Children shall be supervised at all times. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children. The persons supervising in the child care area must be alert, and able to respond promptly to the needs and actions of the children being supervised.

P. Staff Training
Program Orientation. Prior to assignment to children or task, 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; communicable diseases and serious injuries;
(f) Childhood injury control;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(b) Prevention of sudden infant death syndrome and use of safe sleeping practices;
(e) 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;
(f) Prevention of shaken baby syndrome and abusive head trauma;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Physical Plant
591-1-1-.25(13) Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

591-1-1-.25(15) Outside Storage Area. Any outside storage or equipment area shall be locked, separated from the children by a barrier or enclosure, and shall not be accessible to the children.

Staff Training
591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Staffing and Supervision
290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Health, Safety, and Discipline
290-2-3-.11(2)(d) Children shall not have access to hanging cords or other hazardous objects.

290-2-3-.11(2)(f) Poisons, medicines, cleaning agents, razors, aerosol cans and other potential hazardous materials shall be stored out of reach of children or in locked cabinets.

290-2-3-.11(2)(g) Firearms shall be stored so they are not accessible to children.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

L. Physical Plant
Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

J. Policies and Procedures

Program shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

L. Physical Plant
Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

L. Physical Plant
Indoor Storage Areas. Potentially hazardous equipment, materials and supplies

shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.

Hygiene
591-1-1-.17(6)
(6) Garbage. Garbage and organic waste shall be stored in containers that are lined with plastic liners and have tight-fitting covers. Trash and garbage shall be removed from the building daily or as often as necessary to maintain the premises in a clean condition.

Kitchen Operations
591-1-1-.18(10)
(10) Garbage. Garbage shall be stored in trash containers with lids. Containers shall be emptied and cleaned as needed. Acceptable facilities, including water and detergent or steam, shall be provided and used for cleaning containers. Areas around outside containers shall be kept clean.

Staff Training
591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the

first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing and Supervision
290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Nutrition and Food Services
290-2-3-.10(17)
(17) Garbage. Garbage shall be stored in trash containers with lids and emptied and cleaned as needed. Areas around outdoor containers shall be kept clean.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age**

children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia

participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)

P. Staff Training
Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(h) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Field Trips
591-1-1-.13(4) If the field trip involves transporting children, the Center must ensure it complies with the staffing requirements for transporting children.

First Aid and CPR
591-1-1-.14(1)(a) In a Center that provides transportation, either the driver or another Staff person present on the vehicle shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid offered by certified or licensed health care professionals or trainers and which dealt with the provision of emergency care to infants and children.

591-1-1-.14(3) Supplies. Each building of the Center and any vehicle used by the Center for transportation of children shall have a first aid kit which shall at least contain: scissors; tweezers; gauze pads; adhesive tape; thermometer; band-aids, assorted sizes; antibacterial ointment; insect-sting preparation; an antiseptic cleansing solution; triangular bandages; rubber gloves; protective eye wear; a protective face mask; and cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored so that it is not accessible to children but is easily accessible to Staff.

Operational Policies and Procedures
591-1-1-.21(1)(d) A Center shall establish and implement written policies and procedures which shall be kept current, be consistent with applicable laws, regulations and these rules, made available to the Parent(s) and used to govern the operations of the Center.
(1) The policies and procedures shall include the following: A description of the Center's transportation and field trip services (see rule .36 about transportation requirements).

Staff: Child Ratios and Supervision
591-1-1-.32(7) Supervision. Children shall be supervised at all times appropriate to the individual age, needs and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. "Supervision" means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children, volunteers and Students-in-Training. The persons supervising in the child care area must be alert, positioned to maximize their ability to hear and see the children at all times, and able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers and Students-in-Training, and provide timely attention to the children's actions and needs. Staff shall be attentive and participating with all children during mealtimes and shall be seated within an arm’s length away from children thirty-six (36) months of age and younger.

Staff Training
591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases

(including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

Transportation
591-1-1-.36(1-13)
(1) Transportation Requirements. The transportation requirements that follow apply to all transportation provided by the Center, including transportation provided by any person on behalf of the Center, regardless of whether the person is employed by the License Center and regardless of whether a fee is charged for this service. Non-routine transportation, such as a Parent requesting that their child be picked up at school due to the Parents' work schedule or other conflicts, is also covered by these requirements, regardless of whether a fee is charged for this service or not. (Possible scenarios include, but are not limited to: contract services hired by the Center to provide transportation or another licensed facility providing transportation on the Center's behalf.)

(2) Emergency Transportation. A Center shall have available at all times both a licensed driver and a vehicle that meets the safety requirements contained in these rules or must have a plan approved by the Department for alternative emergency transportation.

(3) Transportation Training. Child Care Learning Centers that provide any type of transportation shall 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 shall 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.
(a) The Director and each Staff person who is responsible for or who participates in the transportation of children shall complete two (2) clock hours of state-approved or state-accepted transportation training on or before June 30, 2015 and at least every two years thereafter.
(b) Effective July 1, 2015, the 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.

(4) Vehicle Safety. Vehicles used for transporting children shall be maintained as follows:
(a) Annual Safety Check. Each vehicle shall have a satisfactory annual safety check, completed by a trained individual, of at least: tires, headlights, horn, taillights, turn signals, brake lights, brakes, suspension, exhaust system, steering, windows, windshields and windshield wipers. A copy of a standard inspection report used by the Department or an equivalent shall be kept in the Center or on the vehicle and should include evidence of any repairs and/or replacements that were identified as needed on the inspection report.
(b) Interior. Interior of a transportation vehicle must be clean and in safe repair and free of hazardous items, objects and/or other non-essential items which could impede the children's access or egress from the vehicle or cause injury if the items were thrown about the vehicle as a result of a collision.
(c) Fire Extinguisher. Each vehicle shall be equipped with a fire extinguisher maintained in working order and kept inaccessible to children.
(d) Heater. Each vehicle must have a functioning heating system.
(e) Seats. Seats must be securely fastened to the body of the vehicle.
(f) Child Passenger Restraints
1. All children transported in a vehicle provided by or used by the Center shall be secured in a child passenger restraining system or seat safety belt in accordance with current state and federal laws and regulations. The child passenger restraining system and seat safety belts must be installed and used in accordance with the manufacturer's directions for such system and used in accordance with the manufacturer's directions with respect to restraining, seating or positioning the child being transported in the vehicle.
2. No vehicle used by the Center to transport children shall exceed the manufacturer's rated seating capacity for the vehicle. The Center shall maintain on file proof of the manufacturer's rated seating capacity for each vehicle used by the Center.
(g) Front Seat. There shall be no more than three (3) persons in the front seat of a transporting vehicle including the driver. Centers must follow applicable state and federal laws and regulations and the vehicle manufacturer's recommendations when children are allowed to sit in the front seat.
(h) Windows. No window, in a transporting vehicle, except that of the driver, shall be opened to more than fifty percent (50%) of its capacity at any time children are on board.

(5) Staffing Requirements for Transportation of Children
(a) Driver. Whenever the Center transports children for any reason, the driver of the vehicle shall be at least eighteen (18) years of age and possess a valid driver's license as required for the class of vehicle that the driver will be operating for the Center.
(b) Additional Staff. When the Center transports children for any reason, the following Staff:child ratios shall be maintained:
- Driver + One (1) Staff Members [The additional Staff must be at least eighteen (18) years of age or older]:
When transporting three (3) or more children under three years of age;

When seven (7) or more children under five (5) years of age occupy vehicle;
When eighteen (18) or more children five (5) years of age or older occupy the vehicle.
- Driver + Two (2) Staff Members [One (1) of the additional Staff members must be at least eighteen (18) years of age]:
When eight (8) or more children under three (3) years of age occupy the vehicle with other children;
When more than twenty (20) children under five years of age occupy the vehicle with other children.
(c) Staffing Requirements When Transporting More Than Thirty-Six (36) Children.
1. When more than thirty-six (36) children under five (5) years of age occupy the vehicle, the Staff:child ratios as stated in Rules 591-1-1-.32(1) and 591-1-1-.32(2) shall be met.
2. When more than thirty-six (36) children five (5) years of age and older are transported with no children under the age of five (5) years, there shall be a minimum of two (2) Staff persons for the first thirty-six (36) children and there must be one additional Staff person for each additional twenty (20) children. This means a third Staff person would be required if transporting thirty-seven (37) to fifty-six (56) children five (5) years and older.

(6) Parental Authorization. For routine transportation provided by the Center or on behalf of the Center, the child's Parent(s) must provide written authorization for the transportation and specify routine pick-up location, routine pick-up time, routine delivery location, routine delivery time and the name of any person authorized to receive the child.

(7) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met:
(a) Center and Passenger Information. Each vehicle used to transport children shall contain current information including the full names of all children to be transported and each child's pick-up location, pick-up time, delivery location, alternate delivery location if a Parent is not at home and name of person authorized to receive each child. In addition, the vehicle shall contain current information identifying the Center's name and telephone number and the name of the driver of the vehicle.
(b) Emergency Medical Information. An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the Center uses in the area where the Center is located and the telephone numbers where the Parent(s) can be reached.
(c) Passenger Transportation Checklists. A passenger transportation checklist, provided by or in a format approved by the Department, shall be used to account for each child during transportation. A separate passenger checklist shall be used for each vehicle.
1. The first and last name of each child transported shall be documented on the

passenger transportation checklist. Each child shall be listed individually; a sibling group shall not be listed as a single entry, for example, an entry of "Smith children" would be unacceptable.
2. The driver or other designated person shall immediately document in writing, with a check or other mark/symbol to account for each child listed on the passenger transportation checklist each time a child enters and exits the vehicle. The driver or other designated person shall document in writing with a different mark/symbol to account for each child listed on the passenger transportation checklist who was not present on the vehicle for any reason. An explanation shall be documented in writing whenever a child is transported to a field trip site but is not present on the return trip to the Center.
3. The driver or other designated Staff person shall also document in writing the dates and the departure/arrival times for all types of transportation on the passenger transportation checklist as follows: School Transportation - each time the vehicle departs from the Center, is loaded or unloaded at each school and when the vehicle returns to the Center. Home Transportation - each time the vehicle departs from the Center, arrives at the location where any child is picked up or dropped off and when the vehicle returns to the Center. Field Trip Transportation- each time the vehicle leaves the Center, arrives at a field trip destination, leaves a field trip destination, and returns to the Center.
4. The Staff person on the vehicle responsible for keeping the passenger transportation checklist shall give the completed passenger transportation checklist to the Director or the Director's designated Staff person at the Center as set forth below: immediately upon return to the Center at the completion of the trip once the vehicle has been checked or the next business day following the completion of the trip if the vehicle did not return to the Center at the end of the trip or if the Center was closed when the vehicle returned.
5. Passenger transportation checklists shall be maintained as Center records for one (1) year.
(d)Checking the Vehicle - To ensure that all children have been unloaded from transportation vehicles, regardless of whether the vehicle is equipped with a child safety alarm devices, the vehicle shall be thoroughly checked first by a designated Staff person who was present on the vehicle during the trip and then by a second designated Staff person, who may or may not have been present on the vehicle during the trip, to ensure that two checks of the vehicle have been completed.
1. The first check shall be conducted immediately upon unloading the last child at any location including, but not limited to, a field trip destination, arrival at the Center, and the last stop during transportation to home or school. The responsible person on the vehicle shall: physically walk through the entire vehicle; visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior; sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle; and give the passenger transportation checklist(s) to the second designated Staff person.
2. The second designated Staff person shall conduct a check of the vehicle immediately upon the completion of the first check of the vehicle. The responsible person shall: physically walk through the entire vehicle; visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior; and sign the passenger transportation checklist(s), indicating all of the

children have exited the vehicle. There shall be continuous watchful oversight of the vehicle between the first check and second check.
3. If a second designated Staff person is not available to conduct a second check of the vehicle, the driver shall check the vehicle as follows: physically walk through the entire vehicle; visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior; and sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle, and then report by phone to the Director or designated Staff person that the check has been completed and no children remain on the vehicle. (Possible circumstances include, but are not limited to: the Center has closed when the driver returns with the vehicle; the driver is the only Staff person on the vehicle at the last destination during home, school or field trip transportation; the driver takes the vehicle home at the end of the day.) The time and verification of such telephone contact shall be immediately documented and signed on the passenger transportation checklist(s) by the driver.

(8) Travel Restriction. Unless accompanied by his or her Parent, no child shall be required to travel more than forty-five (45) minutes on each trip between the Center and destination point, excluding field trips.

(9) Center Responsibility. The Center is responsible for the child from the time and place the child is picked up until the child is delivered to his or her Parent(s) or the responsible person designated by his or her Parent(s). A child shall not be dropped off at any location if there is no one present authorized to receive the child.

(10)Supervision of Vehicles. A child shall never be left unattended in a vehicle.

(11)Prohibited Methods of Transportation. Children shall not be transported in vehicles, or parts thereof, which are not designed for the purpose of transporting people, such as but not limited to: truck beds, campers or any trailers attached-to a motor vehicle.

(12) Transporting vehicles shall be parked or stopped so that no child will have to cross the street in order to meet the vehicle or arrive at a destination.

(13) The motor shall be turned off, the brake set and the keys removed whenever the driver leaves the vehicle.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing and Supervision
290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-

approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

290-2-3-.07(8) First Aid and CPR. Every Provider, Provisional Employee and Employee with direct care responsibilities shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid which 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. The Provider, a Provisional Employee or Employee with current CPR and first aid training must always be on the Home's premises and on any field trip whenever any Child is present.

290-2-3-.07(17) At least one Staff person with a satisfactory Comprehensive Records Check Determination shall supervise Children at all times appropriate to the individual age, needs and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. "Supervision" means Staff members are providing watchful oversight to the children, volunteers and Students-in-Training. The person(s) supervising in the child care area must be alert, positioned to maximize their ability to hear and see the children at all times, and able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers and Students-in-Training, and provide timely attention to the children's actions and needs. Staff shall be attentive and participating with all children during mealtimes and shall be seated within an arm's length away from children thirty-six (36) months of age and younger. Plans shall be made to obtain additional Staff help in cases of emergencies.

Children's Records
290-2-3-.08(7) Such records shall include parental agreements for transportation, field trips, swimming and/or other activities away from the Home if the Child will be participating in these activities.

290-2-3-.08(8)(a) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
(a) The policies and procedures shall include a written description of the services to be provided which specifies the following: ages of children served, months of operation, days of operation, hours of operation, dates the Family Child Care Learning Home will be closed, admission requirements, including parental responsibilities for supplying and maintaining accurate required record information and escorting Child to and from the Family Child Care Learning Home; standard fees, payment of fees, fees related to absences and vacations and other charges such as transportation, etc. and transportation provided, if any.
290-2-3-.08(8)(b)(9) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.
(b) The policies and procedures shall also include written procedures for the following: The transportation of Children to and from school or home, if provided, to include the procedure to be followed if no one is home to receive the transported Child.

Health, Safety, and Discipline
290-2-3-.11(1)(e) The Home and any vehicle used by the Home for transportation of Children shall have a first aid kit which shall at least contain: scissors, tweezers, gauze pads, thermometer, adhesive tape, band-aids, insect-sting preparation, antiseptic cleaning solution, antibacterial ointment, bandages, disposable rubber gloves, protective eyewear, facemask, and cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored in a central location so that it is not accessible to Children but is easily accessible to the Provider and Staff. The Home must also maintain written directions for the use of universal precautions for handling blood and bodily fluids. The directions on the use of universal precautions must be kept with the first aid kit at all times.

290-2-3-.11(2)(j-m)
(j) If children are transported in a vehicle by the Provider or a Home's employee, the driver shall have a current driver's license.
(k) When transported in a vehicle by the Provider or a Home's employee, children shall be restrained by either individual seat belts or appropriate child restraints in accordance with current state and federal laws and regulations.
(l) No child shall be left unattended in a motor vehicle.
(m) If children are transported, written authorization for the Child to receive emergency medical treatment when the Parent is not available, as required by these rules, shall be maintained in the vehicle.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

Q. Transportation
If children are transported in a vehicle, the Informal Provider shall:
(a) Have a Current driver's license.
(b) Restrain children by either induvial seat belts or appropriate child restraints in accordance with current state and federal laws and regulations.
(c) Leave no child unattended in a motor vehicle.
(d) Obtain written authorization for the Child to receive emergency medical treatment when the Parent is not available, as required by these rules, shall be maintained in the vehicle

Supervision of Vehicles. A child shall never be left unattended in a vehicle.

R. Field Trips
Parental Permission. An Informal Provider shall obtain written permission from Parent(s) in advance of the child's participation in any field trip and such permission must be signed and dated by a Parent.

List of Trip Participants. A list of children and adults participating in the trip shall be left at the Informal Providers home as well as be taken on the trip in the possession of the adult in charge of the trip.

Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the program uses in the area where the program is located; and the telephone numbers where the Parent(s) can be reached shall be left at the program as well as be taken on the trip in the possession of the adult in charge of the trip.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

R. Transportation
Vehicle Safety. Vehicles used for transporting children shall be maintained as follows:
(a) Annual Safety Check. Each vehicle shall have a satisfactory annual safety check, completed by a trained individual, of at least: tires, headlights, horn, taillights,

turn signals, brake lights, brakes, suspension, exhaust system, steering, windows, windshields and windshield wipers. A copy of a standard inspection report used by the Department or an equivalent shall be kept on file at the program or on the vehicle and should include evidence of any repairs and/or replacements that were identified as needed on the inspection report.
(b) Interior. Interior of a transportation vehicle must be clean and in safe repair and free of hazardous items, objects and/or other non-essential items which could impede the children's access or egress from the vehicle or cause injury if the items were thrown about the vehicle as a result of a collision.
(c) Child Passenger Restraints. All children transported in a vehicle provided by or used by the program shall be secured in a child passenger restraining system or seat safety belt in accordance with current state and federal laws and regulations. The child passenger restraining system and seat safety belts must be installed and used in accordance with the manufacturer's directions for such system and used in accordance with the manufacturer's directions with respect to restraining, seating or positioning the child being transported in the vehicle.
Driver. Whenever the program transports children for any reason, the driver of the vehicle shall be at least eighteen (18) years of age and possess a valid driver's license as required for the class of vehicle that the driver will be operating for the program.
CPR and First Aid Training. Either the driver or another Staff person present on the vehicle shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid offered by certified or licensed health care professionals and which dealt with the provision of emergency care to infants and children.

Additional Staff. When the program transports children for any reason, the following Staff:child ratios shall be maintained:
- Driver + One (1) Staff Members [The additional Staff must be at least eighteen (18) years of age or older]
- When transporting three (3) or more children under three years of age;
- When seven (7) or more children under five (5) years of age occupy vehicle;
- When eighteen (18) or more children five (5) years of age or older occupy the vehicle.

- Driver + Two (2) Staff Members [One (1) of the additional Staff members must be at least eighteen (18) years of age]
- When eight (8) or more children under three (3) years of age occupy the vehicle with other children;
- When more than twenty (20) children under five years of age occupy the vehicle with other children.

Staffing Requirements When Transporting More Than Thirty-Six (36) Children.
1. When more than thirty-six (36) children under five (5) years of age occupy the vehicle, the Staff:child ratios as stated in Rules 591-1-1-.32(1) and 591-1-1-.32(2) shall be met.
2. When more than thirty-six (36) children five (5) years of age and older are

transported with no children under the age of five (5) years, there shall be a minimum of two (2) Staff persons for the first thirty-six (36) children and there must be one additional Staff person for each additional twenty (20) children. This means a third Staff person would be required if transporting thirty-seven (37) to fifty-six (56) children five (5) years and older.

Parental Authorization. For routine transportation provided by the program or on behalf of the program, the child's Parent(s) must provide written authorization for the transportation and specify routine pick-up location, routine pick-up time, routine delivery location, routine delivery time and the name of any person authorized to receive the child.

Transportation Plan. For all transportation conducted by the Program or on behalf of the Program, the following requirements shall be met:
(a) Program and Passenger Information. Each vehicle used to transport children shall contain current information including the full names of all children to be transported and each child's pick-up location, pick-up time, delivery location, alternate delivery location if a Parent is not at home and name of person authorized to receive each child. In addition, the vehicle shall contain current information identifying the Program's name and telephone number and the name of the driver of the vehicle.
(b) Emergency Medical Information. An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the Program uses in the area where the Program is located and the telephone numbers where the Parent(s) can be reached.
(c) Passenger Transportation Checklists. A passenger transportation checklist, provided by or in a format approved by the Department, shall be used to account for each child during transportation. A separate passenger checklist shall be used for each vehicle.
1. The first and last name of each child transported shall be documented on the passenger transportation checklist. Each child shall be listed individually; a sibling group shall not be listed as a single entry, for example, an entry of Smith children would be unacceptable.
2. The driver or other designated person shall immediately document in writing, with a check or other mark/symbol to account for each child listed on the passenger transportation checklist each time a child enters and exits the vehicle. The driver or other designated person shall document in writing with a different mark/symbol to account for each child listed on the passenger transportation checklist who was not present on the vehicle for any reason. An explanation shall be documented in writing whenever a child is transported to a field trip site but is not present on the return trip to the Program.
3. The driver or other designated Staff person shall also document in writing the departure/arrival times for all types of transportation on the passenger transportation checklist as follows:

(i) Home Transportation - Each time the vehicle departs from the Program, arrives at the location where any child is picked up or dropped off and when the vehicle returns to the Program.
(ii) Field Trip Transportation- Each time the vehicle leaves the Program, arrives at a field trip destination, leaves a field trip destination, and returns to the Program.
4. The Staff person on the vehicle responsible for keeping the passenger transportation checklist shall give the completed passenger transportation checklist to the Director or the Director's designated Staff person at the Program as set forth below:
(i) Immediately upon return to the Program at the completion of the trip once the vehicle has been checked; or
(ii) The next business day following the completion of the trip if the vehicle did not return to the Program at the end of the trip or if the Program was closed when the vehicle returned.
5. Passenger transportation checklists shall be maintained as Program records for one (1) year.
(d) Checking the Vehicle - To ensure that all children have been unloaded from transportation vehicles, regardless of whether the vehicle is equipped with a child safety alarm devices, the vehicle shall be thoroughly checked first by a designated Staff person who was present on the vehicle during the trip and then by a second designated Staff person, who may or may not have been present on the vehicle during the trip, to ensure that two checks of the vehicle have been completed.
1. The first check shall be conducted immediately upon unloading the last child at any location including, but not limited to, a field trip destination, arrival at the Program, and the last stop during transportation to home or school. The responsible person on the vehicle shall:
(i) Physically walk through the entire vehicle;
(ii) Visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior;
(iii) Sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle; and
(iv) Give the passenger transportation checklist(s) to the second designated Staff person.
2. The second designated Staff person shall conduct a check of the vehicle as stated in Rule 591-1-1-.36(7)(d)1.(i) through (iii) above. The second check shall be conducted immediately upon the completion of the first check of the vehicle. There shall be continuous watchful oversight of the vehicle between the first check and second check.
3. If a second designated Staff person is not available to conduct a second check of the vehicle, the driver shall check the vehicle as stated in Rule 591-1-1-.36(7)(d)1.(i) through (iii) above and then report by phone to the Director or designated Staff person that the check has been completed and no children remain on the vehicle. (Possible circumstances include, but are not limited to: the Program has closed when the driver returns with the vehicle; the driver is the only Staff person on the vehicle at the last destination during home, school or field trip transportation; the driver takes the vehicle home at the end of the day.) The time and verification of such telephone contact shall be immediately documented and signed on the passenger transportation checklist(s) by the driver.

Supervision of Vehicles. A child shall never be left unattended in a vehicle.

S. Field Trips
Parental Permission. A program hall obtain written permission from Parent(s) in advance of the child's participation in any field trip and such permission must be signed and dated by a Parent.

List of Trip Participants. A list of children and adults participating in the trip shall be left at the program as well as be taken on the trip in the possession of the adult in charge of the trip.

Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the program uses in the area where the program is located; and the telephone numbers where the Parent(s) can be reached shall be left at the program as well as be taken on the trip in the possession of the adult in charge of the trip.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

R. Transportation
Vehicle Safety. Vehicles used for transporting children shall be maintained as follows:
(a) Annual Safety Check. Each vehicle shall have a satisfactory annual safety check, completed by a trained individual, of at least: tires, headlights, horn, taillights, turn signals, brake lights, brakes, suspension, exhaust system, steering, windows, windshields and windshield wipers. A copy of a standard inspection report used by the Department or an equivalent shall be kept on file at the program or on the vehicle and should include evidence of any repairs and/or replacements that were identified as needed on the inspection report.
(b) Interior. Interior of a transportation vehicle must be clean and in safe repair and free of hazardous items, objects and/or other non-essential items which could impede the children's access or egress from the vehicle or cause injury if the items were thrown about the vehicle as a result of a collision.
(c) Child Passenger Restraints. All children transported in a vehicle provided by or

used by the program shall be secured in a child passenger restraining system or seat safety belt in accordance with current state and federal laws and regulations. The child passenger restraining system and seat safety belts must be installed and used in accordance with the manufacturer's directions for such system and used in accordance with the manufacturer's directions with respect to restraining, seating or positioning the child being transported in the vehicle.
Driver. Whenever the program transports children for any reason, the driver of the vehicle shall be at least eighteen (18) years of age and possess a valid driver's license as required for the class of vehicle that the driver will be operating for the program.
CPR and First Aid Training. Either the driver or another Staff person present on the vehicle shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid offered by certified or licensed health care professionals and which dealt with the provision of emergency care to infants and children.

