

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/03 – 9/30/05



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR
FFY 2004-2005

This Plan describes the CCDF program to be conducted by the State for the period 10/1/03 – 9/30/05. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 02-29-2004)

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AMENDMENTS LOG

Child Care and Development Services Plan for
For the period: 10/1/03 -- 9/30/05

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF
3.3.3	01/01/2004	03/20/2004	05/14/2004
3.3.7	01/01/2004	03/20/2004	05/14/2004
3.4.1	01/01/2004	03/20/2004	05/14/2004
Appendix 2	01/01/2004	03/20/2004	05/14/2004
1.1.1	10/01/2004	09/17/2004	01/03/2005
1.2	10/01/2004	09/17/2004	01/03/2005
1.5	10/01/2004	09/17/2004	01/03/2005
2.1.2	10/01/2004	09/17/2004	01/03/2005
3.3.1	10/01/2004	09/17/2004	01/03/2005
3.5.5	10/01/2004	09/17/2004	01/03/2005
3.6.1	10/01/2004	09/17/2004	01/03/2005
4.2	10/01/2004	09/17/2004	01/03/2005
5.1.1	10/01/2004	09/17/2004	01/03/2005
5.1.4	10/01/2004	09/17/2004	01/03/2005
5.2.3	10/01/2004	09/17/2004	01/03/2005
6.6	10/01/2004	09/17/2004	01/03/2005

Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

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PART 1 -- ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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 appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: **Georgia Department of Human Resources**

Address of Lead Agency:
**Two Peachtree St., NW
Suite 29-250
Atlanta, GA 30303-3142**

Name and Title of the Lead Agency's Chief Executive Officer:
B. J. Walker, Commissioner

Phone & Fax Numbers:
**Telephone: 404-651-6314
Fax: 404-651-8669**

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name and Title of the State Child Care Contact (CCDF):
**Gail Ormsby, Unit Manager
Child Care Unit**

Address of Contact:
**Division of Family and Children Services
Childcare and Parent Services Section
Two Peachtree St., NW
Suite 21-293
Atlanta, GA 30303-3142**

Phone & Fax Numbers:
**Telephone: 404-657-3441
Fax: 404- 463-3993
E-Mail Address: gaormsby@dhr.state.ga.us**

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1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2003 through September 30, 2004. (§98.13(a))

-CCDF: **\$151.2 Million**

-Federal TANF Transfer to CCDF (if known): **\$28.2 Million**

-Direct Federal TANF Spending on Child Care (if known): **\$0**

-State CCDF Maintenance of Effort Funds: **\$22.2 Million**

-State Matching Funds: **\$30.3 Million**

-Total Funds Available: **\$231.9 Million**

1.4 The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent): **\$ 10.6 Million (5%)**. (658E(c)(3), §§98.13(a), 98.52)

1.5 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

() Yes. – GO to Section 1.8.

(X) No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies. (658D(b)(1)(A), §98.11)

The Georgia Department of Human Resources Division of Family and Children Services (DFCS) will maintain administrative control by following the regulations set forth in 658D(b)(1)(A), §98.11).

Within the Department of Human Resources Division of Family and Children Services, the Child Care and Parent Services (CAPS) Section manages the child care program at the state level. County Departments of Family and Children Services determine eligibility for subsidized child care services.

Fiscal management of the program responsibilities remains at the state level. The local County Departments, the DFCS regional accounting offices, or a private for-profit contractor issues payments to providers. In 133 counties, local County Departments deliver child care provider management services. In 26 counties, a private for-profit contractor delivers child care provider services.

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On July 1, 2004, DHR/DFCS reorganized and a new Office of Family Independence was created. The former CAPS Section was changed to become the Child Care Unit within the Office of Family Independence. Changes in administration at the county level also took place, resulting in the county eligibility staff being directly supervised at the regional level rather than the county level. The goal of these changes is to create better coordination among eligibility programs and more standardization.

In 2004 Bright from the Start: Georgia Department of Early Care and Learning (DECAL) was created as successor to the Office of School Readiness. Effective October 1, 2004, DECAL will carry out the functions and exercise the powers formerly held by the Office of School Readiness (OSR) and Office of Regulatory Services, Child Care Licensing (ORS), and some functions from the Department of Education. Additionally, DECAL will be responsible for management of the CCDF quality earmarked funds effective October 1, 2004. DECAL will coordinate statewide early care and education initiatives in order to obtain a more streamlined early childhood system in Georgia. As a recipient of Federal funds the new department will comply with the approved plan and all Federal requirements.

The Georgia Legislature created the Georgia Child Care Council. The Council manages the 4% quality set-aside funds. Its purpose is to recommend and implement measures to improve the quality and availability of child care services in Georgia. The Council also issues contracts on behalf of the Department of Human Resources (DHR) to support those activities. The Council is administratively attached to DHR. As such, the Council adheres to all Child Care and Development Fund regulations.

1.6 For child care services funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families? YES NO
If NO, identify the name and type of agency that determines eligibility of non-TANF families for child care:

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- Determine individual eligibility of TANF families? YES NO
If NO, identify the name and type of agency that determines eligibility of TANF families for child care:

- Assist parents in locating child care? YES NO
If NO, identify the name and type of agency that assists parents:

- Make payments to providers? YES NO
If NO, identify the name and type of agency that makes payments:

In 133 counties, DFCS directly pays child care providers for subsidized child care services. Providers in the remaining 26 counties are paid for subsidized child care services through a private for-profit contractor, MAXIMUS, Inc.

1.7 Is any entity named in response to section 1.6 a non-governmental entity? (658D(b), §§98.10(a), 98.11(a))

() No.

(X) Yes, the following entities named in section 1.6 are non-governmental:

MAXIMUS, Inc. is a non-governmental, private for-profit contractor.

Section 1.8 - Use of Private Donated Funds

1.8.1 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

(X) No. GO TO 1.9

() Yes. The name and type of entity designated to receive private donated funds is:

Name:

Address:

Contact:

Type: (government/private non-profit/private for-profit)

Section 1.9 - Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

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1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

- () No.
(X) Yes,

X The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

7% Estimated % of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)): **Not applicable.**

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

- (X) No.
() Yes, and

_____ Estimated % of the Matching Fund requirement will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)): **Not applicable.**

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents (§98.53(h)(2)):

The Office of School Readiness (OSR) partnership with DHR ensures that Pre-K programs statewide meet the need of working parents. Eligible families receive extended day child care which supports the parents so that they can work and/or participate in training or education programs. OSR provides lottery funds to DHR to ensure extended care services (before and after-school care) to Category One eligible children.

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Category One eligibility is defined in the Pre-K Guidelines as the child's participation in one of the following programs: Food Stamps, SSI, Medicaid, TANF or PeachCare for Kids. OSR sees this effort as a work-force development issue. Extended day care gives parents additional child care support so that they can work and/or participate in training programs. Extended day care provides an opportunity for children to obtain a quality pre-school experience that would otherwise not be available to them without before and after-school care.

Part 2--DEVELOPING THE CHILD CARE PROGRAM

2.1 - Consultation and Coordination

2.1.1 Consultation. Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

- Representatives of local governments;

Collaborative child care partners and agencies, child care providers, local DFCS office representatives statewide, and DFCS regional staff were given preliminary notice of the development of the draft of the State Plan. The 2002-2003 State Plan and pre-print for the 2004-2005 Plan were posted on the CAPS web site for easy access. Recommendations were received from the Division of Public Health, the Office of School Readiness, the Office of Regulatory Services, as well as partners outside of government. These recommendations were incorporated into the draft of the plan when feasible.

Georgia's intent was to gain as much input into the draft as possible prior to presenting the draft to DFCS and DHR Management as well as the Georgia Child Care Council.

The draft of the 2004-2005 State Plan was revised to incorporate recommendations from DFCS and DHR management and Council. The DHR Board reviewed the plan.

The revised 2004-2005 State Plan was posted on the CAPS web site for review and public comment. Again, feedback was solicited from partners, child care providers, parents and other stakeholders.

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Public hearings were held across the state in six different cities.

- Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

Tribal organizations are not applicable in Georgia for the purpose of this State Plan.

2.1.2 Coordination. Lead Agencies are required to coordinate with other Federal, State, local, tribal (if applicable), and private agencies providing child care and early childhood development services.

Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

- Public health including programs that promote children's emotional and mental health
- Healthy Child Care America Campaign
- Employment services
- Public education
- TANF
- State Pre-K programs
- Head Start programs
- Programs that promote inclusion for children with disabilities
- Others (please identify) (658D(b)(1)(D), §98.12(a), 98.14(a)(1) & 2))

**ACF Office of Family Support Services/Head Start
Atlanta Alliance on Development Disabilities in Georgia
DHR Economic Support Services Section (TANF, Food Stamps & Medicaid)
DHR Division of Public Health (Babies Can't Wait, Children 1st, Healthy Child Care Georgia, etc.)
DHR Office of Planning and Budget Services
DHR Office of Regulatory Services (Child Care Licensing)
DFCS Social Services Section (Child Protective Services, Foster Care)
Emory University
The Family Connection
Georgia Academy
Georgia Association on Young Children
Georgia Association of Child Care Resource and Referral Agencies
Georgia Campaign for Adolescent Pregnancy Prevention
Georgia Chambers of Commerce**

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Georgia Child Care Advocacy Coalition
The Georgia Child Care Association
Georgia Child Care Council
The Georgia Child Care Leadership Forum, Inc.
Georgia Children’s Trust Fund
Georgia Department of Education
Georgia Department of Technical and Adult Education
Georgia General Assembly, Budget Regulatory Oversight Committee
Georgia Head Start Association
Georgia Office of School Readiness (Georgia’s Pre-K Program, CACFP)
Georgia Policy Council for Children and Families
Georgia Preschool Association
Georgia Parent Teacher Association
Georgia Partnership for Excellence in Education
Georgia School Age Care Association
Georgia State University
Georgia Training Network
Governor’s Council on Developmental Disabilities
Head Start Collaboration Program
Joseph B. Whitehead Foundation
Lutheran Ministries of Georgia
National Child Care Information Center
Quality Care for Children
Smart Start Georgia
United Ways of Georgia
University of Georgia
Young Men’s Christian Association (YMCA)
Young Women’s Christian Association (YWCA)

A diverse group of individuals, organizations, and partners serving children and families developed *"The Strategic Plan for Childhood Care and Education in Georgia: Charting the Journey to Access and Excellence."* This is the comprehensive plan for childhood care and education. The plan built upon existing initiatives and created new strategies to improve childhood care and education in Georgia. The plan enumerates goals to increase the accessibility, affordability, and quality of child care programs. The Georgia Child Care Council (www.gachildcare.org) sponsored the plan development in 1997.

Georgia has many early childhood care and education programs and school age care programs. The programs are as diverse as the needs of the families they seek to serve. Varying program requirements, regulations, funding sources, opposing interests and goals have been challenges to coordination.

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Representatives from the child care and education communities acknowledged that families could benefit if services were better coordinated. They identified many collaborative opportunities. The Childcare and Parent Services (CAPS) Section (http://www.div.dhr.state.ga.us/dfcs_caps/) coordinates services with a number of agencies.

Coordination and collaboration with *Public Health Programs, Including Healthy Child Care Georgia*:

The Childcare and Parent Services (CAPS) Section collaborates with child care and public health communities through its involvement with Healthy Child Care Georgia (<http://health.state.ga.us/programs/hccg/index.shtml>). The DHR Division of Public Health receives Healthy Child Care America funding from the Maternal and Child Health Bureau (MCHB) to promote best practices concerning health and safety in child care settings. The CAPS Section director participates on the Healthy Child Care Georgia Advisory Committee. The state level network brings together health professionals, child care providers, regulatory agencies, other organizations, and families to share and link information, ideas, resources, and activities. This collaboration supports the integration of health and safety issues within existing training and technical assistance offered by the various partners. The committee provides input into several resource materials prepared for use by child care providers. Recent projects include a resource poster, and information booklets on health, safety, nutrition, and enhancing children's development through best practices determined from research findings on children's brain development.

