Georgia Sample Child Care Certificate
Attachment 2.6.1

Ms. LOIS ENGLISH
970 ROBINSON MILL RD.
WASHINGTON, GA 30673-

April 12, 2011

DFCS has approved child care as shown below. We will only pay for child care authorized with this certificate. Clients must report to their case manager at the county DFCS office any changes in their situation. The changes must be reported to DFCS within (10) calendar days of the change. Examples of changes include income, work hours, home address, household members, the cost of care or as stated in policy.

Providers should notify the case manager at the DFCS office if a child in the CAPS program is absent for three or more days in a row. Providers must notify MAXIMUS of any changes in their information immediately. This includes changes in the cost of care, ownership, license, location, etc. Payments will be made in accordance with the child's attendance and the care approved by this certificate.

This Certificate may be terminated for any reason stated in CAPS policy which include, but are not limited to the following:

- The Provider fails to comply with its responsibilities as stated in the provider handbook
- The County department has inadequate revenues to sustain the arrangements listed on this certificate
- The child(ren) no longer participate in the provider's program
- Mutual Consent
- If the family is no longer eligible

I. Child Care information — Case: 46725 — Certificate: 2809741

Child's name: ATTACHEMENT STATE PLAN — DOB: 01/01/2010 — Authorized: 04/12/2011
Type of Care: Day Care — Care Begin: 04/11/2011
# of days per week: 5 — Care End: 10/02/2011
Variations

II. Family information — *** Recertification Date *** 10/02/2011

Child's Parent/Guardian: ENGLISH LOIS
Address: 970 ROBINSON MILL RD.
WASHINGTON GA,30673-
Telephone: (home) (770)371-4240 (work) (404)288-6273

III. Provider #: 33250
Name: LAUREATE, INC DBA KIDS QUEST
Address: 122 WINN DIXIE DR
GAINESVILLE, GA 30501-
Phone: (770)287-0066

Type: Center
UAS: 544
Relation to Child: OU
In Child's Home: No
Registration Fee: 50

IV. CAPS payment and assigned Family Fees

	Actual Provider Weekly charge	CAPS Weekly Rate	Child Fee	CAPS Weekly Amt to Prov	Parent Weekly Responsibility	Authorized Registration Fee
Day Care	129	129	44	85	44	0

PROVIDERS: Please note that CAPS payment(s) may be less if there is an outstanding claim balance due to CAPS from you. The parent is not responsible for this outstanding claim balance. Information packets are issued upon initial enrollment. Additional copies are available upon request. Please call MAXIMUS @ 1-877-755-6522 if you need further assistance.

ATTENTION: This certificate is effective from 04/11/2011 to 10/02/2011, unless there are changes in the family situation. The Parent and the Provider will receive written notification from DFCS if this certificate is changed. If you are not recertified prior to 10/02/2011, you will no longer be eligible to receive CAPS child care.

V. Case Manager - Carter, Will (404)463-2235 — REV 07/28/05 15:50