Additional Staff. When the program transports children for any reason, the following Staff:child ratios shall be maintained:
- Driver + One (1) Staff Members [The additional Staff must be at least eighteen (18) years of age or older]
- When transporting three (3) or more children under three years of age;
- When seven (7) or more children under five (5) years of age occupy vehicle;
- When eighteen (18) or more children five (5) years of age or older occupy the vehicle.

- Driver + Two (2) Staff Members [One (1) of the additional Staff members must be at least eighteen (18) years of age]
- When eight (8) or more children under three (3) years of age occupy the vehicle with other children;
- When more than twenty (20) children under five years of age occupy the vehicle with other children.

Staffing Requirements When Transporting More Than Thirty-Six (36) Children.
1. When more than thirty-six (36) children under five (5) years of age occupy the vehicle, the Staff:child ratios as stated in Rules 591-1-1-.32(1) and 591-1-1-.32(2) shall be met.
2. When more than thirty-six (36) children five (5) years of age and older are transported with no children under the age of five (5) years, there shall be a minimum of two (2) Staff persons for the first thirty-six (36) children and there must be one additional Staff person for each additional twenty (20) children. This means a third Staff person would be required if transporting thirty-seven (37) to fifty-six (56) children five (5) years and older.

Parental Authorization. For routine transportation provided by the program or on behalf of the program, the child's Parent(s) must provide written authorization for the transportation and specify routine pick-up location, routine pick-up time, routine delivery location, routine delivery time and the name of any person

authorized to receive the child.

Transportation Plan. For all transportation conducted by the Program or on behalf of the Program, the following requirements shall be met:
(a) Program and Passenger Information. Each vehicle used to transport children shall contain current information including the full names of all children to be transported and each child's pick-up location, pick-up time, delivery location, alternate delivery location if a Parent is not at home and name of person authorized to receive each child. In addition, the vehicle shall contain current information identifying the Program's name and telephone number and the name of the driver of the vehicle.
(b) Emergency Medical Information. An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the name and phone number of the child's doctor, the local medical facility that the Program uses in the area where the Program is located and the telephone numbers where the Parent(s) can be reached.
(c) Passenger Transportation Checklists. A passenger transportation checklist, provided by or in a format approved by the Department, shall be used to account for each child during transportation. A separate passenger checklist shall be used for each vehicle.
1. The first and last name of each child transported shall be documented on the passenger transportation checklist. Each child shall be listed individually; a sibling group shall not be listed as a single entry, for example, an entry of Smith children would be unacceptable.
2. The driver or other designated person shall immediately document in writing, with a check or other mark/symbol to account for each child listed on the passenger transportation checklist each time a child enters and exits the vehicle. The driver or other designated person shall document in writing with a different mark/symbol to account for each child listed on the passenger transportation checklist who was not present on the vehicle for any reason. An explanation shall be documented in writing whenever a child is transported to a field trip site but is not present on the return trip to the Program.
3. The driver or other designated Staff person shall also document in writing the departure/arrival times for all types of transportation on the passenger transportation checklist as follows:
(i) Home Transportation - Each time the vehicle departs from the Program, arrives at the location where any child is picked up or dropped off and when the vehicle returns to the Program.
(ii) Field Trip Transportation- Each time the vehicle leaves the Program, arrives at a field trip destination, leaves a field trip destination, and returns to the Program.
4. The Staff person on the vehicle responsible for keeping the passenger transportation checklist shall give the completed passenger transportation checklist to the Director or the Director's designated Staff person at the Program as set forth below:
(i) Immediately upon return to the Program at the completion of the trip once the

vehicle has been checked; or
(ii) The next business day following the completion of the trip if the vehicle did not return to the Program at the end of the trip or if the Program was closed when the vehicle returned.
5. Passenger transportation checklists shall be maintained as Program records for one (1) year.
(d) Checking the Vehicle - To ensure that all children have been unloaded from transportation vehicles, regardless of whether the vehicle is equipped with a child safety alarm devices, the vehicle shall be thoroughly checked first by a designated Staff person who was present on the vehicle during the trip and then by a second designated Staff person, who may or may not have been present on the vehicle during the trip, to ensure that two checks of the vehicle have been completed.
1. The first check shall be conducted immediately upon unloading the last child at any location including, but not limited to, a field trip destination, arrival at the Program, and the last stop during transportation to home or school. The responsible person on the vehicle shall:
(i) Physically walk through the entire vehicle;
(ii) Visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior;
(iii) Sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle; and
(iv) Give the passenger transportation checklist(s) to the second designated Staff person.
2. The second designated Staff person shall conduct a check of the vehicle as stated in Rule 591-1-1-.36(7)(d)1.(i) through (iii) above. The second check shall be conducted immediately upon the completion of the first check of the vehicle. There shall be continuous watchful oversight of the vehicle between the first check and second check.
3. If a second designated Staff person is not available to conduct a second check of the vehicle, the driver shall check the vehicle as stated in Rule 591-1-1-.36(7)(d)1.(i) through (iii) above and then report by phone to the Director or designated Staff person that the check has been completed and no children remain on the vehicle. (Possible circumstances include, but are not limited to: the Program has closed when the driver returns with the vehicle; the driver is the only Staff person on the vehicle at the last destination during home, school or field trip transportation; the driver takes the vehicle home at the end of the day.) The time and verification of such telephone contact shall be immediately documented and signed on the passenger transportation checklist(s) by the driver.

Supervision of Vehicles. A child shall never be left unattended in a vehicle.

S. Field Trips
Parental Permission. A program hall obtain written permission from Parent(s) in advance of the child's participation in any field trip and such permission must be signed and dated by a Parent.

List of Trip Participants. A list of children and adults participating in the trip shall be left at the program as well as be taken on the trip in the possession of the adult

in charge of the trip.

Emergency Medical Information. Emergency medical information on each child to include allergies; special medical needs and conditions; current prescribed medications that the child is required to take on a daily basis for a chronic condition; the name and phone number of the child's doctor; the local medical facility that the program uses in the area where the program is located; and the telephone numbers where the Parent(s) can be reached shall be left at the program as well as be taken on the trip in the possession of the adult in charge of the trip.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.

First Aid and CPR
591-1-1-.14(1-3)
(1)Training. The Center Director must successfully complete a biennial training program in cardiopulmonary resuscitation (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 fifty percent (50%) of the caregiver Staff shall have completed such training and shall have current evidence of the completion of such training.
(a) In a Center that provides transportation, either the driver or another Staff person present on the vehicle shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid offered by certified or licensed health care professionals or trainers and which dealt with the provision of emergency care to infants and children.

(2) 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 cardiopulmonary resuscitation 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 satisfactorily complete certification by December 29, 2016. Staff members employed after September 30, 2016 must satisfactorily complete certification within 90 days from date of hire.

(3) Supplies. Each building of the Center and any vehicle used by the Center for transportation of children shall have a first aid kit which shall at least contain: scissors; tweezers; gauze pads; adhesive tape; thermometer; band-aids, assorted sizes; antibacterial ointment; insect-sting preparation; an antiseptic cleansing solution; triangular bandages; rubber gloves; protective eye wear; a protective face mask; and cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored so that it is not accessible to children but is easily accessible to Staff.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Requirements for Applications and Licenses
290-2-3-.04(2)(b)(3) License Applications and Requirements
(b) Pre-Service Training. Prior to the submission of the License 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 Department and which will include: Cardiopulmonary resuscitation (CPR) and first aid training programs offered by certified or licensed health care professionals or trainers and approved by the Department, which include emergency care for infants and children.

Staffing and Supervision
290-2-3-.07(8) First Aid and CPR. Every Provider, Provisional Employee and Employee with direct care responsibilities shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid which 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. The Provider, a Provisional Employee or Employee with current CPR and first aid training must always be on the Home's premises and on any field trip whenever any Child is present.

Health, Safety, and Discipline
290-2-3-.11(1)(e) The Home and any vehicle used by the Home for transportation of Children shall have a first aid kit which shall at least contain: scissors, tweezers, gauze pads, thermometer, adhesive tape, band-aids, insect-sting preparation, antiseptic cleaning solution, antibacterial ointment, bandages, disposable rubber gloves, protective eyewear, facemask, and cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored in a central location so that it is not accessible to Children but is easily accessible to the Provider and Staff. The Home must also maintain written

directions for the use of universal precautions for handling blood and bodily fluids. The directions on the use of universal precautions must be kept with the first aid kit at all times.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

G. First Aid and CPR
Informal providers must provide evidence of completing pediatric first aid and cardiopulmonary resuscitation (CPR) training prior to authorization of CAPS subsidy.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

G. First Aid and CPR
All Staff who provide direct care to children must obtain certification in pediatric first aid and cardiopulmonary resuscitation within the first 90 days of employment. The hours obtained completing this certification will not count toward required annual training hours. Staff employed prior to September 30, 2016, must satisfactorily complete certification by December 29, 2016. Staff members employed after September 30, 2016, must satisfactorily complete certification within 90 days from date of hire.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

G. First Aid and CPR
All Staff who provide direct care to children must obtain certification in pediatric first aid and cardiopulmonary resuscitation within the first 90 days of employment. The hours obtained completing this certification will not count toward required annual training hours. Staff employed prior to September 30, 2016, must satisfactorily complete certification by December 29, 2016. Staff members employed after September 30, 2016, must satisfactorily complete

certification within 90 days from date of hire.

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

First Aid and CPR
591-1-1-.14(1-2)
(1)Training. The Center Director must successfully complete a biennial training program in cardiopulmonary resuscitation (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 fifty percent (50%) of the caregiver Staff shall have completed such training and shall have current evidence of the completion of such training.
(a) In a Center that provides transportation, either the driver or another Staff person present on the vehicle shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid offered by certified or licensed health care professionals or trainers and which dealt with the provision of emergency care to infants and children.

(2) 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 cardiopulmonary resuscitation 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 satisfactorily complete certification by December 29, 2016. Staff members employed after September 30, 2016 must satisfactorily complete certification within 90 days from date of hire.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Requirements for Applications and Licenses
290-2-3-.04(2)(b)(3) License Applications and Requirements
(b) Pre-Service Training. Prior to the submission of the License 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 Department and which will include: Cardiopulmonary resuscitation (CPR) and first aid training

programs offered by certified or licensed health care professionals or trainers and approved by the Department, which include emergency care for infants and children.

Staffing and Supervision
290-2-3-.07(8) First Aid and CPR. Every Provider, Provisional Employee and Employee with direct care responsibilities shall have current evidence of successful completion of a biennial training program in cardiopulmonary resuscitation (CPR) and a triennial training program in first aid which 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. The Provider, a Provisional Employee or Employee with current CPR and first aid training must always be on the Home's premises and on any field trip whenever any Child is present.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

G. First Aid and CPR
Informal providers must provide evidence of completing pediatric first aid and cardiopulmonary resuscitation (CPR) training prior to authorization of CAPS subsidy.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

G. First Aid and CPR
All Staff who provide direct care to children must obtain certification in pediatric first aid and cardiopulmonary resuscitation within the first 90 days of employment. The hours obtained completing this certification will not count toward required annual training hours. Staff employed prior to September 30, 2016, must satisfactorily complete certification by December 29, 2016. Staff members employed after September 30, 2016, must satisfactorily complete certification within 90 days from date of hire.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to**

school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.

G. First Aid and CPR
All Staff who provide direct care to children must obtain certification in pediatric first aid and cardiopulmonary resuscitation within the first 90 days of employment. The hours obtained completing this certification will not count toward required annual training hours. Staff employed prior to September 30, 2016, must satisfactorily complete certification by December 29, 2016. Staff members employed after September 30, 2016, must satisfactorily complete certification within 90 days from date of hire.

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.

Staff Training
591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

591-1-1-.33(5) Annual Training. Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an

accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Staffing and Supervision
290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

290-2-3-.07(9) Annual Training. Every calendar year, after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained in the Home by the Provider, as required by these rules.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.**

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
• Recognition and reporting of child abuse and neglect

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training must address the following health and safety topics:
(j) Recognition and reporting of child abuse and neglect

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• Recognition and reporting of child abuse and neglect

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(j) Recognition and reporting of child abuse and neglect

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• Recognition and reporting of child abuse and neglect

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(j) Recognition and reporting of child abuse and neglect

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Operational Policies and Procedures
591-1-1-.21(1)(k) A Center shall establish and implement written policies and procedures which shall be kept current, be consistent with applicable laws, regulations and these rules, made available to the Parent(s) and used to govern the operations of the Center.

(1) The policies and procedures shall include the following: Child abuse reporting law requirements.

Required Reporting
591-1-1-.29(1) Child Abuse, Neglect or Deprivation. Within twenty-four (24) hours or the next work day, the Director or designated person-in-charge shall report or cause to be reported any suspected incidents of child abuse, neglect or deprivation to the local County Division of Family and Children Services in accordance with state law and to the Department, notifying that such a report was made.

Staff Training
591-1-1-.33(2) The initial Center orientation must include the following subjects: the Center's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

591-1-1-.33(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

591-1-1-.33(5) Annual Training. Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition,

injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

Inspections and Investigations
591-1-1-.37(a)(2) Inspections and Investigations. The Department may conduct inspections and investigations in the following instances: Upon receiving a report alleging child abuse, neglect or deprivation which occurred while the child was in the care of the Center Director, Provisional Employees or Employees.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.**

Inspections and Investigations
290-2-3-.05(a)(2) Inspections and Investigations. The Department may conduct inspections and investigations in the following instances: Upon receiving a report alleging child abuse, neglect or deprivation which occurred while the child was in the care of the Home Provider, Provisional Employees or Employees.

Staffing and Supervision
290-2-3-.07(6) The initial program orientation must include the following subjects: the Home's policies and procedures; the portions of these rules dealing with the care, health and safety of children; the Staff person's assigned duties and responsibilities; reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; emergency weather plans; the program's emergency preparedness plan; childhood injury control; the administration of medicine; reducing the risk of Sudden Infant Death Syndrome (SIDS); hand washing; fire safety; water safety; and prevention of HIV/AIDS and blood borne pathogens.

290-2-3-.07(7) Health and Safety Orientation. The Provider, Employees and Provisional Employees with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics: prevention and control of infectious diseases (including immunization); prevention of sudden infant death syndrome and use of safe sleeping practices; administration of medication, consistent with standards for parental consent; prevention of and response to emergencies due to food and allergic reactions; building and physical premises safety, including identification of and protection

from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility); handling and storage of hazardous materials and the appropriate disposal of bio contaminants; precautions in transporting children; recognition and reporting of child abuse and neglect; and child development.

290-2-3-.07(9) Annual Training. Every calendar year, after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained in the Home by the Provider, as required by these rules.

Required Reporting
290-2-3-.14(3) Child Abuse, Neglect or Deprivation. Within twenty-four (24) hours or the next work day, the Provider or designated person-in-charge shall report or cause to be reported any suspected incident of child abuse, neglect or deprivation to the local County Division of Family and Children Services in accordance with state law and to the Department, notifying that such a report was made.

iii. All CCDF-eligible licensed in-home care. Provide the standard: The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

J. Policies and Procedures
The Informal Provider shall have a written policy regarding the following:
• Recognition and reporting of child abuse and neglect

O. Staff Training
Each Informal Provider with direct care responsibilities shall complete health and safety training within 90 days of becoming a Provider. The state-approved training hours obtained will count toward required annual training hours. The training

must address the following health and safety topics:
(j) Recognition and reporting of child abuse and neglect

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

S. Required Reporting
The Informal Provider shall report or cause to be reported the following:
(a) Child Abuse, Neglect or Deprivation. Within twenty-four (24) hours or the next work day, suspected incidents of child abuse, neglect or deprivation shall be reported to the local County Department of Family and Children Services in accordance with state law and to the Department, notifying that such a report was made.

[ ] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• Recognition and reporting of child abuse and neglect

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(d) Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(j) Recognition and reporting of child abuse and neglect

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

T. Required Reporting

The Administrator or designated person-in-charge shall report or cause to be reported the following:
(a) Child Abuse, Neglect or Deprivation. Suspected incidents of child abuse, neglect or deprivation shall be reported to the local County Department of Family and Children Services in accordance with state law.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **N/A**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **N/A**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.**

J. Policies and Procedures
Program shall have a written policy regarding the following:
• Recognition and reporting of child abuse and neglect

P. Staff Training
Program Orientation. Prior to assignment to children or task, all staff must receive an orientation on the following subjects:
(d) Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;

Health & Safety Orientation training
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 annual training hours. Staff employed 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:
(j) Recognition and reporting of child abuse and neglect

The Health and Safety Orientation Certificate that includes all topic requirements can be obtained by locating a training vendor offering this course at GaPDS.decal.ga.gov. DECAL also provides this training at no charge to Georgia participants, which can be accessed through GaPDS OLLI trainings.

T. Required Reporting
The Administrator or designated person-in-charge shall report or cause to be reported the following:
(a) Child Abuse, Neglect or Deprivation. Suspected incidents of child abuse, neglect or deprivation shall be reported to the local County Department of Family and Children Services in accordance with state law.

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Food Service and Nutrition

591-1-1-.15(1-3)

(1) Compliance with USDA Nutritional Guidelines. Meals and snacks with serving sizes dependent upon the age of the child shall meet nutritional guidelines as established by the United States Department of Agriculture Child and Adult 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 diet.

(2) Feeding of Infants and Children. A signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s). Instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the child's assigned room and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies.

(a) Center Personnel shall hold and feed infants less than six (6) months of age and older children who cannot hold their own bottles or sit alone. Baby bottles shall never be propped; the infant's head shall be elevated while feeding.
(b) Honey shall not be served to children less than one (1) year of age.
(c) Age-appropriate solid foods (including cereal) shall not be given to infants or children less than one (1) year of age until recommended as developmentally appropriate by the child's primary care physician and indicated in writing by the Parent(s). As soon as the feeding plan indicates that a child is ready for solid foods, the child shall be fed from individual spoons and individual containers or dishes. A child shall not be fed directly from the original baby food container if the contents are to be fed to the child at more than one (1) meal or to more than one (1) child.
(d) As soon as the child exhibits a desire to feed him/herself, the child shall be assisted and encouraged to use their fingers for self-feeding, eat with a spoon, and to drink from individual cups.
(e) The Center shall encourage and support breastfeeding. Centers shall have a designated area set aside for breastfeeding mothers to breastfeed.
(f) Food for infants or children less than one (1) year of age shall be cut into pieces one-quarter inch or smaller and food for toddlers shall be cut into pieces one-half inch or smaller to prevent choking.
(g) Center Personnel shall ensure that children do not have excessive amounts of food in their mouths while eating and are chewing their food appropriately to prevent instances of choking. Children shall always be seated when eating and shall not be allowed to lie down or be put to sleep while food is present in their mouths.
(3) Baby Bottles and Formula. All baby bottles shall be clearly labeled with the individual child's name. Formula or breast milk shall be supplied by the Parent daily in bottles. Only the current day's formula or breast milk shall be served. Bottles shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or less. If formula must be provided by the Center, only commercially prepared, ready-to-feed formula shall be used. Refrigerated or

frozen breast milk shall only be heated or thawed under warm running water or in a container of warm water.

591-1-1-.15(5) Menus. The Center shall provide a menu listing all meals and snacks to be served during the current week except for School-age Centers where the food may be provided by the Parent(s) by agreement between the School-age Center and the Parent(s). Substitutions shall be recorded on the posted menu. Menus shall be retained at the Center for six (6) months.

591-1-1-.15(6)(a) Meal Service.
(a) Children shall be served all meals and snacks scheduled for the period during which they are present. In those Centers where the Parent(s) of children enrolled provide the meals and snacks, the Center shall ensure that no child remains at the Center without receiving the scheduled nutritious meals and snacks. There shall be a period of at least two (2) hours between each required meal or snack. The following meals and snacks shall be scheduled and served by the Center when appropriate: breakfast or a morning snack, lunch, an afternoon snack, supper if a Center operates evening care and an evening snack prior to bed time if a Center operates night time care.

591-1-1-.15(8-9)
(8) Foods and drinks with little or no nutritional value, i.e., sweets, soft drinks, etc. shall be served only on special occasions and only in addition to the required nutritious meals and snacks. Powdered nonfat dry milk shall only be used for cooking purposes.
(9) Modified Diets. When a child requires a modified diet for medical reasons, a written statement from a medical authority shall be on file. When a child requires a modified diet for religious reasons, a written statement to that effect from the child's Parent(s) shall be on file. All caregiver Personnel shall be informed of the diet restriction for the child and only food that complies with the prescribed dietary regimen but still meets the food and

nutrition requirements shall be served to the child.

Staff Training

591-1-1-.33(4) Food Preparation and Nutrition Training. Within the first year of employment, the Director and the person primarily responsible for food preparation shall receive four (4) clock hours of training in food nutrition planning, preparation, serving, proper dish washing and food storage.

591-1-1-.33(5) Annual Training. Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Nutrition and Food Services

290-2-3-.10(1-4)

(1) Compliance with USDA Nutritional Guidelines. Meals and snacks with serving sizes dependent upon the age of the child shall meet nutritional

guidelines as established by the United States Department of Agriculture Child and Adult 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 diet.
(2) Non-nutritional Food. Foods and drinks with little or no nutritional value, i.e., sweets, soft drinks, etc. shall be served only on special occasions and only in addition to the required nutritious meals and snacks. Powdered nonfat dry milk shall not be used except for cooking purposes.
(3) Feeding of Infants and Children. A signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s). Instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the main child care area and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies.
(a) Staff shall hold and feed infants less than six (6) months of age and older children who cannot hold their own bottles or sit alone. Baby bottles shall never be propped; the infant's head shall be elevated while feeding.
(b) Honey shall not be served to children less than one (1) year of age.
(c) Age-appropriate solid foods (including cereal) shall not be given to infants or children less than one (1) year of age until recommended as developmentally appropriate by the child's primary care physician and indicated in writing by the Parent(s). As soon as the feeding plan indicates that a child is ready for solid foods, the child shall be fed from individual spoons and individual containers or dishes. A child shall not be fed directly from the original baby food container if the contents are to be fed to the child at more than one (1) meal or to more than one (1) child.
(d) As soon as the child exhibits a desire to feed him/herself, the child shall be assisted and encouraged to use their fingers for self-feeding, eat with a spoon, and to drink from individual cups.

(e) The Home shall encourage and support breastfeeding. The Home shall have a designated area set aside for breastfeeding mothers to breastfeed.
(f) Food for infants or children less than one (1) year of age shall be cut into pieces one-quarter inch or smaller and food for toddlers shall be cut into pieces one-half inch or smaller to prevent choking.
(g) The Home shall ensure that children do not have excessive amounts of food in their mouths while eating and are chewing their food appropriately to prevent instances of choking. Children shall always be seated when eating and shall not be allowed to lie down or be put to sleep while food is present in their mouths.
(4) Baby Bottles and Formula. All baby bottles shall be clearly labeled with the individual child's name. Formula or breast milk shall be supplied by the Parent daily in bottles. Only the current day's formula or breast milk shall be served. Bottles shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or less. If formula must be provided by the Home, only commercially prepared, ready-to-feed formula shall be used. Refrigerated or frozen breast milk shall only be heated or thawed under warm running water or in a container of warm water.
290-2-3-.10(6) Menus. The Home shall provide a menu listing all meals and snacks to be served during the current week. Substitutions shall be recorded on the posted menu. Menus shall be retained at the Home for six (6) months.

290-2-3-.10(7)(a) Meal Service. Children shall be served all meals and snacks scheduled for the period during which they are present in the Home. This includes breakfast or a morning snack, lunch, an afternoon snack, supper (if the Home offers evening care), and an evening snack prior to bedtime (if the Home offers night time care). In those Homes where the Parent(s) of children enrolled provide the meals and snacks, the Home shall ensure that no child remains at the Home without receiving the scheduled nutritious meals and snacks. There shall be a period of at least two (2) hours between each required meal or snack.

290-2-3-.10(9) Modified Diets. When a child requires a modified diet for medical reasons, a written statement from a medical authority shall be on file. When a child requires a modified diet for religious reasons, a written statement to that effect from the child's Parent(s) shall be on file. Staff shall be informed of the diet restriction for the child and only food that complies with the prescribed dietary regimen but still meets the food and nutrition requirements shall be served to the child.

