Submitting Required Reports and Refutations for Exempt and Informal Providers

Part 2

July 1, 2025



Required Reporting and Refutations

- Review required reporting- how and what to submit through Decal Koala.
- Review and demonstrate how to complete a refutation of visit citations via Decal Koala.
- These changes and updates will be available in July 2025



Programs that have a DECAL KOALA account are required to submit certain required reports to the Department.

These programs are:

- ***** Informal Providers
- * Exempt programs with a category 1 or 7 that participates in Childcare and Parent Services (CAPS)
- * Exempt category 5-Licensed Faith Based



Required Reporting

In accordance with the Child Care and Development Fund (CCDF) requirements, the administrator or designated person-in-charge of exempt programs for categories 1 and 7 that participate in CAPS and Informal Providers, shall report these incidents to the Department within twenty-four (24) hours or the next workday: serious incidents and/or injuries requiring professional medical attention, child abuse or neglect, communicable disease, death of a child, missing child, fire or structural disaster, emergency relocation of children, any employee that acquires a criminal record, and temporary and permanent closures.



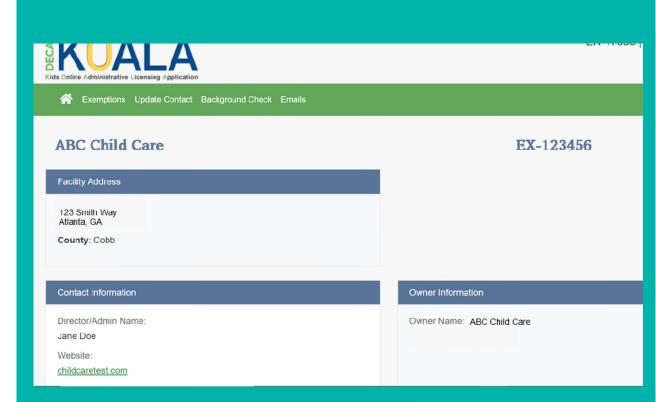
Required Reporting: Previously Licensed Faith-Based Programs, Ex-5

Exempt Programs that are approved for category 5, Licensed Faith-Based shall report accreditation documentation to the Department.



When is a Required Report necessary for Informal providers and exempt programs 1 and 7?

- Death of a child while in care
- Serious injury requiring hospitalization or professional medical care to a child while in care
- Serious illness requiring hospitalization or professional medical care
- Child abuse
- Missing Child
- Fire and/or Structural disaster
- Emergency relocation of children
- Any employee that acquires a criminal record
- Permanent and temporary closures





Step 1: After logging in, click "Exemptions" on

the green ribbon at the top of the screen.



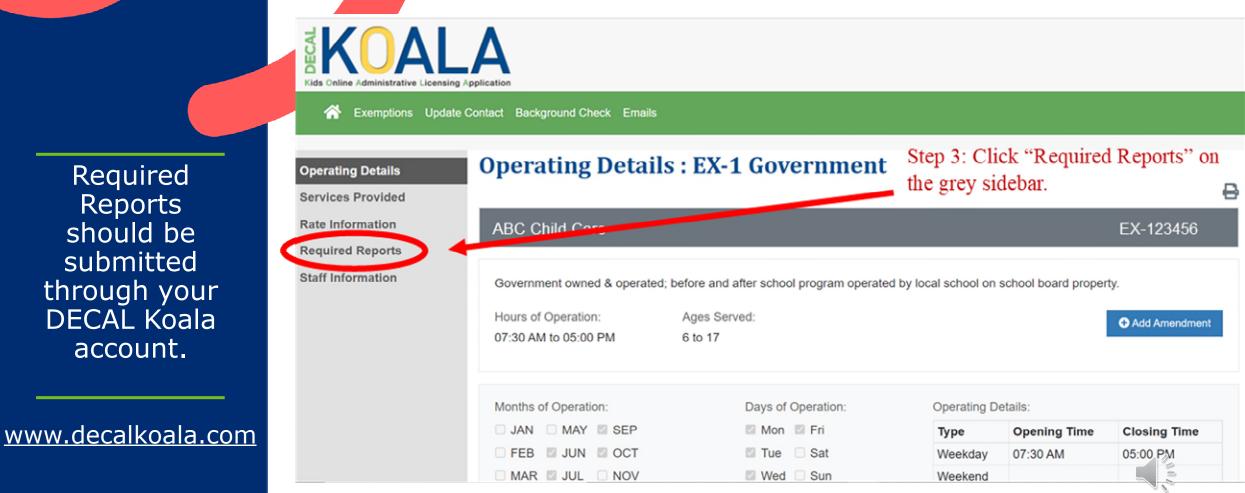
Exemptions Ipdate Contact Background Check Emails