A number of organizations participate as trainers for Child Care Health Consultant (CCHC) training. Originally offered exclusively to public health nurses, the CCHC training is now offered to an expanded audience of early childhood professionals from CAPS, child care resource and referral agencies, Cooperative Extension Service staff, military child care programs, early child care and education instructors from technical colleges, and private child care training organizations. These professionals then incorporate the information and resources received from CCHC training when providing both training and technical assistance to child care providers.

As a partner in this collaborative, the DHR Office of Regulatory Services (ORS) is collecting baseline immunization data on children in family child care homes. The results will be used to formulate a plan of action to improve outcomes.

The goal is to ensure safe, healthy and developmentally appropriate child care for all children. The project reflects a cross-section of health and child care activities designed to improve the quality of out-of-home care, enhance accessibility to

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care, expand parent involvement, improve coordination, and reduce fragmentation of services.

This collaboration is expected to yield:

- A larger, more diverse population of Child Care Health Consultant trainers who have access to a wider range of resources and information;
- Increased availability of training and technical assistance to child care providers statewide;
- A framework that supports coordinated service delivery, thereby maximizing the use of funds while reducing the fragmentation of service delivery; and
- Baseline immunization data on children in family child care homes that will be used to formulate an action plan to improve outcomes.

Coordination and collaboration with *Employment Services* and *TANF*:

Coordination between the agencies responsible for TANF/Employment Services and Childcare and Parent Services is ongoing. Both sections are within the Division of Family and Children Services in DHR. Coordination allows TANF applicants and recipients to access seamless child care services to support state approved work, education and training activities. TANF outlines the policy regarding work requirements for TANF recipients. The CAPS Section manages the child care program. The sections establish common requirements and regulations to the extent possible. Consultation between the sections is constant to resolve any conflicting policy that would negatively affect the work participation requirements. TANF applicants and recipients who need child care to comply with their personal work plans receive priority when funds are limited; these families are not placed on a waiting list for child care assistance.

This collaboration is expected to yield:

- Affordable child care services for adults who receive TANF and need child care enables the adults to meet the TANF work participation requirements.
- Seamless child care services for families as they transition from TANF to self-sufficiency.
- Integrated service delivery. The TANF, Employment Services, Food Stamps and CAPS programs are located in the county Department of Family and Children Services offices. This provides clients with easy access to the

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programs and facilitates communication between case managers who handle the client's related cases.

- Transfer of funds from the TANF program to CAPS increases the number of families who receive subsidized child care.

Coordination and collaboration with *Public Education*:

CAPS and the Georgia Child Care Council coordinate with the Georgia Department of Technical and Adult Education (DTAE) and the University of Georgia Center for Continuing Education to promote the professional development of child care providers. This collaboration allows caregivers to access local educational opportunities using the Georgia HOPE grants.

The Georgia Department of Technical and Adult Education (DTAE) supports, enhances, and expands statewide coordinated childhood care and education efforts and professional development initiatives. A project funded by CCDF has developed and implemented articulation agreements between DTAE technical colleges and the state's four-year institutions. The project introduces high school students to the early childhood care and education profession thereby increasing the number of potential teachers in the state.

The University of Georgia Center for Continuing Education, in conjunction with the Advancing Careers through Education and Training (ACET) Collaborative Advisory Committee provides implementation of the Georgia Childhood Care and Education Professional Development System.

These collaborations are expected to yield:

- Increased access for child care providers to educational opportunities that enhance their ability to provide high quality care and education for Georgia's children;
- An effective assessment, delivery and evaluation system for DTAE's Early Childhood Care and Education (ECCE) technical certificates of credit, diplomas, and degree programs;
- A progressive professional development system to enhance career development;
- Articulation agreements throughout the state; and
- Support for DHR Child Care licensing surveyors and OSR licensing consultants to enhance their knowledge and skills in assessing provider's

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professional development and for delivering training and technical assistance in the field.

Coordination and collaboration with *State Pre-K Programs* and with *Head Start*:

CAPS coordinates with the Office of School Readiness (OSR) Pre-K program and the Head Start grantees to increase the number of high quality child care settings available to eligible families.

Service delivery is coordinated with the Office of School Readiness lottery-funded Pre-K program (<http://www.osr.state.ga.us/prekprogram1.html>) and the federally funded Head Start (<http://www.osr.state.ga.us/headstart1.html>) program to expand the availability of services to more eligible children.

This collaboration is expected to yield:

- Cost-effective utilization of funding streams;
- Higher quality of care and education with comprehensive services for children and their families; and
- Enhanced developmental outcomes for children enrolled in these programs.

Coordination and collaboration with programs that *promote inclusion* of children with disabilities:

Child Care and Development Funds support the Georgia Child Care Council Inclusion Project (www.qanet.org/qccc/disabilities) and the work of the Inclusion Coordinators within each child care resource and referral district. This project is the result of earlier planning by and funding from the Governor's Council on Developmental Disabilities (<http://qcdd.georgia.gov>) and the Babies Can't Wait program (<http://health.state.ga.us/programs/bcw/index.shtml>) within the Family Health Branch of the Division of Public Health. Both the Babies Can't Wait and Healthy Child Care Georgia program coordinators serve on the Inclusion Project advisory council. This advisory council is an important setting for collaboration to support and promote more inclusive child care.

The goal is to increase the number of high quality, inclusive child care settings available to families. This collaboration is expected to yield:

- Increased referrals to child care providers, including family child care homes, child care centers and school age care programs for parents of children with disabilities;

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- Increased number of referrals to community resources that link parents to support services, financial aid information, medical equipment, and other information;
 - Increased distribution of materials on finding child care, inclusive child care programs, benefits of inclusion, Americans with Disabilities Act, the Individual with Disabilities Education Act, etc.;
 - Accessible free technical assistance to providers through telephone consultation and site visits;
 - Training on a variety of topics related to children with special needs and the legal requirements for service provision; and
 - Access to a lending system of toys, manipulatives, books, posters, curriculum kits, etc. that can be checked out by providers and parents of children with disabilities.

Coordination and collaboration with *other* programs:

The Lead Agency partners with the Georgia Association of Child Care Resource and Referral (R&R) Agencies. The statewide network of R&Rs recruits potential child care providers, facilitates the registration or licensing of the providers, and offers health and safety training for the providers.

Smart Start Georgia is a partnership among DHR/CAPS, the State of Georgia, the Joseph B. Whitehead Foundation, United Ways of Georgia and the Georgia Chamber of Commerce that is dedicated to improving the quality of early childhood education programs in Georgia. The Smart Start Georgia's early learning initiatives (www.smartstartga.org) include: the Early Childhood Educators INCENTIVE\$ program which is a salary supplement program available statewide; and the SCHOLARSHIPS program which is similar to the T.E.A.C.H. Early Childhood® scholarship program.

Smart Start Georgia Plus includes two additional initiatives that are currently available in selected counties. The Tiered Reimbursement program recognizes child care centers, group homes and family child care providers that exceed the state licensing or registration requirements in providing care for young children subsidized CAPS.

The other Smart Start Georgia initiative provides training and technical assistance to centers, group homes and family child care providers in selected counties that are striving for excellence and that serve a minimum of twenty-five percent low-income children (i.e. eligible for Child and Adult Care Food Program). Training and Technical Assistance includes working with directors and staff to

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identify program needs, set goals, provide specialized training and create links to resources as centers and providers strive for national accreditation.

These collaborations are expected to yield:

- Opportunities for child care professionals to continue their education;
- Increased staff retention;
- An increase in the number of early child care settings that exceed minimum licensing standards and those that are nationally accredited; and
- An increase in the number of children who receive subsidized child care who are in quality child care settings.

Effective October 1, 2004, the Department of Early Care and Learning will assume the functions, formerly held by Office of Regulatory Services and Office of School Readiness, for the regulation and licensure of early care and education programs.

CAPS collaborates with the Office of Regulatory Services, Child Care Licensing to monitor informal child care providers. Child Care Licensing facilitates criminal background checks on each informal provider. The licensing surveyor visits the site where child care is provided to ensure that the site meets basic health and safety requirements. The providers are furnished with smoke detectors and/or fire extinguishers if needed. A health and safety packet specifically designed for informal providers is delivered at the monitoring visit.

This collaborative is expected to increase the health and safety of informal child care settings used by families who receive subsidized child care.

Funding to continue this project is contingent on CCDF reauthorization and funds availability.

2.2 - Public Hearing

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must indicate:

- Date(s) of statewide notice of public hearings: **March 28, 2003.**
- Manner of notifying the public about the statewide hearings:

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A press release was sent to all newspapers in the state. Advertisements were purchased in major newspapers. The hearing notice included the address of the web site where a copy of the draft of the plan could be reviewed. In addition, the dates of the statewide hearings were included in the GACAPS newsletter distributed to providers who care for children who receive subsidized care.

All resource and referral (R&R) agencies and local county Department of Family and Children Services (DFCS) offices received notice of the hearings and flyers to post that advertised the hearings. These agencies also received electronic versions of the draft of the plan so that the plan could be printed and distributed as requested. Staff at the R&Rs and the DFCS offices were encouraged to inform parents, providers, and others interested in child care issues about the hearings in their areas. Staff at the R&Rs and DFCS offices notified parents, providers and others that Spanish interpreters were scheduled to provide services at the public hearings in Atlanta, Gainesville and Macon.

Letters and e-mails were sent to collaborative partners, government agencies, advocacy groups, etc. announcing the hearings. Attached to the e-mails was an electronic version of the draft of the state plan.

The hearing notice and dates were posted on the Childcare and Parent Services web site (http://www.div.dhr.state.ga.us/dfcs_caps/) and the Georgia Child Care Council web site (www.gachildcare.org).

- Date(s) of public hearing(s) and the hearing site(s):
 - April 17, 2003, Augusta, GA
 - April 24, 2003, Macon, GA
 - April 28, 2003, Atlanta, GA
 - April 29, 2003, Gainesville, GA
 - May 1, 2003, Savannah, GA
 - May 6, 2003, Columbus, GA
- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)):

The draft of the 2004-2005 State Plan was posted on the CAPS web site, the Georgia Child Care Council web site and the GACAPS website that child care providers who are paid through a DHR contract with a for-profit vendor use to submit invoices. E-mail was sent to partners, child care providers, Resource and Referral Agencies, local DFCS staff, etc. alerting them that the draft had been posted for review. To receive as many comments as possible, each web

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site included a link that permitted the reviewer to e-mail (stateplancomments@yahoo.com) the CAPS consultants drafting the plan. These comments were collected and reviewed.

Hard copies of the draft of the 2004-2005 State Plan were provided on request. County DFCS offices printed copies of the draft of the 2004-2005 State Plan to make available to families who receive services from the local DFCS office. Child care resource and referral agencies were encouraged to share copies of the plan with clients and providers.

2.3 - Public-Private Partnerships

- Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, including the results or expected results. (658D(b)(1), §98.16(d)):

Georgia continues to pursue creative approaches to involve the private sector in meeting child care needs. The Georgia Child Care Council has the responsibility of promoting public-private sector collaboration on child care issues. The Council encourages partnerships by:

- Blending public and private funds to support the Smart Start Georgia. The Smart Start partnership is increasing the quality of early childhood care and education programs in Georgia through teacher INCENTIVE\$ (statewide salary supplements), SCHOLARSHIPS (statewide scholarships program), training and technical assistance, and tiered reimbursement (in limited counties).
- Promoting the state's corporate tax credit provisions that allow companies to take 75% of their investment in employer sponsored care as a tax credit; the provision also allows 100% of their investment in construction of on site facilities as a tax credit.
- Funding the statewide network of Child Care Resource and Referral (R&Rs) agencies. The R&Rs expand the partnership through their outreach efforts in the communities where they are located. These efforts include forums, seminars and meetings with businesses to address child care issues.
- Conducting an award-winning consumer awareness campaign, developed by a well-known public relations firm, which included speeches and press releases directed toward the business community.