Staffing and Supervision

290-2-3-.07(9) Annual Training. Every calendar year, after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained in the Home by the Provider, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

P. Staff Training

Ongoing Training

On an annual basis, all supervisory and caregiver personnel, shall attend ten (10) clock hours of training which is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university or vocational program or other Department-approved source.

CAPS Policy Manual - 15.5 Compliance Standards for License-exempt and Informal Providers

15.5.3.3 Training for license-exempt and informal providers may be completed online or through instructor-led courses and must cover, at a minimum, the following topic areas:

- Prevention and control of infectious diseases (including immunizations)
- Prevention of sudden infant death syndrome (SIDS) and use of safe sleep practices
- Administration of medication consistent with standards for parent 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, abusive head trauma, and child maltreatment
- 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
- Recognition and reporting of child abuse and neglect
- Nutrition and access to physical activity
- Promotion of child development

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal

in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

O. Staff Training

Ongoing Training

On an annual basis, all supervisory and caregiver personnel, shall attend ten (10) clock hours of training which is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university or vocational program or other Department-approved source.

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• Prevention and control of infectious diseases (including immunizations)

• Prevention of sudden infant death syndrome (SIDS) and use of safe sleep practices

• Administration of medication consistent with standards for parent 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, abusive head trauma, and child maltreatment

• 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

• Recognition and reporting of child abuse and neglect

• Nutrition and access to physical activity

• Promotion of child development

The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.

P. Staff Training

Ongoing Training

On an annual basis, all supervisory and caregiver personnel, shall attend ten (10) clock hours of training which is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university or vocational program or other Department-approved source.

CAPS Policy Manual - 15.5 Compliance Standards for License-exempt and Informal Providers

15.5.3.3 Training for license-exempt and informal providers may be completed online or through instructor-led courses and must cover, at a minimum, the following topic areas:

- Prevention and control of infectious diseases (including immunizations)
- Prevention of sudden infant death syndrome (SIDS) and use of safe sleep practices
- Administration of medication consistent with standards for parent 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, abusive head trauma, and child maltreatment
- 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

• Recognition and reporting of child abuse and neglect
• Nutrition and access to physical activity
• Promotion of child development

ii. Access to physical activity. Describe: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Activities
591-1-1-.03(1) The Center 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. Center Staff shall use a variety of teaching methods to accommodate the needs of the children's different learning styles.

591-1-1-.03(5)(a)(b)(e) A variety of activities shall be planned for each group that include, but are not limited to:
(a) Indoor and outdoor play;
(b) A balance of quiet and active periods;
(e) Large muscle activities, such as but not limited to, running, riding, climbing, balancing, jumping, throwing, or digging;

591-1-1-.03(7)(a)-(c) Outdoor Activities. Outdoor activities shall be provided daily, weather permitting, in accordance with the following:
(a) Centers operating five (5) hours or more per day shall provide each child who is not an infant at least one and one-half (11/2) hours of outdoor activity per day and infants shall spend at least one (1) hour daily outdoors.
(b) Centers operating less than five (5) hours per day shall provide a brief outdoor period for the children daily.
(c) A child may be excused from outdoor activities for a limited period of time if there is documentation that outdoor activity is medically

contraindicated or there is an occasional written request by the parent that the child be excused from outdoor activities for a very limited amount of time because of special circumstances.

Playgrounds

591-1-1-.26(1)(a-b)

(1) Size.

(a) For Centers with a licensed capacity of 19 or more children first licensed after March 1, 1991, the Center shall provide or have ready access to an outdoor play area. The minimum size of the outdoor area must be equal to one hundred (100) square feet times one-third (1/3) of the Center's licensed capacity for children.

(b) For Centers with a licensed capacity of 18 or fewer children first licensed after April 21, 1991, the Center shall provide or have ready access to an outdoor play area. The minimum size of the outdoor area must be equal to one hundred (100) square feet times the center's licensed capacity for children.

Staff Training

591-1-1-.33(5) Annual Training. Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Children's Activities

290-2-3-.09(1)(a)(b)(e) The Family Child Care Learning Home shall provide a variety of daily activities appropriate for the Children's chronological ages and developmental levels. Children with special needs shall be integrated into the activities provided by the Family Child Care Learning Home unless contraindicated medically or by parental agreement. Activities shall be planned for each group to allow for:

(a) Indoor and outdoor play;

(b) A balance of quiet and active periods;

(e) Large muscle activities, such as, but not limited to, running, riding, climbing, balancing, jumping, throwing, or digging;

290-2-3-09(3) Children shall spend some time of each day outside when the children's health and the weather permits.

Staffing and Supervision

290-2-3-.07(9) Annual Training. Every calendar year, after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and

safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained in the Home by the Provider, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

A. Activities

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.

CAPS Policy Manual - 15.5 Compliance Standards for License-exempt and Informal Providers

15.5.3.3 Training for license-exempt and informal providers may be completed online or through instructor-led courses and must cover, at a minimum, the following topic areas:

- Prevention and control of infectious diseases (including immunizations)
- Prevention of sudden infant death syndrome (SIDS) and use of safe sleep practices
- Administration of medication consistent with standards for parent 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, abusive head trauma, and child maltreatment

• 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

• Recognition and reporting of child abuse and neglect

• Nutrition and access to physical activity

• Promotion of child development

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

A. Activities

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.

CAPS Policy Manual - 15.5 Compliance Standards for License-exempt and Informal Providers

15.5.3.3 Training for license-exempt and informal providers may be completed online or through instructor-led courses and must cover, at a minimum, the following topic areas:

• Prevention and control of infectious diseases (including immunizations)

• Prevention of sudden infant death syndrome (SIDS) and use of safe sleep practices

• Administration of medication consistent with standards for parent 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, abusive head trauma, and child maltreatment
• 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
• Recognition and reporting of child abuse and neglect
• Nutrition and access to physical activity
• Promotion of child development

The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.

A. Activities
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.

CAPS Policy Manual - 15.5 Compliance Standards for License-exempt and Informal Providers
15.5.3.3 Training for license-exempt and informal providers may be completed online or through instructor-led courses and must cover, at a minimum, the following topic areas:
• Prevention and control of infectious diseases (including immunizations)
• Prevention of sudden infant death syndrome (SIDS) and use of safe sleep

practices

• Administration of medication consistent with standards for parent 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, abusive head trauma, and child maltreatment

• 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

• Recognition and reporting of child abuse and neglect

• Nutrition and access to physical activity

• Promotion of child development

iii. Caring for children with special needs. Describe: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Activities

591-1-1-.03(4) A Child with Special Needs shall be integrated into the activities provided by the Center unless contraindicated medically or by written parental agreement.

Admission and Enrollment

591-1-1-.04(2) The admission of a Child with Special Needs must be in compliance with the Americans with Disabilities Act, and a reasonable effort must be made to accommodate the child's needs and to integrate the child with other children. These accommodations must be in writing and the result of a mutual agreement between the Center 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 Center or the Parents.

Children's Records

591-1-.08(1)(a) A Center must maintain a file for each child while such child is in care at the Center and for a period of one (1) year after such child is no longer in care at the Center. In order for the file to be complete, the file shall contain the following: identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both Parents, name of school, if applicable; identifying information about the Parent(s) to include: names of both Parents, if applicable, home and work addresses, and home and work telephone numbers; name(s) and addresses of the person(s) to whom the child may be released. Such information shall contain the authorized person's address, telephone numbers, relationship to child and to Parent(s) and other identifying information; identifying information about the person(s) to contact in emergencies when the Parent cannot be reached to include name(s) and telephone number(s); identifying information about the child's primary source of health care to include physician's or clinic's name and telephone number; and a statement regarding known allergies or other physical problems, mental health disorders, intellectual disabilities or developmental disabilities which would limit the child's participation in the Center's program and activities.

(a)The file shall contain a description of any special procedures to be followed in caring for the child, including any special services which the Center agrees to provide to a Child with Special Needs.

Operational Policies and Procedures

591-1-1-.21(2) The Center shall have written documentation signed by the Parent(s) in each child's file that the Director or designee has: provided to the Parent(s) a copy of the Center's policies and procedures required by this rule; advised the Parent(s) of the safe sleep practices followed by the Center; advised the Parent(s) of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs; and encouraged

participation by Parent(s) in Center activities.

Staff Training

591-1-1-.33(5) Annual Training. Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Children's Records

290-2-3-.08(8)(b)(12) Policies and Procedures. Each Family Child Care Learning Home shall establish policies and procedures, which shall be kept current, be consistent with applicable laws, including but not limited to the Americans with Disabilities Act, regulations and these rules, made available to the Parents, and used to govern the operations of the Family Child Care Learning Home.

(b)The policies and procedures shall also include written procedures for the

following: Any information requested by the Parent concerning the operation of the Family Child Care Learning Home or the care of the Child, including but not limited to a description of any special procedures to be followed in caring for the Child, such as any special services which the Home agrees to provide to a Child with special needs. The Parent(s) will be provided daily communication (verbal/written) regarding the care of the Child, especially with infants, toddlers and nonverbal Children. Additionally, the Provider must bring special problems or significant developments to the Parent's attention as soon as they arise.

Children's Activities

290-2-3-.09(1) The Family Child Care Learning Home shall provide a variety of daily activities appropriate for the Children's chronological ages and developmental levels. Children with special needs shall be integrated into the activities provided by the Family Child Care Learning Home unless contraindicated medically or by parental agreement.

Staffing and Supervision

290-2-3-.07(9) Annual Training. Every calendar year, after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained in the Home by the Provider, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

A. Activities

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.

Individual Attention. Personnel shall provide individual attention to each child as evidenced by:

1. Responding promptly to the child's distress signals and need for comfort.
2. Playing with and talking to the children.
3. Providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions as the developmental age of the child dictates.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

A. Activities

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.

Individual Attention. Personnel shall provide individual attention to each child as evidenced by:
1. Responding promptly to the child's distress signals and need for comfort.
2. Playing with and talking to the children.
3. Providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions as the developmental age of the child dictates.

The following standards are applicable to school-age children in all CCDF-eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.
A. Activities
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.

Individual Attention. Personnel shall provide individual attention to each child as evidenced by:
1. Responding promptly to the child's distress signals and need for comfort.
2. Playing with and talking to the children.
3. Providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions as the developmental age of the

child dictates.

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed center care and are found in Rules and Regulations for Child Care Learning Centers.**

Activities
591-1-1-.03(1-3)
(1) The Center 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. Center Staff shall use a variety of teaching methods to accommodate the needs of the children's different learning styles.
(2) Current lesson plans shall be kept on site and reflect appropriate instruction practices and activities to support children's development. The Center shall have sufficient and varied play and learning equipment and materials to support the above program of activities in all developmental areas.
(3) Opportunities for each child to make choices in a variety of activities shall be offered.

591-1-1-.03(5) A variety of activities shall be planned for each group that include, but are not limited to:
(a) Indoor and outdoor play;
(b) A balance of quiet and active periods;
(c) A balance of supervised free choice and caregiver-directed activities;
(d) Individual, small group and large group activities;
(e) Large muscle activities, such as but not limited to, running, riding, climbing, balancing, jumping, throwing, or digging;
(f) Small muscle activities, such as but not limited to, building with blocks or

construction toys, use of puzzles, shapes, nesting or stacking toys, pegs, lacing, sorting beads, or clay;
(g) Language experiences, such as but not limited to, listening, talking, rhymes, fingerplays, stories, use of film strips, recordings or flannel boards;
(h) Arts and crafts, such as but not limited to, painting, coloring, cutting, or pasting;
(i) Dramatic play, such as but not limited to, play in a home center, with dolls, puppets, or dress up;
(j) Rhythm and music, such as but not limited to, listening, singing, dancing, or making music; and
(k) Nature and science experiences, such as but not limited to, measuring, pouring, activities related to the "world around us" such as nature walks, plants, leaves or weather or experiences in using the five senses through sensory play.

Staff Training
591-1-1-.33(5) Annual Training. Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible licensed family child care homes and are found in Rules and Regulations for Family Child Care Learning Homes.

Children's Activities

290-2-3-.09(1)(a-k);

(1) The Family Child Care Learning Home shall provide a variety of daily activities appropriate for the Children's chronological ages and developmental levels. Children with special needs shall be integrated into the activities provided by the Family Child Care Learning Home unless contraindicated medically or by parental agreement. Activities shall be planned for each group to allow for:

(a) Indoor and outdoor play;

(b) A balance of quiet and active periods;

(c) A balance of supervised free choice and caregiver-directed activities;

(d) Individual, small group, and large group activities;

(e) Large muscle activities, such as, but not limited to, running, riding, climbing, balancing, jumping, throwing, or digging;

(f) Small muscle activities, such as, but not limited to, building with blocks or construction toys, use of puzzles, nesting or stacking toys, pegs, lacing, sorting beads, or clay;

(g) Language experiences, such as, but not limited to, listening, talking, rhymes, finger plays, stories, use of film strips, recordings or flannel boards;

(h) Arts and crafts, such as, but not limited to, painting, coloring, cutting, or pasting;

(i) Dramatic play, such as, but not limited to, play in a home center, with dolls, puppets, or dress up;

(j) Rhythm and music, such as, but not limited to, listening, singing, dancing, or making music; and

(k) Nature and science experiences, such as, but not limited to, measuring, pouring, activities related to the "world around us" such as nature walks,

plants, leaves or weather, or experiences in using the five senses through sensory play.

Staffing and Supervision

290-2-3-.07(9) Annual Training. Every calendar year, after the first year of employment, the Provider, Provisional Employees and Employees shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety and early childhood or child development related topics and which is offered by an accredited college, university or vocational program or other Department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained in the Home by the Provider, as required by these rules.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible license-exempt center care and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy.

A. Activities

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.

Individual Attention. Personnel shall provide individual attention to each child as evidenced by:
1. Responding promptly to the child's distress signals and need for comfort.
2. Playing with and talking to the children.
3. Providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions as the developmental age of the child dictates.

The following standards are applicable to infants, toddlers, preschoolers, and school-age children in all CCDF-eligible regulated (but not licensed) informal in-home care providers and are found in the Health & Safety Standards for Informal Providers Appendix HH.

A. Activities
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.

Individual Attention. Personnel shall provide individual attention to each child as evidenced by:
1. Responding promptly to the child's distress signals and need for comfort.
2. Playing with and talking to the children.
3. Providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions as the developmental age of the child dictates.

The following standards are applicable to school-age children in all CCDF-

eligible out-of-school programs and are found in Health & Safety Standards for License-Exempt Providers Receiving Subsidy. Out-of-school programs includes (1) day camps and (2) government-owned and operated providers.

A. Activities

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.

Individual Attention. Personnel shall provide individual attention to each child as evidenced by:

1. Responding promptly to the child's distress signals and need for comfort.

2. Playing with and talking to the children.

3. Providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions as the developmental age of the child dictates.

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[ ]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[ ]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[ ]
j. Pediatric first aid and pediatric CPR (age-	[x]	[x]	[ ]

	appropriate)			
k.	Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[x]**
l.	Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[ ]**

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **N/A**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Licensed providers receive at minimum the required unannounced licensing inspection annually. In addition to those inspections, licensing staff also conduct unannounced monitoring visits and complaint investigations to monitor for health and safety compliance with rules and regulations.**

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **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 on-site monitoring visits where core rules (rules the Lead Agency has identified as having the greatest impact on health and safety) are evaluated, in addition to any rules cited at the previous visit. Additional follow-up visits or complaint investigations may also be conducted during which certain identified rules are evaluated.**

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **Statewide licensing inspectors in the Child Care Services division within the Lead Agency are responsible for completing inspections.**

b. Licensed CCDF family child care providers

i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Licensed providers receive at minimum the required unannounced licensing inspection annually. In addition to those inspections, licensing staff also conduct unannounced monitoring visits and complaint investigations to monitor for health and safety compliance with rules and regulations.**

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **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 on-site monitoring visits where core rules (rules the Lead Agency has identified as having the greatest impact on health and safety) are evaluated, in addition to any rules cited at the previous visit. Additional follow-up visits or complaint investigations may also be conducted during which certain identified rules are evaluated.**

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **Statewide licensing inspectors in the Child Care Services division within the Lead Agency are responsible for completing inspections**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[ ] No.

[x] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[x] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Statewide licensing inspectors in the Child Care Services division within the Lead Agency are responsible for completing inspections.**
In-home child care providers are considered informal providers in Georgia and are not licensed, but instead are regulated by the Lead Agency.

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

[x] Annually.

[ ] More than once a year. If more than once a year, describe:

[ ] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **Statewide licensing inspectors in the Child Care Services division within the Lead Agency are responsible for completing inspections.**

b. License-exempt CCDF family child care providers

i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

[ ] Annually.

[ ] More than once a year. If more than once a year, describe:

[x] Other. If other, describe: **N/A**

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

[ ] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **N/A**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **N/A**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **N/A**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

a. Does the Lead Agency post:

i. **[ ]** Pre-licensing inspection reports for licensed programs.

ii. **[ ]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[ ]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

iv. **[x]** Other. Describe: **The lead agency was notified of possible non-compliance with 45 CFR §98.33 (a)(4) on May 23, 2024. Currently, the lead agency is posting information on major substantiated complaints, serious injuries for all licensed providers receiving subsidy. Additionally, the lead agency is posting all corrective action plans for licensed and license-exempt providers. Currently, the lead agency is not posting information on major substantiated complaints and serious injuries for license-exempt providers receiving subsidy and informal providers receiving subsidy and not posting information on corrective action taken by the state for informal providers receiving subsidy. The lead agency certifies that additional time is required to implement policies and procedures to come into compliance with the noted rule.**

b. Check if the monitoring and inspection reports and any related plain language summaries include:

i. **[x]** Date of inspection.

ii. **[ ]** Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

iii. **[ ]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe:

iv. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain: **The lead agency was notified of possible non-compliance with 45 CFR §98.33 (a)(4) on May 23, 2024. Currently, the lead agency is posting information on major substantiated complaints, serious injuries for all licensed providers receiving subsidy. Additionally, the lead agency is posting all corrective action plans for licensed and license-exempt providers. Currently, the lead agency is not posting information on major substantiated complaints and serious injuries for license-exempt providers receiving subsidy and informal providers receiving subsidy and not posting information on corrective action taken by the state for informal providers receiving subsidy. The lead agency certifies that additional time is required to implement policies and procedures to come into compliance with the noted rule.**

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **http://families.decal.ga.gov/ChildCare/Search and https://caps.decal.ga.gov/en/CAPSCaregiverVisits/**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **The Lead Agency requires that monitoring reports be posted to the agency's website within ten business days of the visit date or investigation completion. The posting of reports is reviewed on a bi-weekly basis to ensure that posting is timely. While new staff are being trained, their inspection reports are posted to the public website after being reviewed.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. **Licensing inspectors must possess at a minimum a bachelor's degree in early childhood education (ECE), child development, or a related field from an accredited college/university and two years of professional experience in the ECE or related early childhood field.**

The Lead Agency implements a two-phased onboarding process for training each licensing inspector on the health and safety requirements appropriate to the age of the children in care and the type of provider setting. This process includes classroom training on all areas of the state's licensing rules and regulations, on internal Child Care Services (CCS) policies and procedures, and on regulatory administration based on the principles and competencies found in the National Association for Regulatory Administration (NARA) best practices. The first phase of the onboarding process outlines the basic skills and competencies needed to become a licensing inspector provided through classroom training and scaffolded, hands on, field -based, skills training by shadowing veteran licensing staff. The second phase of the onboarding process focuses on newer licensing inspectors learning more advanced regulatory skills including assessing risk based on information given by outside reporters, conducting investigations, and amending program licenses. Additionally, during this second phase, new licensing inspectors acquire more detailed knowledge of the organization of CCS and GA Department of Early Care and Learning (DECAL) inclusion services. All CCS licensing inspectors must complete 24 hours of professional development each fiscal year. Ongoing professional development is offered throughout the year to all CCS staff including specific annual professional development days. Professional development for licensing inspectors includes risk assessment, case management, advance knowledge of licensing policies, and refresher on skills including licensor competencies, rule evaluation, updates to child development, updates to shaken baby preventions, best practices in safe sleep, school age programming, health and safety standards, and cultural awareness.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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. **All licensing consultants within Child Care Services (CCS) are onboarded and trained to be able to complete all aspects of the job, no matter the role or unit/region in which they are hired. Therefore, when fully staffed, 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 of the Lead Agency. Some of the consultant staff have been identified for specialized work duties (i.e., initial licensure processes, critical complaint investigations, and training) but they are still able to assist with completing program inspections as needed or required. This ratio allows for timely and thorough unannounced inspections of all licensed and license-exempt providers annually. In addition to those inspections, licensing staff also conduct unannounced monitoring visits and complaint**

investigations, as well as scheduled prelicensure visits to monitor for health and safety compliance with rules and regulations.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

a. Licensed child care centers: **The Lead Agency requires that every calendar year after the first year of employment, all supervisory and caregiver personnel, except independent contractors, students-in-training, and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety, and early childhood or child development related topics and which is offered by an accredited college, university, vocational program, or other department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control, and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.**

The Lead Agency works with the Georgia Training Approval System to ensure all private training vendors are creating training that is relevant and current to best practices and incorporating all health and safety topics required by the rule.

Child care licensing staff are trained to evaluate training certificates of staff during annual licensing inspections to ensure that a variety of on-going health and safety topics are taken as part of the on-going annual training requirement.

b. License-exempt child care centers: **All supervisory and caregiver personnel in license-exempt child care centers that receive CCDF subsidy funding are required to obtain ten (10) clock hours of training, annually, which is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university or vocational program or other Department-approved source. This training should be focused in on-going health, safety, and child development related topics, applicable to the roles and responsibilities of staff in the programs.**

The Lead Agency works with the Georgia Training Approval System to ensure all private training vendors are creating training that is relevant and current to best practices and

incorporating all health and safety topics required by the rule.

Child care licensing staff are trained to evaluate training certificates of staff during annual licensing inspections to ensure that a variety of on-going health and safety topics are taken as part of the on-going annual training requirement.

c. Licensed family child care homes: The Lead Agency requires that every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, students-in-training, and volunteers, shall attend ten (10) clock hours of diverse training which is task-focused in on-going health, safety, and early childhood or child development related topics and which is offered by an accredited college, university, vocational program, or other department-approved source. The annual ten (10) clock hours of training shall be chosen from the following fields: child development, including discipline, guidance, nutrition, injury control and safety; health, including sanitation, disease control, cleanliness, detection and disposition of illness; child abuse and neglect, including 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 (2) of the required ten (10) clock hours of training. Records of completion of such training shall be maintained, as required by these rules.

The Lead Agency works with the Georgia Training Approval System to ensure all private training vendors are creating training that is relevant and current to best practices and incorporating all health and safety topics required by the rule.

Child care licensing staff are trained to evaluate training certificates of staff during annual licensing inspections to ensure that a variety of on-going health and safety topics are taken as part of the on-going annual training requirement.

d. License-exempt family child care homes: N/A

e. Regulated or registered in-home child care: In CCDF-eligible regulated (but not licensed) informal in-home care all supervisory and caregiver personnel, shall attend ten (10) clock hours of training annually, which is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university or vocational program or other Department-approved source.

This training should be focused in on-going health, safety, and child development related topics, applicable to the roles and responsibilities of staff in the programs.

The Lead Agency works with the Georgia Training Approval System to ensure all private training vendors are creating training that is relevant and current to best practices and incorporating all health and safety topics required by the rule.

Child care licensing staff are trained to evaluate training certificates of staff during annual

licensing inspections to ensure that a variety of on-going health and safety topics are taken as part of the on-going annual training requirement.

f. Non-regulated or registered in-home child care: **N/A**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

[x] Yes.

[ ] No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

[x] Yes.

[ ] No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

[x] Yes.

[ ] No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

[x] Yes.

[ ] No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **When an applicant appears on the Georgia Child Abuse and Neglect Database (Known in Georgia as IONS) for deprivation, abuse, or neglect, the Lead Agency initially disqualifies the applicant from being present in a child care facility. If the applicant appeals the initial disqualification, the matter is submitted to the Georgia Office of State Administrative Hearings (OSAH) for review. If affirmed by the court, the applicant will remain disqualified from working in a child care facility.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

[ ] Does not use them to disqualify employment.

[x] Uses them to disqualify employment. If checked, describe: **The Lead Agency only uses interstate child abuse and neglect registry information received from another state, if that state offers appeal rights, to challenge their placement on the registry.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

[x] Yes.

[ ] No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

[x] Yes.

[ ] No. Describe:

ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

[x] Yes.

[ ] No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case

of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d. In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

e. Name-based national Sex Offender Registry (NCIC NSOR).

[x] Yes.

[ ] No. If no, describe:

f. Interstate criminal background check, as applicable.

[ ] Yes.