Exemption Categories

EX-123456 Exemption Unit Phone: Exemption Unit Email: (770) 293-5977 CCSExemption@decal.ga.gov Categories Print Exemption Decision Letter and Certificate Close Exemption Category Update Exemption Category Edit Exemption Category C Amend Exemption Category Delete Exemption Category Add New Category Code Name Category # Status Receipt Date **Decision Date**

Required Reports should be submitted through your DECAL Koala account.

www.decalkoala.com





Manage POI Notices Background Check Required Reporting Emails

Required Reporting

Required Reports should be submitted through your DECAL Koala account.

www.decalkoala.com

Bright from the Start Standards for Exempt and Informal programs that participate in Childcare and Parent Services (CAPS), must report the following situations to the department within 24 hours or the next business day:

- · any child abuse, neglect or deprivation
- notifiable communicable diseases
- · any death
- · any serious illness or injury requiring hospitalization or professional medical attention
- · any situation where a child becomes missing while in care
- · any fire
- · any structural disaster
- · any emergency requiring temporarily relocation of children
- · the name of any employee who acquires a Criminal Record

To search for Exempt Standards, visit this link: <u>https://www.decal.ga.gov/documents/attachments/ExemptprogramsHealth&SafetyStandards.pdf</u> To search for Informal Standards, visit this link: https://www.decal.ga.gov/documents/attachments/HealthSafetyStandardsforInformalProvidersReceivingSubsidyOctober2024.pdf

Please email CCSExemptions@decal.ga.gov or call 770-293-5977, with questions regarding this process.

Add Required Report

Bright from the Start Standards for Exempt and Informal programs that participate in Childcare and Parent Services (CAPS), must report the following situations to the department within 24 hours or the next business day:

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To search for Exempt Standards, visit this link: <u>https://www.decal.ga.gov/documents/attachments/ExemptprogramsHealth&SafetyStandards.pdf</u> To search for Informal Standards, visit this link: https://www.decal.ga.gov/documents/attachments/HealthSafetyStandardsforInformalProvidersReceivingSubsidyOctober2024.pdf

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+ Add Required Report



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To search for Exempt Standards, visit this link: https://www.decal.ga.gov/documents/attachments/ExemptprogramsHealth&SafetyStandards.pdf To search for Informal Standards, visit this link: https://www.decal.ga.gov/documents/attachments/HealthSafetyStandardsforInformalProvidersReceivingSubsidyOctober2024.pdf

Please email CCSExemptions@decal.ga.gov or call 770-293-5977, with guestions regarding this process.

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

If you don't see the reason to report a Required Report to DECAL then you don't need to complete a Required Report for this incident at this time.

What are you Reporting today? (Select One)

Select -->

www.decalkoala.com

Required

Reports

should be

submitted

through your

DECAL Koala

account.

Once in the report you can:

| Describe action(s) taken to prevent reoccurrence: | 300 characters |
|---|--|
| | |
| | ő |
| | |
| Children/Parent Information | |
| Add Child/Parent | |
| | |
| Witness(es)? | |
| Add Witness | |
| | |
| Name(s) of staff person(s) responsible for child at the time of Incident? | Name(s) of person who provided First Aid onsite? |
| Add Staff | Add Staff |

