



**CHILDCARE AND PARENT SERVICES (CAPS)
Georgia's Subsidy Program**

CAPS Policy – Health and Safety Standards	No.: CAPS/00-15	Effective Date: 10/01/2016
		Revised: 10/01/2019
		Revision Effective: 10/01/2019

LEGAL AUTHORITY: Federal Register: 45 Code of Federal Regulation (CFR) 98 and 99.

Cross Reference/See Also: CAPS Participating Providers Policy (CAPS/00-11), CAPS Program Integrity Policy (CAPS/00-16), Rules and Regulations for Child Care Learning Homes and Family Child Care Learning Homes

Note: Definitions of words or phrases in bold are located in [Definitions and Acronyms](#). Only the first occurrence of the defined words or phrases are bolded.

15 HEALTH AND SAFETY STANDARDS

15.1 Purpose

The purpose of this policy is to establish guidelines for protecting the health and safety of children who receive CAPS.

15.2 Scope

This policy applies to all employees of the **Department of Early Care and Learning (DECAL)**, all parties responsible for the administration of the CAPS program, **parents**, and child care **providers** who receive subsidies administered by DECAL on behalf of parents.

15.3 Compliance Standards for all Providers Participating in CAPS

- 15.3.1 All providers participating in CAPS must comply with reporting requirements. Licensed providers must comply with reporting requirements as prescribed in Georgia child care licensing rules. License-exempt and informal providers must comply with reporting requirements as prescribed in the [Health and Safety Standards for License-Exempt Providers Receiving Subsidy manual](#) and [Health and Safety Standards for Informal Providers Receiving Subsidies manual](#).
- 15.3.2 All providers participating in CAPS must comply with DECAL's [Comprehensive Background Check policy](#).
 - 15.3.2.1 The comprehensive records check must be processed by DECAL, and the **comprehensive records check determination** letter must be issued by DECAL. Any other fingerprint or records check, including those conducted by other state or federal agencies, will not satisfy the CAPS requirement.
 - 15.3.2.2 All staff and residents of licensed, license-exempt, and informal providers participating in CAPS must meet DECAL's background check requirements or they cannot be present in a child care program or reside at the location while children are present for care.
 - 15.3.2.3 An individual must undergo an additional Comprehensive Records Check at least every five years or when that individual has not worked in the child care industry for six months or longer.
- 15.3.3 All providers participating in CAPS must maintain original and accurate arrival and departure records and transportation records (if applicable) for a minimum of three years from the last date service is provided. The primary purpose of arrival and departure records and transportation records is to account for each child in care and to protect the health and safety of children. For CAPS purposes, these records will also be used as evidence that care was provided. If there is an open investigation, providers are required to maintain records beyond the three-year period until the investigation is completed, as prescribed in [CAPS Provider Rights and Responsibilities Policy \(CAPS/00-12\)](#).

CAPS Policy – Health and Safety Standards	No.: CAPS/00-15	Effective Date: 10/01/2016
		Revised: 10/01/2019
		Revision Effective: 10/01/2019

Note: Refer to DECAL’s website for sample arrival and departure records:

<http://dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

15.3.3.1 Arrival and departure records must have the parent’s or authorized representative’s original or **electronic signature** obtained at arrival and departure each time the parent or authorized representative drops off and picks up the child.

- A. If the parent is present at either arrival or departure, transportation records cannot be used to support children’s attendance for CAPS purposes.
- B. If the parent is not present to sign at both arrival and departure, **transportation records** can be used to support children’s attendance, providing that:
 - (1) There is a valid transportation agreement, completed prior to providing transportation, on file with the provider signed by the parent giving authorization for transportation of the child to and/or from the provider (whether the transportation is provided by the provider itself or an outside entity contracted to provide transportation); and
 - (2) There is a passenger transportation checklist that lists the children on the transportation schedule as well as signatures of the party responsible for monitoring the checklists.
 - (3) Transportation records must be accurate, current, and complete in accordance with licensing rules and regulations and immediately available for review upon request.
- C. If a provider chooses to use an electronic system, each parent must have their own unique **electronic signature**. The provider is required to have their own unique **electronic signature** that would allow DECAL or its representatives to discern parent sign in and out from that of the provider. The electronic system must record and display who signed the child in and out as well as when and how the child was signed in and out.

15.4 Compliance Standards for Licensed Providers

15.4.1 Licensed providers must participate in training and technical assistance required by the CAPS program and must comply with all licensing requirements.