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Funding to continue these projects are contingent on CCDF reauthorization and funds availability

PART 3 -- CHILD CARE SERVICES OFFERED

Section 3.1 - Description of Child Care Services

REMINDER: The Lead Agency must offer certificates for services funded under **45 CFR 98.50**. (98.30) Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

- In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

() No.

(X) Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)).

DHR contracts with some child care programs to provide child care services at no cost or low cost to families. The child care program determines if the families are eligible based on DHR requirements.

Child Care and Parent Services currently contracts with Head Start and Early Head Start grantees across the state to provide extended day, extended year child care services to children enrolled in Head Start.

In areas where school age care is in short supply, DHR contracts with agencies such as the YMCA and Boys and Girls Clubs to provide before and after school and/or summer care for eligible families.

Funding to continue these projects or to support similar projects is contingent on CCDF reauthorization and funding availability.

- 3.1.2 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

() No.

(X) Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

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Georgia permits relatives to care for children in the children's homes. These relatives must be grandparents, great-grandparents, aunts, uncles or adult siblings. The adult siblings must reside outside of the child's home. Care in the child's home is limited to relative caregivers to comply with the requirements of the Fair Labor Standards Act.

3.1.3 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

- Yes
 No, and the following are the localities (political subdivisions) and the services that are not offered:

Section 3.2 - Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as Attachment **A**. The attached payment rates are effective as of **July 2002**.

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: **June, 2003**. (§98.43(b)(2)) A copy of the Market Rate Survey and the results of the survey are provided as Attachment **B**.
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

Georgia pays the DFCS portion of the cost directly to the providers and requires the family to pay the assessed fee directly to the provider. In most areas of the state, providers accept the reimbursement rate from DFCS without charging families additional amounts. This allows equal access to child care services for parents who receive child care subsidies.

CAPS is piloting tiered reimbursement in certain areas of the state. Tiered reimbursement is for providers who meet quality standards that exceed the state's minimum licensing standards and who care for children up to age five.

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The tiered reimbursement rates are 100% of the DFCS rate for providers who meet regulatory requirements. Registered family day care providers, licensed group home providers and center-based providers who meet enhanced quality standards may receive reimbursements at 115% or 135% of the DFCS rate, depending on the enhanced quality level met. Providers who achieve national accreditation may receive reimbursement at 150% of the DFCS rate.

Tiered reimbursement provides enhanced access to higher quality child care settings which may charge more than the DFCS rate. Through tiered reimbursement, CAPS clients have greater access to place children in those higher cost settings because the difference between the DFCS rate and the provider's higher cost will be reduced or eliminated.

Preliminary results from the tiered reimbursement pilot indicate that child care providers are ready increase the quality of their programs if reimbursement rates support the quality improvements. If funds become available, CAPS would like to expand the program statewide.

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

Georgia has widely differential child care rates statewide. In urban and suburban areas, the cost of care is higher than in small towns and in rural areas. Georgia has divided the state into three payment "zones." Child care is reimbursed at the highest rate in the zone where the market rate has demonstrated that care is more expensive.

Child care costs vary by the type of child care setting. Child care costs are higher for infants and toddlers, moderate for preschoolers, and lower for school age children. Georgia has structured the reimbursements to providers so that care for the infants and toddlers is reimbursed at the higher rates, for preschoolers at the moderate rate and for school age children at the lower rate.

- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

Not Applicable.

Section 3.3 - Eligibility Criteria for Child Care

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By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

3.3.1 Complete column (a) in the matrix below. Complete Column (b) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

Family Size	(a) 85% of State Median Income (SMI) (\$/month)	IF APPLICABLE (b) Income Level, lower than 85% of SMI, if used to limit eligibility	
		\$/month	% of SMI
1	<u>\$ 2,578</u>	\$ 1,197	<u>46.4%</u>
2	<u>\$ 3,371</u>	\$ 1,616	<u>47.9%</u>
3	<u>\$ 4,164</u>	\$ 2,035	<u>48.8%</u>
4	<u>\$ 4,957</u>	\$ 2,453	<u>49.4%</u>
5	<u>\$ 5,751</u>	\$ 2,872	<u>49.9%</u>

The Lead Agency uses the *Estimated* State Median Income (SMI) of the year **2003 from Federal Register, January 30, 2002, Vol. 67, No. 20.**

3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as Attachment **C**. (§§98.16(g)(5), 98.20(b))

Gross Income includes gross wages/salary and unearned income, such as child support. Garnishments are included when considering gross income.

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Gross wages/salary includes income earned from work/employment, including base pay, and tips, commissions, piece rate payments and cash bonuses, which equal minimum wages prior to deductions.

Incomes from TANF, SSI, Adoption Subsidy, Housing Assistance, etc. are not included when calculating the family's gross income.

See Attachment C identified as Applicable and Non-Applicable Income for a detailed description of applicable income sources which are relevant to subsidized child care and non-applicable income sources which are excluded from computation of monthly gross income.

3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

() No

(X) Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

Georgia has established service priorities to ensure that certain populations receive subsidized child care, if eligible, without being placed on a waiting list. These priority guidelines are applied statewide. The populations who receive priority services are:

- **TANF applicants or recipients participating in state approved work, school or training activities;**
- **TANF applicants or recipients who have their TANF denied or terminated due to employment related reasons who need transitional child care;**
- **Families with an active child protective services case or court-ordered supervision case where child care is part of the safety/case plan;**
- **Children who are in DFCS custody;**
- **Adults who receive TANF as payees only for children in their care;**
- **Minor parents attending high school;**
- **Families whose children have special needs;**
- **Families whose children attend Head Start or Georgia lottery funded Pre-Kindergarten and need extended day care for the child; and**
- **Children who are in DFCS custody if ineligible for child care from other funding sources.**

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Eligible individuals who do not meet at least one of the criteria to receive priority services receive subsidized child care based on funding availability.

3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

- Not Applicable, CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.
 No
 Yes

3.3.5 Does the Lead Agency allow child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

- No
 Yes, and the upper age is 18.

3.3.6 Does the Lead Agency allow child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

- No
 Yes, and the upper age is 18.

3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
 No.

3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

- Yes.
 No.

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Section 3.4 Priorities for Children

- 3.4.1 The following describes the priorities for serving CCDF-eligible children including how statutorily required priority is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

Georgia has established service priorities to ensure that families receive subsidized child care, if eligible, without being placed on a waiting list. These populations are:

- **Applicants for TANF who need child care in order to search for jobs;**
- **TANF recipients engaged in state approved employment, education and/or training activities as listed on their Personal Work Plans;**
- **Families no longer eligible for TANF due to employment income but who still meet income eligibility criteria;**
- **Families with children who have special needs;**
- **Children in open protective service cases or court-ordered supervision cases;**
- **Children who are in DFCS custody when no other funding source is available to serve them;**
- **Minor parents attending high school who need child care services;**
- **Adults who receive TANF as payees only for children in their care; and**
- **Families whose children attend Head Start or Georgia's Pre-K who need extended day care.**

Collaborative partnerships enable Georgia to stretch child care dollars to serve additional very low income families.

- **An Infant-Toddler Network has been established to help identify the services needed to affect infant and toddler care statewide. By working closely with these partners, the state targets child care funds to the areas identified.**
- **Through collaboration with the Office of School Readiness, DHR has been able to use funds generated by the state lottery to offer extended day, extended year services and generate state match to draw down more federal dollars. This collaborative enables CCDF**

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eligible families to receive services using lottery funds rather than federal funds.

- 3.4.2 The following describes how CCDF funds will be used to meet the needs of families who are receiving Temporary Assistance for Needy Families (TANF), families who are attempting through work activities to transition off of TANF, and families that are at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

Georgia requires all adults who are included in a TANF grant to participate in employment services unless they meet the exemption criteria. When needed to participate in a work activity, child care is available to all TANF applicants and recipients.

Families leaving TANF for employment related reasons have access to subsidized child care for one year if the families continue to meet program requirements. After one year of transitional care, they can continue in the program as long as they meet eligibility requirements and funds are available.

Georgia allocates funds for families who are at risk of becoming dependent on TANF. These families can receive subsidized care if they meet program requirements and if funds are available. Often families are referred to other opportunities, such as Pre-K sites or Head Start, and referred to the local child care resource and referral agency. The local child care resource and referral agencies help the families find programs that meet the families' needs including child care programs that offer sliding fees or scholarships.

- 3.4.3 The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:

Families who inquire about subsidized child care are screened to determine if they meet the criteria for priority services. Families who do not meet the criteria for priority services are placed on an inquiry list. As funds become available, these families are served on a first-come, first-serve basis, if eligible.

Section 3.5 - Sliding Fee Scale for Child Care Services

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- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works are provided as Attachment D.

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

- No.
 Yes, and the following describes any additional factors that will be used to determine a family's contribution including, but not limited to, a maximum amount (family cap), number of children in care, cost of care, and/or whether care is full or part-time:

The family's total assessed fees (co-payments) are based on the family's size and income, regardless of the number of children who are in care. In FFY 2004, the maximum amount that a family is to pay is 10% of the family's weekly gross income. In federal fiscal year (FFY) 2005, the percent of the family's weekly income for assessed fees is expected to increase to 15%.

Beginning FFY 2004, Georgia plans to link eligibility for child care to the federal poverty level. Families will be considered income eligible if their applicable income is equal to or below 160% of the federal poverty level (FPL) are income. (The Lead Agency uses Federal Register, Vol. 68, No. 26, February 7, 2003, pp. 6456-6458, for FPL.)

- 3.5.2 Is the same sliding fee scale provided in the attachment in response to question 3.5.1 above in use in all parts of the State? (658E(c)(3)(B))

- Yes
 No, and other scale(s) are provided as Attachment N/A.

- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: **\$ 15,260 annually**.

The Lead Agency must elect ONE of these options:

- ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

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- ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. A description of these families is:

Fees are not assessed for child care when:

- The child receiving care is in DFCS custody;
- The adult is a TANF applicant or recipient who is participating in state approved work activities; or
- The child is receiving care only on an occasional part-time or hourly basis.

3.5.4 Does the Lead Agency have a policy that prohibits child care providers from charging families any unsubsidized portion of the providers' normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

- No
- Yes, please describe:

Eligible families choose the providers who best meet their needs. If a family selects a provider who charges more than the state's maximum reimbursement rate less the family co-pay, then the family makes arrangements with the provider to pay the difference.

3.5.5 The following is an explanation of how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

Most family's co-payments for FFY 2004 are limited to 10% or less of the family's gross weekly income. Adults applying for or receiving TANF are assessed no family co-pay.

Family co-payments for FFY 2005 are anticipated to increase to 15% of the family's gross weekly income. By increasing families' co-payments, the state hopes to be able to serve more families from the waiting list.

Section 3.6 - Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers (including center-based, group home, family and in-

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home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

Describe the overall child care certificate payment process, including, at a minimum:

3.6.1 A description of the form of the certificate: (§98.16(k))

In 133 non-automated counties, the certificate is a multi-party agreement among the parent/guardian, child care provider and local county Department of Family and Children Services. The certificate details the conditions and terms of the agreement for carrying out the child care plan as selected by the family. The parent, the provider and the case manager sign the certificate. The purpose of the agreement is to ensure that all parties will have a clear understanding of their responsibilities.

