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(404) 656-5957

Brian P. Kemp
Governor

Amy M. Jacobs
Commissioner

Technical Assistance (TA) Agreement

Name of Program: _____

The goal of Child Care Services' Technical Assistance is to provide support to licensed child care programs in understanding and implementing child care rules and regulations and to improve the quality of care being provided to the children being served.

Technical Assistance is a voluntary service and mutual partnership that offers a variety of resources and referrals, as well as coaching/modeling/mentoring to staff, and customized trainings. Using a schedule that best meets the needs of your program, a TA Consultant will assist with the development and implementation of a customized plan built on the strengths and goals of your program to provide foundational support and a collaborative and coordinated approach to facilitating change where needed. Goals and action steps will be individualized and developed collaboratively to improve quality and maintain compliance with all rules and regulations and progress will be documented to show the steps taken by you and your program in meeting these. All TA visits are documented on a TA visit form but will not be published to web.

Our Technical Assistance program is a collaboration that involves respectful communication and an invested commitment from both parties. Below is an outline of Provider and TA Consultant responsibilities expected throughout the TA process. Please read and initial, acknowledging your commitment in participating in this program:

Accept Technical Assistance:

Provider Consultant
Initials Initials

- | | | |
|-------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 1) Technical assistance visits will take place approximately every _____ week(s). |
| _____ | _____ | 2) Both parties agree to meet as scheduled, or if either party must cancel a TA visit, both parties will re-schedule the visit in a timely fashion. |
| _____ | _____ | 3) Progress will be evaluated during each visit by the TA Consultant with goals and time frames jointly decided on with the Provider and being adjusted as needed. |
| _____ | _____ | 4) TA information and action plans, including improvements, will be documented in writing and both parties will keep copies for reference. |
| _____ | _____ | 5) TA Consultant will provide meaningful information and resources to the Provider to support their movement towards higher quality for the children in care. |

- _____ 6) Provider agrees to participate fully in the TA process by allowing staff to participate in appropriate trainings, by purchasing or supplying appropriate equipment/materials, and by supporting staff in making necessary changes to procedures and practices.
- _____ 7) Provider will ultimately make the final decision regarding the care being provided to the children and the TA Consultant will support the program in establishing methods of compliance for meeting the rules and regulations.
- _____ 8) The program will continue to be monitored by Child Care Services through routine regulatory visits, which will ensure corrections are made and determine whether the program is in good standing, support, or deficient status with the rules and regulations.
- _____ 9) Child Care Services regulatory visits and TA visits will not be made at the same time. The TA Consultant will provide the Licensing Consultant with access to the director and program if visits occur at the same time. The TA Consultant will reschedule the visit when there is no regulatory visit being conducted.
- _____ 10) The TA Consultant will not perform official regulatory visits for a program with whom they are providing TA and will act only as an advisor to the program. If a TA Consultant witnesses or becomes aware of a situation that puts a child's health or safety in danger, they shall be obligated to make a report to the Licensing Consultant for investigation.
- _____ 11) The program will be officially released from receiving TA services after it has achieved two consecutive regulatory visits and is in good standing with the Child Care Services' rules and regulations **or** has accomplished all goals/objectives that have been established; however, the program may voluntarily exit from receiving TA services at any time.

Program Provider:

I, _____, agree to work with my TA Consultant and adhere to the TA schedule as it is agreed upon. I will set goals and develop action steps and timeframes for making improvements in my program and will openly seek solutions to obstacles and conflicts encountered. I agree to commit my time and attention to the improvement process during TA visits and to implement changes identified in the improvement plan.

I agree to participate and arrange for my staff to participate in identified training classes. I understand that my TA Consultant will give assistance and be available by phone and/or email between site visits. I understand that participating in TA does not guarantee that my program will regain good standing if it is in support or deficient status and that compliance with the rules and regulations will be determined by ongoing regulatory visits, occurring throughout this process.

I also understand that if my program is not in good standing with the rules and regulations, I may become ineligible to participate in other programs such as, but not limited to, Georgia's Lottery Funded Pre-K, CAPS, Quality Rated, etc. and may be at risk for receiving enforcement actions and/or license revocation, pursuant to Georgia Code Section 20-1A-10(r), *"If any abuses, derelictions, or deficiencies are found in the operation and management of any early care and education program, including failure to pay the required annual license or commission fee, they shall be brought immediately to the attention of the management of such program; and if correctable, but not corrected within a reasonable time, the department shall revoke the license, commission, registration, or permit of such program in the manner prescribed in this Code section."*

Program Representative Signature _____

Title: _____ Date: _____

Contact information: Phone _____ Email: _____

TA Consultant:

I, _____, TA Consultant, will support the program by providing information, resources, feedback and training that reflects the most current research on quality best practices for health and safety in childcare environments and that aligns with Georgia’s Rules and Regulations for child care programs. I will adhere to the TA schedule as it is agreed upon. I will work with both the program and individual staff in a manner that is beneficial to them, providing support and assistance as deemed necessary to establish action plans and accomplish goals. I will be available by phone and/or email between visits. I will openly ask questions and seek solutions to things that stand in the way of making progress towards better quality during the TA process.

TA Consultant Signature _____ Date _____

Contact information: Phone _____ Email: _____

Decline Technical Assistance:

I, _____, choose not to receive Technical Assistance from a Child Care Services TA Consultant. I understand that it is my responsibility to make needed corrections, as well as to ensure that my program is following and maintaining compliance with the applicable rules and regulations, in an effort to achieve and/or maintain a good standing status.

I also understand that if my program is not in good standing with the rules and regulations, I may become ineligible to participate in other programs such as, but not limited to, Georgia’s Lottery Funded Pre-K, CAPS, Quality Rated, etc. and may be at risk for receiving enforcement actions and/or license revocation, pursuant to Georgia Code Section 20-1A-10(r), *“If any abuses, derelictions, or deficiencies are found in the operation and management of any early care and education program, including failure to pay the required annual license or commission fee, they shall be brought immediately to the attention of the management of such program; and if correctable, but not corrected within a reasonable time, the department shall revoke the license, commission, registration, or permit of such program in the manner prescribed in this Code section.”*

Program Representative Signature _____

Title: _____ Date: _____

Contact information: Phone _____ Email: _____