[x] No. If no, describe: **A provisional employee is permitted to begin working in a child care facility, for a period of no more than forty five days, while an interstate criminal record check is in process, so long as the provisional employee is supervised by a staff member who has a satisfactory comprehensive background check.**

g. Interstate Sex Offender Registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **A provisional employee is permitted to begin working in a child care facility, for a period of no more than forty five days, while an interstate sex offender record check is in process, so long as the provisional employee is supervised by a staff member who has a satisfactory comprehensive background check.**

h. Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **A provisional employee is permitted to begin working in a child care facility, for a period of no more than forty five days, while an interstate child abuse and neglect registry check is in process, so long as the provisional employee is supervised by a staff member who has a satisfactory comprehensive background check.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[x] Yes.

[ ] No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

[x] Yes.

[ ] No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

[x] Yes.

[ ] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **When the Lead Agency receives a request for criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state, the Lead Agency refers the requestor to the appropriate state or local entity that is responsible for processing such requests. Further, the Lead Agency refers the state to the Lead Agency's criminal record check page that also lists the pertinent information. The Lead Agency's website, found at https://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx, contains detailed instructions on how to obtain Georgia Child Abuse and Neglect information as well as Georgia Sex Offender Registry information. The website also informs requestors that Georgia participates in the National Fingerprint File program.**

c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:
https://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe:

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe:

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[ ]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe: **The Georgia Child Abuse and Neglect website requires the user to send an e-mail, by using a link on their webpage, to obtain any information about whether the subject has a substantiated incident.**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

[x] Yes.

[ ] No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

[x] Yes.

[ ] No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **Relative providers are exempt from a portion of monitoring and enforcement requirements in that informal caregivers receive a monitoring visit to evaluate compliance with health and safety standards between 90 and 120 days after enrolling in the CAPS program and once per federal fiscal year (October 1 through September 30) thereafter.**

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the

initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[ ]** Providing program-level grants to support investments in staff compensation.

ii. **[ ]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[x]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[x]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[x]** Other. Describe: **The Lead Agency is currently piloting a program (funded through ARPA) to support child care providers (center and family child care) by offering a tuition assistance benefit for their program staff. Through the pilot, providers receive funding to help offset the cost of child care for their employees who have children attending the same program in which they work. Data from the pilot is currently being collected to determine if offering the benefit supports recruitment efforts and increased retention of existing staff. The program will continue during the next state plan (three years) funded through CCDF and will be adjusted as needed based on information from the pilot. Additionally, recognizing that business owners in the child care industry would need skills to help them become financially self-sustaining as federal coronavirus relief funds reached an end, the Lead Agency partnered with a national management consulting firm and a statewide small business development center in 2023 to create the Thriving Child Care Business Academy. The Academy provides an online platform of free training and resources to give owners and administrators of child care centers and**

family homes the knowledge and tools to enhance their financial management, leadership, marketing, and human resources management skills to make their facilities thriving businesses. The training in human resources management includes webinars, small study groups, individual coaching, and bilingual self-study guides and videos covering staff recruitment and retention. Providers who take advantage of these resources can receive state-approved training hours and stipends in some cases.

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. Using ARPA funding, the Lead Agency has developed the Providing Our Workforce Essential Recognition for Educational Development (POWER-ED) program. Through POWER-ED, professionals participating in the DECAL Scholars program receive a wage supplement each semester they are enrolled in an Early Childhood Education (ECE) degree or credential program. Early data from the pilot shows POWER-ED is encouraging professionals to pursue ECE degrees or credentials. Upon graduation, recipients can participate in the Incentives program. The Incentives program offers an annual bonus for remaining with the same employer. An educator can participate in Incentives for up to five years if they continue to meet eligibility requirements. Incentives data shows the program supports retention in child care. The Lead Agency plans to use CCDF funding to continue both programs.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. The Lead Agency is exploring methods for supporting access to telehealth services for Early Childhood Education professionals. Currently, the Agency is collecting data from providers on access to and demand for additional benefits. In Georgia's Pre-K Program, the state's universal pre-kindergarten program for 4 year-olds, provides funding for benefits, at a rate of 24% to private child care program, for lead and assistant teachers in each Georgia's Pre-K classroom. Though the funding is provided for benefits, recipients are not required to provide benefits with the funds. The Lead Agency's data shows that even with this funding, these providers are only slightly more likely to provide some measure of benefits than those that do not receive pre-k funds. Overall, the data indicates that the median child care center does not provide benefits, while only 25% of providers report a benefit rate of 2% of higher and only 10% of providers report a benefit rate of 5% or higher. Future plans to offer or expand access are not known at this time as it is unclear to what degree the Lead Agency has the resources to create or enhance access across the early child care and education system in Georgia.

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. Through the Infant Early Childhood Mental Health (IECMH) Consultation Pilot, a master's level mental health professional is accessible to all child care center staff participating in the pilot. This contracted mental health provider can link the workforce to effective mental health resources in their communities and/or provide resources to the workforce as needed to support mental health and emotional wellbeing. The IECMH Consultant also provides mental health training to child care staff and families. The pilot currently serves 12 child care centers across three geographic areas (Savannah, Macon, and Atlanta - DeKalb County). The Lead Agency plans to continue this pilot. Expansion of the program will be informed by the pilot evaluation.

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **The Lead Agency currently oversees the DECAL Scholars program, a workforce program that supports professionals in pursuing early childhood education degrees and credentials. DECAL Scholars includes scholarships that pay tuition costs for students pursuing a degree at a technical college or university and training costs for students pursuing a Child Development Associate (CDA) credential. The Providing Our Workforce Essential Recognition for Educational Development (POWER-ED) program provides wage supplements to scholarships recipients as long as they remain enrolled in an early childhood education degree or credential program. Upon graduation, recipients are eligible to apply for the Incentives program, which offers an annual bonus payment (up to five years) if the individual maintains employment with the same employer. Using Child Care Development Fund (CCDF) and American Rescue Plan (ARP) funding, the DECAL Scholars program was revamped in 2023 to increase access to benefits for more professionals. Program changes included adjusting eligibility requirements to make more professionals eligible for the program and increasing financial supports for earning a CDA. Early data shows the program changes are resulting in more people accessing DECAL Scholars. CCDF funding will be used to maintain program changes.**

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **Recognizing that business owners in the child care industry would need skills to help them become financially self-sustaining as federal coronavirus relief funds reached an end, the Lead Agency partnered with a national management consulting firm and a statewide small business development center in 2023 to create the Thriving Child Care Business Academy. The Academy provides an online platform of free training and resources to give owners and administrators of child care centers and family homes the knowledge and tools to enhance their financial management, leadership, marketing, and human resources management skills to make their facilities thriving businesses. The training includes webinars, small study groups, individual coaching, and self-study guides and videos covering dozens of business topics for which providers can receive state-approved training hours and stipends in some cases. The Lead Agency plans to use CCDF funds to continue the Thriving Child Care Business Academy training program and expand its offerings during the next state plan period, including adding 3 – 5 new trainings and associated resources. Additionally, the Lead Agency incorporates training around business practices into its grants offered to child care administrators and will continue to provide offerings during the next state plan period. Directors of child care programs participating in Project LITTLE (Lifting Infants and Toddlers through Language Rich Environments) participate in a Director's Forum that covers topics on leadership, supporting grant implementation, and administrative practices that contribute to running successful child care programs.**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[x]** Fiscal management.

ii. **[x]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[x]** Risk management.

vi. **[x]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[x]** Use of technology in business administration.

x. **[x]** Compliance with employment and labor laws.

xi. **[x]** Other. Describe any other efforts to strengthen providers' administrative business: **The free Thriving Child Care Business Academy's online business training and resources available to center and family learning home owners and administrators also cover topics like tax planning, credits, deductions, and returns preparation; best practices leading to revenue growth and sustainability; business formation and incorporation; access to capital; staff benefits and compensation; emergency planning and continuity; retirement and succession planning; insurance; time management; enrollment management; setting rates; incorporation; enrolling in the Child and Adult Care Food Program (CACFP); depreciation; reducing stress; creating a tuition assistance policy.**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

a. Providers and staff with limited English proficiency: **Child Care and Parent Services (CAPS) created training videos which are accessible on the CAPS Provider Relations web page which include American with Disabilities Act (ADA) approved captioning in English and Spanish. The provider handbook and user guides are available in Spanish. The Department of Early Care and Learning (DECAL) contracts with an interpreting service to accommodate non-English speaking individuals or persons with limited English proficiency. CAPS emails providers prior to training sessions to determine if a provider needs the session in a language other than English.**

b. Providers and staff who have disabilities: **Childcare and Parent Services (CAPS) created tutorial videos for providers containing American with Disabilities Act (ADA) approved captioning in Spanish and English for individuals with hearing impairments. All training and resource materials are created with ADA approved font. Prior to any training session, providers are contacted to determine if they need any accommodations. In-person technical assistance is also offered to providers.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

[ ] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

[x]No.

b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

[x] Yes. If yes, identify the other key groups: **In 2022, the Lead Agency convened a Workforce Taskforce to make recommendations about continued workforce development and professional learning across the state. The taskforce included representatives from advocacy organizations, higher education, family child care, center directors and teachers, and professional organizations. Taskforce recommendations will be used to inform expansion of and updates to the state's professional development framework during the next state plan period.**

[ ] No.

6.2.2 Description of the professional development framework

a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **Georgia's Workforce Knowledge and Competencies (WKCs) 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 WKCs answer the question, "What should early learning and school-age professionals know and be able to do?" The Lead Agency has recently revised the WKCs for child care administrators, technical assistance providers, and trainers. The Lead Agency has started a review of the WKCs for teachers (last revised in 2017) to determine what updates are required to ensure the WKCs continue to align with best practices in ECE. Additionally, the Lead Agency has ten master's level mental health professionals who are certified by Georgetown University in Infant Early**

Childhood Mental Health Consultation (IECMHC). This workforce development effort supports the IECMHC pilot and increases access to mental health services for children and their caregivers. The Lead Agency contracts with the IECMH Consultants to support child care center staff, teachers, children, and their families, providing resources and referring for mental health treatment as needed.

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. 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. GaPDS is used by teachers, assistant teachers, child care administrators, family child care providers, state approved trainers, home visitors, technical assistance providers and coaches, and Lead Agency staff. Based on recommendations from the previously mentioned Workforce Taskforce, the career levels will be updated during the state plan period.

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. The Lead Agency convenes advisory committees that include representatives from state education agencies, technical colleges, universities, and early learning professionals working directly with children for professional development projects. Advisory committee makeup depends on the specific project or initiative. The committees review and make recommendations on the state's professional learning initiatives.

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. Georgia has collaboratively developed a strong articulation system from the community-based child development associate (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 WKCs into coursework across participating institutions. Further, the Lead Agency has established strong relationships with the Georgia Department of Education to support the Career, Technical, and Agricultural Education (CTAE) program, which includes a track for high school students to receive initial training in early childhood education.

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. The Georgia Professional Development System (GaPDS) tracks the credentials, degrees, trainings, and work history of the state's early learning workforce. While the information provided in GaPDS is self-reported by each individual user, degrees, credentials, and trainings

are verified by the Georgia Professional Standards Commission (PSC), the same state agency that verifies degrees and credentials for K-12 teacher certification. GaPDS also allows users to search and register for trainings offered by the Lead Agency. GaPDS provides the Lead Agency with one central, readily-accessible system to gather data on the professional learning pathways of the early learning workforce.

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **As described in section 6.1.5, the Lead Agency's Department of Early Care and Learning (DECAL) Scholars program provides scholarships and financial incentives for qualifying early learning professionals to obtain an initial or higher degree or credential in early learning. In addition to providing scholarships to attend public or private state institutions, the DECAL Scholars program also provides participants with stipends to help purchase books and materials needed to adequately participate in their chosen degree or credential program. Upon completing a degree or credential, qualified participants may also receive financial bonuses to reward successful completion of the program and to encourage retention with their same employer. Using American Rescue Plan Act (ARPA) funds, the Lead Agency has also expanded work with the Technical College System of Georgia (TCSG) to support Early childhood and education (ECE) credential attainment in adult education programs. Students in adult education are pursuing a credential while also earning a high school equivalency. The Lead Agency has partnered with TCSG to offer grants to individual technical colleges to embed either the Child Development Associate (CDA) or Technical Certificate of Credit (TCC) into adult learning programs. Through this effort, the Lead Agency has worked with the Council for Professional Recognition (the organization that oversees the CDA) to change policies from accepting only a GED to accepting any state-approved high school equivalency as a perquisite for earning the CDA. Data from the first round of grants will be used to inform program changes, and CCDF funds will be used to continue the program as appropriate. The Lead Agency is also exploring methods for embedding registered apprenticeships into the state's professional development framework.**

b. Does the Lead Agency use additional elements?

[ ] Yes.

If yes, describe the element(s). Check all that apply.

i. **[ ]** Continuing education unit trainings and credit-bearing professional development. Describe:

ii. **[ ]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe:

iii. **[ ]** Other. Describe:

[x] No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **Georgia regularly reviews and, as necessary, updates its Workforce Knowledge and Competencies (WKCs) to ensure they align with best practices in early childhood. Guiding principles for each set of competencies include a focus on respect for and recognition of the diverse backgrounds and experiences of professionals working in early childhood. Georgia has WKCs for early learning and school age professionals; child care administrators and educational leaders; technical assistance providers and coaches; and trainers.**

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **Any early childhood education professional who completes a profile in the Georgia Professional Development System (GaPDS) and submits an official transcript receives a career level. Georgia's Career Levels are based on the highest level of education earned, beginning with a high school diploma or high school equivalency at Level I and ending with a doctoral degree at Level XII. The Career Levels are applicable to early childhood professionals in all program types including child care centers, family child care learning homes, Head Start and Early State, and Georgia's Pre-K Program. All early childhood professionals, regardless of role, are assigned a Career Level using the same criteria.**

The Career Levels support the quality, stability, and retention of caregivers, teachers, and directors. The levels provide individuals concrete information on their current career levels based on their credit hours, credentials and degrees; and illustrate a career pathway for pursuing higher levels and advanced positions. Data associated with the Career Levels is available in the Georgia Professional Development System (GAPDS). The data provides a more comprehensive understanding of the workforce demographics, credentials and degree obtainment, and workforce retention. The Workforce Taskforce, convened in 2023, provided recommendations to address workforce issues in the state. The final recommendations included revising the Career Levels, which will be done in the new state plan period. The Workforce Taskforce recommended the revisions to the Career Level be completed with an equity lens, including creating a path to entry for professionals who have not yet earned an early childhood education degree or credential as well as honoring both experience and formal training for pathway progression.

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Georgia Children's Cabinet serves as the state advisory committee. The work of the Children's Cabinet broadly influences the Lead Agency's strategic plan. The current strategic plan includes goals and strategies for supporting the workforce, specifically Goal 3: Develop, professionalize, and retain a highly skilled workforce for the**

early care and education industry. Additionally, short-term taskforces or committees are formed to provide additional feedback and discussion on specific topics or areas of concern. In 2023, the Lead Agency convened a Workforce Taskforce to advise on workforce development in the state. The Workforce Taskforce is the primary advisory group for recommending workforce improvement activities for the Lead Agency and is made up of representatives from advocacy organizations, child care center directors, family child care learning home operators, teachers, university faculty, technical college faculty, Child Care Resource and Referral (CCR&R) staff, and approved trainers. The current priority developed with the Workforce Taskforce is to publish an annual workforce report that includes data on compensation, turnover, credentials/degrees, and other relevant workforce data as appropriate. The Lead Agency is currently working on this activity.

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Georgia has existing early childhood articulation agreements among technical colleges and four-year colleges that support professionals moving from a certificate, diploma, two-year and four-year degree. The agreements are strongest within programs in the same geographic region in the state. The Workforce Taskforce included representatives from advocacy organizations, child care center directors, family child care learning home operators, teachers, university faculty, technical college faculty, Child Care Resource and Referral (CCR&R) staff, and approved trainers.**

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency has data on the existing wages and benefits available to the child care workforce. Currently, no partners collect this data on behalf of the Lead Agency. The current data was collected through quarterly child care stabilization reporting from February 2022 through July 2024. The Lead Agency is currently implementing a comprehensive data strategy to continue regular monitoring and collection of child care workforce data since the stabilization reporting has ended. The available data can identify existing compensation and benefits by various geography, role, and child care setting.**

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Through its Department of Early Care and Learning (DECAL) Scholars program, the Lead Agency provides wage supplements to child care staff who are pursuing a degree or credential in early childhood education. Recipients receive a $1,000 supplement for each semester they are enrolled in an eligible program. Additionally, upon graduation, recipients are eligible to receive an annual retention bonus (up to five years after graduation) for each year they remain with the same employer. The Lead Agency is**

responsible for administering Georgia's Pre-K Program. The minimum salary for Georgia's Pre-K lead and assistant teachers is set by the Lead Agency. The funds for salary and benefits for Georgia's Pre-K lead and assistant teachers is included in the Pre-K grant funding provided by the Lead Agency.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

a. Licensed child care centers: **10**

b. License-exempt child care centers: **10**

c. Licensed family child care homes: **10**

d. License-exempt family child care homes: **N/A**

e. Regulated or registered in-home child care: **10**

f. Non-regulated or registered in-home child care: **N/A**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **N/A**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?
The state's health and safety trainings must include infant and toddler specific information, such as safe sleep practices and preventing shaken baby syndrome. Further, training requirements specify that information on emergency preparedness must address accommodations for infants and toddlers, children with disabilities, and children and staff with chronic medical conditions. State approved trainers and training organizations in areas with large populations of Dual Language Learners (DLL) develop trainings that address the unique needs of DLLs. The Lead Agency also offers two types of Summer Transition Programs which operate during the months of June and July. Each program offers high-quality instruction with a focus on language, literacy and math and is designed to reduce the achievement gap. One of those programs, the Rising Pre-K Program is for students who are age eligible for Georgia's Pre-K in the fall (4 years of age by September 1st) and whose home language is Spanish. Trainings are provided to educators working in STP on working with children and families who speak more than one language. Further, the Lead Agency's DECAL Scholars program, which provides financial supports for the workforce to attain a degree or credential, offers higher stipend rates for individuals pursing an infant/toddler or family child care specific credential, such as the Infant Toddler or Family Child Care CDA.

The Lead Agency provides a variety of trainings on inclusion for early learning professionals focusing on understanding the importance of inclusion, the laws that support children with disabilities, and strategies to implement inclusive practices in early learning environments. The trainings are designed to increase access to quality child care for children with disabilities and their families by increasing educators' understanding of inclusion and confidence in providing an inclusive environment for children with disabilities. Educators receive a stipend and classroom materials that support the implementation of inclusion for attending the training. The Lead Agency also provides an inclusion mini grant to early learning professionals who would benefit from technical assistance to support the inclusion of children with disabilities in their care. Professionals receive coaching from an Inclusion and Behavior Support Specialist, who assists the professional in implementing inclusive practices, identifying materials, equipment, or training needed to support the child's development and inclusion in the program.

The Lead Agency also has a training series titled The Engaging World of Infants and Toddlers designed to increase classroom quality through targeted sessions focusing on early literacy skills, responsive caregiving practices and engagement children in STEAM focused activities at an early age. Any infant and toddler early learning professionals can attend the training series and will receive a package of classroom materials to use within their learning environment. The agency plans to fund this training series for 300 early learning professionals annually over the next three years.

Georgia does not have any recognized Native American tribes.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: The Lead Agency provides training and professional development on child developmental screenings to all providers through the CDC's "Learn the Signs. Act Early." materials and the "Watch Me! Celebrating Milestones and Sharing Concerns" training modules. Teachers, administrators, and others complete the Watch Me! modules and can request a kit of developmental monitoring materials to use in their classrooms and to share with families. A fifth module, "Acting Early in Georgia," provides information on developmental monitoring and the specific 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.
Families, child care providers, and teachers can also call the SEEDS Helpline statewide to receive

direct assistance in obtaining services, including the services as part of the Early and Periodic Screening, Diagnosis, and Treatment program, and services available under section 619 and part C of the Individuals with Disabilities Education Act. Information about developmental screening and monitoring is providers in the professional development training in the Lifting Infants and Toddlers through Language-rich Environments (LITTLE) grants and through on-site coaching provided by Infant Toddler Specialists.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe:

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[ ]** Other optional domains. Describe any optional domains:

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The current Georgia Early Learning and Development**

Standards (GELDS) were published in 2013 after an extensive two-year review and revision process. Since that time, the Lead Agency has continued to expand resources and trainings to support professionals in using the GELDS to guide instruction. The revamped GELDS website (gelds.decal.ga.gov), which includes a lesson planning portal and comprehensive activity library, was launched in January 2023. During the new state plan period, the Lead Agency will review and update the GELDS to align with updates to the K12 Georgia Standards.

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://gelds.decal.ga.gov/**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Georgia Early Learning and Development Standards (GELDS) are used to guide instruction in birth five classrooms across the state. The Lead Agency provides training and resources on how to use the GELDS in the following ways: online trainings are available on the state's Online Learning Library Initiative (OLLI); face-to-face trainings are offered through the Child Care Resource & Referral (CCR&R) network; state approved trainers who have completed the GELDS training for trainers series are authorized to offer GELDS trainings in face-to-face or webinar formats; resource guides, activity boxes, lesson planning guides, and family engagement resources are offered free of charge; the online GELDS portal offers lesson planning tools and a robust repository of activities aligned with each standard, domain, and age group.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by

quality investments over the 3-year period.

2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated:
The Lead Agency's needs assessment approach is ongoing and incorporates multiple efforts with varying timeframes, relying on both internal and external resources. Internally, the state uses data from components of Quality Rated, Georgia's quality rating and improvement system, to assess where additional quality activities are needed. The Lead Agency's research team regularly meets with Quality Rated program leaders to review data and design needed evaluations. For example, the rating process includes an unannounced observation using the Environment Rating Scale (ERS) family of instruments. ERSs are valid and reliable observation tools used throughout the world to measure the quality of the child care environment. The data from the indicators covered in ERS observations reveal additional areas where improvement is needed or where quality is already well supported. Most recently, the Lead Agency, in consultation with an external expert committee, reviewed ERS data to plan and develop a Quality Nutrition and Physical Activity Endorsement to improve quality in this area. The endorsement development is underway and will be piloted in late 2024 and into 2025. Feedback from the pilot participants will be incorporated into Quality Rated.

Externally, the Lead Agency has recently collaborated with state and national partners, including the Georgia Early Education Alliance for Ready Students (GEEARS), Child Trends, and the Urban Institute, to conduct a comprehensive review of all aspects of the current Quality Rated system. This effort began in 2022, with extensive data gathering taking place in 2023 and analysis and final reports produced in 2024. Through this process, providers and families helped identify areas for quality improvement that will be incorporated into revisions of the system. Data gathering methods included: surveys of licensed child care programs, including family child care providers, child care centers, and school-age only providers; multiple targeted focus group sessions held virtually and in-

person with child care providers (both participating and not participating in Quality Rated), families (including those requiring care during non-traditional hours), regional technical assistance providers, Quality Rated staff, and other concerned advocates and stakeholder groups; and virtual and in-person targeted data walks to discuss outcomes from the surveys and focus groups and seek feedback at a deeper level into the results of the initial findings. Two statewide stakeholder convenings were held in March 2024 to present findings and propose recommended revisions to the system, followed by a public webinar and comment period in May 2024. Urban Institute reports were published in 2024 and are available at: https://www.urban.org/projects/partnering-georgia-department-early-care-and-learning-strengthen-georgias-early-care-and; the most recent of these was published in August 2024.

The Lead Agency has several additional mechanisms for identifying quality improvement needs in specific topic areas. These include:

- Exploring the incorporation of school-age care in center-based child care programs for Quality Rated. The purpose of this exploratory evaluation with research partners at the Georgia Statewide Afterschool Network was to gain a better understanding of the levels of quality in the state's school-age classrooms within center-based child care programs and to develop initiatives to better support and incorporate school-age classrooms into the revision of Quality Rated.

- Evaluating the Quality Rated Language and Literacy Endorsement (QRLLE). The Lead Agency has awarded QRLLEs to 23 center-based programs and nine family homes. The Lead Agency is partnering with the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill to evaluate the degree to which the QRLLE helps programs improve their language and literacy practices. Researchers are observing classrooms in QRLLE and non-QRLLE programs using the Classroom Assessment Scoring System (CLASS) – Toddler, CLASS – Pre-K, and the Early Language and Literacy Classroom Observation (ELLCO). Results of the evaluation are expected in fall 2024 and will include recommendations on next steps for the QRLLE.

- Providers going through the Quality Rated rating process receive a survey after their ERS observation to collect feedback about their experience with the observation process. Provider feedback helps identify needed improvements to the observation process.

- The Lead Agency's research team is developing a research agenda to direct agency research activities moving forward. This will include research questions and regular data tracking on the quality of child care in Georgia.