- Describe how you will prevent reoccurrence
- Add child/parent information
- Add witness information
- Add staff information
- Any action taken

| Examples of documents that may be uploaded inclu- | ude staff and director statements, pictures, and diagrams, | if applicable. |
|--|--|--|
| | | |
| Upload | | |
| | | |
| | | |
| ype of Injury (Select One) | | |
| | | |
| | | |
| Coloct the injury that required professional medical | attention that most closely applies. If there is more than a | injury poloci the most source |
| Select the injury that required professional medical | attention that most closely applies. If there is more than o | ne injury, select the most severe. |
| | | |
| | attention that most closely applies. If there is more than o Choking-swallowed foreign object (beads, wood chips, coins, etc.) | e injury, select the most severe. |
| Abrasions/Cuts/Scratches (includes carpet burns) | O Choking-swallowed foreign object (beads, wood | |
| Abrasions/Cuts/Scratches (includes carpet burns) | Choking-swallowed foreign object (beads, wood chips, coins, etc.) | Near drowning/drowning |
| Abrasions/Cuts/Scratches (includes carpet burns) | Choking-swallowed foreign object (beads, wood chips, coins, etc.) | Near drowning/drowning |
| Abrasions/Cuts/Scratches (includes carpet burns) Allergic reaction- Select the specific type of injury, swelling, difficulty breathing, Skin irritation(redness/rash/hives) | Choking-swallowed foreign object (beads, wood chips, coins, etc.) | Near drowning/drowning |
| Abrasions/Cuts/Scratches (includes carpet burns) Allergic reaction- Select the specific type of injury, swelling, difficulty breathing, Skin irritation(redness/rash/hives) | Choking-swallowed foreign object (beads, wood chips, coins, etc.) Concussion | Near drowning/drowning No physical injury observed |
| Abrasions/Cuts/Scratches (includes carpet burns) Allergic reaction- Select the specific type of injury, swelling, difficulty breathing, Skin irritation(redness/rash/hives) Bite (animal, insect, human) – Select the specific type of injury caused by the bite | Choking-swallowed foreign object (beads, wood chips, coins, etc.) Concussion | Near drowning/drowning No physical injury observed |
| Abrasions/Cuts/Scratches (includes carpet burns) Allergic reaction- Select the specific type of injury, swelling, difficulty breathing, Skin irritation(redness/rash/hives) Bite (animal, insect, human) – Select the specific | Choking-swallowed foreign object (beads, wood chips, coins, etc.) Concussion Crushing | Near drowning/drowning No physical injury observed Poisoning |

- Upload additional documents (statements, pictures, etc.)
- Choose the type of injury, affected area of body
- Where incident occurred, activity at the time,





DECAL Koala: Online Refutations for Informal and Exempt Providers receiving CAPS subsidies

Effective July 2025



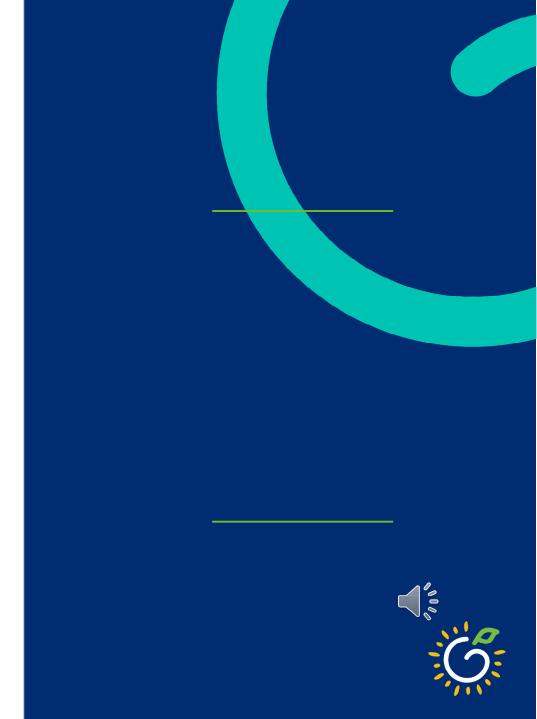
What is a **Refutation**?

• A provider has the right to disagree with, ask questions about, and seek further review of a citation(s) issued by a exemption specialist.

• If the disagreement about the citation(s) is not resolved by speaking with the specialist, the provider can submit a refutation within 10 business days of the completion date of the visit. This serves as a statement of disagreement/refutation.

