



# CCDF Monitoring Visits: Overview for Exempt Programs and Informal Caregivers

May 22, 2017



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

[www.dec.al.ga.gov](http://www.dec.al.ga.gov)

Welcome and Overview

**Kristie Lewis**

Assistant Commissioner for  
Child Care Services

# Focus of Webinar

- Review requirements for Informal Caregivers & Exempt programs based on CCDF/CAPS changes
- Provide an overview of the monitoring process and health & safety standards

# NOTE: For Exempt Programs

- These requirements only apply to programs in category 1- Government owned or category 7- Day Camp that also receive subsidy funding through the CAPS program



# CCDF History and Reauthorization Specifics



# History

- The Child Care and Development Fund (CCDF) is authorized under the Child Care and Development Block Grant (CCDBG) Act.
- CCDBG was first authorized in 1990. It was amended and reauthorized in 1996 and again in 2014.
- In fiscal year 2014, CCDF made \$5.3 billion available to states, territories, and tribes.
  - Georgia received over \$193 million in fiscal year 2015.

# Reauthorization

- The 2014 reauthorization represents a “historic re-envisioning” of the law. This includes new requirements around:
  - Health and safety standards
  - Eligibility policies
  - Quality improvement efforts
  - Information provided to families about child care and child development
- Georgia already met many of the new requirements.

# New CAPS Policy for Exempt Programs

- Types of Exempt Programs Authorized to Receive Subsidies:
  - Governmental Entities
  - Day Camp Programs
  
- New Requirements
  - Annual Enrollment
  - CRC Requirements
  - **Monitoring Requirements**
  - Health and Safety Training Requirements



# Criminal Records Checks

- Require criminal records checks through DECAL
- In addition to a federal fingerprint check, the new CCDF regulations require:
  - National Sex Offender Registry Check
  - Child Abuse Registry Check
  - Record checks in states where the applicant has resided in the past 5 years

# Annual monitoring/ Posting of Inspections

- CCDF programs receiving subsidy funding are now subject to annual inspections for compliance with health, safety, and fire standards.
- Inspections will formally begin in June 2017.
- Child Care Services Licensing Consultants will conduct the visits.
- Findings are required to be posted online for five years after the monitoring date.

# Health & Safety Training Requirements

**Melissa Davis**

CCS Director for Quality Operations

# Health & Safety Training Requirement

- Effective 10/1/16-

All Informal Caregivers and direct care staff at exempt programs receiving CCDF funding (CAPS) must complete:

- Pre-service Health and Safety Orientation Training
- First-aid and CPR training

- Training must be completed within 90 days of employment

# Health & Safety Training topics

Part of new “Health & Safety Orientation training”

- Prevention and control of infectious diseases (including immunization)
- SIDS and use of safe sleep practices
- Administration of medication
- Prevention of and response to food allergies
- Building and physical premises safety
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning
- Storage of hazardous materials and bio contaminants
- Precautions in transporting children (if applicable)

To be acquired separately by approved source:

- First-aid and CPR

# Training Sources

Private training vendors such as independent trainers and training companies

- Classroom based
- Online

Search for available training at:

[www.training.decal.ga.gov](http://www.training.decal.ga.gov)

Pennsylvania State University's Better Kid Care library

<http://extension.psu.edu/youth/betterkidcare/early-care/ccdbg>

# Annual Ongoing Training

In addition to the Health & Safety Orientation training:

CAPS policy requires that license-exempt providers must complete ten (10) hours of ongoing health and safety training each calendar year thereafter.

# Monitoring for Exempt Providers

**Nikiesha Neil**

CCS – Exemptions Unit Manager



# Monitoring of License-Exempt Programs

- Annual inspections for compliance with health & safety/ fire standards
- Compliance indicators
  - Staff:Child Ratios & Group size
  - Administrator credentials
  - Criminal background checks
  - Health & safety items similar to core rules which align with H&S Orientation modules

# Exempt Program checklist

Arrival time:	Departure time:	Visit date:
Consultant name:	Phone #:	
Program name:	EX- _____ (insert provider #)	
Exemption Category:	CAPS Funded <input type="checkbox"/>	EXMT- _____ (insert category #)
Street Address:	Phone:	
City, Zip Code, State, County:	# of CAPS certificates (if applicable):	
Administrator/Person-in-charge:	Present during visit: <input type="checkbox"/> Yes <input type="checkbox"/> No Is this person typically on-site each day? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## CAPS Missing Exemption Provider Documents as of MM/DD/YYYY

The following information is needed to complete the caregiver's record with the CAPS program.