In the 27 automated counties where a private for-profit contractor manages payments to providers, the child care certificates are computer-generated authorizations that the family takes to the provider. The certificate, coupled with Rights and Responsibilities forms signed by the provider, details the conditions and terms of the agreement for carrying out the child care plan as selected by the family.

3.6.2 A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider: (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

Families have the right to choose their child care provider. It is the parent/guardian/responsible person's duty to determine if the provider can meet the family's child care needs. The caseworker gives information on making informed child care choices, if the family requests assistance. Child care resource and referral (R&R) agencies are available in all areas of the state. Case managers may refer parents to the R&R agency for assistance in making informed child care choices.

Parents/guardians may choose care from licensed or commissioned centers; licensed or commissioned group homes; registered family day care providers; legally exempt centers or group homes; neighbors, relatives or friends. Informal providers may care for the child in the provider's home. Care in the child's home is limited to relatives of the child. Relatives are defined as aunts, uncles, grandparents, great-

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grandparents, and adult siblings. (Adult siblings who are reimbursed for providing child care must live outside the child's home).

The child care certificate is issued to the parent/guardian on the day that the family is determined eligible for services. The family's choice of provider prevails if the provider meets program requirements. The parent/guardian then has three service days to make contact with the child care provider and enroll the child in care. The certificate is valid when all parties have signed in non-automated counties or when the authorization is sent to providers in automated counties.

Registration fees, up to a maximum of \$50 per child, per provider, per year, are reimbursed.

- 3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

When funds are available, DHR contracts with child care programs that serve specific populations of families or programs that are located in areas with few child care programs. Parents who select a child care program that has a contract with DHR to provide services to eligible families are not required to apply for CAPS at the local Department of Family and Children Services office. The parents may access the programs directly, may learn about the programs through the Child Care Resource and Referral Agencies or may be recruited by the child care program.

If the parent chooses not to use the program that has a contract with DHR, the family may apply for CAPS at the local Department of Family and Children Services and may receive a child care certificate based on available funds.

PART 4 - PROCESSES WITH PARENTS

- 4.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

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- How parents are informed of the availability of child care services and about child care options;
 - Where/how applications are made;
 - Who makes the eligibility determination;
 - How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4; and
 - Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs.
 - Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.

Pamphlets, literature and child care information are distributed by local child care resource and referral agencies. The public awareness activities of the Georgia Child Care Council alert families to the availability of child care services and child care options. The DFCS web site (http://www.div.dhr.state.ga.us/dfcs_caps) and the Council web site (<http://www.ganet.org/gccc/randr/subsidies.html>) explain the subsidize child care program and provide contact information for the local DFCS offices. Family Independence Case Managers, who are involved with families through the state's TANF Employment Services program also inform families of the availability of child care as a support service.

Applications for subsidized child care are available in each Department of Family and Children Services (DFCS) office. Families are informed of their child care options and have their eligibility for services determined by case managers in the DFCS office. The case managers determine eligibility based on the need for care (whether the adult is participating in a state approved activity), income, and residence.

Families choose their child care providers. The choice is only limited if the chosen provider does not meet state regulatory or health and safety requirements. DFCS case managers assist families in choosing child care services that meet the need of the families, when requested. Child care resource and referral agencies also offer assistance to families.

Adults who are TANF applicants or recipients and who need child care to participate in a state approved employment, training or education activities receive priority child care services when funds are limited. These adults are not placed on a waiting list for subsidized child care.

The TANF/Employment Services case manager is responsible for informing single custodial parents that they may be exempt from work requirements if they have a child under 12 months of age in their care.

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Similarly, the TANF/Employment Services case manager is responsible for informing single custodial parents with children under six years of age that they cannot be sanctioned for failing to work if they cannot locate accessible, affordable, appropriate child care services. Georgia has had no reports of single custodial parents who have been unable to obtain accessible, affordable and appropriate child care for a child under 6 years of age.

The eligibility period for subsidized child care is for one year. There is no variation on the one year eligibility period for families whose children are enrolled in Georgia's Pre-K program or Head Start.

The case manager monitors each case at six-month intervals to ensure continued eligibility. To reduce barriers for receiving services, the state allows families to mail in documentation of income at the six-month review, thereby permitting the families to comply with requirements without having to take time off from work to attend an eligibility interview.

The Childcare and Parent Services program is conducting a Business Process Reengineering (BPR). Currently, in 133 non-automated counties, case managers spend a disproportionate amount of time on provider management and processing invoices for payment. There is no single system available to manage all CAPS activities (i.e. case management, provider invoice processing, reporting, budget management, communications and oversight). Implementation of a statewide, robust system that has full scale case and provider management activities is planned.

A reengineering priority is reducing barriers for families who need subsidized child care. The statewide system has a customer service focus, such as offering an on-line application process, replacing annual face-to-face interviews with periodic reviews of eligibility, expediting the case transfer process, and generating multi-lingual correspondence.

- 4.2 The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

[Effective, October 1, 2004, the Bright From The Start: Georgia Department of Early Care and Learning will carry out the functions for](#)

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the regulation and licensure of early care and education programs that were previously held by Office of Regulatory Services and Office of School Readiness.

State law requires the licensing agency, Department of Early Care and Learning, to investigate complaints of all regulatory violations.

The Department of Early Care and Learning (DECAL) investigates complaints of regulatory violations in family day care homes, group day care homes, and in some child care centers. DECAL also investigates complaints of regulatory violations in child care centers that participate in Georgia's Pre-K program, child care programs that are exempt from licensure and programs that may be operating illegally.

The Department of Early Care and Learning maintains information regarding complaint investigations in state licensure files. Under the provisions of the Georgia Open Records Law, O.C.G.A. Sections 50-18-70 through 50-18-77, this information is available to the public. State and federal laws consider all licensure files open records except for that specific information otherwise protected. Persons may review files by appointment. The request can be by telephone or in writing.

When there are rules violations and pending adverse action, the legal action could include revoking or suspending the facility's license to operate, limiting admission, or imposing a civil monetary penalty.

The Office of Regulatory Services began posting reports of the most recent monitoring visits to child care programs in August, 2002 on the Internet (<http://www2.state.ga.us/Departments/DHR/ORS/>). Families can access the site, enter the name of the child care program and other identifying information and view the most recent inspection. Information about rules violations and adverse actions are also posted on this web site.

- 4.3 The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

State licensing and registration rules require unlimited access by parents to their children while in care. Rules require that a sign be

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posted in a public place stating that parents have access to all child care areas. Informal providers who are not required to be licensed or registered are also required to allow parents unlimited access to their children. DFCS notifies informal providers of this requirement during enrollment.

- 4.4 The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is:

TANF Unit of the Employment Services Section of the Division of Family and Children Services in consultation with the Child Care and Parent Services Section of the Division of Family and Children Services.

- "appropriate child care":

Care that meets state's licensing/minimum health and safety standards, is available, and meets the needs of the family and child.

- "reasonable distance":

Care that is within a forty-five minute radius of the parent's home or work activity.

- "unsuitability of informal child care":

Care that does not meet state's minimum health and safety standards.

- "affordable child care arrangements":

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Care in which the state participates at a minimum of 50% of the cost of care for the family and the provider accepts up to the maximum DFCS rate.

**PART 5 - ACTIVITIES & SERVICES TO IMPROVE
THE QUALITY AND AVAILABILITY OF CHILD CARE**

5.1 - Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

Infants and toddlers:

The Georgia Infant and Toddler (ITQI) Network formed in 2000, serves teachers and family childcare providers caring for infants and toddlers. The focus is on counties with high concentrations of infant and toddler programs and/or a high need for child care but limited availability.

The network completed in August 2002, the *Georgia Outcome and Indicator Framework for Birth through Three Year Olds*. The framework provides measurable outcomes to evaluate programs serving children up to age four years. The framework is designed to provide benchmark indicators for tracking and to guide policy decisions and proposal-funding initiatives. The four goals of focus within the *Georgia Outcome and Indicator Framework* focuses on developmental outcomes for young children; child and family well-being; quality of and access to services, and systems capacity.

The Infant Toddler Network initiative is designed to increase the quality and capacity of infant and toddler care in the state through the following:

- Provides individualized on-site technical assistance that is based on an evaluation of program needs. The Infant Toddler Environmental Rating Scale (ITERS) is used. A quality improvement plan for infant and toddler programs is developed based on the evaluation. The Department of Human Resources, Office of Regulatory Services (ORS), child care resource and referral agencies, private consulting firms, and the Atlanta Affiliate of National Black Child Development Institute (BCDI) have this responsibility.

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- **Supplements technical assistance with quality improvement grants based on an evaluation of program needs to ensure that classrooms and facilities are safe and well equipped. The Office of Regulatory Services, private consulting firms, and child care resource and referral agencies have this responsibility.**
- **Recruits accomplished teachers to mentor the less experienced teachers. Mentors new and existing child care centers through the NAEYC national accreditation process. Quality Assist, Inc., a private consulting firm, and NBCDI have this responsibility.**
- **Provides technical assistance to centers and homes with a low regulatory compliance history to bring them to and above an 80% licensure compliance level. Various partners, listed below, share this responsibility.**
- **Increases the availability and accessibility of training for infant and toddler teachers and family child care providers that advance their careers. Various partners, listed below, share this responsibility.**
- **Provides financial assistance to centers engaged in accreditation programs. Quality Counts has this responsibility.**
- **Provides scholarships to support infant and toddler teachers who wish to enroll in formal certificate, diploma, and degree programs at technical colleges, four year colleges, and universities. The Georgia Association on Young Children administers scholarships.**

The infant toddler initiatives are funded through CCDF. The Georgia Child Care Council uses a portion of the 4% quality set-aside. The CAPS Section uses some funds earmarked for quality and some funds earmarked for infant toddler initiatives. The following lists the agencies working to improve the quality of care for infants and toddlers and identifies the activities they coordinate:

- **Advancing Careers through Education and Training (ACET) offers Professional Development Registry (www.acetonline.org).**
- **Black Child Development Institute (BCDI) provides training and technical assistance for African American centers preparing for NAEYC accreditation (www.nbcdi.org).**

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- **Care Solutions, Inc. provides administrative and logistical support for the Early Brain Development training for teachers of infants and toddlers and the CAPS conference (www.caresolutions.com).**
 - **Office of Regulatory Services, Child Care Licensing Section provides technical assistance for non-compliant child care centers (<http://www2.state.ga.us/Departments/DHR/ORS/>).**
 - **Quality Assist, Inc. provides training and technical assistance for 100 centers and family child care providers (www.qassist.com).**
 - **Quality Counts, Inc. provides field testing for the Outcome/Indicator Framework. Quality Counts provides quality enhancement grants for infant and toddler quality initiative participants based on evaluation findings. The agency provides stipends for teachers completing the Infant and Toddler Technical Certificate of Credit (TCC) courses.**
 - **Quality Care for Children, Inc. provides scholarships, technical assistance and training to caregivers and child care programs from the application process through the receipt of national accreditation (<http://www.qualitycareforchildren.org>).**
 - **Reeves and Associates Consulting and Training, Inc. provides technical assistance follow up for centers and family child care providers that targets identified program needs.**

At this time, the project is collecting baseline data for the identified measures of quality in the *Georgia Outcome and Indicator Framework for Birth through Three Year Olds*. Continuation of the Infant Toddler Network initiatives is contingent on CCDF reauthorization and funding availability. Other initiatives to improve the quality of infant and toddler programs include:

- **Smart Start Georgia is a public/private partnership that provides the following: education based salary supplement to early care educators; statewide scholarship program to support early care and education professionals to begin or continue their education at state institutions; voluntary tiered reimbursement program for qualified early child educators who choose to increase their level of quality; and, training and technical assistance to help providers in selected counties to achieve higher levels of quality (www.smartstartga.org).**
- **The Infant and Toddler Technical Certificate of Credit (TCC) is a specialized program of study available through the technical colleges. The Infant and Toddler TCC is Georgia's first statewide formal academic**

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certificate with a specialization for infant and toddler teachers. The TCC involves five courses for a total of 25 credit hours and offers instruction in theory, methods, and practices. The Infant and Toddler TCC courses are based on the West Ed Program for Infant & Toddler Caregivers Trainer Institutes. Competencies for the courses are aligned with the Child Development Associate (CDA) standards from the Council for Professional Recognition and serve as a bridge to the Early Childhood Care and Education Diploma and Associate degree options at technical colleges. Georgia currently has 15 technical colleges offering the Infant and Toddler TCC. The state's HOPE grant helps students pay for tuition and books.