• Sometimes, citations are removed following review, and sometimes they are not. Providers are encouraged to ask questions and state disagreement with citations and may do so without fear of retaliation or negative consequence.

• If a refutation is not received within 10 business days of the visit/completion date, then it is subject to not being accepted.





User Name: How to submit Password: **refutations in DECAL** Ned Help With Login

Koala

Bright from the Start is continuing its commitment to provide excellent customer service, increase communication and simplify administrative processes. DECAL KOALA is an online resource that is available to all licensed child care programs, approved exempt programs and registered support centers. When you activate your DECAL KOALA account, you can log in online to view and update specific information about your program(s), enter additional email addresses, pay license fees (if applicable), print your license or registration certificate and more.

If you have questions, comments or need support, send an email to decalkoala@decal.ga.gov



Frequently Asked Questions

New Exempt Provider Request

Legal Notice

©2021 Bright from the Start: Georgia Department of Early Care and Learning

ABC 123

Facility Address

1 First Street Abbeville GA 55555

County: Appling

| Contact Information | Owner Information |
|---|---------------------------|
| Director/Admin Name: John Jones | Owner Name: Government |
| Website: Facility Phone: Facility Fax: (555) 555-5555 | |

DECAL Contact Information

| Title | Email | Phone | |
|--------------------|----------------------------|----------------|--|
| CCS Exemption Unit | CCSExemptions@decal.ga.gov | (770) 293-5977 | |
| CAPS Contact | CAPS.Support@decal.ga.gov | (404) 657-3434 | |

| License Fee Info | Inspection Report | |
|------------------|-------------------|--|
| | | |

• When you log into your DECAL Koala account it will open to your home page. You will scroll down to the inspection report section.

EX-

• If there was a citation on your last visit, a "Refute Citation" link will be visible. When you click this link, it will take you to the refutation page.

• If there was NO citation on your last visit, the "Refute Citation" link will not be visible. But you will still be able to view your visit report.

• The "Refute Citation" link will only be visible for 10 business days after the visit date.



• The top of the refutation page shares information regarding the refutation process.

- The middle section, Visit Details, shows what standards were cited on that visit.
- The bottom section requires the Director/Provider signature once the refutation is ready to be submitted.

| | Facility Fax: | CCS Consulta | nt: | | CCS Consultant Phone: |
|---|-------------------------------------|-----------------------------|-------------------|-----------------------------------|---|
| Visit Details | | | | | |
| Visit Type: Exemption CAPS Monitoring | Consultant Name: Sherri Thompson | Visit Date: 05/27/2025 | | Visit Complete Date 05/27/2025 | REF #: |
| Chapter Name | | Section Name | | Status | Submission Date |
| Activities and E | | EX-HSA(1) Activities | | | Submission bate |
| Activities and E | | EX-HSA(2)(a)-(c) Activities | | | |
| | | | | | |
| | | | | | |
| Refute Status | | Manager Name | | | |
| Select> | ~ | Select> | | ~ | |
| Signature of Director/ | /Provider | | | | |
| Facility Email Address: | Trovider | Phone Number: | | Alternate Phone Number: | |
| marcy.maioli@decal.ga.go | v | (555) 555-5555 | | (XXX) XXX-XXXX | |
| Alternate Email Address: | | | | | |
| | | | | | |
| | | | | | |
| By submitting this applic this refutation as or on behavior. | | | I am the Select-> | curate to the best of my knowle | for ABC 123 and I have authority to edge. I agree to reply promptly to requests |
| additional information or d | | | | and to the best of my known | and a second provide the second |
| | | | | | |
| | | Submit | Cancel | | |
| | | | - | <u> </u> | 10 |
| | | | | | |

Click on the first pencil icon of the citation you wish to refute to open the following screen.