15.4.2 Rules and guidance for licensed programs can be found at <http://dec.al.ga.gov/CCS/RulesAndRegulations.aspx>.

15.5 Compliance Standards for License-exempt and Informal Providers

15.5.1 License-exempt providers (including all staff) and informal providers must comply with health and safety standards as defined by DECAL. For detailed information on health and safety standards, refer to the [Health and Safety Standards for License-exempt Providers Receiving Subsidy manual](#) and the [Health and Safety Standards for Informal Providers Receiving Subsidy manual](#).

15.5.2 License-exempt and informal providers must provide care that meets state health and safety standards as reflected in the health and safety monitoring checklists.

15.5.3 Additionally, license-exempt and informal providers must have evidence of completing cardiopulmonary resuscitation (CPR) training for infants and toddlers, complete pre-service orientation, and complete 10 hours of training each calendar year thereafter.

15.5.3.1 Informal providers must provide evidence of completing CPR training *prior to authorization of CAPS subsidy* and complete pre-service orientation within the first three months of enrollment.

15.5.3.2 License-exempt providers must ensure all staff complete pre-service orientation and CPR training within the first three months of employment.

15.5.3.3 Pre-service orientation training for license-exempt and informal providers may be completed online or through instructor-led courses and must cover, at a minimum, the following topic areas:

- Prevention and control of infectious diseases (including immunizations)

CAPS Policy – Health and Safety Standards	No.: CAPS/00-15	Effective Date: 10/01/2016
		Revised: 10/01/2019
		Revision Effective: 10/01/2019

- Prevention of sudden infant death syndrome (SIDS) and use of safe sleep practices
- Administration of medication consistent with standards for parent consent
- Prevention and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment
- Emergency preparedness and response planning for emergencies resulting from natural or man-made disasters
- Handling, storage, and disposal of hazardous materials
- Transportation safety for children
- Recognition and reporting of child abuse and neglect
- Nutrition and access to physical activity
- Promotion of child development

15.5.3.4 All license-exempt and informal provider supervisory and caregiver personnel, except independent contractors, Students-in-Training and volunteers, must complete ten clock hours of training which is task-focused in early childhood education or child development or subjects relating to job assignment and is offered by an accredited college, university or vocational program or other DECAL approved source.

15.5.3.5 DECAL approved training courses can be found at www.gapds.decal.ga.gov.

15.5.4 Compliance with health and safety standards will be verified during on-site monitoring visits by DECAL.

15.5.5 Rules and guidelines for all license-exempt providers can be found at <http://www.decal.ga.gov/CCS/Exemptions.aspx>.

15.6 Monitoring and Enforcement for Licensed Providers

15.6.1 Licensed programs will be subject to health and safety monitoring and enforcement in accordance with rules and regulations for Child Care Learning Centers and Family Child Care Learning Homes. Rules and guidelines for licensed programs can be found at <http://decal.ga.gov/CCS/RulesAndRegulations.aspx>.

15.6.2 CAPS may suspend payments to a licensed provider for failure to complete licensing inspections. Payments will be released to the provider once the provider has completed the required inspection. Payment will be withheld for no more than 30 calendar days before the provider is dismissed from CAPS. Providers dismissed for failure to complete licensing inspections may be eligible for reinstatement when requirements have been satisfied.

15.6.3 Licensed providers may be dismissed and disqualified from CAPS for the following reasons:

15.6.3.1 License revocation (once all appeal rights have been exhausted) – Providers may reenroll in CAPS if the revocation has been rescinded per DECAL licensing guidelines. Providers may have to submit verification of license reinstatement.

15.6.3.2 When they knowingly or intentionally keep an employee on staff with an unsatisfactory record check or without a satisfactory record check when children are in care.

15.6.3.3 When they knowingly or intentionally keep a resident at the facility with an unsatisfactory record check or without a satisfactory record check.

15.6.3.4 When there is a serious injury as defined in **Definitions and Acronyms** in accordance with federal regulations.

15.6.3.5 At the discretion of CAPS administration, providers may be dismissed or disqualified from CAPS for health and safety violations that are not explicitly defined in this policy.

15.7 Monitoring and Enforcement for License-exempt and Informal Providers

15.7.1 License-exempt and informal providers will receive a monitoring visit to evaluate compliance with health and safety standards between 90 and 120 days after enrollment in the CAPS program and once per federal fiscal year (October 1 through September 30) thereafter.

CAPS Policy – Health and Safety Standards	No.: CAPS/00-15	Effective Date: 10/01/2016
		Revised: 10/01/2019
		Revision Effective: 10/01/2019

15.7.2 Providers have the right to refute any findings noted during a monitoring visit. The refutation process will be provided on the monitoring visit report.