Please send to [CAPS.InformalProvider@dec.al.ga.gov](mailto:CAPS.InformalProvider@dec.al.ga.gov) within 10 days.

Proof of SSN <input type="checkbox"/>	Proof of Identification <input type="checkbox"/>	Enrollment package for CRC <input type="checkbox"/>	CRC for all over 17 yrs <input type="checkbox"/>	Direct Deposit <input type="checkbox"/>	CPR Certificate <input type="checkbox"/>
Annual Updates	W-9 <input type="checkbox"/>	Enrollment Affidavit <input type="checkbox"/>	Childcare Provider Agreement <input type="checkbox"/>	No Documents Needed <input type="checkbox"/>	

## General Operating Information

Is program currently operating?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Is program operating within approved guidelines?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
(i.e. ages served, hours/days of operation, etc.)		
Is program operating at approved location?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Are signed parent acknowledgement forms on file for each child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do parents receive a program handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is approval letter <u>and</u> exemption notice from the Dept. posted in a prominent place near front entrance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the email we have on file current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving communications from the Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the program accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list accrediting agency: _____

# Sample of Exemption Notice

## NOTICE OF EXEMPTION

**EFFECTIVE January 23, 2017**

**Cool Girls After School Club – Hope Hill Elementary**

**Exemption Program Number: EX - 46420**

**112 Boulevard, NE**

**Atlanta, Georgia 30312**

**This program is not licensed by Bright from the Start: Georgia Department of Early**

**Care and Learning and is not required to be licensed.**

**Bright from the Start does not regulate or routinely inspect this program.**

**For details about the exemption(s) approved for this program, please see the letter posted with this notice.**

**For additional information, go to [www.decal.ga.gov](http://www.decal.ga.gov) or call 404-657-5562.**

**Bright from the Start: Georgia Department of Early Care and Learning, 2 Martin Luther King Jr. Drive SE, 670 East Tower  
Atlanta, Georgia 30334**



**THIS NOTICE AND THE EXEMPTION APPROVAL LETTER MUST BE POSTED IN A CONSPICUOUS LOCATION IN THE PROGRAM.**

### Staff: Child Ratios

Room or Area	Age Group	# Staff	# Children	State Ratios Met? (Y/N)	Activities/ Notes	Room or Area	Age Group	# Staff	# Children	State Ratios Met? (Y/N)	Activities/Notes
TOTALS				Group Sizes met? <input type="checkbox"/> Yes <input type="checkbox"/> No		TOTALS				Group Sizes met? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Total number of non-care staff present (clerical, janitorial, etc.):

Indicators	Observations/ Comments/ Notes
<b>Supervision</b> <ul style="list-style-type: none"> <li>Staff members physically present with the children and properly supervising? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Staff alert and able to intervene to prevent injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> If no, explain----->	
<b>Playgrounds/Equipment</b> <input type="checkbox"/> N/A (no playground) <input type="checkbox"/> N/A (no equipment) <input type="checkbox"/> Not observed during visit <ul style="list-style-type: none"> <li>Outdoor equipment free of serious hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Outdoor play area free of serious hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Fence/barrier around outdoor play area? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> If no, explain----->	
<b>Health &amp; Hygiene</b> <input type="checkbox"/> Not observed during visit <ul style="list-style-type: none"> <li>Sink(s), running water, soap and paper towels available? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Staff wash hands after toileting &amp; before eating? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Children wash hands after toileting &amp; before eating? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> If no, explain----->	
<b>Bathrooms</b> <ul style="list-style-type: none"> <li>Number of Toilets: <input type="text"/></li> <li>Number of Sinks: <input type="text"/></li> <li>Bathrooms in or adjacent to activity areas? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> If no, explain----->	