| 1 First Street Abbeville, GA - 55555 | SE | John Jones | | Licensed |
|--|------------------|--|--|---|
| County: | Facility Phone: | Email: | | Child Care Type: |
| | (555) 555-5555 | marcy.maioli@dee | <u>cal.ga.gov</u> | Exempt Only (EX) |
| Appling | Facility Fax: | CCS Consultant: | | CCS Consultant Phone: |
| Visit Details | | | | |
| Visit Type: | Consultant Name: | Visit Date: | Visit Complete Date | REF #: |
| Exemption CAPS Monitoring | Sherri Thompson | 05/27/2025 | 05/27/2025 | |
| Chapter Name | | Section Name | Status | Submission Date |
| Activities and Equip | pment | EX-HSA(1) Activities | | |
| Activities and Equip | pment | EX-HSA(2)(a)-(c) Activities | | |
| | | | | |
| Refute Status | | Manager Name | | |
| Select> | ~ | Select> | ~ | |
| Facility Email Address: marcy.maioli@decal.ga.gov | | Phone Number: (555) 555-5555 | Alternate Phone Number: (xxx) xxx-xxxx | |
| Alternate Email Address: | | | | |
| | | | | |
| By submitting this application | | indicate that I am | | for ABC 123 and I have authority to sub |
| additional information or docu | imentation. | e answers contained in this relutation | are true and accurate to the best of my know | wledge. I agree to reply promptly to requests for |
| | | | | |
| | | Submit | Cancel | |
| | | | | |
| | | | | |

Refute Citation Activity Log

Refute Citation

The following information is associated with a EX-CAPS-Monitoring Follow Up:

Chapter name: Activities and Equipment Chapter section name: EX-HS-.A(1) Activities Compliance: Not Met



Activities and Equipment

Finding:

EX-HS-.A(1) requires the program to provide a daily planned program of varied and developmentally appropriate activities to promote social, emotional, physical, cognitive, language, and literacy growth. Program staff shall use a variety of teaching methods to accommodate the needs of the children's different learning styles. It was determined test.

POI(Plan of Improvement):

The program will arrange a schedule that includes a variety of developmentally appropriate activities that are provided daily, train staff to use various teaching methods, and monitor both.

Reason for disagreement regarding the rule citation(submit supporting documentation):

2000 characters

Supporting Documentation

Provide the needed supporting documentation that supports the reason for disagreement for refuting this/these rule(s)



0000

You have the right to refute any citations noted in licensing reports with which you disagree. To refute a citation(s), complete the following information for each citation that is in question. If you have any questions please contact

You will be contacted via e-mail by the reviewing manager upon receipt of your refutation.

Please submit one refutation online for each visit/visit date.

| Visit De | tails | | | | | |
|----------|---------------------------------|------------------------------------|---------------------------------|-------------------------------|-----------------|---|
| Visit Ty | /pe: | Consultant Name: | Visit Date: 11/10/2021 | Violation Date: 11/10/2021 | REF #: 1024 | |
| | Chapter Name | Section Name | | Status | Submission Date | |
| Ľ | Facility | Playgrounds | | Not Submitted | | Î |
| | Sleeping & Resting Equipment | Safe Sleepi | ng and Resting Requirements | | | |
| | | | | | | |
| Your re | futation REF-1024 has been save | d. Be sure to upload any supportin | g documentation and submit your | refutation before 11:59 p | m on 11/29/2021 | |

0

Signature of Director/Provider

Facility Email Address:

Phone Number: Alternate Phone Number:

Alternate Email Address:

ate Email Address:



You have the right to refute any citations noted in licensing reports with which you disagree. To refute a citation(s), complete the following information for each citation that is in question. If you have any questions please contact CCSRefutations@decal.ga.gov.

You will be contacted via e-mail by the reviewing manager upon receipt of your refutation.

Please submit one refutation online for each visit/visit date.