The investments in infant-toddler quality activities will result in more comprehensive services available to children and their families; a higher quality of program services, and improved developmental outcomes for infants and toddlers as measured by appropriate outcome indicators. In addition, linkages will be established between CCDF infant-toddler initiatives in Georgia, including the Office of School Readiness' Standards of Care Program, the Early Head Start Program, and ultimately, Georgia's Pre-K Program.

The Infant-Toddler initiatives listed above were not renewed upon expiration in 2003 and 2004. The earmarked funds previously used for these initiatives were shifted to support the Smart Start Georgia Initiative. Smart Start Georgia has many similar components to the Infant-Toddler initiatives with a focus on improving quality in child care settings and increasing the number of nationally accredited child care environments.

Effective 10/01/04, the Lead agency will transfer Infant-Toddler earmarked funds to Bright From the Start: Georgia Department of Early Care and Learning. The Department of Early Care and Learning will be responsible for the management and distribution of these earmark funds.

Resource and referral services:

The Georgia Child Care Council plans to continue funding the child care resource and referral system. The child care resource and referral agencies link consumers with providers, increase the supply of child care and providers' access to training, collect data on child care needs, and furnish training and technical assistance to providers. In addition, resource and referral agencies furnish services to informal providers who wish to become registered family day care home providers. They help informal providers reach or remain in substantial compliance with child care licensing regulations.

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The Council contracts with community organizations to provide child care resource and referral (R&R) services. Each R&R serves a specific geographic regions and the network of R&Rs includes all counties in the state. The geographic regions reflect the economic development and correspond to the DHR service regions. This assists the R&Rs in their collaborative work with the Lead Agency and the state's economic development arm, the Department of Industry, Trade, and Tourism.

Each Child Care Resource and Referral district is staffed with an Inclusion Coordinator. Inclusion Coordinators support children with disabilities in child care settings throughout the state. They provide training and on-site technical assistance to programs that serve a child with special needs. The technical assistance is specific to the child's disability. Inclusion Coordinators work to increase the number of high quality, inclusive child care settings available to families and link families to community services.

The each R&R tracks the time spent providing technical assistance, conducting training, collaborating within the community to build the supply of child care, etc.

The results of the child care resource and referral activities are measurable increases in the:

- Number of parent referrals to child care programs;
- Number of trained child care providers;
- Public's awareness of child care issues;
- Number of referrals for parents of children with disabilities; and
- Amount of materials distributed about finding child care, inclusive child care programs, benefits of inclusion, state tax incentives for businesses who invest in child care programs, etc.

School-age child care:

The Georgia Child Care Council (www.gachildcare.org) uses quality set aside funds to provide technical assistance and training for school age programs in selected locations across the state. Currently operating programs, as well as start-up programs, may qualify. The technical assistance emphasizes best practices and is provided to programs that serve elementary children, middle school youth, and children with disabilities. Mini-grants are available to programs seeking to improve the quality of their environment and staff. Programs seeking accreditation from the National School Age Care Association may also receive mini-grants to purchase equipment, learning materials, and supplies.

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Because the Council uses funds to purchase services through an annual competitive bid process, the agencies that will receive the funds are not yet selected. However, the Georgia School Age Care Association and as many as fifty local school age programs in schools, YMCAs, private centers, faith-based organizations, and other organizations have partnered with the Georgia Child Care Council to provide similar services in the past.

Georgia has made a significant state investment in school age care for 4th-8th grade children. School age care activities paid for through CCDF are coordinated with the Georgia Department of Education, which manages the state dollars, to maximize the use of the funds.

The Lead Agency uses discretionary funds to support the Greensboro Dreamers. Greensboro Dreamers (<http://www.qbdreamers.org/>) is an innovative program that exposes school age children to activities that provide social and academic enrichment. This pilot program serves children from low income families living in a rural Georgia community.

The Georgia School Age Care Association, Inc. (www.gsaca.com) has a contract with the Lead Agency to start and expand school age programs in Georgia. The project's goal is to increase the capacity, supply, and quality of before and after school programs that will serve low-income children. Eight new before and after school programs in targeted communities will receive start up money and technical assistance so that they can provide this care. In addition, three school age care programs are pursuing accreditation by the National School Age Care Alliance.

The results of these initiatives are an increased number of child care programs for school age children in the state, an increased capacity to serve school age children in existing programs, and an increase in the number of nationally accredited school age care programs which reflects quality child care settings.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51, 98.16(h)). The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 8.5 Million (4%)

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5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes	No
X	Comprehensive consumer education:
X	Grants or loans to providers to assist in meeting State and local standards;
X	Improving the monitoring of compliance with licensing and regulatory requirements;
X	Professional development, including training, education, and technical assistance;
X	Improving salaries and other compensation for child care providers;
X	Activities in support of early language, literacy, and numeracy development;
X	Activities to promote inclusive child care;
X	Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children.
X	Other quality activities that increase parental choice and improve the quality and availability of child care. (§98.51(a)(1) and (2)).

5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

Comprehensive Consumer Education

The Georgia Child Care Council (www.gachildcare.org) and the network of child care resource and referral agencies work closely to provide the leadership for consumer education and public awareness of childhood care and education issues.

The goals are to increase family awareness and involvement in quality childhood care and education as it relates to positive child and youth development; and, increase public awareness of the benefits childhood care and education has on society and the economic development of the state.

Strategies include:

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- Providing accurate information about the positive impact that childhood care and education has on society, both socially and financially to voters, taxpayers, policy makers, and media representatives.
 - Furnishing business leaders with information regarding the economic benefits of investing in childhood care and education. For example, the Council has produced a resource guide for businesses called, *Quality Child Care - The Business Connection*.
 - Continuing the campaign publicizing the advantages of national accreditation for childhood care and education programs.
 - Using public awareness campaigns to alert providers and consumers to the need for care during nontraditional hours.
 - Using existing initiatives to make child and youth development and childhood care and education information available to all Georgia families.
 - Collaborating with existing initiatives to inform consumers about quality child care by distributing packets to new birth and adoptive families through hospitals and adoption agencies.
 - Increasing the number of programs that promote parent involvement and family support.
 - Providing training and technical assistance to childhood care and education providers to encourage family involvement.
 - Promoting linkages among existing family support organizations.

Grants or loans to providers to assist in meeting state and local standards:

The Council offers mini-grants to current providers to improve the quality of their programs. Grants are also available to new providers who may need assistance in the final stages before opening. Mini-grants are awarded to organizations and individuals that serve children age birth to three from low-income, working families. Mini-grants are also awarded to school age care providers to assist programs in achieving accreditation, to help start quality programs, and to train staff.

The Council funds, through a contract, the Non-Profit Child Care Project. This project provides start up mini-grants for 10 to 20 new early childhood care and education or school-age programs that are sponsored by faith-

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based and non-profit groups in Georgia, to assist in the final stages of their start-up process. Grants are awarded to groups that have received technical assistance from the Non-Profit Child Care Project. Eligible Expenses include: toys and equipment needed to complete the licensing process; training for staff, especially as required by Child Care Licensing; and minor renovations required by the Fire Department or by Child Care Licensing not costing in whole or in part over \$1,000.

The expected outcome of these projects is an increased number of child care settings that meet or exceed state regulatory requirements.

Improving the monitoring of compliance with licensing and regulatory requirements: Effective October 1, 2004, The Department of Early Care and Learning will assume licensing and regulation of early care and education programs including: day care centers, family day-care homes, and group day care homes.

CAPS collaborates with the Office of Regulatory Services, Child Care Licensing to monitor informal child care providers. Child Care Licensing facilitates criminal background checks on each new informal provider. The Licensing Surveyor visits the site where child care is provided to ensure that the site meets basic health and safety requirements. If needed, the providers are furnished with smoke detectors and/or fire extinguishers. A health and safety packet specifically designed for informal providers is delivered at the initial monitoring visit.

The CAPS collaboration with Child Care Licensing funds increased monitoring for family day care homes. Before this collaboration, licensing surveyors monitored new family day care homes but did not have adequate staff to monitor existing family day care homes. Now, in addition to monitoring all new family day care homes, the licensing surveyors monitor 20% of existing family day care homes annually.

The Council has used quality set-aside funds to support studies and projects that improve licensing requirements or the monitoring process. The Council issues a Request for Proposal each spring. The Council makes funding decisions in the summer for projects that will be funded at the beginning of the federal fiscal year.

To assist child care providers in meeting standards, Georgia is exploring the feasibility of increasing the number of unannounced monitoring visits to child care providers. Pending the cost analysis, the Lead Agency hopes to support increased monitoring visits.

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The expected outcome of these projects is an increased number of child care settings that meet state regulatory requirements.

Professional development including training, education and technical assistance

The Georgia Child Care Council funds various organizations through a competitive bid process to offer training and technical assistance to providers statewide. Currently, the Georgia Child Care Council funds partners to offer partial or full scholarships for child care providers seeking Child Development Associate (CDA) training. The CDA training is available statewide.

The Council, Lead Agency and other partners fund the SCHOLARSHIPS program through Smart Start Georgia (www.smartstartga.org). The SCHOLARSHIPS Program offers child care providers the opportunity to earn a diploma, degree or certificate in child development or early childhood education. Providers who are working at least 30 hours a week in a licensed or registered child care setting and who have the sponsorship of their employer may participate.

Please refer to Sections 5.2.2.

Improving Salaries and Compensation for Child Care Providers

The Early Childhood Educators INCENTIVE\$ Program, part of the Smart Start Georgia initiative, rewards teachers of children five and under for staying in the profession and for increasing their skill and knowledge through formal education programs. The supplement is paid directly to eligible early childhood teachers, directors, and family child care providers.

By supplementing teachers' salaries, INCENTIVE\$ encourages those who work directly with young children to stay in the field and continue to gain knowledge and refine their skills (www.acetonline.org).

The expected outcome of this project is a better-educated and more stable early childhood care and education workforce.

Activities supporting early language, literacy and numeracy development:

High quality child care is characterized by developmentally appropriate learning materials and teaching practices that are responsive to the age and individual differences of children and respectful of children's cultural backgrounds and families. Quality child care programs are staffed with caregivers and administration who receive specialized preparation, sufficient compensation and support to access and improve teaching practices. Young children need caregivers who provide consistent,

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nurturing relationships and create a developmentally appropriate learning environment for learning and growth.

The *Georgia Outcome and Indicator Framework for Birth through Three Year Olds*, tiered reimbursement, teacher compensation program, professional development system, etc. are designed to provide the foundation to support quality improvements in early childhood care and education settings. Quality early childhood care and education programs employ developmentally appropriate practices and support young children in developing language, literacy, and numeracy.

The Georgia Child Care Council funds the Homes of Quality Program. The program is a statewide initiative to improve the quality in family child care and group child care homes through Smart Start Georgia. The Homes of Quality program is voluntary. The program recognizes child care providers who provide interactive learning environments for children not yet enrolled in school. The Family Day Care Rating Scale, a nationally recognized tool, is used to measure the level of quality provided. This project is establishing a stronger infrastructure for quality home settings and provides a statewide system that parents can use to judge program quality.