15.7.3 Health and safety standards for license-exempt and informal providers will be enforced in an appropriate and progressive manner depending on the type, severity, and number of violations. Repeated findings of noncompliance may result in additional enforcement actions.

15.7.3.1 Health and safety enforcement actions issued by CAPS include the following:

- A. Technical Assistance – Guidance, information, and resources provided by a consultant to help a provider meet DECAL’s health and safety standards.
- B. Citation – A written notation of how a health and safety standard was violated that is issued in a monitoring visit report when it has been determined that a provider was out of compliance.
- C. Plan of improvement – A verbal statement from the provider captured by DECAL staff during a monitoring visit indicating how and when a violation will be corrected.
- D. Warning letter – A letter given to a provider regarding health and safety violations advising that corrective action is required and further enforcement action may result.
- E. Plan of corrective action – A written plan prepared by the authorized agent of the provider submitted to and approved by DECAL which states the procedures, methods, and time frames that will be used to correct the areas of noncompliance with health and safety standards.
- F. Office conference – A meeting with a provider and DECAL staff to discuss violations and required corrective action that is documented in a letter.
- G. Enforcement fine – A monetary penalty issued to a provider. If the provider files an appeal, the action is suspended until the appeal is resolved. Enforcement fines will be posted on the DECAL website 15 days after issued or, if appealed, when the appeal process is completed. Fines will typically be due within 30 days from the date issued. Extensions may be granted at DECAL’s discretion.
 - (1) Fine level 1 – A monetary penalty of \$299.
 - (2) Fine level 2 – A monetary penalty of \$499.
 - (3) Per violation fine – A monetary penalty of \$299 or \$499 per violation, not to exceed \$25,000 in total, assessed for each serious or repeated health and safety standard violation.
- H. Dismissal – An action taken to remove a child care provider from the CAPS program for failure to comply with DECAL policies or federal or state laws and regulations.
- I. Disqualification – A time-limited or permanent status that disallows a child care provider from participating in CAPS program for failure to comply with DECAL policies or federal or state laws and regulations.

15.7.3.2 In situations where an enforcement action requires follow-up by the provider (e.g., corrective action plan, fine payment), a due date will be imposed. Failure to comply by the due date will result in payment suspension for up to 30 days following the initial due date until requirements have been met. Payments will be withheld for no more than 30 days, after which the provider will be dismissed from CAPS. Providers who are dismissed from CAPS for this reason will be eligible for reinstatement once requirements are met.

15.7.3.3 A payment arrangement or alternate use agreement may be negotiated. For alternate use agreements, the provider will expend financial resources equal to the fine amount *to address the violations that resulted in the enforcement fine* in lieu of making a monetary payment to DECAL. If the purchases do not cover the full amount, the provider must pay the outstanding amount.

15.7.3.4 When a core health and safety standard violation is identified during a monitoring visit, the violation will be assigned a low (A), medium (B), high (C), or extreme (D) violation class based on risk or harm and assigned points in accordance with the Health and Safety Standards Reference Charts ([Exempt Provider Monitoring Checklist and Reference Chart](#), [Informal Provider Monitoring Checklist and Reference Chart](#)). Non-core health and safety standards required by federal Child Care and Development Fund (CCDF) regulations will be assigned a low violation class.

CAPS Policy – Health and Safety Standards	No.: CAPS/00-15	Effective Date: 10/01/2016
		Revised: 10/01/2019
		Revision Effective: 10/01/2019

15.7.3.5 Providers will fall into an enforcement action cell (A-I through D) based on the intersection of the highest violation class observed during that visit and total points accumulated on that visit, as shown in the following Compliance and Enforcement Chart.

Compliance and Enforcement Chart

Violation Class (A, B, C, D)	Points accumulated per monitoring visit			
	I 0-2 points	II 3-5 points	III 6-10 points	IV 11+ points
D (10 points per) • Extreme Harm • Imminent Danger			I3 – D	D
C (6 points per) • High Risk			I2 – D C-III	I3 – D C-IV
B (2 points per) • Medium Risk	P1 – P3 B-I	P2 – P3 B-II	I1 – I2 B-III	I2 – D B-IV
A (1 point per) • Low Risk • CCDF Non-core	P1 – P2 A-I	P1 – P3 A-II	P2 – P3 A-III	I1 – I2 A-IV

15.7.4 DECAL will impose prevention, intermediate, and dismissal enforcement actions in accordance with the following Enforcement Categories and Actions Chart. DECAL will consider mitigating and aggravating factors to determine which enforcement action or combination of actions are appropriate and will have sole discretion in making this determination.