**Transportation**☐ N/A (no transportation provided)

- Written permission to transport from parent/guardian? ☐ Yes ☐ No
- Emergency medical information for each child on vehicle? ☐ Yes ☐ No
- Proper restraints used when transporting children? ☐ Yes ☐ No ☐ Not observed during visit
- Procedures in place to transport children safely? ☐ Yes ☐ No
- Each vehicle(s) has an annual safety inspection? ☐ Yes ☐ No ☐ Not observed during visit
- Each vehicle(s) is in good/safe condition, clean and free of hazardous items? ☐ Yes ☐ No ☐ Not observed during visit
- Documentation maintained of transportation which indicates that safety procedures are in place? ☐ Yes ☐ No
- Additional staff provided to maintain adequate supervision during transportation? ☐ Yes ☐ No

**Field Trips**☐ N/A (no field trips provided)

- Written permission from parent/guardian? ☐ Yes ☐ No
- List of participants? ☐ Yes ☐ No
- Emergency medical information for each child on vehicle? ☐ Yes ☐ No

If no, explain-----→

**Swimming and Water-Related Activities**☐ N/A (no pool/no swimming activities)

- Pool area adequately fenced & secured? ☐ Yes ☐ No
- Lifeguard certified and present? (if pool is on site) ☐ Yes ☐ No
- Enough staff to safely supervise swimmers and non-swimmers? ☐ Yes ☐ No

If no, explain-----→

**Medication**☐ N/A (No medication dispensed)

- Stored medication inaccessible to children? ☐ Yes ☐ No
- Written permission from parent/guardian to dispense? ☐ Yes ☐ No
- Document in writing when medication is dispensed? ☐ Yes ☐ No

If no, explain-----→

**Discipline**

- Appropriate disciplinary actions observed? ☐ None observed ☐ Yes ☐ No

If no, explain-----→

- Written discipline policy? ☐ Yes ☐ No
- Appropriate discipline policy?  
(not physically or emotionally harmful) ☐ Yes ☐ No
- Policy communicated to staff? ☐ Yes ☐ No

If no, explain-----→

<p><b><u>Physical Plant</u></b></p> <ul style="list-style-type: none"> <li>• Certificate of Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Fire Marshal approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Business license? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Premises free of serious health &amp; safety hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p>If no, explain-----→</p>	
<p><b><u>Children's Records</u></b></p> <ul style="list-style-type: none"> <li>• Are children's records maintained on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Emergency contact information available for each child &amp; readily accessible to staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
<p><b><u>Policies and Procedures-</u></b> Does the program have a written policy regarding the following?</p> <ul style="list-style-type: none"> <li>• The exclusion of children with contagious illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Notification of parents in the event their child becomes ill while at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• The notification of all parents of enrolled children when a reportable contagious illness is present in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• The prevention of and response to food and allergic reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Emergency preparedness and response? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• The handling and appropriate disposal of bodily fluids and storage of hazardous materials (soiled clothing and bedding)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Recognition and reporting of child abuse and neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
<p><b><u>Diapering</u></b> <input type="checkbox"/> N/A (no diapering) <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> <li>• Clean, nonporous diapering surface with safety barrier? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Sink with warm, running water adjacent to diapering area? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Area not used for food preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p>If no, explain-----→</p>	
<p><b><u>Safe Sleep</u></b> <input type="checkbox"/> N/A (no infants) <input type="checkbox"/> Not observed during visit</p> <ul style="list-style-type: none"> <li>• CPSC/ASTM Crib in good repair for each infant? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Cribs clear of objects? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Each crib has a firm, tight fitting mattress without gaps? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Each crib has an individual, tight fitting sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Are infants placed on their back to sleep in an appropriate crib? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p>If no, explain-----→</p>	
<p><b><u>Criminal Background Checks</u></b></p> <ul style="list-style-type: none"> <li>• CRC results on file for all staff on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, list location of where they are kept.)</li> <li>• Check Sex Offender Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p>If no, explain-----→</p>	

### Staff Training

- At least one staff person present on site and on field trips with current first aid and CPR? ☐ Yes ☐ No
- Does administrator/person-in-charge meet licensing requirements for credential? ☐ Yes ☐ No

If yes, list type of credential: \_\_\_\_\_

- Staff trained in program policies and procedures? ☐ Yes ☐ No

If no, explain-----→

- Does staff receive on-going training? ☐ Yes ☐ No

If yes, list type of training: \_\_\_\_\_

[illegible]

Federal law requires that programs receiving federal funds have a satisfactory criminal records check determination on file based on a national fingerprint background check.