- The Lead Agency partnered with a national management consulting firm and a statewide small business development center in 2023 to create the Thriving Child Care Business Academy, an online platform of free training and resources to give owners and administrators of child care centers and family homes the knowledge and tools to enhance their financial management, leadership, marketing, and human resources management skills. The business skills training is intended to help owners and administrators to bolster the financial strength and stability of their programs, which in

turn will enhance their quality. The skills taught in the Academy are based on identified provider needs gleaned from surveys and assessments over the years by the Lead Agency, its partner organizations, and industry consultants. Most recently, the Lead Agency asked a national management consulting firm to conduct an assessment of child care providers' business training needs in 2023. It has also asked the firm to conduct an evaluation of the Thriving Child Care Business Academy at the end of its first year in fall 2024. Future trainings will be informed by feedback from biannual surveys and interviews with child care business owners and stakeholders.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: The Lead Agency is conducting a comprehensive review of its QRIS to inform the design and implementation of revisions to make the system more responsive to family and provider needs. DECAL contracted with the Urban Institute and Child Trends to conduct an array of surveys, interviews, focus groups, and data walks with providers, families, DECAL staff, child care resource and referral agency staff, and other stakeholders to get their perspectives on needed revisions to the system. Based on this extensive data gathering, the Urban Institute summarized six recommendations for DECAL to consider when revising Quality Rated: 1) Verify system goals and shape the system to meet them; 2) Simplify but tailor to match many strengths and diverse needs; 3) Reframe the system to reflect and support experiences; 4) Consider how and how often to verify the experiences; 5) Provide more education, more continuously about the system; and 6) Consider what feedback is for (and should be included in) Quality Rated, and where to strengthen links with other programs or systems. The review process is in the data-sharing phase where feedback from surveys, interviews, and focus groups are being presented to stakeholders for comment. In the next phase, those comments will be incorporated into the planning process and the Lead Agency will use the comments to draft QRIS revisions for further study and review. The needs assessment related to child care providers' business training revealed that the owners and administrators face acute financial challenges and exhibit low business acumen; the staffing crisis dominates their concerns; and a technology skills gap slows their advancement. Based on these findings, the researchers recommended that the Thriving Child Care Business Academy focus on providing resources and trainings that help providers increase revenue and decrease costs in the near- and long-term; help increase skills in recruitment and retention; and include training on technology ensuring that providers are equipped with the necessary tools and skills to optimize their operations. In September 2021, DECAL contracted with the Urban Institute to conduct stakeholder engagement with Georgia families, child care providers, the early care and education (ECE) workforce, DECAL staff, and other stakeholder groups about supports Georgia's ECE system needed. Based on the feedback, the Urban Institute shared nine recommendations with DECAL to improve Georgias ECE system: 1) Provide support to encourage more people to become and remain early childhood educators; 2) Focus attention on and provide information about basic health and safety; 3) Reconsider group sizes and child-to-staff ratios; 4) Provide more accessible information to families about available early care and learning services; 5) Consider how to support more providers in offering care, providing longer hours, and participating in CAPS (the child care subsidy program); 6) Support providers in taking care of children's social-emotional and behavioral needs; 7) Consider new benchmarks for affordable care in Georgia and CAPS

parent contributions; 8) Support CAPS program operations to increase responsiveness to parents; and 9) Offer more grants and supports for financial sustainability and business planning. DECAL used this feedback to inform how the agency allocated federal COVID-19 relief funding and continues to reference the results to inform needed improvements to Georgia's ECE system.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Quality Progress Report is available on the Lead Agency's website: https://www.decal.ga.gov/documents/attachments/GAQualityProgressReportFFY2023.pdf**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Georgia Training Approval (GTA) System, which is managed by the Lead Agency, oversees approval of all trainings offered to providers. When submitting trainings for approval, trainers must indicate the topic areas covered in each training, goals/objectives for the training, competencies that will be addressed, and a scope and sequence of content delivery. Trainers are also required to provide information about relevant research used to inform trainings in these areas. Additionally, GTA approves trainers with relevant experience and education in key specialty areas to offer trainings in those areas. Specialty areas include Health and Safety; Foods and Nutrition; School-Age Care; Special Needs and Inclusion; Administrative Management of Programs; and Social Work, Mental Health, and Family Services. Trainings in specialty areas are also reviewed to ensure alignment with state requirements specific to each area. Licensing regulations specify that all staff working in licensed programs must complete at least 10 hours of GTA approved training annually. Through GTA, the Lead Agency can ensure the quality and appropriateness of trainings provided to the workforce. The Lead Agency also maintains a strong relationship with GTA approved trainers providing support and technical assistance to trainers to continue to support quality of trainings. Through this network of support, the Lead Agency can also guide trainers to topic**

areas that are priorities for the agency. Moving forward, two focus areas for increasing the supply and quality of training will be school age and language/literacy. To increase the supply and quality of school-age trainings, the Lead Agency will work with state experts in school-age programming to support trainers to understand how to develop and deliver training specific to the needs of school-age programs. This work will include supporting trainers in understanding the Georgia After School and Youth Development Standards and aligning their trainings with the standards. Further, the Lead Agency will begin a comprehensive review of all language and literacy trainings approved through GTA to ensure they align with the latest knowledge on the science of reading. Updates to the Georgia Professional Development System will also be made to ensure users are able to easily locate and register for language and literacy trainings. Further, the Lead Agency will continue to expand its Online Learning Library Initiative (OLLI) to add three to five additional trainings on language and literacy as well as three to five additional trainings for school-age professionals. The Lead Agency's Infant Toddler, Inclusion and Behavior Support, and Pre-K Specialists provide professional learning opportunities. There is a current focus on training on the Pyramid Model for Promoting the Social Emotional Competence of Infants and Young Children (Pyramid Model) to teachers and administrators in child care and Pre-K programs across the state. The Pyramid Model provides a research-based framework of practices that equip teachers with strategies to prevent challenging behaviors and focus on building children's social-emotional competence. By building these skills, educators have an increased capacity to appropriately manage persistent challenging behavior, thereby reducing the likelihood of preschool suspension and expulsion. Professional Learning Communities of directors and teachers are supported by a team of Infant Toddler, Pre-K, and Inclusion and Behavior Support Specialists. The Lead Agency also provides training to early learning technical college faculty on how to embed the Pyramid Model framework into their course curriculum to be taught to students and prospective early learning educators. These efforts have been funded with recovery act (ARPA) funding in the current year but will be funded with CCDF dollars moving forward. The Lead Agency plans to provide nine cohorts of the training series available for infant and toddler, preschool, Pre-K, and family child care providers over the next three years. As mentioned in section 4.54, the Lead Agency provides an inclusion training series for early learning professionals focusing on understanding the importance of inclusion, the laws that support children with disabilities, and strategies to implement inclusive practices in early learning environments. This series was designed to increase access to quality child care for children with disabilities and their families by increasing educators' understanding of inclusion and confidence in providing an inclusive environment for children with disabilities. The Lead Agency plans to train 500 educators across the next three years. The Inclusion and Behavior Support program provides a mini-grant to early learning professionals who would benefit from technical assistance to support the inclusion of children with disabilities in their care. Professionals receive coaching from an Inclusion and Behavior Support Specialist, who assists the professional in implementing inclusive practices, identifying materials, equipment, or training needed to support the child's development and inclusion in the program. The Lead Agency plans to fund at least 75 mini-grants over the next three years. As

described in section 4.54, the Lead Agency's Infant and Toddler Program plans to fund three additional cohorts of the LITTLE (Liing Infants and Toddlers Through Language Rich Environments) with center-based and family child care providers over the next three years. The Infant and Toddler Program will continue coaching Infant and Toddler Programs referred by the child care resource and referral agencies across the state to increase program quality as it relates to language development, literacy, responsive caregiving, and social emotional learning practices. The Infant and Toddler Program also plans to continue the activity training series to train 150 teachers a year for the next three years. The Lead Agency's Child and Family Development Program provides training and resources on developmental milestones and developmental monitoring for child care professionals using the CDC's Learn the Signs, Act Early initiative and works with a team of Family Peer Ambassadors to provide information and resources on child development to families and child care providers within their community. The Lead Agency plans to recruit and train 20 Family Peer Ambassadors per year across the next three years. The Lead Agency plans to use CCDF funds to continue the Thriving Child Care Business Academy online training platform for child care business owners and administrators and expand its offerings during the next state plan period, including adding between three and five new trainings and associated resources. These future trainings will be informed by feedback from biannual surveys and interviews with child care business owners and stakeholders.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. As described in Section 6.3, the Lead Agency provides a training series and resources for using the Georgia Early Learning and Development Standards (GELDS) to inform instruction. Moving forward, the Lead Agency will have two key priority areas for continued use of the GELDS. First, the GELDS trainings will be expanded. Existing trainings are currently being revised, and training topics related to the GELDS will be increased. Second, based on recommendations from the previously described Workforce Taskforce, the Lead Agency will begin reviewing the existing standards to determine if revisions are needed, especially in supporting dual language learners, the science of reading, supporting children with disabilities, and supporting school age children.

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. Georgia's primary mechanism for measuring quality is Quality Rated (QR), the state's quality rating and improvement system, which launched in 2012. Programs are assigned a one-, two-, or three-star rating based on five standards submitted via an electronic portfolio and an independent observation using the Environment Rating Scale (ERS) family of instruments. The portfolio measures structural quality, including standards for teacher and director qualifications, family engagement, nutrition and health, intentional teaching practices, and ratios. A team of assessors

conducts the ERS observations and another team scores portfolios and assigns ratings. Ratings are valid for three years, at which time the rating process is repeated. Currently, more than 2,800 providers are Quality Rated including 72% of licensed child care centers and 47% of family child care homes. CCDF providers who are eligible for a rating are required to be rated or in the process of earning a rating.

DECAL has contracted with external research partners at Child Trends and the Urban Institute to engage in the comprehensive review of Quality Rated. Extensive data-gathering activities occurred during 2023 with data analysis and stakeholder convenings planned for 2024, leading to proposed revisions to the entire QR system. Anticipated new system development will occur in 2025 with an anticipated launch date of January 2026 for providers to begin participating in the new system. Current investment costs also include developing a new IT application that will be fully integrated with other Lead Agency programs in the ongoing upgrade of DECAL's Child Care Solution. To improve customer service and response time, the Lead Agency has contracted with IT partners to enhance the functionality of the Quality Rated HelpDesk into a fully functional ticketing Call Contact Center with automated response and AI generated knowledge base.

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. To help improve the quality of child care services for infants and toddlers, Quality Rated has revised the on-site assessment component of the rating to specify that all centers offering infant and toddler care will automatically have at least one infant and one toddler room assessed rather than following the author's guidelines of assessing 1/3 of each ITERS (infant/toddler environment rating scale) age group. This change will allow providers to receive feedback on the quality of their environment for infants and toddlers instead of having just one ITERS assessment conducted on the randomly selected infant or toddler classroom. As described in section 4.5.4 b, the Lead Agency provides coaching and training to infant and toddler teachers, administrators, and family child care learning home providers serving infants and toddlers on topics including responsive caregiving, early literacy and developmentally appropriate practices, developmental milestones and monitoring, family engagement, and promoting strong social emotional development in infants and toddlers across several initiatives. Through our partnership with the child care resource and referral agencies, infant and toddler teachers will continue to receive coaching on responsive caregiving, early language and literacy development, and social-emotional development from Infant Toddler Specialists across the next three years. The Lead Agency plans to continue to provide professional development for early learning professionals caring for infants and toddlers through our LITTLE grant by funding three new child care learning center cohorts of 15 programs each and three new family child care learning home provider cohorts of 10 providers for the LITTLE grant over the next three years. The agency plans to continue the Infant and Toddler Activity Training Series to 150 teachers a year for the next three years. The agency

provides mental health training and technical assistance to increase the quality of care, early identification of, and response to infants and toddlers who have experienced trauma through the Infant and Early Childhood Mental Health pilot.

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency currently has a CCR&R network composed of six regional CCR&Rs across the state. During the next state plan period, the CCR&Rs will continue their work of supporting providers to meet quality standards. Additionally, the Lead Agency will explore avenues for leveraging CCR&Rs as regional hubs to support key focus areas, including workforce development, credential attainment, and increasing the supply of high-quality care for target audiences, such as infants and toddlers or children with disabilities. See Section 8.3 for additional information**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments. **The Lead Agency has child care licensing consultants that help facilitate compliance with child care licensing, monitoring, inspection and health and safety standards. These staff are regionally based and work in supporting these initiatives through a variety of capacities Regionally, child care licensing consultants are conducting annual unannounced licensing and monitoring visits to assess for compliance. In addition, DECAL also has specialized staff in identified units that also support in various roles. The Special Investigations Unit staff are responsible for the extreme incident investigations and monitoring of compliance for child care programs around rule violations as a result of those. The Applicant Services Unit staff are responsible for the initial licensing of child care programs to ensure compliance with health and safety standards and licensing requirements, prior to being given a license to operate., The Technical Assistance Unit staff are responsible for assisting licensed programs in areas of technical assistance to help support compliance around rules and regulations, health and safety standards, training, and proven best practices for program operation. The Exemption Unit staff are responsible for the inspection and oversight of exempt and informal child care programs receiving CCDF funds, ensuring compliance with health and safety standards.**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **DECAL assesses child care quality through Quality Rated, the state's quality rating and improvement system, which assigns ratings up to three stars based on observations using the ERS family of instruments and scoring a portfolio made up of five standards.**

viii. Accreditation support.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Using $87,500 from the United Way of Greater Atlanta, the Lead Agency will explore developing a Nutrition and Physical Activity Endorsement to Quality Rated. Pilot development is under way and includes a pre- and post-training assessment using Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care), conducted with providers as an interview by DECAL Nutrition and Quality Rated staff. Nutrition and physical activity tool-kit materials and participation stipends will be made available to pilot participants. Participants will engage in self-assessment to identify specific goals and draft an action plan focused on three areas of improvement. They will attend training workshops and receive targeted TA tailored to each participant. The pilot will help determine the scalability of a Nutrition and Physical Activity Endorsement and the role this may play in the revision of Quality Rated.**

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency will continue to provide a Pre-K Summer Transition Program focused on language and literacy, math, and social-emotional development to support school readiness. The program is designed to support students who need additional academic support over the summer. The Pre-K Summer Transition Program will continue to run for five weeks during June and July and is a full-day instructional program. Currently, there are 324 Rising Kindergarten classes that support more than 4,500 students and is offered in 62 counties in Georgia. The Lead Agency is currently supporting an Infant Early Childhood Mental Health Consultation (IECMHC) pilot project to increase child care programs, staff, and family access to mental health resources and services through funding from the American Rescue Plan Act (ARPA). Currently, CCDF funding supports 12 child care sites receiving IECMHC services in the Macon, Savannah, and metro Atlanta areas and will cover the evaluation of the project. The project evaluation will inform whether the IECMHC pilot will be expanded.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision

of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Georgia Children's Cabinet serves as the State Advisory Council on Early Childhood Education and Care (SAC) in Georgia. The Commissioner of the Lead Agency is the co-chair of the Georgia Children's Cabinet, which is composed of representatives from all agencies of state government serving children and families, philanthropic organizations, parents, Head Start, and other key child/family stakeholders.**

As the leader of the Lead Agency AND the co-chair of the Children's Cabinet (SAC), the Commissioner is uniquely positioned to ensure that:
1. The Cabinet is aware of and has an opportunity to provide input into the CCDF State Plan; and 2. Any organizations/individuals/stakeholders/etc. necessary to fulfill the goals of the State Plan are aware of their responsibilities in implementing the Plan. This coordination helps ensure that the goals of the Plan are successfully achieved, thereby enhancing the well-being of Georgia's children and families.

The Georgia Children's Cabinet meets three times a year to ensure ongoing communication, coordination, and information sharing. The Georgia Children's Cabinet has created a 2Gen Leadership Academy which develops leaders who can execute a collaborative strategy using a 2Gen approach to improve outcomes for Georgia's children and families. Each member of the Georgia Children's Cabinet nominates a representative from their organization to participate in the nine month leadership academy each year. The 2Gen Academy provides learning, collaboration and a capstone project focused on implementing a 2Gen approach for all participants who then incorporate these competencies into their work with children and families. As a result of the coordination with the Georgia Children's Cabinet, Georgia was able to graduate a total of fifty

representatives of through the participation of the organizations. Georgia looks forward to the continued growth of the 2Gen Leadership Academy and celebrating each individual that graduates.

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:

[x] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **Georgia's Part C program is housed in the Department of Public Health (DPH). The Lead Agency coordinates with the Individuals with Disabilities Education Act (IDEA) Coordinator to ensure that children receive coordinated supports and services in their child care setting. The Lead Agency is represented on the State Interagency Coordinating Council for Part C of IDEA, and a representative of Part C is also a member of the Georgia Children's Cabinet, along with the Commissioner of the Lead Agency. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing. The Lead Agency coordinates services and supports with the IDEA Part B, Section 619 Coordinator at the Georgia Department of Education. Additionally, representatives from Part C for infants and toddlers and Part B, Section 619 for preschool collaborate with the Lead Agency as a part of the state's Cross Agency Child Data System (CACDS). These collaborative relationships facilitate and expand the seamless transition of children between programs and link children with comprehensive services. In addition, the Lead Agency has an Inclusion and Behavior Support Program that focuses on collaboration among child care professionals, early intervention providers, and families of children with disabilities. The program provides coaching and training for professionals and supports coordinating services for children with IFSPs and IEPs. The SEEDS Helpline refers families to Part C and Part B agencies, provides resources to families, identifies programs with inclusion services, and coordinates referrals for classroom coaching and workforce training.**

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start State Collaboration Office in Georgia is physically housed at the Lead Agency, thereby enhancing cooperation, communication, coordination, and alignment among Head Start, the Lead Agency, and other CCDF-supported entities. Georgia's Head Start State Collaboration Director (HSCO) also serves on the Georgia's Children's Cabinet (the SAC in Georgia). The coordination enhanced by the Head Start State Collaboration Director's relationship with the Lead Agency and Georgia's Children's Cabinet benefits Head Start programs, children, and families by encouraging blended classrooms, funding streams, and wrap-around services making it possible to serve more children and families more effectively. Here are examples of the coordination between Head Start and the Lead Agency:**

- **The Cross Agency Child Data System, CACDS, is Georgia's integrated child data system. The system provides participation reports across the many child-serving programs in the state. The HSCO collected data sharing agreements from every Head Start & Early Head Start grant recipient in the state to enable the Lead Agency to partner with Child**

Plus and Easy Trac data systems for automated cross agency reporting. This benefits Head Start grant recipients when they must analyze their community data as part of the required needs assessment for the Office of Head Start.

- The HSCO participates in quarterly GA Head Start Association meetings with their Board members. State initiatives, policy changes, and problem resolution are collected and addressed by the HSCO with the Lead Agency to support their operation at the local level. An example of this coordinated effort would be addressing facility variances needed by older Head Start centers to comply with state licensing requirements. The HSCO often acts as the mediary for Head Start grant recipients who have encountered licensing challenges or issues and can also bring the federal Office of Head Start to the table to support the grant recipient with necessary facility repairs or changes. Prior to 2016, most of Georgia Head Start sites operated as an exemption and chose not to be a licensed facility. Currently, close to 95% of Georgia Head Start sites have become licensed facilities, which opens them up to additional state resources from DECAL like Inclusion and Infant Toddler Coaching and professional learning opportunities.
- Georgia's Criminal Record Check system and the Professional Learning System are two additional examples of coordination to support Head Start grant recipients. Both systems are set up for use by Head Start staff to acquire the necessary criminal record approval to work in Head Start and to help track the professional learning records for staff statewide to meet the Head Start Program Performance Standard requirements for the workforce. The HSCO coordinates annual training, via web based or at GHSA conference, to ensure all leadership at the local level understand the pathways for these systems.
- The Children's Cabinet sponsors the Georgia Two Generation Leadership Academy each year and has coordinated through the HSCO to recruit at least two Head Start Directors for participation. This year long professional learning experience culminates in a capstone project and graduation ceremony in June each year.

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: The Lead Agency collaborates with the Department of Public Health (DPH), the state agency responsible for the Women, Infants, and Children (WIC) program, nutrition (including breast feeding support), and childhood obesity prevention. The Commissioner of the Department of Public Health (DPH) sits on the Georgia Children's Cabinet along with agency heads of all Georgia's child-serving agencies, including the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing. For collaboration with immunizations, Child Care Services (CCS) works in conjunction with representatives from the Immunizations Program within DPH annually to develop audit guidance for providers according to DPH rules (Chapter 290-5-4) and Rules and Regulations for Child Care Learning Centers (591-1-1) notifying them of the annual review that will be conducted by representatives from DPH. A joint letter is drafted and blasted to all licensed child care learning centers advising them of their annual immunization audit/assessment to be conducted by DPH representatives. Any non-compliance issues found during these are sent over by DPH to CCS for investigation and follow-up by regional licensing consultants.

f. State/Territory agency responsible for employment services/workforce development.

Describe the coordination and results of the coordination: **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 available resources to support the child care workforce. The Lead Agency also oversees a two-generation policy grant to which the SWDB and the Georgia Department of Labor contribute.**

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Lead Agency collaborates with the Georgia Department of Education (DOE) on a variety of initiatives, including participation in the state's longitudinal data system, IDEA Part B, Section 619, and the Kindergarten Readiness Check. These collaborations help ensure that services critical to CCDF-eligible children and families are aligned. The Lead Agency administers Georgia's Pre-K Program, the state-funded prekindergarten program. The Lead Agency works to ensure that instruction in B-5 programs, including Georgia's Pre-K Program, is aligned with K-3 instruction. The Lead Agency and the DOE work on aligning learning standards, curricula, and school readiness standards.**

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The child care services licensing division (CCS) and the CCDF subsidy division, Child and Parent Services (CAPS), are both housed within the Lead Agency. As a result, coordination and alignment of services happens on a regular basis. Meetings are held at least monthly with representatives from each division to discuss and align practices, coordinate efforts, and streamline processes. In addition, representatives from both divisions attend program staffings weekly, to discuss and evaluate compliance of a program and further enforcement action that may be needed and/or the direct result such impact will have on children and families within those programs.**

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The Lead Agency administers the Child and Adult Care Food Program (CACFP) in Georgia. Because both the subsidy program and the CACFP are housed in the same agency, CACFP and subsidy leaders work together closely to coordinate and align services. Specifically, Directors from both programs serve on the Leadership team of the lead agency and meet regularly. The programs also regularly collaborate on issues that impact both programs such as policy changes, adverse actions, and change of ownership in childcare programs.**

j. 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 and results of the coordination: **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. Also, the Lead Agency provides child care subsidies, Georgia's Pre-K funding, and Summer Transition Program funding to high-quality early learning programs that serve families who are experiencing homeless and braids funding to ensure that families who are homeless have access to full-day, full-year care.**

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

The agency responsible for TANF is the Georgia Division of Family and Children's Services (DFCS), the state's child welfare agency. The Lead Agency's CAPS program coordinates with DFCS by meeting as needed to discuss child care related needs and concerns. Additionally, CAPS coordinates with DFCS by receiving referrals for child care services for families who are participating in or transitioning from TANF. This coordination results in expanded accessibility and continuity of care and assistance for families, and children enrolled in early childhood programs.

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

The agency responsible for Medicaid is the Georgia Division of Family and Children Services (DFCS). The agency responsible for the state's Children's Health Insurance Program (CHIP) is the Georgia Department of Public Health. CAPS distributes consumer education information to families that are approved for CAPS through Georgia Gateway, the system where family eligibility for CAPS is determined. This includes information regarding Medicaid and CHIP.

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Lead Agency collaborates with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the state agency responsible for mental health. Lead Agency staff serve on the Interagency Director's Team that is charged with creating and implementing a System of Care plan for mental health services for children and youth from birth to 21. The current System of Care State Plan includes goals to support young children's mental and behavioral health from birth to age 4 for the first time. These goals include developing and implementing strategies around early prevention/intervention, expanding the capacity of the workforce, and exploring Medicaid billing pathways to better serve young children and their families in Georgia. The Commissioner of the Lead Agency also sits on the State Mental Health Coordinating Council. In addition, the Lead Agency convenes the Infant Early Childhood Mental Health Taskforce which includes representatives from all the state agencies responsible for children's mental health. The taskforce is developing a statewide System of Care for young children's mental health. Results from the taskforce include increasing**

access to mental health clinicians trained in early childhood trauma treatment models (i.e. Child Parent Psychotherapy) through blended funding sources. Service billing issues were also addressed by creating the Clinician Medicaid Billing Toolkit for Dyadic Treatment Models. Additionally, DBHDD has received one of the Lead Agency's Expanding Parents' Access to Nontraditional Delivery (EXPAND) grants, which support families who need child care during nontraditional working hours.