CAPS, in partnership with the Office of School Readiness, supports Pre-K and Head Start initiatives to develop early language, literacy and numeracy skills in young children. The OSR/Head Start Early Childhood Literacy Conference is designed to improve literacy and numeracy outcomes in children enrolled in Georgia's Pre-K and Head Start programs. Literacy and numeracy development in preschool children is a major emphasis of President Bush's "Good Start, Grow Smart" initiatives. The partners are working to coordinate state efforts with federal efforts to promote appropriate developmental outcomes for children enrolled in state and federally funded early care and education programs.

Activities promoting inclusive child care:

The Lead Agency is committed to high quality and inclusive child care for all children. Accessible child care was identified as a top priority during the Governor's Council on Developmental Disabilities needs assessment process. The Governor's Council on Development Disabilities' three-year plan includes a goal to increase access to quality, appropriate child care for children with disabilities.

Consultations with the Georgia Child Care Council and the Division of Public Health's Babies Can't Wait Early Intervention (Part C of the Individuals With Disabilities Education Act) Program identified mutual concerns about the state of child care for children with disabilities. The directors of the Governor's Council, Georgia Child Care Council, and

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Babies Can't Wait Early Intervention Program appointed a task force to identify and define the major barriers to inclusive child care in Georgia; determine the scope of the problem regarding the availability and accessibility of inclusive child care; recommend strategies to address the major barriers, and identify entities to act on recommendations.

Task force participants included individuals from nearly twenty state public and private agencies and organizations, three parent advocacy groups and the parent of a child with disabilities. Establishing the Task Force on Child Care for Children With Disabilities brought the key agencies and representatives together to determine a long-term, sustained and comprehensive interagency approach to addressing issues related to inclusive child care.

The task force members decided to:

- **Designate the American With Disabilities Act (ADA) as the official reference for matters pertaining to the work of the task force. This included definitions of developmental disabilities.**
- **Focus on child care for children with all types of disabilities, ages birth through 21 years.**
- **Prioritize its efforts on behalf of children with disabilities by working on issues related to ages 0-12 years during Phase 1. A second phase will focus on ages 13-21 years, with an approach to be determined later.**

The task force adopted the following vision statement to guide its work:

- **Georgia's families of children with disabilities, ages birth through 21, will have unlimited access to quality, affordable, inclusive child care options that meet all applicable state standards.**
- **All child care professionals will be compensated adequately, and will receive the training, resources, and supports they need to meet the demands of inclusive child care.**

The group recommended enhancing the roles of the local child care resource and referral agencies to offer rapid response to child care professionals who need technical assistance in serving a specific child with a disability and to assist parents of children with disabilities to access inclusive child care and resources.

The report that summarizes the issues/barriers to inclusive child care identified by the task force and the recommendations is available at <http://www.ganet.org/qccc/disabilities/execsummary.html>.

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The Inclusion Project (www.ganet.org/gccc/disabilities/Inclusion_Project) was born from these recommendations. The Child Care and Development Funds support the Inclusion Project. The project staffs each child care resource and referral agency with an Inclusion Coordinator. Inclusion Coordinators expand the number child care options for families that have children with special needs, furnish assistance in developing resources to support inclusion for child care providers and for parents, offer technical assistance and training, and provide links to additional resources for families.

The expected outcome of the Inclusion Project is increased access for families to child care settings that provide appropriate services to children with special needs.

In addition to the Inclusion Project, the Georgia Child Care Council currently funds the Emory (University) Autism Resource Center (<http://www.emory.edu/HOUSING/CLAIRMONT/autism.html>) Training and Technical Assistance Project. This project's workshops and follow-up technical assistance visits provide information on effective teaching strategies for young children with autism. More than 300 professionals are learning how to better promote successful inclusion of children with autism in early childhood settings. Parents are invited to all training presentations to enhance parent-professional collaboration.

Continuation of these projects and similar initiatives are contingent on CCDF reauthorization and funds availability.

Healthy Child Care Georgia and other health activities including those designed to promote the social and emotional development of children:

The Maternal and Child Health Bureau funding for Healthy Child Care America ends in January 2005. States are expected to use the transition period to develop relationships and a system for obtaining funding through CCDF.

CAPS is interested in using CCDF to sustain Healthy Child Care Georgia (<http://health.state.ga.us/programs/hccg/index.shtml>). If available, funds will be allocated to increase the capacity of the Child Care Health Consultant (CCHC) network. This would enable child care providers throughout Georgia to have access to Child Care Health Consultants who will offer health input in planning for both the development of child care programs and for the inclusion of children with special needs. The CCHC would also develop health, safety and emergency policies and procedures; manage child care issues concerning infectious disease and injury prevention; and provide health education, training, and technical assistance on new developments in health and safety issues.

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To increase capacity within the current child care infrastructure, Healthy Child Care Georgia plans to supply training to surveyors from Child Care Licensing. This initiative, if funded by CAPS, would enhance linkages between the child care providers and the resources available to them. The surveyor, as a regular monitor of the child care programs, can offer information and refer providers to existing services.

Other quality activities that increase parental choice, and improve the quality and availability of child care:

The Childcare and Parent Services web site has generated an unexpected opportunity to increase parental choice by linking families to community resources. Designed simply to provide information about the subsidized child care program, the site includes an e-mail address so that visitors can request additional information. Each month, the CAPS program receives 75-100 e-mails from the web site. CAPS consultants send individualized replies to the e-mail within 48 hours. Often the replies include contact information for the child care resource and referral agency; PeachCare for Kids, the state's Child Health Insurance Program; the local Department of Health for families who may be interested in the Women, Infant, Children program; Food Stamps, the Georgia Department of Labor, Head Start, Georgia's Pre-K program, federal child care tax credits, etc.

DHR has piloted tiered reimbursement to increase families' access to high quality child care settings. As funding allows, Georgia hopes to expand tiered reimbursement statewide to encourage providers to increase quality.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

() No.

(X) Yes, the following entities named in this part are non-governmental:

Name:

Type: (government/private non-profit/private for-profit)

Advancing Careers through Education and Training (private, non-profit)

Care Solutions, Inc. (private, for-profit)

Emory Autism Resource Center

Georgia Association of Child Care Resource and Referral Agencies

(private, non-profit)

Georgia Association on Young Children (private, non-profit)

Georgia School-Age Care Association (private, non-profit)

Greensboro Dreamers (private, non-profit)

National Black Child Development Institute (private, non-profit)

Quality Assist, Inc (private, for-profit)

Quality Care for Children (private, non-profit)

Quality Counts, Inc. (private, non-profit)

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Reeves and Associates Consulting and Training, Inc. (private, for-profit)
Smart Start Georgia (collaborative of government and private, non-profit)

5.2 - Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, Lead Agencies are asked to assess their progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

5.2.1 - Voluntary Guidelines for Early Learning

- Indicate which of the following best describes the current **status** of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds:
 - a) X Preliminary thinking or planning.
 - b) Guidelines are being developed.
 - c) Guidelines are developed but need to be modified.
 - d) Guidelines are developed and implementation is in progress.
 - e) Guidelines are developed and implemented in pre-kindergarten programs but not in child care.
 - f) Guidelines are developed and implemented.
 - g) Other. Please describe:
- Describe the **process** that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

Various stakeholders have developed researched-based early learning guidelines. However, the guidelines have not been assessed to ensure that they align with the state's K-12 standards. At this time, the state Department of Education (<http://www.glc.k12.ga.us/qcc/overview/qcc.html>) is in the process of

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developing broad-based content standards and revising the curriculum for pre-k - 12.

The Lead Agency recommends that the Office of School Readiness, which is administratively attached to the Georgia Department of Education, assume leadership for aligning the state's early learning guidelines with the state's K-12 educational standards. DHR will support this effort and recommends including Smart Start Georgia and the Region IV Administration for Children and Families, the federal agency responsible for the administration and oversight of both CCDF and Head Start funds in Georgia, in this initiative.

The Office of School Readiness (OSR) has developed learning goals for four-year-old children enrolled in Georgia's Pre-K Program (<http://www.osr.state.ga.us/Prekgoals.htm>). The learning goals and standards in Georgia's Pre-K have been compared with the Quality Core Curriculum standards for kindergarten and OSR has implemented a plan that provides literacy training for lead Pre-K teachers. Additionally, OSR will focus its Pre-K training on literacy, numeracy and science during the next year.

The Office of School Readiness has initiated the voluntary Standards of Care program (<http://www.osr.state.ga.us/pre-k/stdsofcare.pdf>) that is an integral part of the Early Care and Preschool Services continuum which complements Georgia's Pre-K Program. The Standards of Care program provides children from birth to 30 months with learning opportunities through appropriate music, reading, nurturing and optimally supplied rooms. Child care programs that meet the Standards of Care criteria are awarded the Center of Distinction designation.

Initially, the Standards of Care program was only available to child care programs that hosted a lottery-funded Pre-K program. CAPS coordinates with OSR to enable child care programs that do not host a lottery-funded Pre-K program to participate in the Standards of Care Program in the Smart Start Plus counties.

In Head Start programs that serve children age three through five years, the Georgia Head Start Quality Initiative (<http://www.osr.state.ga.us/ghsqi.htm>), provides a road map for programs seeking accreditation by the National Association for the Education of Young Children. Accreditation is based on the Academy's Criteria for High Quality Early Childhood Program.

Voluntary guidelines for very young children were developed based on the brain development research findings. The guidelines, *Growing Smart and Health Babies*, are distributed by the Office of Regulatory Services, Child Care Licensing. Stakeholders involved in developing the guidelines are: DHR Office of Regulatory Services; DHR Division of Family and Children Services; DHR Division of Public Health; Georgia Child Care Council; Georgia Office of School Readiness; Georgia Children's Trust Fund; Georgia Policy Council for Children and Families; The Family Connection; Georgians for Children; Georgia State

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University School of Nursing; March of Dimes, Georgia Chapter; Children's Healthcare of Atlanta; Quality Care for Children, Inc.; University of Georgia Cooperative Extension Services; and Georgia Association of Child Care Resource and Referral Agencies.

- Describe the **domains** of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the web, provide the appropriate website address.

The Standards of Care Program addresses specific cognitive, social/emotional, communication, physical and self-help domains. The Standards of Care developmental characteristics, goals, and recommended activities and materials are listed at: <http://www.osr.state.ga.us/pre-k/stdsofcare.pdf>.

***Growing Smart and Healthy Babies* addresses characteristics, learning goals and suggested activities and materials in physical, cognitive/language, social/emotional, and self-help domains. These guidelines are created for children ages: 0-12 months, 12-24 months, 24-36 months, and 36-48 months. Growing Smart and Healthy Babies is on the Healthy Child Care Georgia site: <http://health.state.ga.us/pdfs/familyhealth/hccg/growinghealthysmart.0103.pdf>**

- Describe the process the State used or expects to use in **implementing** its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

Not Applicable.

- As applicable, describe the State's plan for **assessing** its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

Not Applicable.

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Section 5.2.2 - State Plans for Professional Development

- Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

Georgia has developed a system of training and technical assistance to meet the needs of the diverse child care provider population in the state.

To help child care providers access DHR approved training, the Georgia Child Care Council partners with other funders to issued the quarterly Georgia Childhood Care and Education Calendar. The calendar lists all DHR approved training statewide. The calendar is published bi-monthly, with a circulation of over 10,000, and is published on the Internet at www.caresolutions.com. Training sessions are community-based and are arranged by geographical region.