Note: A satisfactory, comprehensive background check will need to be completed by October 1, 2018.



**NOTES/OBSERVATIONS:**

By signing this report I acknowledge that the report was discussed with me and if there are any missing requirements I am responsible for submitting them as outlined to Maximus or the CAPS Program.

Administrator/Person-in-charge Signature\_\_\_\_\_

Printed name\_\_\_\_\_Date\_\_\_\_\_

Consultant Signature\_\_\_\_\_Date\_\_\_\_\_

# Monitoring for Informal Caregivers

**Amy Page**

CCS – Process & Policy Manager

**Bright from the Start: Georgia Department of Early Care and Learning  
Informal Caregiver Health & Safety Monitoring Checklist**

# Informal Checklist



<b>Arrival Time</b> : : m	<b>Departure Time:</b> : : m	<b>Visit Date</b> : / /
<b>Consultant Name</b> :		<b>Phone #</b> : ( ) -
<b>Informal Caregiver Name</b> :		<b>Informal Caregiver #</b> : INF-
<b>Street Address</b> :		<b>Phone #</b> : ( ) -
<b>City, Zip Code, State</b> :		<b>County</b> :
<b>Enrollment Date</b> : / /	<b>90 days from Enrollment:</b> / /	
<input type="checkbox"/> N/A – Informal Caregiver was dismissed or no longer provides care for CAPS subsidy		

**CAPS Informal Caregiver Documents as of** / /

The following information is needed to complete the caregiver's record with the CAPS program.

Please send to [CAPS.InformalProvider@dec.al.ga.gov](mailto:CAPS.InformalProvider@dec.al.ga.gov) within 10 days.

<b>Proof of SSN</b> <input type="checkbox"/>	<b>Proof of Identification</b> <input type="checkbox"/>	<b>Enrollment package for CRC</b> <input type="checkbox"/>	<b>CRC for all over 17 yrs</b> <input type="checkbox"/>	<b>Direct Deposit</b> <input type="checkbox"/>	<b>CPR Certificate</b> <input type="checkbox"/>
<b>Annual Updates</b>	<b>W-9</b> <input type="checkbox"/>	<b>Enrollment Affidavit</b> <input type="checkbox"/>	<b>Childcare Provider Agreement</b> <input type="checkbox"/>	<b>No Documents Needed</b> <input type="checkbox"/>	

If the provider receives a NO for any question in the section below, **immediately** notify CAPS state office at 404-657-3434 or email [CAPS.Informalprovider@dec.al.ga.gov](mailto:CAPS.Informalprovider@dec.al.ga.gov).

<b>Fire Safety/Physical Environment</b>	<b>YES</b>	<b>NO</b>
1. Is there a working smoke detector at the residence?		
2. Is there a working fire extinguisher at the residence?		
3. Are heaters and fire places safely covered at the residence?		
4. If there are weapons in the home, are weapons (guns, hunting knives, related accessories, etc.) locked and out of reach of children? If no, explain:		
5. Are flame producing items (matches, lighters, lighted candles, etc.) out of reach of children? If no, explain:		
6. Are all tobacco items (cigarettes, cigars, etc.) out of sight and reach of children?		
7. Is the electricity on/working at the residence?		
8. Is there running water at the residence?		

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**Informal Caregiver Health & Safety Monitoring Checklist**



<b>Fire Safety/Physical Environment</b>	<b>YES</b>	<b>NO</b>
9. Is there a working toilet?		

If the provider receives a NO in the section below, please refer the provider to resources to improve general safety and hygiene:

(1.) [www.decal.ga.gov](http://www.decal.ga.gov) (2) [www.gapitc.org](http://www.gapitc.org)