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The Lead Agency partners with child care resource and referral agencies in Georgia and closely supports and monitors their work. The Lead Agency does not have a network of child care resource and referral agencies as defined by the child care development fund. The Lead Agency also funds the Georgia Professional Development System that supports training and professional development for early care and education professionals in the state. The Lead Agency's Commissioner and leadership team meet quarterly with key partners and providers about services, programs, and policies through the Georgia Children's Cabinet. Consumer education organizations in Children's Cabinet meetings include: Georgia Early Education Alliance for Ready Students, United Way of Northwest Georgia, Barton Child Law & Policy Center, Voices for Georgia's Children, United Way of Greater Atlanta, United Way of Central Georgia, Georgia Family Connection Partnership, American Academy of Pediatrics, and the Georgia Head Start Association. These meeting result in better alignment of programs across the system and help all participants, including the state, better understand the full context. For example, these meetings have informed the ongoing revisions of Georgia's quality rating and improvement system with raising the need to strengthen the nutrition aspect. These organizations' feedback also led to opening participation to them in the Georgia 2Gen Academy, an opportunity for selected staff across state agencies to better understand a two-generation approach and coordinate and plan new initiatives. The Lead Agency's Community Partnership Coordinators facilitate Birth-to-Eight Meetings in their regions made up of community stakeholders who are invested in promoting high-quality early learning services. Birth-to-Eight Meetings include United Way organizations and county-level Family Connection Collaboratives, as well as state and community partners, and provide coordination for system-building efforts. The Lead Agency also partners with Voices for Georgia's Children annually to promote the state-funded Georgia's Pre-K program, increasing awareness through on-site visits with state leaders to Pre-K classrooms, events at the state capitol, and social media, television and radio media coverage about the program.**

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency partners with the Georgia Statewide Afterschool Network (GSAN), a public/private collaborative dedicated to advancing, connecting, and supporting quality afterschool programs to promote the success of children and youth throughout Georgia. The Lead Agency is a member of GSAN's Advisory Board and is a member of the Steering Committee of the Georgia Afterschool & Youth Development (ASYD) Initiative that is co-led by GSAN. Results from this coordination include joint projects aimed at raising quality and increasing access to higher quality school-age trainings, trainers, and other school-age initiatives. Currently, the Lead Agency is collaborating with GSAN on a project to strengthen how school-age care is part of Georgia's QRIS.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **Annually the Lead Agency reviews and revises the Georgia Statewide Child Care Emergency Plan. Upon completion of revisions, the draft is sent electronically to representatives from the following partnering agencies: Georgia Department of Human Services, Georgia Department of Public Health, Georgia Department of Education, Georgia Emergency Management and Homeland Security Agency, and the Georgia Chapter of the American Academy of Pediatrics with the request for review, feedback, and additional information/edits. Once this review period has ended, the plan is finalized and published on the Lead Agency's website. The Lead Agency makes resources available through links and information within the document, as well as from partnering agencies for the continuity of care of children enrolled in early childhood programs.**

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

i. **[ ]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: **The Lead Agency collaborates regularly with higher education to train staff and deliver supports and services through a Two-Generation (2Gen) framework. Through the 2Gen initiative, the Lead Agency and higher education coordinate services for student parents and refer parents who are interested in post-secondary education opportunities. The agency collaborates with the Technical College System of Georgia (TCSG) and with individual technical colleges to help targeted audiences attain ECE credentials. This includes supporting infant/toddler teachers in attaining an infant/toddler specific credential, supporting high school students to begin a career in early learning, and piloting efforts to increase the state's bilingual workforce. The Commissioner of TCSG and the University System of Georgia's Executive Chancellor for Academic Affairs sit on the Georgia Children's Cabinet along with agency heads of all Georgia's child serving agencies, including the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing. The Lead Agency is collaborating with TCSG on a 2Gen student parent pilot where Lead Agency staff are located on TCSG campuses to enhance supports for child care assistance.**

iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The Lead Agency is the leader of the Center for Disease Control's (CDC) Act Early Georgia Team, which is a collaboration focused on supporting the development of young children. Partners include The Georgia Department of Education, the Georgia Department of Public Health's Babies Can't Wait program, the Georgia Head Start Association, Early Intervention Services, and the Georgia Department of Human Service's Better Brains for Babies program. The Lead Agency also partners with The Rollins Center for Language and Literacy whose mission is to provide**

equitable approaches to building literacy skills in young children and youth within our LITTLE grant program to support language and literacy initiatives with families and early childhood professionals. The Lead Agency participates in the Office of Child Care's Infant Toddler Specialist Network meetings alongside other state agencies to build and strengthen infant toddler specialist networks and increase access to high-quality child care. The Lead Agency collaborates with the National Center for Pyramid Model Innovations, a collaborative funded by the Office of Special Education, to improve state and local capacity to implement and sustain effective practices and policies to support the social, emotional, and behavioral outcomes of young children who have or are at risk of developmental delays or disabilities through our Pyramid Model training and coaching. The Lead Agency is the facilitator of the Pyramid Model State Leadership Team, which includes members from the Georgia Early Education Alliance for Ready Students (GEEARS), the Georgia Association for the Education of Young Children (GAEYC), the Georgia Department of Public Health (Babies Can't Wait), the Georgia Department of Education's Teaching and Learning Supports for School Climate team and Preschool Special Education team, and early childhood faculty and administration from the University System of Georgia and TCSG. The Lead Agency sits on the GSAN-convened Steering Committee of the Georgia Afterschool & Youth Development (ASYD) Initiative alongside the Nita M. Lowey 21st Century Community Learning Centers Program.

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: The Lead Agency collaborates with the Georgia Department of Public Health (DPH), the state agency responsible for the Maternal and Child Home Visitation programs. The Commissioner of 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. Representatives from the DPH Home Visiting Program serve on the Infant Early Childhood Mental Health Taskforce and participate in the Promotion/ Prevention workgroup.

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: The Lead Agency collaborates with the Georgia Department of Community Health (DCH), the state agency responsible for Medicaid/Early Periodic Screening, Diagnostic, and Treatment. The Commissioner of DCH sits on the Georgia Children's Cabinet along with the agency heads of all Georgia's child serving agencies. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing. The DCH Director of Behavioral Health serves as the co-chair of the Policy/Finance workgroup of the Infant Early Childhood Mental Health Taskforce. Successful collaboration resulted in the creation of a billing toolkit for clinicians working with young children and families. This supports early and periodic screening, diagnostic and treatment practices and makes mental health services more accessible to children and families. The Lead

Agency also serves as the ambassador for the CDC's Act Early Georgia team, which includes partnerships with the Children First program, Children's Medical Services, and the Babies Can't Wait program within the Georgia Department of Public Health, the state agency responsible for early identification and diagnostic programs for children birth through age five. Other agencies represented on the Act Early team are the Georgia Department of Education's 619 Preschool Special Education program, the Division of Family and Children Services Prevention and Community Support program, the Georgia Chapter of the American Association of Pediatrics and the Georgia State University Center for Leadership in Disability

vi. **[x]** State/Territory agency responsible for child welfare. Describe: The Lead Agency collaborates with the Division of Family and Children Services (DFCS), the state's child welfare agency, to ensure that foster children receive top priority. The Executive Director of DFCS and the Director of the State Office of the Child Advocate sit on the Georgia Children's Cabinet with the Commissioner of the Lead Agency. The Georgia Children's Cabinet connects all departments and agencies serving children in the state to align state priorities and programs. The Georgia Children's Cabinet meets every two months to ensure ongoing communication and information sharing. Representatives from DFCS are members of the Infant and Early Childhood Mental Health Taskforce and on the MATCH (Multi-Agency Treatment Team) Committee to ensure children with complex needs are receiving the support and services. DCFS is a member of the Act Early Georgia team, which is described above in section 8.1.1.b.iii. DFCS sits on the Pyramid Model State Leadership team (above) and works with the SEEDS Helpline Coordinator within the Inclusion and Behavior Support program to coordinate technical assistance and to help child care programs resolve issues that might result in preschool suspension or expulsion. DCFS and DECAL work with the Georgia Department of Adult Services on the Kinship Care Work Team to support relative caregivers in keeping children in their family unit when biological parents are unable to maintain custody. The agency works with Prevent Child Abuse Georgia and Georgia State University on the leadership team of the Strengthening Families Protective Factors Framework and Strategic Outreach Committee, a statewide partnership of agencies that deliver trainings to parents and professionals focusing on resilience, child development, social emotional competence, and caregiver support.

vii. **[x]** Child care 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, Black Child Development Institute, 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. The Lead Agency also collaborates with the Georgia Preschool Association within our Child and Family Development unit by sharing information at local events and conferences annually.

viii. **[x]** Parent groups or organizations. Describe: The Lead Agency employs a Child and

Family Development unit to help providers support children and families in their programs. The unit oversees the Family Peer Ambassador Program and works with parent groups and organizations to ensure that families are continually being engaged. The Lead Agency engages families by including them in focus groups, early education advisory boards, and committees. The Lead Agency provides funding through the Pre-K Summer Transition Program for a Transition Coach to work with families to provide training, support, and resources during the program. The Infant Early Childhood Mental Health Director works with the Georgia Parent Support Network (GPSN) to share information and collaborate on events. The Lead Agency works with Parent to Parent of Georgia, an organization of families of children with disabilities within the Act Early Georgia team.

ix. **[ ]** Title IV B 21st Century Community Learning Center Coordinators. Describe:

x. **[ ]** Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

[x] No. (If no, skip to question 8.2.2)

[ ] Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

[ ] Title XX (Social Services Block Grant, SSBG)

[ ] Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

[ ] State- or Territory-only child care funds

[ ] TANF direct funds for child care not transferred into CCDF

[ ] Title IV-B funds (Social Security Act)

[ ] Title IV-E funds (Social Security Act)

[ ] Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, 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?

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

[ ] Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

[x] Yes. If yes, describe which funds are used: **The Lead Agency uses state general funds to meet CCDF matching and MOE requirements.**

[ ] No.

b. Does the Lead Agency use donated funds to meet match requirements?

[ ] Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. **[ ]** Donated directly to the state.

ii. **[ ]** Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

[x] No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.

- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

  Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

  If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

  [ ] Yes.

  [x] No. If no, describe: **The Lead Agency does not use state prekindergarten expenditures to meet MOE requirements**

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, 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).

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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

[x] No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

[ ] No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

[ ] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Partnerships at the state, community, and local levels are a critical part to delivering services in Georgia's early childhood education system. These partnerships are used to raise quality and expand access to high-quality early care and education programs. These partnerships are evident in the way the Lead Agency has expanded its voluntary quality rating and improvement system, Quality Rated. Throughout its development and expansion, Quality Rated has relied on support and funding from private and philanthropic sources. Upon achieving a star rating, child care providers receive cash bonuses for teachers and administrative staff funded by the federal American Rescue Plan Act (ARPA) and administered by a private partner - Care Solutions Inc. Quality Rated also has an advisory committee made up of representatives from private child care providers, faith-based child care providers, family child care learning homes, Head Start providers, technical college and university operated child care providers, and the Georgia Child Care Association. The goal of this committee is for partners to share frontline experience and expertise to inform improvements to Quality Rated policies and standards. The work of the committee was put on hold temporarily but will be reinstituted during the ongoing Quality Rated revision period. In 2023, the Lead Agency began developing a Quality Rated Nutrition and Physical Activity Endorsement. The endorsement will provide training and resources to child care providers to increase their capacity to appropriately support children's healthy growth and development. The endorsement will be piloted in 2024; the funding is being provided by DECAL's Foundation through a private philanthropic partner The Whitehead Foundation. The Lead Agency also administers Georgia's Pre-K Program, which operates through public-private partnerships at the community level. Georgia's Pre-K Program is**

offered to all four-year-old children regardless of family income through funding from the Georgia Lottery for Education. A variety of providers offer Georgia's Pre-K Program, among them private nonprofit and for-profit child care learning centers, public elementary schools, Head Start sites, military bases, and postsecondary technical institutions. The Lead Agency also promotes partnership and collaboration on child care issues at the community level by funding the statewide network of CCR&Rs. Partnerships are expanded through the work of the CCR&Rs with business and education leaders in their communities who provide technical assistance to child care providers of all types to increase the quality of care offered in the community. The Lead Agency also offers Community Impact Grants: 2Gen Innovation Grants, Trauma-Responsive Care Grants, and Community Transformation Grants. The 2Gen Innovation Grants encourage communities to create alignment opportunities between workforce and child care. The Trauma-Responsive Care Grants encourage communities to pilot or expand programs that increase understanding of how early childhood trauma can impact future learning and development of children. These grants also help communities build effective networks focused on identifying and understanding the needs of children in communities who may have had adverse childhood experiences. The Community Transformation Grants encourage communities to support projects that increase access to early childhood services and resources. These grants support creating early education partnerships among community agencies and other stakeholders that will design and implement innovative projects that address critical local needs. The Lead Agency will continue to increase the number of Community Impact Grants over the next three years and add a new type of grant, 2Gen Literacy Grants, that will promote literacy development within the context of family supporting the growth and learning of parents and children concurrently. The Lead Agency's Community Partnership Coordinators work in each of DECAL's six administrative regions to coordinate the delivery of state and local services to communities that want to improve the outcomes of young children and their families. Strategies for supporting communities include engaging with local stakeholders to align early childhood systems for children ages birth to eight, fostering public awareness of early education services, and serving as a resource for and referral to all DECAL programs and services. The Lead Agency partners with a variety of community organizations such as Georgia Family Connection Partnership, United Way organizations, and other child- and family-serving nonprofits to support community capacity in improving outcomes for young children. Deliverables of these partnerships have included increased business community awareness of the importance of early care and learning and better developed community networks for sharing information and resources across the early childhood system. The Lead Agency also partners with organizations focused on raising quality and increasing access to school-age care. This includes working with the Georgia Statewide Afterschool Network (GSAN) to provide training and technical assistance to school age providers and to build awareness on the importance and need of high-quality school age care.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what

reason? **The following sections of the Georgia Statewide Child Care Emergency Plan were updated in October 2023. The introduction was updated to include direct links to the Plan for ease and accessibility in locating information. Section 1.4.5 for Georgia's Pre-K Program was updated to include steps for notifying the Lead Agency and clarification regarding processing payments and communication in the event of emergency closures of the program. Section 2 was updated to add language to include emergencies and expand the definition of emergencies and disasters as sudden and serious events or unforeseen changes in circumstances that require immediate action to alleviate harm or avert imminent danger to life, health, or property and to include examples of weather-related events and public health emergencies. Section 3.1.1 was updated to provide links to sample templates of emergency preparedness plans for licensed child care learning centers (CCLC) and family child care learning homes (FCCLH). Section 3.2.3 was updated to include Lead Agency staff appropriately trained through Child Care Aware of America as DECAL-approved training vendors who may offer Emergency Preparedness, Response, and Recovery training to child care providers. Section 4.1.1 was updated to add an additional path of action in modifying services as a response to plan execution. Section 4.1.2 was updated to add information regarding communication with DECAL to align with Lead Agency required reporting procedures. Language was added to reflect that child care providers shall immediately notify DECAL with information regarding impact to their program. The provider must follow the requirements of child care learning center or family child care learning home rules and regulations relating to reporting any cases of viruses or illnesses identified during a public health emergency; any death or serious injury of a child while in the care of the facility; any fire, structural disaster, or emergency situation that requires temporarily relocating children; and any changes in the program's operating status. In addition, Section 4 was also updated to require that providers notify DECAL using their DECAL KOALA accounts to align with Lead Agency required reporting rules and regulations. Section 7.1.1 was updated to reflect language regarding required reporting as it relates to CCLC or FCCLH rules and regulations. Section 7.2.4 was updated to remove the 90-day requirement for the Quality Rated assessment window and to add language that allows for post recovery time needed for temporary relocations and/or damage repairs in scheduling assessments. Section 7.3.2 was updated to add local government entities such as fire marshal or building code inspections that may be needed to assess structural damage in the event of damage. Section 8.1.1 was updated to add language regarding maintaining current information within DECAL KOALA provider accounts to allow for Lead Agency communication with the provider community. Section 10 and Section 12 were updated with additional resource weblinks and correcting inactive or changed weblinks previously included.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

i. The plan was developed in collaboration with the following required entities:

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://www.decal.ga.gov/documents/attachments/DECALEmergplan.pdf

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Parents may call the published child care services telephone number or use the email address as found on the Lead Agency's website at Contact Us - Child Care Services (ga.gov). An intake consultant will speak to or email the parent to determine if there are potential rule violations associated with the parent's concerns. If there are potential violations, an intake will be entered identifying the rule violations, the program, and person(s) involved, and the complaint will be assigned for investigation**

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **Through a statewide contract for translation services, the state can provide translation services over the phone for 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. In addition, Google translate can be used for email content translation**

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **The Lead Agency's website is accessible on any device through a web browser. Information can be accessed through text reads and audio scanners. The Lead Agency provides multiple ways for parental complaints to be submitted to the agency for review and investigation.**

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **An intake consultant will speak to or email the parent to determine if there are potential rule violations associated with the parent's concerns. All calls and emails are responded to within 24-48 hours. If there are potential violations, an intake will be entered identifying the rule violations, the program, and person(s) involved, and it will be assigned for investigation. An investigation is conducted for all alleged potential rule and regulation violations, and initiation timeframes are based on the severity of those violations ranging from 24 hours to 30 days. A regulatory or follow-up visit is conducted alongside an investigation for rule monitoring purposes, unless Child Care Services has been at the program in the previous two weeks, then only an investigation is conducted. The assigned consultant conducts a visit at the program and**

gathers information concerning the alleged rule violation(s), including a review of documentation, observation and inspection of the facility and equipment, and staff and child interviews, if applicable. In addition, contacts are made with other agencies/entities who may also be involved in the investigation (i.e., Department of Family and Children Services, local/state police). Medical documentation is requested for serious incidents/injuries, and written statements are requested from parties who may also be involved. Additional on-site monitoring visits may be made, if deemed necessary. Once all evidence is gathered, the consultant determines, based on Georgia statute, if there is preponderance of evidence that a rule was violated. If a preponderance of evidence is present, then the allegation is substantiated. Any rule violation is cited on a visit report. Investigations are given a due date of 30 business days; however, if there are parallel investigations by other agencies, the Lead Agency may determine that the investigation remains open until the other agencies make their determinations.

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **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.**

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **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.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

i. Provide the URL for the Lead Agency's consumer education website homepage: **https://www.decal.ga.gov/**

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://www.decal.ga.gov/CCS/StartingACenter.aspx**

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:: **https://www.decal.ga.gov/CCS/PoliciesAndProcedures.aspx**

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **https://www.decal.ga.gov/documents/attachments/crcpolicy.pdf**

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider: **https://www.decal.ga.gov/documents/attachments/DisqulaifyingCrimesforChildcare.pdf**

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **http://www.qualityrated.org/ and https://caps.decal.ga.gov/en/CAPSCaregiverVisits/**

iii. In addition to the licensed child care providers that must be included in the

searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[x] License-exempt center-based CCDF providers.

[ ] License-exempt family child care CCDF providers.

[x] License-exempt non-CCDF providers.

[x] Relative CCDF child care providers.

[x] Other (e.g., summer camps, public pre-Kindergarten). Describe: **Local school systems (with Georgia's Pre-K classes); Head Start (with classes blended with Georgia's Pre-K Program or that are participating in Quality Rated or both); government owned and operated; technical schools; universities.**

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[x]**	**[ ]**	**[x]**	**[x]**
Enrollment capacity	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Provider education and training	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Monitoring reports	**[x]**	**[x]**	**[ ]**	**[ ]**	**[x]**
Willingness to accept CCDF certificates	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Ages of children served	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**
Specialization or training for certain populations	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

Care provided during nontraditional hours	**[x]**	**[x]**	**[ ]**	**[ ]**	**[ ]**

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

i. **[x]** All licensed providers. Describe: **-All child care providers**
- Quality rated status providers only
- Search from an address - distance from address
- Search along a route - distance from address
- Provider number
- Zip code
- Drop in care
- Accepts Child Care Subsidies (CAPS)
- After school only care
- Evening/night care
- Weekend care
- Full time care for school age children
- Transportation: To/From School
- Transportation: To/From Home
- Full time/part time child status
- Weekly full day rate

ii. **[x]** License-exempt CCDF center-based providers. Describe: **-All child care providers**
- Quality rated status providers only
- Search from an address - distance from address
- Search along a route - distance from address
- Provider number
- Zip code
- Drop in care
- Accepts Child Care Subsidies (CAPS)
- After school only care
- Evening/night care
- Weekend care
- Full time care for school age children
- Transportation: To/From School
- Transportation: To/From Home
- Full time/part time child status
- Weekly full day rate

iii. **[ ]** License-exempt CCDF family child care providers. Describe:

iv. **[ ]** License-exempt, non-CCDF providers. Describe:

v. **[x]** Relative CCDF providers. Describe: **- Informal caregiver name**
- CAPS Provider ID
- Visit dates

- County
- Zip code

vi. **[x]** Other. Describe: **- Informal non-relative caregiver name**
- CAPS Provider ID
- Visit dates
- County
- Zip code

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

a. What specific quality information does the Lead Agency provide on the website?

i. **[x]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[ ]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[x]** Quality framework or quality improvement system.

viii. **[x]** Other. Describe: **Family engagement practices. The Lead Agency used funds from its PDG-5 renewal grant to develop The Family Friendly Licensing Dashboard. The dashboard was created to provide families with an overview of child care programs and allow them to review more information if they desired. The foundation of the dashboard is compliance and prominently displays the program's most recent compliance zone determination of Good Standing, Support, or Deficient. There are definitions and explanations of the regulatory language throughout the dashboard to help families understand the rules child care programs are required to follow daily and to provide an analysis of the overall rules within that chapter, how many are out of compliance, etc.**

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **A provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can search Quality Rated providers as a search parameter.**

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **: A provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can search Quality Rated providers as a search parameter.**

iii. **[x]** License-exempt center-based CCDF providers. Describe the quality information: **For certain licensed-exempt center-based providers eligible to participate in the QRIS, including those associated with the Department of**

Defense, technical colleges, and public universities, a provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can search Quality Rated providers as a search parameter.

iv. **[ ]** License-exempt FCC CCDF providers. Describe the quality information:

v. **[x]** License-exempt non-CCDF providers. Describe the quality information: **A provider's QRIS star level, national accreditations, and family engagement practices are displayed. Families can search Quality Rated providers as a search parameter.**

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

iv. **[x]** The total number of children in care by provider category and licensing status.

v. If any of the above elements are not included, describe:

b. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **All programs submit incidents of serious injuries or deaths to the Child Care Services division within the Lead Agency through their individual DECAL KOALA account under the Required Reporting section. 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 or exemption specialist or by calling the Child Care Services division at 404-657-5562 or emailing Childcareservices@decal.ga.gov. A licensing representative will then enter the incident into the KOALA database.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement: **The Lead Agency cannot legally determine if child abuse is substantiated. The agency in Georgia that determines if child abuse is substantiated is the Division of Family and Children Services (DFCS). 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 determined under the law that child abuse has occurred, then the Lead Agency may use such a determination in its findings.**

iii. The definition of "serious injury" used by the Lead Agency for this requirement: **The Lead Agency's definition of serious injury is defined for all program types 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.**

c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **http://www.decal.ga.gov/CCS/FederalReportingDataLanguage.aspx. The information is listed under Federal Reporting Data and is updated annually.**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

[x] Yes.

[ ] No.