- **The Child Development Associate (CDA) credential is available for center-based staff working with infants and toddlers or preschool children. The CDA is also available to family child care providers. CDA has a credential for home visitors who work with parents and children in home-based programs (www.gactr.uga.edu/GC/cda.html).**
- **The Certified Child Care Professional (CCP) Credential is available for staff working in licensed center-based early childhood programs. The CCP credentialing program is designed to ensure that child care providers have the opportunity to enhance their professional development through 15 Professional Ability Areas. It is designed to accomplish three fundamental objectives: individual recognition; quality education and experience; and ongoing professional advancement (www.NCCANET.org).**
- **The Infant and Toddler Technical Certificate of Credit (TCC) is a specialized program of study available through the technical colleges (<http://www.dtae.tec.ga.us/teched/schoollist.html>). The Infant and Toddler TCC is Georgia's first statewide formal academic certificate with a specialization for infant and toddler teachers. The TCC involves five courses for a total of 25 credit hours and offers instruction in theory, methods, and practices. The Infant and Toddler TCC courses are based on the West Ed Program for Infant & Toddler Caregivers Trainer Institutes. Competencies for the courses are aligned with the Child Development Associate (CDA) standards from the Council for Professional Recognition and serve as a bridge to the Early**

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Childhood Care and Education Diploma and Associate degree options at technical colleges. Georgia currently has 15 technical colleges offering the Infant and Toddler TCC.

- **The purpose of the Early Childhood Care and Education (ECCE) Programs is to provide educational opportunities to individuals that will enable them to obtain the knowledge, skills and abilities necessary to succeed in the field of Early Childhood Care. Program graduates are to be competent in the general areas of English, math and interpersonal relations. Graduates are to be competent in the occupational areas of physical, social, emotional and intellectual development of the child; CPR and first aid training; health; safety; nutrition; creative activities for children; and curriculum development. The ECCE program is offered at 28 of the state’s technical colleges.**
- **The National Administrator Credential (NAC) is the only nationally recognized credential for center administrators and is designed to help administrators grow professionally and improve their management and leadership skills. The National Child Care Association (<http://www.nccanet.org/profdev/nac.asp>) awards the NAC. The 40-hour course covers all nine Administrative Competency areas required by the Georgia Childhood Care and Education Professional Development System.**
- **Through the Office of School Readiness (OSR), technical assistance is available to OSR-licensed centers from licensing consultants for health and safety topics as well as quality improvement areas. Licensing consultants also provide training to groups of center staff and owners when requested. This training is provided to improve the center’s compliance and level of quality services to children. Training (<http://www.osr.state.ga.us/training1.html>) is also available for child care center directors and staff through regional meetings and the Standards of Care (<http://www.osr.state.ga.us/pre-stdsofcare.pdf>) program (a statewide, voluntary quality improvement program for out-of-home care). This training is available for OSR-licensed centers statewide and for DHR-licensed centers in the Smart Start Georgia Plus counties for directors and early childhood educators for children age 0-5 years.**

Scholarships are available for child care providers to assist them with the cost of training.

- **T.E.A.C.H. Early Childhood® in Georgia (<http://www.gayconline.org/>) scholarships, funded in part through CCDF, are available for teachers, directors, and family child care providers who wish to pursue a child development/early childhood diploma or degree program at a Georgia technical school or college. Applicants must be working a minimum of 30 hours a week in a licensed/registered child care setting and have the**

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sponsorship of their employer. The scholarship helps pay for tuition and books, release time; travel, counseling support, and a wage increase after the first year of education. The applicant must commit to remaining employed in the child care field for the scholarship year and the year following.

- The National Child Care Association offers partial scholarships for qualified individuals wishing to earn the Child Care Professional (CCP) credential or the National Administrator Credential (NAC).
- The HOPE Grant Technical Institution Diploma Program funded by the Georgia Lottery for Education, provides financial assistance to students seeking a certificate or a diploma at a Georgia public technical institute. The HOPE Grant (<http://www.dtae.tec.ga.us/hope.html>) covers the cost of tuition and fees not covered by Pell or other federal grants.
- The Partners in Quality Mentor Program provides preparation for programs to implement a system for mentoring as well as prepare experienced and knowledgeable directors, teachers, and family child care providers to mentor their colleagues. The twenty-hour Mentor System Design Seminar and the 50-hour Mentor Preparation Course provide CEU credit and are offered quarterly.
- Scholarships are funded through CCDF by the Georgia Child Care Council (www.gachildcare.org) for providers in early childhood and school age programs that serve 19 or more children. Family and group home care providers can apply for Child Care Development Funds through their local resource and referral agency. In general, these funds pay for program improvements, programs for children with disabilities for early childhood and school-age children, and technical assistance and training. Funded projects target low income, working families.
- Georgia School Age Care Association (GSACA) administers educational scholarships available through the School Age Leadership in Education Program (S.A.L.E.). This program is funded by CCDF from the Council and administered by GSACA (<http://www.gsaca.com/>). The program provides educational scholarships for school age professionals currently working to return to school part-time as they work toward a Technical Certificate of Credit in School Age and Youth Care (TCC). This scholarship program is based partnership among the technical schools, scholarship recipient, sponsoring school age care program and GSACA. To be eligible, teachers, administrators, directors, school age care providers, or staff must be working a minimum of 30 hours per pay period in before and after school care. Participants will also commit to working at their current program for one year after they complete their training.

Continuation of these projects is contingent on CCDF reauthorization and funds availability.

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- Does the State have a child care provider professional development **plan**?
 - () Yes; if so, identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how.
 - (X) No; if no, are steps under way to develop a plan? If so, describe the time frames for completion and/or implementation, steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

There is not, at this time, a professional development plan accepted by all stakeholders. However, there are several initiatives by various states, federal and private groups working on articulation.

The Office of School Readiness maintains professional development plans for Pre-K lead teachers based on the Pre-K guidelines.

The Georgia Childhood Care and Education Professional Development System, a project of the Georgia Association on Young Children and the Collaborative Leadership Team, partially funded by CCDF, has developed the Professional Development Competencies. The competencies delineate the knowledge and skills for childhood care and education professionals working in a variety of settings (www.caresolutions.com/calendar/key_comp.html). The purpose of these competencies is to provide a blueprint for individual professional growth as well as guidelines for training and education programs that will meet the needs of professionals in the field.

For example, the Professional Development Competencies for the early care and education professionals address growth and development, physical and intellectual competence, social and emotional development, learning environments, relationships with families, etc. Early intervention program competencies cover typical and atypical infant and toddler development, family systems and family involvement, assessment, program implementation and

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evaluation, administrative and team processes and professional development.

Georgia requires licensed/registered child care providers to complete at least 10 clock hours of DHR approved training annually. CAPS requires informal providers who care for children subsidized by CAPS to attend a minimum of 8 clock hours of DHR approved training annually.

There is a training approval process before training for child care providers becomes “DHR approved.” The Office of Regulatory Services contracts with the University of Georgia to review training curriculum. The reviewer holds a master’s degree in Early Childhood Education. Approximately 70 applications for the approval of training modules/curriculum are reviewed each month. All training curricula are expected to be task-focused, competency-based, accurate and relevant. Training modules that have specialized content (such as early intervention, brain research, nutrition, and health) are referred to experts in each field for review.

Additionally, trainers must meet standards before they are “DHR approved.” The Professional Development Competencies for trainers include professionalism, instructional design and development, knowledge of content, presentation skills, and program management.

ORS maintains a database of approved trainers and the curriculum/workshops that they are authorized to provide.

The Professional Development Registry is the state of Georgia’s professional development recognition system for early childhood care and education professionals. The Professional Development Registry tracks all of the DHR approved trainings. The registry is administered by Advancing Careers Through Education and Training (<http://www.acetonline.org/>).

- Are program or provider-level **incentives** offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

Research on brain development has demonstrated that close, nurturing relationships with parents and caregivers are necessary for all young children to thrive. Young children need caregivers who provide consistent structure and create developmentally appropriate learning environments. Children who

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receive quality early learning experiences are more likely to have an enhanced learning ability and better socialization skills.

Quality child care programs are staffed with caregivers and administrators who receive specialized preparation, sufficient compensation, and support to assess and improve their teaching practices.

Therefore, to promote early language, literacy, pre-reading and numeracy in young children, Georgia is funding programs and initiatives that provide specialized preparation (training), sufficient compensation (INCENTIVE\$ and tiered reimbursement), and support to assess and improve teaching practices (technical assistance to improve quality, the voluntary Standards of Care program, and financial incentives for programs that achieve national accreditation).

DHR has funded Smart Start Georgia, in part, with CCDF. The Smart Start Georgia INCENTIVE\$ program (www.acetonline.org/) offers financial incentives statewide for early childhood care and education professionals who advance their education. The T.E.A.C.H. Early Childhood® in Georgia program (<http://www.gayconline.org/>) also provides incentives for providers to advance their education.

- What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

The expected outcomes for the on-going professional development initiatives are:

- **At least 15,000 families will receive child care services from professionals who have received competency-based training to improve their skills, knowledge and abilities.**
- **A minimum of 500 child care professionals will enroll in courses leading to credentials.**
- **The number of child care administrators who earn the National Administrator Credential will increase at least 20%.**
- **There will be at least a 10% increase in the number of child care professionals who complete 10 or more credit hours of child development, education or related courses at a technical school, college or university.**

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- There will be at least a 10% increase in the number of persons reporting credit courses/hours to training registries in Georgia.
 - At least 300 child care centers will have quality assessments conducted.
 - At least 200 child care centers will receive enhancement grants based on needs identified in quality assessments.
 - There will be an increase in the number of child care professionals accessing scholarships through T.E.A.C.H. Early Childhood® in Georgia program, HOPE, and other scholarship resources.

Projects funded by DHR include outcomes that are measurable. An evaluation component is included in each contract. Both the Georgia Child Care Council and CAPS have contract specialists who review contract deliverables monthly before authorizing payment for services. The contract specialists meet regularly with the agencies, collaboratives and partners who contract with DHR.

Current research available from the ACET (<http://www.acetonline.org/>) includes comparisons of quality of centers based on teacher education and experience and an analysis of compensation by education level. Similarly, the Smart Start Georgia has data demonstrating the increase in the number of child care programs that have attained national accreditation, Centers of Distinction, and Homes of Distinction as a result of participating in program.

Georgia does not have an integrated, automated system to track data and report the outcomes of children and families who use child care providers who participate in these initiatives. Therefore, the state does not have the capability to directly correlate the improved skills of the providers and the improved quality of the child care settings to individual children who receive care from these providers/settings.

Continued support of these projects is contingent on CCDF reauthorization and funds availability.

Section 5.2.3 - State Plan for Program Coordination

- Does the State have a **plan** for coordination across early childhood programs?

() Yes.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

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No.

Indicate what steps are under way to develop a plan for coordination.

The creation of the Department of Early Care and Education (DECAL) encompasses the functions previously performed by the following agencies: Office of School Readiness (OSR), Office of Regulatory Services (ORS), and the Georgia Child Care Council. DECAL will also administer and manage the quality earmark funds. DECAL will help coordinate services and functions across early childhood programs. These functions/services may include but are not limited to: child care licensing, regulation, quality improvements, Head Start, Pre-K, and public awareness. DECAL will also foster coordination of early care and education guidelines across different child care and education programs and through different stages in the child's early life.

The learning goals and standards in Georgia's Pre-K have been compared with the Quality Core Curriculum standards for kindergarten and the Department of Early Care and Learning (DECAL) has implemented a plan that provides literacy training for lead Pre-K teachers. Additionally, DECAL will focus its Pre-K training on literacy, numeracy and science during the next year.

DHR and DECAL, which is administratively attached to the Georgia Department of Education, will assume joint responsibility for the development of this plan, with the support of Smart Start Georgia and the Region IV Administration for Children and Families, the federal agency responsible for the administration and oversight of both child care and Head Start funds in Georgia.