Visit Details Visit Type: REF #: Consultant Name: Visit Date: Violation Date: 11/10/2021 11/10/2021 1024 Chapter Name Section Name Status Submission Date Playgrounds Not Submitted Facility Sleeping & Resting Equipment 3afe Sleeping and Resting Requirements Not Submitted Your refutation REF-1024 has been saved. Be sure to upload any supporting documentation and submit your refutation before 11:59 pm on 11/29/2021 Signature of Director/Provider Alternate Phone Number: Alternate Email Address: Facility Email Address: Phone Number: marcy maioli@decal.ga.gov (770) 459-1128 (1000) 3008-30000 By submitting this application, I, Disclaimer Name indicate that I am the Select--> for Childcare Network #311 and I have authority to submit this refutation as or on behalf of the program owner. I verify that the answers contained in this refutation are true and accurate to the best of my knowledge. I agree to reply promptly to requests for additional information or documentation. Go Back Submit



You have the right to refute any citations noted in licensing reports with which you disagree. To refute a citation(s), complete the following information for each citation that is in guestion. If you have any guestions please contact CCSRefutations@decal.ga.gov.

You will be contacted via e-mail by the reviewing manager upon receipt of your refutation.

Please submit one refutation online for each visit/visit date.

Visit Details

| | Visit Ty | pe: | Consultant Name: | Visit Date: 11/10/2021 | Violation Date: 11/10/2021 | REF #: 1024 | |
|---|----------|------------------------------|------------------|-----------------------------|-------------------------------|-----------------|---|
| | | Chapter Name | Section Name | | Status | Submission Date | |
| | Ľ | Facility | Playgrounds | | Not Submitted | | Î |
| 2 | Ľ | Sleeping & Resting Equipment | . Jafe Sleepi | ng and Resting Requirements | Not Submitted | | Î |

Your refutation REF-1024 has been saved. Be sure to upload any supporting documentation and submit your refutation before 11:59 pm on 11/29/2021

Signature of Director/Provider

| | Facility Email Address: | Phone Number: | Alternate Phone Number | : Alternate | Alternate Email Address: | |
|---|---|-----------------|------------------------|-------------|--|--|
| | marcy.maioli@decal.ga.gov | (770) 459-1128 | (XXXX (XXXX (XXXX) | | | |
| | | | | | | |
| | By submitting this application, I, | Disclaimer Name | indicate that I am the | Select> | ✓ for Childcare Network | |
| | #311 and I have authority to submit the best of my knowledge. I agree to | | | | n this refutation are true and accurate to | |
| 3 | | | Submit Go Back | | | |



Email Type: Refutation Submitted Subject: Refutation Submission Confirmation-

To: cyrovider email address on file> Email Body:

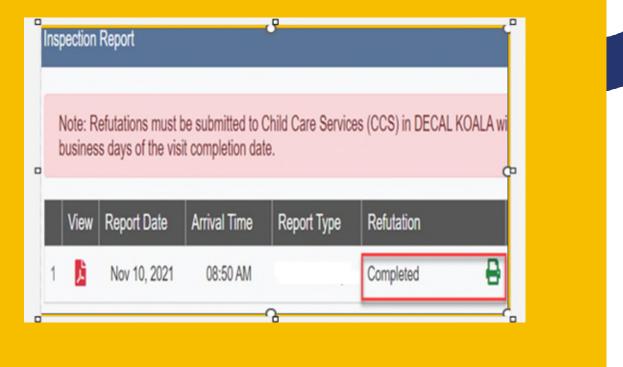
This email serves as confirmation that your refutation REF-1032 regarding rule violation(s) cited during a >n 11/10/2021 has been submitted and received by the Department, you have until 11:59 pm on 11/24/2021 to make any changes to your refutation. After this date your refutation will be forwarded to the appropriate manager for review and follow-up. You will be contacted by the reviewing manager for any additional information that may be needed and will be notified once a final decision has been made regarding your concerns.

Thank you.

Example email after the program submits the refutation.



Once your refutation has been completed by the manager, you will receive an email with the refutation letter attached. In DECAL KOALA, the refutation status will show completed and you will be able to print the letter.





Refutation Response meanings

Citation changed to Technical Assistance: The citation was removed but changed to a technical assistance comment

Citation Removed: The citation was removed from the visit report.

Citation Removed, alternate rule cited: The original citation was removed but another rule was cited.

Citation Revised: The citation will stand but the wording of the citation will be revised.

Citation Upheld: The citation will stand and will not be removed from the visit.





If you have any questions, please email

decalkoala@decal.ga.gov

or

exemptionrulechanges@decal.ga. gov