[ ] Not applicable. The Lead Agency does not have local CCR&R organizations.

b. Provide the direct URL/website link to this information: **https://www.decal.ga.gov/CCS/CCRRSystem.aspx**

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information:
https://www.decal.ga.gov/BftS/ContactList.aspx

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale.
https://caps.decal.ga.gov/assets/downloads/CAPS/09-CAPS_Policy-Family%20Fees.pdf AND https://caps.decal.ga.gov/assets/downloads/CAPS/AppendixD-Family%20Fee%20Assessment%20Chart.pdf

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers.
The DECAL website at www.decal.ga.gov has information about all programs, supports, and services the agency offers to families with young learners and providers including the Childcare and Parent Services (CAPS) subsidy program, Georgia's Pre-K Program, Child Care Services, Nutrition Services, and Quality Rated. The website includes written materials that can be downloaded and printed by users. Additionally the agency issues newsletters, news releases to the media, social media communications, flyers, palm cards, emails, letters, and text messages to eligible parents, the general public, and child care providers describing and promoting its

programs, supports, and services. All this information is also disseminated by the agency's Community Coordinators to families, providers, community leaders, and the general public through their newsletters, birth-to-8 groups, and community meetings. In addition to the DECAL website, the Lead Agency also has a website at www.qualityrated.org that includes a search engine with information on licensed child care learning centers, family child care learning homes, and exempt programs that accept child care subsidies. The search engine allows families to find providers based on their needs (e.g., location, hours of operation, and type of care). Families can also see whether the child care program is Quality Rated and read its licensing inspection reports, all to help them make informed decisions. The website also includes information on a child care provider's participation in other Lead Agency programs, including Georgia's Pre-K Program; the Child and Adult Care Food Program (CACFP), and the CAPS subsidy program. Beyond the child care search engine, the site informs families that if they want help with their child care search, the 1-877-ALLGAKIDS Call Center that the Lead Agency funds is staffed by specialists who can perform a search for them and provide them with child care referrals. Families can reach the Call Center in person, by phone, through email, or through an online chat bot. The Call Center staff also help families that fall into certain categories of high need enroll their children in child care. Additionally, the https://families.decal.ga.gov/ChildCare/Choosing section of the site includes an overview of Quality Rated child care, plus information on choosing a child care program and a summer camp program, paying for child care, and understanding licensing reports. The Lead Agency has also launched a provider self-service website that allows child care programs to update basic demographic information, pay license and enforcement fees, and submit and track criminal records check applications. Through the Lead Agency's website and community partnerships, the Lead Agency provides information that is easy to find and is in consumer-friendly formats. Community partnerships include other governmental entities, providers, and workforce development councils. For example, relationships were intentionally cultivated between a cohort of Hispanic family child care providers who serve Spanish-speaking families, the local CCR&R agency, and the Lead Agency to address resources and opportunities for a dual language learner population. Information about the diversity of child care services is readily available to parents and the general public on www.qualityrated.org. The Lead Agency also uses social media to post consumer resources directly to families. The Lead Agency shares information about child care options through direct communication with families. During the intake process to determine eligibility, CAPS staff discuss with families the child care options in their community and stress the importance of selecting high-quality early care and learning environments. If a family is determined not to be eligible for CAPS, the staff refers the family to the CCR&R call center for help locating affordable child care. Families determined eligible to receive child care subsidies are assigned to work with a Family Support Consultant throughout their eligibility period. The Family Support Consultant is responsible for annually determining ongoing eligibility, making changes to the family's case, discussing the family's child care needs, and providing information on community resources and supports. For example, the Lead Agency has developed an extensive resource and referral portal in partnership with Prevent Child Abuse Georgia and Technical College System of Georgia called Find Help Georgia. As Georgia's web-based portal within the findhelp.org nationwide network of free and reduced-cost social assistance, https://findhelpga.org/ is a customized platform that serves Georgia residents via a user-friendly website, mobile app, and additional support provided by resource specialists through an online chat feature or by phone at 1-800-244-5373. These resources help families access public programs and community supports that fit their needs. Nearly 8,000 resources found in each of Georgia's 159 counties are listed. More than 6,000 community organizations and nonprofits are listed in the Find Help Georgia network. Additionally, there are nearly 5,000 claimed assistance program locations in Georgia

where the agency, or organization, has verified their resource information on the Find Help. The website is simple, free, and easy to navigate providing families with links to supports related to financial assistance, food pantries, medical care, child care, job training, and other free or reduced-cost services.] The Lead Agency plans to continue expanding the resource and referral portal to include additional partners and resources while continuing to embed portal usage across all divisions of the Lead Agency. Additionally, CAPS created a more robust Provider Relations website for child care providers. The CAPS Provider Relations Education and Outreach team conducts outreach to every potentially eligible licensed facility and approved Exempt facilities to proactively provide information about enrolling in CAPS. This outreach is possible through an interface with KOALA; GACAPS creates a task for this team when the interface identifies that a new provider is approved to operate. When the task is received, the Education and Outreach team will inform the provider about CAPS and determine if they want to enroll. If they choose to enroll in CAPS, the Education and Outreach team notifies Enrollment Services to send a welcome email that includes a link through which the provider can submit their application. Additionally, the self-service website can easily be translated into four languages to meet the needs of providers. The provider self-serve website can be accessed through a web page dedicated to providers that contains up-to-date information about how to enroll in the CAPS program, a Provider Handbook and User Guides, tutorial videos (which are all currently being translated into Spanish and captioned), payment timelines, and other resources to benefit providers.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

[x] Yes.

[ ] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency has established a website (Developmental Milestones (https://development.decal.ga.gov/#/) providing information on developmental milestones and monitoring for families, educators, and the public. Resources include milestones checklists, links to resources for obtaining developmental screening, strategies for conducting developmental monitoring in classrooms, and instructions on how to obtain referrals to early intervention and special education and other services. The resource includes links to programs and resources such as the Centers for Disease Control and Prevention's (CDC) Learn the Signs. Act Early. materials; information on resources for obtaining developmental screening; making referrals to early intervention and special education, child health, and wellness; choosing high quality care; breastfeeding practices; and supporting positive social emotional development. The Lead Agency also uses Family Peer Ambassadors who are family members of children in child care who receive training and resources on child development, high quality early learning, and strategies to support school readiness. The ambassadors then share this information with families of young children in their communities at local events, on social media, or by hosting virtual meetings. Family Peer Ambassadors also serve on advisory groups and taskforces to provide family perspective and advise on family engagement for policies and programs. The Lead Agency plans to train three new cohorts of Family Peer Ambassadors over the next three years.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency has gathered all current social-emotional support strategies for early childhood professionals under the umbrella of the Georgia Social Emotional Early Development Strategies (SEEDS) for Success program. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) is the framework for all SEEDS work. The Lead Agency makes information about children's social and behavioral needs available to families, providers, and the public through multiple sources. Agency websites and social media posts include information on topics such as early brain development, strategies for promoting young children's social and emotional skills and competence, and preventing and addressing challenging behavior. Information about social-emotional development and the use of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children as a support for behavioral intervention is available on the SEEDS for Success webpage. Training, coaching, and technical assistance addressing evidence-based prevention strategies and strategies for responding to persistent challenging behavior are offered to early childhood professionals through this initiative. Teachers, administrators, and families can contact the SEEDS Helpline (1-833-354-4357 or inclusion@decal.ga.gov for resources, referrals, and classroom-based support. Inclusion and Behavior Support Specialists are available across the state to support teachers and administrators in meeting the social-emotional needs of the children in their care. The Inclusion and Behavior Support Specialists provide training, consultation, on-site coaching, materials, and resources to teachers and administrators on topics such as preventing suspensions and expulsions, social emotional competencies, and pro-social classroom practices. Additionally, specialists work with classroom teachers, administrators, and family members to develop and implement behavior intervention plans for children with serious, persistent, challenging behavior. Specialists support programs in making referrals to early intervention, special education, and supplemental mental health services as appropriate Through the Infant and Early Childhood Mental Health Consultation Pilot sponsored by the Lead Agency. This pilot makes mental health professionals more accessible to families and child care staff. The consultants provide family engagement sessions (in person and virtual) to raise awareness about the importance of mental health and wellbeing practices. The consultants are also available to visit families in their homes and communities to discuss more specific mental health needs. The consultant can connect families with referrals and resources making sure that the family can successfully navigate any systemic barriers in obtaining support. The Lead Agency also sponsors Children's Mental Health Week annually, the first week of May, to coincide with state and national mental health recognition events. Children's Mental Health Week raises awareness, reducing the stigma around mental health and educating caregivers how to best support social emotional development and the importance of maintaining their own mental wellbeing. The Lead Agency also partners with the Georgia Association of Infant Mental Health (GA-AIMH) to make web-based resources and training videos about the foundations of infant and early childhood mental health available to the early childhood workforce (child care professionals, healthcare professionals, etc.) and families/caregivers. GA-AIMH, based at Georgia State University, serves as the resource hub for infant and early childhood mental health resources and training in Georgia. https://aimh.gsu.edu/.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public: **The Lead Agency requires by rule that programs establish and implement written operational policies and procedures outlining a description of enrollment and admission requirements and a description of behavior management, guidance and discipline actions used by the program within which these policies should be addressed. These operational policies and procedures are reviewed during annual inspections for completeness and to ensure that they are fair and adequate to prevent the suspension and expulsion of children. Georgia's state funded Pre-K program also addresses suspension and expulsion in Section 6 – Student Support – of the Pre-K Program Provider' Operating Guidelines that are made available to programs and families on the Department's website. In addition, Georgia's SEEDS for Success program is the Lead Agency's initiative to prevent the suspension and expulsion of children from birth to age five in child care and other early childhood programs. SEEDS is a collaborative led by the Lead Agency to support and align the state's initiatives related to increasing social-emotional competence in young children and decreasing challenging behaviors in early childhood settings through targeted supports to educators. One focus of this initiative is to reduce the use of suspension and expulsion in early learning programs through training, coaching, and resources for teachers and administrators. This initiative is based on the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model). Early childhood educators can contact the SEEDS Helpline at 1-833-354-4357 or inclusion@decal.ga.gov to request assistance with referrals, resources, and materials or classroom-based support. Inclusion and Behavior Support Specialists are available to collaborate with providers to implement strategies to support pro-social development, to prevent challenging behaviors, or to work with a classroom team of educators and the child's family to develop behavior intervention plans to support success for individual children struggling with persistent challenging behaviors.**

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **The Lead Agency requires by rule that programs establish and implement written operational policies and procedures outlining a description of enrollment and admission requirements and a description of behavior management, guidance and discipline actions used by the program within which these policies should be addressed. These operational policies and procedures are reviewed during annual licensing inspections for completeness and to ensure that they are fair and adequate to prevent the suspension and expulsion of children. In addition, through the Georgia SEEDS for Success Program, the Lead Agency provides training, coaching, and resources to school age teachers in child care on social emotional learning, preventing, and addressing challenging behavior, and accessing additional behavioral or mental health supports as needed for additional supports. School age or summer care programs can contact the SEEDS Helpline for assistance at 1-833-354-4357 or email inclusion@decal.ga.gov.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated 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; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. 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.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The Lead Agency collaborates with local, state, and federal agencies, such as the Georgia Chapter of the American Academy of Pediatrics, the Georgia Department of Public Health, the Georgia Department of Community Health, and the CDC to collect information on existing resources and services for conducting developmental screenings. Existing resources and services are disseminated to families, the public, and child care providers through the consumer education website. The Lead Agency has a resource and referral portal called Find Help GA that provides information for families and the public on existing resources and services available for conducting developmental screenings. During the initial determination intake process, CAPS distributes consumer education information to families that are approved for CAPS. This is sent through Georgia Gateway, the system where family eligibility for CAPS is determined and includes information regarding developmental screenings. In addition, families who receive subsidies are provided**

information on developmental screenings and Find Help GA during the annual redetermination process. Consumer education information is also sent to families during the annual redetermination process for families approved for CAPS. Families receiving child care subsidies can obtain a referral to an applicable child development resource through Find Help GA.

[ ] No. If no, describe:

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

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **1) Assignment of authority and responsibilities related to program integrity: The Georgia Department of Early Care and Learning (DECAL) is the Lead Agency for CCDF and must follow State budgetary, accounting, procurement and human resources policies as promulgated by State oversight agencies as follows: Office Planning and Budget (OPB) (https://opb.georgia.gov/), State Accounting Office (SAO) (https://sao.georgia.gov/) and Department of Administrative Services (DOAS) (https://doas.ga.gov/). DECAL is also subject to audits and reviews by the Georgia Department of Audits and Accounts (DOAA) (https://www.audits2.ga.gov/).**

DECAL is a well-structured organization with clear lines of responsibility and fosters a culture of integrity, accountability, and ethical values. Organization charts and job duties are clearly defined and documented for all staff and divisions of DECAL. DECAL's Finance and Legal divisions establish internal policies and procedures to ensure financial integrity and compliance with State policies

and Federal cost principles. Internal controls (policies and procedures) are designed and evaluated periodically to ensure they operate effectively. The Childcare and Parent Services (CAPS) Division must follow Finance and Legal policies and procedures, and CAPS staff are assigned responsibilities and specific roles that support program integrity and achieve program objectives, such as eligibility determination for families, and payments to child care providers. To ensure program integrity for eligibility determinations, CAPS has a stand-alone Quality Assurance & Training (QA&T) unit that performs quality assurance reviews of eligibility determinations made by staff. These quality assurance reviews are used to monitor and assess policy implementation, ensure program integrity, and determine training effectiveness. The QA&T unit does not determine eligibility but does administer the quality assurance process by reviewing the work of others and providing training for staff in areas that need improvement. Cases are selected from a random sample of initial eligibility, changes during the eligibility period, and redeterminations completed each month. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. To further ensure program integrity, the QA&T unit also supports staff by conducting ongoing focused training in areas with the highest error rate in determining eligibility. CAPS also created a new functional area, CAPS Provider Relations, that includes four teams, one of which is the Quality Assurance and Payments team. Staff on this team support program integrity by receiving and reviewing child care provider invoices, ensuring accurate and timely payments for child care providers, and overseeing and completing quality assurance processes to support accurate payments. Quality Assurance and Payments also identifies training and technical assistance needs that providers may have and communicates those needs to the Education and Outreach team to offer technical assistance and create training sessions to support provider needs.

2) Delegation of duties: DECAL's executive and senior leadership determines the level of authority for each division to fulfill organizational responsibilities. All divisions must submit contracts and grant agreements to the Finance and Legal division for review and approval. The Legal division ensures contracts are legally compliant and diminishes financial risk for DECAL. All non-contracted expenses must be approved by one-level above the buyer/purchaser before submission to Finance. Budget and procurement staff conduct reviews of payment requests to validate appropriateness with budget, cost-allowability and State policies.

3) Coordination of activities: Finance and Legal divisions conduct annual contracting and purchasing training to all business owners of each division of DECAL. CAPS sends directors and managers to Finance and Legal training. The Child and Parent Services Deputy Commissioner and Directors manage access and payment authorizations in the CAPS eligibility system (GACAPS). The staff who approve payments for providers, the Quality Assurance & Payment Manager/Coordinator, do not have permissions to approve a provider's enrollment in CAPS, which is completed by the Enrollment Services team. Finance staff do not have access to authorizations within GACAPS. CAPS staff do not have recording and payment access in the State's accounting and banking systems. Payments are made by a payment vendor, contracted by DECAL. DECAL Finance wires funding to the payment vendor.

4) Communication between fiscal and program staff: The Finance division conducts quarterly budget meetings with Deputy Commissioners and Directors for all DECAL programs and cost centers which includes CAPS staff. These meetings serve multiple purposes like reviewing budget-to-expenses variances, validating all expenses charged to the correct program and reviewing appropriateness.

5) Segregation of duties. The Lead Agency relies on checks and balances and separation of duties to ensure program integrity. Examples of this are evident in the processes and the structure of the Lead Agency and the CCDF program. In the CCDF program, the Lead Agency has a stand-alone Quality Assurance and Training Unit (QA&T) that performs quality assurance reviews of eligibility determinations made by the staff. This QA&T unit does not determine eligibility but does ensure quality control of the quality assurance process. The quality assurance process includes reviewing eligibility determinations and training staff in areas that need improvement. The Lead Agency also assigns certain duties to other divisions that do not perform regular CCDF program administration. This differentiation of duties helps ensure program integrity in the CCDF program. The Lead Agency's Finance Division is responsible for receiving the CCDF funding, for making payments to CCDF providers, and for financial reporting to ACF. The Audits and Compliance Division is responsible for performing reviews and investigations of CCDF participants, providers, and eligibility staff to ensure program integrity. This allows CCDF program staff to focus on administering the program and provides extra checks and balances to ensure program integrity. Processes are documented by flowcharts to identify and remediate any weaknesses in the segregation of duties.

6) Establishment of checks and balances to identify potential fraud risks. DECAL performs annual risk assessments to identify qualitative risk factors including susceptibility to fraud. Mitigating controls are implemented to address gaps.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Provider's bill for services on a weekly basis. After all invoices are received, built-in system analytics flag possible payment errors for review. Because all providers complete online invoicing, all provider payments are analyzed using these built in analytics. Payment flags where billing is found to be accurate will be released and included in the payment cycle for that week. Payment flags where the billing is found to be inaccurate will be denied, and the provider is notified of the denial; given opportunity for a reconsideration; and later an appeal if the reconsideration returns the same result. Additionally, the Quality Assurance and Payments team will select a percentage of providers to review billing practices in more depth for providers' invoices that are frequently flagged. Lastly, the Lead Agency's Audits**

and Compliance Division conducts audits of provider billing records regularly, and any invoices for care that were paid and not supported by attendance records and sign-in/sign out sheets may result in those funds being recouped by the Lead Agency.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Lead Agency executes and maintains a written agreement with CCDF sub-recipients that includes a budget that itemizes allowable categories of expenditures. CCDF sub-recipients are also required to submit a request for reimbursement monthly. This request details the expenditures for which the sub-recipient is requesting reimbursement and is reviewed by the Lead Agency before disbursement of funds to ensure reasonable and allowability. The Lead Agency Audits and Compliance Division also reserves the right to audit CCDF sub-recipients where expenditures of CCDF funds are reviewed to ensure they are supported and allowable. The Department of Early Care and Learning (DECAL) Finance department tracks expenditures using 36-character coding structure to ensure expenditures are recorded in accordance with the State budget and ACF -696 categories. Again, DECAL uses budget variances to identify unusual spending patterns, suggest areas for expense reductions, and monitor overall financial health of the program.**

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Department of Early Care and Learning (DECAL) Finance staff uses the State's TeamWorks (Financial) system to record and report all financial transactions. DECAL Finance staff collaborates with the Office of Planning and Budget and the State Accounting office for State budget and accounting policy compliance. TeamWorks Queries are generated for internal reports and to reconcile to the State's Budgetary Compliance Report, Schedule of Federal Awards and the Annual Comprehensive Financial Report. DECAL Finance staff are required to input data on year-end reporting forms which the State Accounting Office uses for the Statewide reports. State training sessions conducted by the State Accounting Office. DECAL Finance uses internal training sessions for State reports and HHS online resources to train Finance staff for inputting information on the ACF-696 report. DECAL's general ledger uses specific chart field identifiers to properly categorize general ledger amounts to the corresponding ACF-696 category.**

d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective fiscal management (EFM) practices ensure financial information is credible, accurate and reported promptly. EFM practices are implemented to prevent errors, overspending, inaccurate reports. EFM practices include training and professional development courses for finance staff to ensure staff understand proper financial approvals, how review of budget reports and the importance of immediately addressing errors or violations of financial policies.**

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Department of Early Care and Learning (DECAL) develops a comprehensive**

annual budget each fiscal year. CCDF enrollment information and historical expenditure are used to project next year's budgets. Monthly and quarterly budget reports are generated and disseminated to Child Care and Parent Services (CAPS) managers. Detailed budget coding for the CCDF program is used to quickly identify program costs. Finance schedules quarterly meetings with program staff to examine all costs and to compare expenditures against established budgets. Negative variances are immediately addressed and corrected if necessary. Underutilized budgets are reallocated to other line items of the budget.

DECAL has established policies and procedures for budgeting, procurement, payments and monitoring of all expenditures. DECAL maintains detailed budgets and accounting records to provide timely and credible financial information to the CCDF program. DECAL follows state and federal accounting and reporting rules and records transactions as they occur.

Annual audits and reviews are conducted by the Georgia Department of Audits (Single Audit, Annual Comprehensive reports) and corrective action plans are immediately implemented to resolve findings or best practice suggestions. Internal controls are periodically evaluated for operating efficiency such as preventing and detecting errors or improper payments.

c. How the results inform implementation. Describe: DECAL's monthly financial reports reflected programmatic decisions on spending grant funds. DECAL creates monthly and quarterly financial reports for senior and executive leadership. Timely decisions can be made to address financial concerns such as potential over-expenditures or revenue shortfalls.

d. Other. Describe: DECAL adheres to state accounting policy and federal regulations in making financial decisions. This adherence includes proper governmental accounting practices, review of federal regulations such as the Uniform Administrative Grant requirements (Part 200), and state procurement rules.

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: DECAL performs risk assessments using the GAO Framework, known as the Green Book. Risk factors included are: Complexity of Activity, Centralization of Processes, Location, History of Past Errors, Volume of Activity, Automation, Susceptibility of Fraud. Elements of risk assessment are considered when assessing risk and include Likelihood, Financial Impact, Operational Impact, Strategic Impact, and Compliance Impact. In addition, the Audits and Compliance Division uses data obtained through multiple Lead Agency programs to inform the audit team about risk areas within the program. Furthermore, the CAPS Quality Assurance and Payments team implemented a new process whereby billing data is analyzed upon submission to DECAL to identify red flags that can then be investigated before payment. The Payment Assurance team identifies red flags with each billing cycle and creates a red flag report showing issues that can be investigated before payment.

b. The frequency of each risk assessment. Describe: The Department of Early Care and

Learning (DECAL) conducts annual risk assessments using the US GAO's Standards for Internal Controls (https://www.gao.gov/greenbook). Risk assessments are documented and submitted to auditors during the Single Audit process. Risk assessments are reevaluated if changes are made to current policies and procedures. The Child Care and Parent Services (CAPS) Quality Assurance and Payments team reviews multiple items/data on invoices submitted in the payment process to ensure accuracy of payments. For example, the team cross checks data received from the DECAL licensing division for closed facilities to ensure payments are not made when a provider is no longer eligible. This review occurs each week for the payment process.

The Audits and Compliance Division can review the risk assessment data output on an as-needed basis. The frequency is driven by the availability of staff to begin an investigation. The Audits and Compliance Division can also assign tasks based on observations from other DECAL programs. The frequency can vary based on the receipt of referrals received.

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: The Department of Early Care and Learning (DECAL) performs a Gap Analysis to assess processes that need improvement or additional mitigating controls are required. Improvements may include training staff, adding approval-levels (or authorization) levels or changing processes to further mitigate high risk areas.

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: Green Book is the Standards for Internal Control in the Federal Government issued by the Government Accountability Office (GAO). It is a framework for designing, implementing, and evaluating internal controls. Green Book was adopted by the State of Georgia as an internal control framework for organizations receiving federal funds.

Utilizing the Green Book framework, CAPS performs activity-level risk assessments to identify, analyze, and respond to risk related to compliance, operation, and reporting objectives. Our risk assessment methodology helps us identify gaps, process improvements, and needed updates to our internal control documentation. Our assessment process analyzes qualitative risk factors related to program activities, determines likelihood of errors and program impacts. The results from our assessments allowed us to identify and document control activities that mitigated the risks and implement controls where residual risk may have resided.

For the risk assessments conducted by the Audits and Compliance Division, these results drive the assignment of our reviews and investigations. At the end of a review or investigation of a provider, an overpayment spreadsheet is created showing each instance of non-compliance and any funds owed back to the Department of Early Care and Learning (DECAL) as a result. DECAL knows that this process is effective because we can see the audit results as the reviews are completed.

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity: **The Lead Agency relies on training, checks and balances, and separation of duties to ensure program integrity. Examples of this are evident in the processes and the structure of the Lead Agency and the Child Care and Parent Services (CAPS) program. The CAPS program contains a stand-alone Quality Assurance and Training (QA&T) unit to conduct training on policy that includes information on program integrity. QA&T also conducts training on policy changes and on how policy is implemented. The scope and type of training is based on the needs of the staff members and is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CCDF program are trained on full policy and on how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on their needs and on ongoing monitoring that determines areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T unit also conducts weekly updates to address policy changes, policy clarifications, and best practices to help ensure program integrity. When changes to the CAPS program policies and procedures manual are made, CCDF program staff within the Lead Agency, other agencies and stakeholders are notified of all changes via email communications. Additionally, all policy changes are reflected in a comprehensive document that is available to staff members within the Lead Agency, other agencies and stakeholders, on the CAPS program website at: (https://caps.decal.ga.gov/en/). Further, to ensure program integrity, QA&T performs quality assurance reviews of eligibility determinations made by the staff. The QA&T unit does not determine eligibility but does ensure quality control of the quality assurance process. The quality assurance process includes reviewing eligibility determinations and training staff in areas that need improvement. The Lead Agency also assigns certain duties to other divisions that do not perform regular CCDF program administration. This differentiation of duties helps ensure program integrity in the CCDF program.**

ii. Describe how staff training is evaluated for effectiveness: **The Lead Agency's Child Care and Parent Services (CAPS) program staff conduct quality assurance reviews on eligibility determinations at initial eligibility, case changes, and redetermination. The quality assurance reviews are used to monitor and assess policy implementation on an ongoing basis and determine the effectiveness of training. The quality assurance reviews are completed by members of the CAPS program Quality Assurance and Training (QA&T) unit, management, and coordinators. Cases are selected from a random sample of initial eligibility, changes during the eligibility period, and redeterminations completed each month. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. Additionally, the Lead Agency's Audits and Compliance unit outside of the CAPS program conducts quarterly error-rate reviews on cases to ensure training effectiveness, provide feedback to**

staff, and improve reliability in determining eligibility according to policy.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency's Child Care and Parent Services (CAPS) program regularly assesses the risk of its policies and procedures to change practices and address training needs. Additionally, the QA&T unit reviews error rate results to support staff with ongoing focused training in areas with the highest error rate in determining eligibility. CAPS program supervisors also use error rate results to follow up with their staff on areas that need improvement.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **The Child Care and Parent Services (CAPS) New Provider Orientation training includes a review and discussion of CAPS Program Integrity Policy, CAPS/00-16, Provider Rights and Responsibilities, CAPS/00-12, and an overview of the CAPS program, which includes participation requirements, navigation of the GACAPS system, how to read a CAPS scholarship, the importance and requirements of maintaining records, and payment policies. Polls and knowledge checks are given throughout the training to evaluate provider's comprehension of the information. Also, the orientation is sent to providers via email for reference following training.**

ii. Describe how provider training is evaluated for effectiveness: **Providers are trained on various program requirements, such as record maintenance and retention, arrival and departure sign-in requirements, and transportation documentation. During each review conducted by the Audits and Compliance Division, staff will request these records to assess compliance with these policies. Each instance of non-compliance is documented on an overpayment spreadsheet, which is then sent to the provider for review.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The CAPS Provider Relations Education and Outreach team (training team) works with the DECAL Audits and Compliance team to discuss trends in findings from investigations and uses that information to target areas where providers need additional and enhanced training.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **At the conclusion of the triennial error rate review, the review team shares the results with agency leadership and program personnel. Each error is categorized by the error type/cause. The program uses the information to guide improvement plans to reduce the rate of errors. For instance, during the most recent error rate review, program personnel developed staff training that directly corresponds to**

the types of errors identified during the error rate review.