Georgia has been recognized as a model for the way the state has coordinated funding streams. Continued coordination allows the state to maximize service delivery across program lines to serve more eligible families. DECAL and DHR coordinate funds from the Georgia Pre-K program to ensure that Category One children and families receive extended care services while enrolled in Pre-K. In addition, DECAL and Head Start also coordinate funds for the purpose of providing additional professional development opportunities for Pre-K and Head Start administrative staff, teachers and family support staff. DHR collaborates with Head Start to provide extended day, extended year services to children who are enrolled in Head Start and who are eligible for subsidized care according to DHR guidelines. DHR has also enabled the expansion of the Early Head Start program in Georgia.

A statewide project, Georgia's plan for Early Childhood Comprehensive System Enhancement, involves partner agencies and organizations in an

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effort to coordinate state and community based programs and develop a more comprehensive childhood system.

- Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

This coordination maximizes the use of both lottery and federal funding streams (Head Start and CCDF) to ensure comprehensive, full-day, full-year service to “at-risk” 3- and 4-year-old children enrolled in Georgia early care and education programs. Although this coordination is implemented without the benefit of a formal state plan that includes younger children, it does help to ensure that program standards and guidelines for Pre-K, Head Start and child care programs are more effectively aligned. In addition, it is expected that a long-term result of this coordination of services would be improved developmental outcomes for children and increased readiness for school success. However, Georgia does not have an integrated, automated system to track data and report the outcomes of children and families who are enrolled in CAPS, Head Start and Georgia’s Pre-K programs.

- Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

DHR and OSR recommend that a planning team be organized to develop a state plan for program coordination across state and federal agencies and funding streams. The planning team should be composed of representatives from DHR, OSR, Georgia Department of Education, the Head Start Collaboration Office (administratively attached to OSR), the Governor’s Office of Planning and Budget, the Division of Public Health, and Smart Start Georgia.

This team should focus on critical issues such as the alignment of program standards, regulation and oversight, evaluation of programs objectives, accountability, the improvement of child and family outcomes, tracking and reporting family outcomes, and linkages between all major federal and state early care and education initiatives. These linkages would include assurances that state initiatives are coordinated with federal “Good Start, Grow Smart” objectives, including such initiatives as professional development of early care and education staff, literacy and numeracy activities for preschool children and indicators of school readiness and success. Current initiatives underway in Georgia that will add critical information to this process are the revision of Georgia’s kindergarten curriculum, the alignment of Pre-K learning goals with the revised curriculum, the work of the Social and Emotional Foundations of Early Learning Strategic Planning Team, the Policy Advisory

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Team for Georgia's Outcome Implementation, the Evaluation Project for children 0-3 years old, and the CAPS Business Process Reengineering.

PART 6 - HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(ONLY THE 50 STATES AND THE DISTRICT OF COLUMBIA COMPLETE PART 6.
ONLY TERRITORIES COMPLETE PART 7.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>

Section 6.1 - Health and Safety Requirements for Center-Based Providers
(658E(c)(2)(F), §§98.41, §98.16(j))

- 6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:
- (X) YES, answer 6.1.2 and proceed to 6.2.
() NO, answer 6.1.2 and 6.1.3.
- 6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2) & (3))
- (X) NO
() YES, and the changes are as follows:
- 6.1.3 For that center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:
- The prevention and control of infectious disease (including age-appropriate immunizations)
 - Building and physical premises safety

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- Health and safety training

Not applicable.

Section 6.2 - Health and Safety Requirements for Group Home Providers
(658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- YES, answer 6.2.2 and proceed to 6.3.
 NO, answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements as relates to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- NO
 YES, and the changes are as follows:

6.2.3 For that group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Not applicable.

Section 6.3 - Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

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- YES, answer 6.3.2 and proceed to 6.4.
 NO, answer 6.3.2 and 6.3.3.

6.3.2 Have family child care provider requirements that relate to staff-child ratios group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- NO
 YES, and the changes are as follows:

6.3.3 For that family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Not applicable.

Section 6.4 - Health and Safety Requirements for In-Home Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above? If:

- YES, answer 6.4.2 and proceed to 6.5.
 NO, answer 6.4.2 and 6.4.3.

6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- NO
 YES, and the changes are as follows:

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

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- The prevention and control of infectious disease (including age-appropriate immunizations)

Parents are required to have their child's immunizations current. Caseworkers verify immunizations status at the time they determine the family's eligibility for child care services if the child is not enrolled in school or another setting that verifies immunization status. Licensing consultants in the Child Care Licensing Section, DHR Office of Regulatory Services (ORS), monitor all newly enrolled in-home providers. A 20% sample of existing providers is monitored annually. Monitors share information regarding Georgia's immunization law, as well as other health and safety information with providers at this visit.

- Building and physical premises safety

In-home providers are required to have a working smoke detector and a working fire extinguisher in the place where they provide care. Additionally, information related to fire drills, proper storage of poisons, guns, matches, etc., covered outlets, safe outdoor play area, covered fireplaces, overall clean and safe area are evaluated and discussed during the monitoring visit.

- Health and safety training

Eight hours of child care related health and safety training is required for in-home providers during the first six months of each enrollment period. Providers may attend health and safety training offered by child care resource and referral agencies, community based agencies, technical schools, hospitals, county extension agencies, Head Start, etc. Child care providers who fail to meet the requirements are dismissed from the program.

Section 6.5 - Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- (X) All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.

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- () All relative providers are exempt from all health and safety requirements.
 - () Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those different requirements and identifies the relatives they apply to: **Not Applicable.**

Section 6.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

The Department of Early Care and Learning (DECAL) inspects licensed centers and group homes before opening, and, on average, three times annually. They investigate all complaints alleging licensure violations. The action taken is appropriate for the violation. Serious health and safety violations require a corrective action plan. Surveyors make follow-up visits to assure compliance with the plan. The surveyors inspect all new applicants for family day care homes within six months of application. Each year, they inspect 20% or more of the current registered homes.

Facilities have the opportunity to correct rule violations. If they do not comply, several penalties are possible. DECAL may impose monetary fines, restrict the services that the facility can provide, deny an application for noncompliance, or revoke the license to operate.

The Department of Early Care and Learning (DECAL) licenses child care centers that participate in Georgia's Pre-K program. At least three visits per year to each center to evaluate the center's compliance with state licensing rules. These visits include visits to provide technical assistance related to health and safety issues and quality improvements. DECAL also investigates all complaints that allege licensing violations. The child care center administrator develops a plan of improvement and follow-up is provided by staff to determine compliance.

Should a child care center not maintain compliance or if there are incidents of harm to a child as a result of the center's non-compliance, DECAL may impose adverse actions such as civil penalties, restriction of services, or revocation of the center's license.

Child care providers are required to report injuries to children that require medical attention within 24 hours to the Department of Early Care and Learning. The licensing consultant tracks the incident reports that require further investigation. When injuries to children involve suspected abuse or neglect, the

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investigation is conducted jointly by the licensing consultant and the county Department of Family and Children Services Child Protective Services staff.

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - () No
 - (X) Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

All family child care homes are visited initially and randomly at 20% thereafter. All follow-up and complaint investigations are unannounced.

All child care centers are visited an average of three times a year. Annual licensing inspections by DECAL to licensed child care programs are unannounced. All follow-up and complaint investigations are unannounced. Technical assistance visits to child care centers are typically announced.

- Are child care providers subject to background checks?
 - () No
 - (X) Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

All informal child care providers must complete a satisfactory criminal background check.

For family day care homes, a satisfactory criminal background check is required of all adults (18 years and older) living in the home. Any assistants helping with the children must also successfully complete a criminal background check.

In child care centers, a satisfactory criminal background check is required of all teachers, assistants, and directors.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - () No
 - (X) Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable).

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Child care providers are required to report, within 24 hours, any serious injury requiring medical care. An incident report is entered in the computer system for tracking. The investigator completes an investigation to determine if there is a rule violation. Serious health and safety violations require a corrective action plan. ORS or OSR staff make follow-up visits to assure compliance.

- Other methods used to ensure that health and safety requirements are effectively enforced:

Child care programs that participate in the Child and Adult Care Food Program (CACFP) are reviewed ensure that the participant is operating the program properly and to provide technical assistance as needed. This review is an analysis of the provider's compliance with program rules and regulations. A corrective action plan will be developed to address any program violations discovered during the course of the review. In addition to scheduled reviews, CACFP sponsors or ORS staff may visit a program participant to provide technical assistance, follow-up on violations discovered in a previous review or conduct an investigation due to a complaint of the program. Program participants who have repeat violations and are unable to correct the deficiencies may be terminated from the program.

Child care providers are linked to local agencies that can offer on-site technical assistance to meet standards. The local agencies include child care resource and referral agencies, Child Care Health Consultants, and various technical assistance projects that assist programs working to meet standards.

Section 6.7 – Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great-grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

PART 7 - HEALTH AND SAFETY REQUIREMENTS IN THE *TERRITORIES*

Section 7.1 - Health and Safety Requirements for Center-Based Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

Part 7 is not applicable to Georgia.

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.2 - Health and Safety Requirements for Group Home Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.3 - Health and Safety Requirements for Family Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

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Section 7.4 - Health and Safety Requirements for In-Home Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 7.5 - Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care)_(658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- () All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- () All relative providers are exempt from all health and safety requirements.
- () Some or all relative providers are subject to different health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

Section 7.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
() No

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Yes, and the following indicates the providers subject to routine unannounced visits and the frequency of those visits.

- Are child care providers subject to background checks?
 - No
 - Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):
- Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - No
 - Yes, and the following describes the Territory's reporting requirements and how such injuries are tracked (if applicable).
- Other methods used to ensure that health and safety requirements are effectively enforced:

Section 7.7 – Exemptions from Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- _____ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- _____ Children who receive care in their own homes.
- _____ Children whose parents object to immunization on religious grounds.
- _____ Children whose medical condition contraindicates immunization.

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APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families.

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The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

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APPENDIX 2 - ELIGIBILITY AND PRIORITY TERMINOLOGY:

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- (1) *job training and educational program* - **state approved activities that lead to obtaining an employment skill. These are: work experience, on-the-job training, job skills training, secondary school or equivalent, job search/job readiness, vocational training, and English as a second language.**
- (2) *attending* (a job training or educational program; include minimum hours if applicable) - **active participation in an education or training activity. Full time attendance in high school or GED is defined by the agency/institution where the activity is offered. Adults enrolled in other education programs and training activities are required to participate in the activity or a combination of activities an average of 25 hours per week for single adult families and an average of 35 hours per week for two adult families.**
- (3) *in loco parentis* - **adult who has assumed responsibility for the care of a minor child.**
- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) - **That which prevents, impairs, interferes with, or impedes life activities by placing limitations on an individual's ability to fully engage in skills, such as self-care, receptive and expressive language, learning, breathing, mobility, seeing, and self-direction.**
- (5) *protective services* - **social services for children who are maltreated (neglected, abused, or exploited) or who are at risk of maltreatment, or who are in state custody/foster care.**
- (6) *residing with* - **the person needing child care and the children for whom care is requested live in the same household.**
- (7) *special needs child* - **a child with a documented physical and or mental condition who is not capable of self care and/or a child who is in foster care with a documented socio-economic need.**
- (8) *very low income* –**at or below 100% of the federal poverty level.**
- (9) *working* (include minimum hours if applicable) - **employment of at least 25 hours per week for single parent families and 35 hours per week for each adult in two parent families in exchange for at least federal minimum wages.**

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- (10) Additional terminology related to conditions of eligibility or priority established by the Lead Agency: **Not Applicable.**

List of Attachments

- Attachment A: DFCS Child Care Reimbursement Rate Charts
Smart Start Georgia Tiered Reimbursement Rate Chart**
- Attachment B: Market Rate Survey for Georgia**
- Attachment C: Applicable and Non-Applicable Income Definitions**
- Attachment D: Draft of Sliding Fee Scales**