<b>General Safety/Hygiene:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Is there a working phone at the residence or nearby? If not, explain:			
2. Is there an emergency phone list that is easily and quickly accessible?			
3. If transporting, are car seats age appropriate and meet current regulations?			
4. If animals are at the residence, are they secured safely away from children? If not, explain:			
5. Are hazardous materials (cleaning supplies, etc.) stored securely away from children?			
6. Are prescription medicines and over the counter medicines stored securely away from children? (vitamins and herbal products as well)			
7. Is there a clean sleep/rest area for each child?			
8. If cribs are required, do they meet current regulations?			
9. Are electrical outlets (at the child's level) covered?			
10. Is there a safe fenced-in play area?			
11. Is the play area and the child care environment free from obstacles, trash, sharp objects, and other items that make the environment unsafe?			
12. If swimming areas are accessible, are there child protected locks and/or other devices to keep children safe? If not, explain:			
13. Are meals and/or snacks served to children during care? If not, explain:			

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**Informal Caregiver Health & Safety Monitoring Checklist**



Children Present			Others Children Living in Home (under 17 years old)		
Relationship	Name	Age	Relationship	Name	Age
Unrelated	1.				
Unrelated	2.				
Related	3.				
Related	4.				
Related	5.				
Related	6.				
Additional children					
Additional children					
Additional children					
Additional children					

Previous monitoring dates	Attempted Visit	Completed Visit	Notes
MM/DD/YYYY	1 <sup>st</sup> <input type="checkbox"/>	<input type="checkbox"/>	Informal Caregiver will be notified via email after 1 <sup>st</sup> attempted visit
MM/DD/YYYY	2 <sup>nd</sup> <input type="checkbox"/>	<input type="checkbox"/>	CAPS will be notified after 2 <sup>nd</sup> attempted visit
MM/DD/YYYY	3 <sup>rd</sup> <input type="checkbox"/>	<input type="checkbox"/>	CAPS will be notified after 3 <sup>rd</sup> attempted visit



**Bright from the Start: Georgia Department of Early Care and Learning**  
**Informal Caregiver Health & Safety Monitoring Checklist**

**Staff Profile Record**

**Verification of Health & Safety Orientation Certificate and CPR/First Aid** ☐ N/A – within 90 days: \_\_/\_\_/\_\_

Adults Living in the home (17 years old and over)		Criminal Record Check			Health & Safety Training			
First Name	Last Name	CRC Expiration Date	CRC Determination	CRC Letter on file	Current First Aid Training	Current CPR Certification	Health & Safety Orientation Certificate	10 hours annual ongoing Health & Safety Training
		__/__/__						
		__/__/__						
		__/__/__						
		__/__/__						
		__/__/__						
		__/__/__						
		__/__/__						

Federal law requires that programs receiving federal funds have a satisfactory criminal records check determination on file based on a national fingerprint background check.

Note: A satisfactory, comprehensive background check will need to be completed by October 1, 2018.

**Bright from the Start: Georgia Department of Early Care and Learning  
Informal Caregiver Health & Safety Monitoring Checklist**



**NOTES/OBSERVATIONS:**

By signing this report I acknowledge that the report was discussed with me and if there are any missing requirements I am responsible for submitting them as outlined to Maximus or the CAPS Program.

Informal Caregiver Signature : \_\_\_\_\_

DATE: \_\_\_\_\_

Consultant Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

# Posting of Inspections

- Following your on-site visit:
  - Indicator information and observation comments will be entered into a database
- Monitoring visit reports will be posted on-line for a period of 5 years



# Health & Safety Standards Manual



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

Effective October 1, 2016



# Questions & Answers



# Webinar Recordings

- Today's webinar as well as the CAPS Policy webinar from 11/7/16 can be reviewed at:

<http://www.decal.ga.gov/CCS/Exemptions.aspx>

# New Policy Location

The new CAPS policy, procedures guide and all associated appendices are located at:

**[www.CAPS.DECAL.ga.gov](http://www.CAPS.DECAL.ga.gov)**

# Contact Information

## DECAL:

### DECAL CAPS Customer Service

404.657.3434 [CAPS.Support@decalfga.gov](mailto:CAPS.Support@decalfga.gov)

### Child Care Services (CCS)

404.657.5562 [ChildCareServices@decalfga.gov](mailto:ChildCareServices@decalfga.gov)

### CCS Exemptions

770.293.5977 [ccsexemptions@decalfga.gov](mailto:ccsexemptions@decalfga.gov)

## MAXIMUS:

### Customer Service Contact Center

1 (877) 755.6522 [www.gacaps.com](http://www.gacaps.com)



# [www.CAPS.DECAL.ga.gov](http://www.CAPS.DECAL.ga.gov)