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The audit team shares audit results with program personnel and agency leadership, especially on occasions when an intentional program violation has occurred that will require a coordinated response, such as a program dismissal or disqualification. In these cases, relevant staff will meet to discuss the findings or outcomes of a case to determine actions that need to be taken. The audit team also provides input during the policy update process. This information is used by the Lead Agency's Child Care and Parent Services (CAPS) program to evaluate current policy, process, and internal controls and identify changes that are needed to improve program outcomes.**

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[x]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **Although the Department of Early Care and Learning (DECAL) has not identified weaknesses in its internal controls, DECAL performs annual risk assessments on key processes using the GAO Framework, known as Green Book. Green Book is the Standards for Internal Control in the Federal Government issued by the Government Accountability Office (GAO). It is a framework for designing, implementing, and evaluating internal controls. Green Book was adopted by the State of Georgia as an internal control framework for organizations receiving federal funds. Utilizing the Green Book framework, CAPS performs activity-level risk assessments to identify, analyze, and respond to risk related to compliance, operation, and reporting objectives. Our risk assessment methodology helps us identify gaps, process improvements, and needed updates to our internal control documentation.**

b. **[ ]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[x]** 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)).

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Lead Agency's Audits and Compliance team developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, Georgia's Pre-K Program, the state Child Care Licensing program, and the Department of Labor wage file. These data-matching activities have resulted in the Lead Agency being able to better identify providers who are at higher risk for committing intentional program violations and discovering violations such as billing for children who are not in attendance. This practice improves our audit selection because we are better able to target our audit resources to these providers.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Audits and Compliance team developed a risk assessment tool that incorporates data from other programs, including the Child and Adult Care Food Program, Georgia's Pre-K Program, the state Child Care Licensing program, and the Department of Labor wage file. These data-matching activities have resulted in the Lead Agency being able to better identify providers who are at higher risk for committing unintentional program violations and discovering violations such as improper record practices. In November 2023, the Lead Agency created a new functional area, Child Care and Parent Services (CAPS) Provider Relations, composed of four teams, one of them the Quality Assurance and Payments (QA&P) team. This team is responsible for proactive reviews of provider payments to detect and correct errors in billing before payment. This review reduces overpayments to providers and later recoupment of funds. Errors in provider billing are shared with the CAPS Provider Relations Education and Outreach team to perform the following: 1) Target areas of training on provider billing practices; and 2) Recommend specific providers for technical assistance visits. Multiple analytics that flag potential payment errors are built into the payment system. These flags are reviewed by the QA&P consultants and released if there is no payment error. If a payment error is detected, the payment is corrected and issued to the provider. Analytics that indicate possible errors made by eligibility staff when issuing certificates are shared with the applicable teams to complete the following: 1) Training with eligibility staff on policy compliance; and 2) System requirements needed to prevent unintentional errors in issuing benefits.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:: **The Lead Agency's Child Care and Parent Services (CAPS) program conducts data analysis that results in the identification of agency errors and training opportunities. For example, data analysis is regularly conducted to ensure that staff enter accurate information on cases and scholarships. When errors are identified, a communication and training plan is implemented for staff to correct the errors and to follow updated processes to prevent errors going forward. Additionally, Provider data such as number of enrolled children with active scholarships is monitored and analyzed to prevent**

potential overcrowding and ensure that Providers maintain correct ratios from a CAPS program perspective. The Lead Agency also performs payment data analysis to identify system errors and corrections needed for data reconciliation and accuracy.

b. **[x]** Run system reports that flag errors (include types).

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Audits and Compliance Division runs reports showing the billing history for a specific provider and child over time. The Audits and Compliance Team compares the billing reports to actual attendance documentation from the provider to ensure accuracy and to identify intentional program violations. The process results in the identification of potential intentional program violations, however, additional procedures are necessary to confirm that violations are intentional. These processes are also used to improve our practices. For instance, the Audits and Compliance Division has learned that providers that mark attendance for all children every day are at higher risk for committing an intentional program violation.**

   ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Audits and Compliance Division runs reports showing the billing history for a specific provider and child over time. The Audits and Compliance Team compares the billing reports to actual attendance documentation from the provider to ensure accuracy and to identify unintentional program violations. These practices have led to the issuance of an overpayment claim whenever a provider bills on a scholarship that isn't supported by attendance documentation. Over time, the Audits and Compliance Division has learned that many of the unintentional program violations are due to lax procedures at the childcare center level, which includes failure to ensure that all children are signed in/out pursuant to Child Care and Parent Services (CAPS) policy.**

   iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Audits and Compliance Division runs reports showing the billing history for a specific provider and child over time. The Audits and Compliance Team can compare the billing reports to actual attendance documentation from the provider to ensure accuracy. Depending on the findings identified, a determination can be made regarding if it is a result of an agency error. The process has resulted in the identification of improper billing resulting from agency error. Over time, the Audits and Compliance Division has learned that agency errors most commonly have included issuing a scholarship for a child who isn't eligible, issuing the wrong type of scholarship to a child, or approving a childcare center as a Child Care and Parent Services (CAPS) provider that should not be eligible.**

c. **[x]** Review enrollment documents and attendance or billing records.

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Audits and Compliance team reviews attendance documents and billing records by requesting attendance documents via a letter emailed to providers or requested while onsite. Once the**

records are received, staff compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the improper payment is made. The results of these activities include establishing an overpayment when warranted, and collection efforts are made pursuant to policy. Over time, we have learned that obtaining documents while onsite during an unannounced visit is effective at preventing the provider from altering records. This practice is done whenever there is cause, such as a significant concern regarding potential intentional program violations. If discrepancies that are the result of an intentional program violation are found or suspected, the cases will be forwarded to an investigative agency or to the State Attorney General's Office for review.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Audits and Compliance team reviews attendance documents and billing records by requesting attendance documents via a letter emailed to providers or requested while onsite. Once the records are received, staff compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the improper payment is made. The results of these activities include establishing an overpayment when warranted, and if the discrepancies are due to an unintentional program violation, collection efforts are made pursuant to policy. In addition, in November 2023, the Lead Agency implemented a new payment system and built in analytics to flag potential payment errors. These flags are reviewed by staff from the Quality Assurance and Payments team, and the payment is authorized if there is no error. If a payment error is detected, the payment is corrected and issued to the provider. Errors detected are shared with the Provider Relations Education and Outreach team to target areas for potential training on billing practices or to conduct technical assistance with specific providers. Analytics that indicate possible errors made by eligibility staff when issuing certificates are shared with the applicable teams to complete the following: 1) Training with eligibility staff on policy compliance; and 2) System requirements needed to prevent unintentional errors in issuance of benefits.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services (CAPS) program conducts data analysis that results in the identification of agency errors and training opportunities. For example, Provider enrollment records are monitored and analyzed to prevent potential overcrowding and ensure that Providers maintain correct ratios from a CAPS program perspective. The Lead Agency also performs analysis on billing records to identify errors and corrections needed for accurate payments.**

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services (CAPS) program has a stand-alone Quality Assurance & Training (QA&T) unit that performs quality assurance reviews of eligibility determinations made by staff. These quality assurance reviews are used to monitor and assess policy implementation on an ongoing basis, ensure program integrity, and**

determine effectiveness of training. The QA&T unit does not determine eligibility but does administer the quality assurance process by reviewing the work of others and providing training for staff in areas that need improvement. Cases are selected from a random sample of initial eligibility, changes during the eligibility period, and redeterminations completed each month. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. To further ensure program integrity, the QA&T unit also supports staff by conducting ongoing focused training in areas with the highest error rate in determining eligibility. In addition, the Lead Agency CCDF program supervisors conduct quality assurance reviews of cases processed by their staff and provide coaching on areas that need improvement. The Lead Agency's Audits and Compliance unit separate from the CCDF program also conducts error-rate reviews on cases during the triennial Error Rate Review process. In addition to this being a federal requirement, it is also used to ensure training effectiveness, provide feedback to staff, and improve reliability in determining eligibility according to policy. These reviews have resulted in Audits and Compliance staff providing training to CAPS managers on the identification of falsified documents.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services (CAPS) program has a stand-alone Quality Assurance & Training (QA&T) unit that performs quality assurance reviews of eligibility determinations made by staff. These quality assurance reviews are used to monitor and assess policy implementation on an ongoing basis, ensure program integrity, and determine effectiveness of training. The QA&T unit does not determine eligibility but does administer the quality assurance process by reviewing the work of others and providing training for staff in areas that need improvement. Cases are selected from a random sample of initial eligibility, changes during the eligibility period, and redeterminations completed each month. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. To further ensure program integrity, the QA&T unit also supports staff by conducting ongoing focused training in areas with the highest error rate in determining eligibility. In addition, the Lead Agency CCDF program supervisors conduct quality assurance reviews of cases processed by their staff and provide coaching on areas that need improvement. The Lead Agency's Audits and Compliance unit separate from the CCDF program also conducts the triennial error-rate review on cases to ensure training effectiveness, provide feedback to staff, and improve reliability in determining eligibility according to policy. The knowledge that the Audits and Compliance team gained from conducting these reviews resulted in training content designed to educate front-line managers on the types of errors identified during the error rate review so that corrective measures could be implemented.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services (CAPS) program has a stand-alone Quality Assurance & Training (QA&T) unit that performs quality assurance reviews of eligibility determinations made by staff. These quality assurance reviews are used to monitor and assess policy implementation on an ongoing basis, ensure program integrity, and determine**

effectiveness of training. The QA&T unit does not determine eligibility but does administer the quality assurance process by reviewing the work of others and providing training for staff in areas that need improvement. Cases are selected from a random sample of initial eligibility, changes during the eligibility period, and redeterminations completed each month. Cases processed by newer staff are monitored more frequently than staff who have more experience processing eligibility. To further ensure program integrity, the QA&T unit also supports staff by conducting ongoing focused training in areas with the highest error rate in determining eligibility. In addition, the Lead Agency CCDF program supervisors conduct quality assurance reviews of cases processed by their staff and provide coaching on areas that need improvement. The Lead Agency's Audits and Compliance unit separate from the CCDF program also conducts the triennial error-rate review on cases to ensure training effectiveness, provide feedback to staff, and improve reliability in determining eligibility according to policy. The errors identified during the review process are generally agency errors. The knowledge that the Audits and Compliance team gained from conducting these reviews resulted in training content designed to educate front-line managers on the types of errors identified during the error rate review so that corrective measures could be implemented.

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Audits and Compliance unit reviews provider attendance documents and billing records by requesting attendance documents via a letter emailed to providers or requested while onsite. Once the records are received, staff then compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the improper payment is made. The results of these activities include establishing overpayments when warranted, and collection efforts are made pursuant to policy. Over the years, our experience with auditing provider records has informed the policy writing process whereby policy is now clear in how all provider records should be created and stored. Because of these enhancements, it is more difficult for providers to commit intentional program violations.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Audits and Compliance Division unit reviews attendance documents and billing records by requesting attendance documents via a letter emailed to providers or requested while onsite. Once the records are received, staff then compare the attendance documents to the billing records. Any discrepancies are identified, and a determination of the improper payment is made. The results of these activities include establishing an overpayment when warranted, and collection efforts are made pursuant to policy. Over the years, our experience with auditing provider records has informed the policy writing process whereby policy is now clear in how all provider records should be created and stored. Because of these enhancements, it is more difficult for providers to commit unintentional program violations.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services**

(CAPS) program reviews provider records given by the Audits and Compliance Division to identify agency errors and training opportunities. For example, provider data such as attendance and enrollment records are monitored and analyzed to prevent potential overcrowding and ensure that providers maintain correct ratios from a CAPS program perspective. The Lead Agency also reviews Provider billing records to identify errors and corrections needed for accurate payment.

f. **[x]** Train staff on policy and/or audits.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services (CAPS) program contains a stand-alone Quality Assurance and Training (QA&T) unit to conduct training on policy and implementation. The scope and type of policy and/or audits training is based on the needs of the staff members and is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CCDF program are trained in full policy and how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T unit also conducts weekly updates to clarify policy and best practices to ensure that staff training needs are met in a timely manner. This training results in staff identifying signs of intentional or unintentional program violations and agency errors. Additionally, training on Policy assisted with determining improved processes, which enhanced staff knowledge and skills and increased efficiency.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services (CAPS) program contains a stand-alone Quality Assurance and Training (QA&T) unit to conduct training on policy and implementation. The scope and type of policy and/or audits training is based on the needs of the staff members and is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CCDF program are trained in full policy and how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T unit also conducts weekly updates to clarify policy and best practices to ensure that staff training needs are met in a timely manner. This training results in staff identifying signs of intentional or unintentional program violations and agency errors. Additionally, training on Policy assisted with determining improved processes, which enhanced staff knowledge and skills and increased efficiency.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency's Child Care and Parent Services (CAPS) program contains a stand-alone Quality Assurance and Training (QA&T) unit to conduct training on policy and implementation. The scope and type of**

policy and/or audits training is based on the needs of the staff members and is categorized into three main areas: 1) new hires, 2) existing staff, and 3) other divisions within the Lead Agency and other agencies. New hires to the CCDF program are trained in full policy and how to use the various systems needed to operate the program. Existing staff are given policy and systems training based on the needs of those staff and through ongoing monitoring of areas that need improvement. Other divisions within the Lead Agency and other agencies are given policy and systems training based on their needs and roles. The QA&T unit also conducts weekly updates to clarify policy and best practices to ensure that staff training needs are met in a timely manner. This training results in staff identifying signs of intentional or unintentional program violations and agency errors. Additionally, training on Policy assisted with determining improved processes, which enhanced staff knowledge and skills and increased efficiency.

g. **[x]** Other. Describe the activity(ies): **See descriptions for selected items.**

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **In addition to the activities noted above, the Audits and Compliance unit maintains a dedicated phone line and an email inbox where complaints can be submitted. The phone number and email address are published in the Lead Agency CCDF program policy manual. Upon receiving a complaint, the Audits and Compliance unit investigates to determine if a program violation occurred (intentional or unintentional) and if any funds are due back to DECAL. This process has resulted in the identification of numerous cases where a violation had occurred, and funds were due back to DECAL. With the success of the reporting lines, the Lead Agency recently chose to expand this process to include a web-based reporting tool which will be promoted in Lead Agency written materials.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **In addition to the activities noted above, the Audits and Compliance unit maintains a dedicated phone line and an email inbox where complaints can be submitted. The phone number and email address are published in the Lead Agency Child Care and Parent Services (CAPS) program policy manual. This process has resulted in the identification of numerous cases where a violation had occurred, and funds were due back to the Department of Early Care and Learning (DECAL). With the success of the reporting lines, DECAL recently chose to expand this process to include a web-based reporting tool which will be promoted in DECAL written materials. Further, in November 2023, the Lead Agency created a new functional area, CAPS Provider Relations, composed of four teams, including a Quality Assurance and Payments (QA&P) team. This team is responsible for proactive reviews of provider payments to detect and correct errors in billing before payment. This review reduces overpayments to providers and later recoupment of funds. Errors in provider billing are shared with the CAPS Provider Relations Education and Outreach team to: 1) Target areas of training on provider billing practices; and 2) Recommend specific providers for technical assistance visits. Multiple analytics that flag potential payment errors are built into the payment system. These flags are reviewed by the QA&P consultants and released if there is no payment error. If a**

payment error is detected, the payment is corrected and issued to the provider. Analytics that indicate possible errors made by eligibility staff are shared with the applicable teams to complete the following: 1) Training with eligibility staff on policy compliance; and 2) System requirements needed to prevent unintentional errors in issuance of benefits.

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: The Lead Agency's Child Care and Parent Services (CAPS) program reviews Provider records given by the Audits and Compliance Division to identify agency errors and training opportunities. For example, Provider data such as attendance and enrollment records are monitored and analyzed to prevent potential overcrowding and ensure that Providers maintain correct ratios from a CAPS program perspective. The Lead Agency also reviews Provider billing records to identify errors and corrections needed for accurate payment.

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): The Lead Agency is responsible for recognizing the indicators of fraud within the CCDF program. This might include submitting falsified documents to the Lead Agency for the purpose of getting approved to participate as a Child Care and Parent Services (CAPS) client, knowingly billing the Lead Agency for children who were not in attendance or offering payment to Lead Agency staff for preferential treatment during the CAPS application process. When these indicators are identified by Lead Agency staff, the Lead Agency will work with other agencies that do criminal investigations, or with agencies that prosecute cases criminally. These agencies include the Georgia Office of Inspector General, the Georgia Office of the Attorney General, the U.S. Department of Health and Human Services Office of Inspector General, and the U.S. Attorney's Office. If any monies are owed back to the program because of fraud, the Lead Agency will seek repayment of such funds through a court order as part of a criminal matter. If the state decided not to move forward with a criminal action, the Lead Agency seeks a civil repayment through the Office of State Administrative Hearings or through the Attorney General's Office.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g.,

State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Over the years, the Lead Agency has referred multiple cases to other state/federal agencies who are involved in the investigation and prosecution of cases. The frequency of our referrals has resulted in a close working relationship between the agencies, especially with client cases. For instance, the Office of the Attorney General has provided the Lead Agency with guidance for the types of cases that they want the Lead Agency to submit, including financial guideposts for losses incurred.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **In some cases, a court of competent jurisdiction may order a repayment. In these cases, the Lead Agency follows these orders. Per Child Care and Parent Services (CAPS) Policy, claims may be repaid through offsetting reimbursements, a lump sum, or, in limited situations, monthly installments. The Lead Agency has the right to enter into repayment agreements with parents or child care providers to ensure that all claims are collected in full and within 24 months. Providers may complete the Child Care Provider Repayment Statement and parents may complete the Parent Repayment Statement to determine the amount and frequency of claim payments. The provider or parent must adhere to all terms of the repayment statement.**

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below 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.

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Improper payments that are the result of unintentional program violations are generally recouped by the program until the debt is paid. The program will recoup 50% of future payments until the improper payment amount has been fully recouped unless other arrangements are made. For instance, providers can pay the amount all at once or can submit a hardship request to extend the payment period.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[x] No.

[ ] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[ ]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. **[ ]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[ ]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]**Recover through other means. Describe the activities and the results of these

activities based on the most recent analysis:

vii. **[ ]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **A parent will be disqualified from Child Care and Parent Services (CAPS) for the following:**

- **If a child care case is closed for failure to cooperate with an investigation, the parent will be disqualified from CAPS for three months, after which they may reapply. Limited exceptions to this disqualification may be granted through a waiver request for families participating in or transitioning from Temporary Assistance for Needy Families (TANF) and families with an active Child Protective Services (CPS) case.**
- **Failure to respond to or honor the child care claim and repayment statement may result in closure of the child care case. If a child care case is closed for failure to respond to or honor a repayment statement, the parent will be disqualified from CAPS until the claim is paid in full, after which they may reapply. Limited exceptions to this disqualification may be requested through a waiver for families participating in or transitioning from TANF and families with an active CPS case.**
- **If falsified documents or information resulted in the authorization of benefits for which the family was not eligible, the child care case may be closed (if the family would not have been eligible), benefits will be appropriately adjusted for the remainder of the eligibility period (if applicable), and a claim will be established for the difference between benefits received and benefits for which they were eligible. Additional sanctions may be imposed, up to and including case closure or disqualification from CAPS, as determined by CAPS administration.**

Parents receiving subsidized child care have a right to appeal and receive a hearing regarding any actions instituted by the Department of Early Care and Learning (DECAL) that impact a parent's eligibility and/or any action that would require a reclaim of funds. Lack of funding availability is not appealable. It is also important to note the following situations are not appealable: applications disposed as unable to process or withdrawn, selection of a child care provider that has been previously terminated by the CAPS program, dissatisfaction with care or services provided by the child care provider, statewide or local limitations on CAPS funding that results in a denial of CAPS services, the natural expiration of a family's eligibility period, any changes in federal or state law, regulations, or policies that affect entire populations. If a parent appeals an adverse action that was imposed during the eligibility period, the parent may elect to continue receiving benefits at the current level until the appeal is resolved or until the end

of the current eligibility period, whichever comes first. Funds paid when this option is exercised may be subject to reclaim. If a parent appeals an adverse action imposed at annual redetermination, they may not elect to continue receiving benefits beyond the eligibility period preceding the annual redetermination. The parent must request an administrative hearing, as appropriate, in writing within 14 calendar days from the date on the notice of adverse action. Failure to request an administrative hearing by the deadline listed on the notice or within 14 calendar days from the date of the notice shall automatically affirm DECAL's decision. If the individual making a hearing request does not speak English and a bilingual staff person or interpreter is requested, DECAL must ensure that the appellant is afforded a translator at the hearing.

ii. **[x]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: Disqualification of a child care provider refers to a time-limited or permanent status that disallows child care providers from participating in the Child Care and Parent Services (CAPS) program for failure to comply with Department of Early Care and Learning (DECAL) policies or federal or state laws and regulations. Providers may be disqualified due to the following: debarment or removal from any other federal or state program (disqualification will span a period of seven years plus any period thereafter that funds are still outstanding), failure to repay funds (disqualification will be lifted once the overpayment is paid in full), violation of CAPS policy; the period for disqualification will be based on the severity of the violation of policy, after a DECAL review has been conducted, fraud conviction by state court, federal court, and/or Attorney General's Office (disqualification will be permanent), serious injury as defined in CAPS Policy Definitions and Acronyms. At the discretion of DECAL administration, providers may be suspended, dismissed, or disqualified for health and safety violations that are not explicitly defined in CAPS policy and are not subject to appeal.

It is important to note that the following matters are not appealable: future payments, lack of funding availability, denial of participation in CAPS, dismissal from participation in CAPS, disqualification from participation in CAPS.

Providers who participate in the subsidy program and are issued a notice of revocation of their license or a notice of emergency closure are afforded appeal procedures by the Lead Agency's Child Care Licensing division. Staff from the subsidy program follow the lead of the Child Care Licensing division who establish and monitor health and safety standards in Georgia, and providers must have a license or exemption to participate in the subsidy program. The Child Care Licensing division allows providers 10 days to appeal the revocation or 48 hours to appeal the emergency closure. Providers are advised of this right in the revocation or emergency closure paperwork. All revocation or emergency closure appeal requests are forwarded to the Lead Agency's Legal Division who then forwards all hearing requests to the Office of State Administrative Hearings (OSAH). OSAH sets

the date and time for the administrative hearing and notifies all parties of that date and time. After the hearing, OSAH issues an Initial Decision affirming or denying the action of the Lead Agency. The decision contains the reason for the judgment, the supporting evidence and policy used to reach the judgment, findings of fact, and conclusions of law. Either party may file a motion to vacate a default, a motion for reconsideration, or a motion for rehearing within 10 days of the service of the Initial Decision. A party who seeks review by the Lead Agency must file an application for agency review within 30 days after service of the Initial Decision. In nearly all cases, agency review is a prerequisite for judicial review. If a timely application for agency review is not filed and the Lead Agency does not review the Initial Decision on its own motion, the Initial Decision will become the Final Decision of the Lead Agency by operation of law. Providers who participate in the subsidy program and are disqualified due to administrative reasons (such as not submitting required paperwork or not cooperating with an investigation) are not afforded appeal rights.

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **Program violations that are believed to be intentional will be referred for criminal prosecution. There has been no criminal prosecution concluded in the recent past to report on or to inform Lead Agency activities.**

iv. **[x]** Other. Describe the activities and the results of these activities based on the most recent analysis: **In addition to disqualifying a provider or parent, other methods used by the Lead Agency to sanction a provider or parent may include requiring the provider or parent to repay funds received because of improper payments or requiring a provider to attend mandatory training to continue participation in the subsidy program.**

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		