Enforcement Categories and Actions

Prevention Action Category	Intermediate Action Category	Dismissal Action Category
Prevention 1 (P1) Technical assistance	Intermediate 1 (I1) Plan of correction Office conference	Dismissal (D) Dismissal Disqualification
Prevention 2 (P2) Citation Plan of improvement	Intermediate 2 (I2) Fine (level 1 or 2)	
Prevention 3 (P3) Warning letter	Intermediate 3 (I3) Per violation fine (level 1 or 2)	

15.7.5 If an enforcement fine, dismissal, or disqualification are required based on the provider’s Compliance and Enforcement Chart action cell, the enforcement actions recommended by the CCS consultant who conducted the visit will be reviewed by Child Care Services, CAPS, and the DECAL legal unit prior to issuance.

15.7.5.1 As prescribed in [CAPS Administrative Hearings Policy\(CAPS/00-18\)](#), child care providers receiving subsidies through the CAPS program have the right to appeal and receive a hearing regarding **adverse actions** that pertain to any financially related matters including fines but excluding (1) future payments, (2) participation in the CAPS program, or (3) lack of funding availability.

15.7.5.2 The child care provider must request an administrative hearing, as appropriate, in writing by the deadline listed on the notice or within 14 calendar days from the date of the notice on an appealable or adverse action taken by DECAL.

15.7.6 When any of the health and safety violations described below are identified, CAPS will not apply the Compliance and Enforcement Chart but will take enforcement actions as follows:

CAPS Policy – Health and Safety Standards	No.: CAPS/00-15	Effective Date: 10/01/2016
		Revised: 10/01/2019
		Revision Effective: 10/01/2019

Health and Safety Violation	Enforcement Actions
Provider knowingly or intentionally keeps an employee on staff with an unsatisfactory record check or without a satisfactory record check when children are in care.	Provider will be disqualified from CAPS for a minimum of 12 months, after which they may be eligible for reinstatement at DECAL's discretion.
Provider knowingly or intentionally keep a resident at the facility with an unsatisfactory record check or without a satisfactory record check.	Provider will be disqualified from CAPS for a minimum of 12 months, after which they may be eligible for reinstatement at DECAL's discretion.
There is a serious injury as defined in Definitions and Acronyms in accordance with federal regulations.	Provider will be disqualified from CAPS for a minimum of 12 months, after which they may request consideration for reenrollment.
Provider does not complete monitoring visit as confirmed by CAPS administration.	<p>Failure to complete monitoring visits will result in payment suspension for up to 30 days. Payments will be released to the provider once the provider has completed the monitoring visit. Payment will be withheld for no more than 30 calendar days before the provider is dismissed from CAPS.</p> <p>Providers dismissed for failure to cooperate with a monitoring visit will be disqualified until monitoring requirements are met.</p> <p>Providers disqualified for failure to complete a monitoring visit may be eligible for reinstatement when monitoring visit requirements have been satisfied. If reinstatement does not occur within 30 calendar days of being dismissed, the provider will have to begin the enrollment process again.</p>
Provider is noncompliant with health and safety standards in multiple years.	CAPS may impose additional enforcement actions, up to and including dismissal and disqualification from CAPS, as determined by CAPS administration in consultation with Child Care Services.
Provider's exemption status is revoked.	Provider will be dismissed and disqualified from CAPS. Providers may reenroll in CAPS if the exemption status is reinstated per DECAL guidelines or if the provider becomes licensed.

15.7.7 At the discretion of DECAL administration, providers may be dismissed or disqualified for health and safety violations that are not explicitly defined in this policy.

POLICY REVISION HISTORY

Date	Description of Change
10/01/2018	Added Serious Injury to the list of disqualifying circumstances.
02/01/2019	Reorganized policy by replacing Improper Payments (CAPS/00-15) and Disqualifications and Sanctions (CAPS/00-16) policies with Health and Safety Standards (CAPS/00-15) and Program Integrity (CAPS/00-16) policies. This new Health and Safety Standards Policy is composed primarily of relevant information that already existed in other sections of CAPS policy. In addition to centralizing existing policies, we added details relating to health and safety monitoring and enforcement for license-exempt and informal providers.
07/01/2019	Revised language related to criminal backgrounds checks to clarify that keeping a staff or resident without a satisfactory record check will result in dismissal and disqualification from CAPS.

CAPS Policy – Health and Safety Standards	No.: CAPS/00-15	Effective Date: 10/01/2016
		Revised: 10/01/2019
		Revision Effective: 10/01/2019

Date	Description of Change
10/01/2019	Revised language related to electronic signature. Revised language noting appeals must be requested by the deadline listed on the notice or within 14 calendar days from the date of the notice on an appealable or adverse action taken by DECAL.