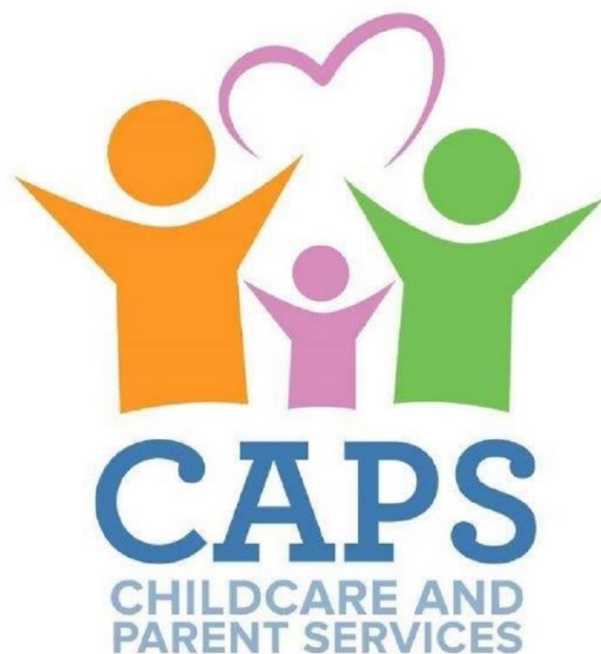


Child Welfare Referral and Change Guide



Georgia Department of Early Care and Learning

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NEW REFFERALS OVERVIEW AND EXPECTATIONS

- **One (1) Form per child must be completed for ALL referrals**
- Child Welfare Case Manager shall complete one (1) Child Welfare Child Care Services and Early Education Referral and Change form per child. ALL referrals AND required documents/forms shall be emailed to CAPSReferrals@dec.al.ga.gov, Supervisor and County Director.
- The Child Welfare Child Care Services and Early Education Referral and Change form **MUST BE COMPLETED IN ITS ENTIRETY, AND INCLUDE ALL required forms and/or documentation (Provider Rate Sheet, Proof of Citizenship, Form 602, Proof of Activity -CPS, and Pre-K Referral – if applicable).** **Child Welfare Child Care Services and Early Education Referral and Change forms sent with missing information and/or missing forms or documents may be delayed in processing.**
- Upon receipt of the referral, the Child Care and Parent Services (CAPS) Scholarship Administration Special Team (SAST) shall process **COMPLETED** referrals containing the required documentation/forms **within 5 business days of receipt.**
- The referring Child Welfare Case Managers, Supervisor and County Director will be notified via email of missing information and/or documentation within 1 business day of receipt of referral. The Child Welfare Case Manager shall provide missing information and/or documentation by **no later than 1 business day after notification.**
 - If the SAST does not receive the missing information and/or documentation within 1 business day of sending notification to the Child Welfare Case Manager, Supervisor, and County Director, the SAST shall escalate the file to the Scholarship Administration Regional Manager for assistance in obtaining the needed information.
 - The scholarship Administration Regional Manager shall make contact (email and/or phone) with the Child Welfare Supervisor to request assistance. If the Scholarship Administration Regional Manager is unable to obtain the needed information from the Child Welfare Supervisor, the Scholarship Administration Regional Manager request assistance from the Director of Scholarships.

NEW REFERRALS PROCESS:

The Child Welfare Case Manager shall complete one (1) Child Welfare Child Care Services and Early Education Referral and Change form for **EACH** child being referred to DECAL for Child Care Services, Early Head Start, Head Start, or Pre-K. The Child Welfare Case Manager must include ALL required forms/documents needed to process the referral. **Note: Child Welfare Child Care Services and Early Education Referral and Change forms received with missing information and/or missing forms or documents may be delayed in processing.**

- I. The Child Welfare Case Manager shall email the completed Child Welfare Child Care Services and Early Education Referral and Change form **with all** required documents/forms to CAPSReferrals@decalfga.gov. The Supervisor and County Director must be copied. The email should include the following language:

- i. **Subject line: "Child Welfare Referral"**
- ii. **Body of the email:**

"Please find attached the Child Welfare Referral Document for the (appropriate service requested: i.e. CAPS, Early Head Start, Head Start, Pre-K.) Additionally, please find attached the following documents:

- Provider Rate Sheet
- Proof of Citizenship
- Form 602
- Proof of Activity (If necessary- CPS)
- Pre-K Referral (If applicable)"

I can be reached at (XXX) XXX-XXXX (*Child Welfare Case Manager's contact number*) if there are questions or concerns regarding this referral."

CAPS INTERNAL PROCESS AFTER RECEIVING A NEW REFERRAL

The Scholarship Administration Special Team (SAST) shall follow the steps outlined below in processing **ALL** New Child Welfare Referrals:

- I. **Section I: Document Review:** SAST will review the Child Welfare Child Care Services and Early Education Referral and Change form, as well as required documentation. The SAST shall:
 1. Confirm that there is only one (1) child listed on the Child Welfare Child Care Services and Early Education Referral and Change form.
 2. Confirm that the Child Welfare Child Care Services and Early Education Referral and Change form has been completed in its entirety **AND** all required documents are attached to the email.
 - i. If the SAST determines that the Child Welfare Child Care Services and Early Education Referral and Change form has not been completed in its entirety and/or needed documents are not included with the email, the SAST shall:
 - Call the Child Welfare Case Manager to notify him/her of missing information and/or documents. If the SAST is unable to reach the Child Welfare Case Manager via phone, the SAST shall leave a voicemail message indicating there is a problem with the referral and provide the case number for the child. The SAST shall leave his/her name, telephone number, and email.

AND

- ii. Send an email to the Child Welfare Case Manager by replying to the original email sent by the Child Welfare Case Manager. The return email shall have the following information:

- **Subject line: RE: Child Welfare Referral – INCOMPLETE REFERRAL**
- **Wording for the body of the email:**

“The attached referral has been received by the CAPS program for processing.
This email is to notify you that we are unable to complete the referral for case number because the following information and/or documents are missing:

1. *List all missing information/documentation*

Please respond to this email providing the required documentation **within 1 business day of notification.**

If you have questions or concerns please feel free to contact me at (XXX) XXX-XXXX.”

- iii. Attach a copy of the original referral form sent by the Child Welfare Case Manager and a blank copy of any missing forms (Provider Rate Sheet, Form 602, and/or Pre-K Referral, if needed)
 - iv. Copy the Supervisor, County Director and Scholarship Administration Specialist Regional Manager (list provided) on the email
 - v. Mark the email as **“High Importance”** and **“Request a Read Receipt”**
 - vi. Set a reminder to confirm receipt of a response from Child Welfare Case Manager within 1 business days of sending email.
3. If SAST does not receive a response with the missing information/documentation from the Child Welfare Case Manager **within 1 business** day of request, the SAST shall notify the Scholarship Administration Regional Manager.
- i. The Scholarship Administration Regional Manager shall contact the Child Welfare Supervisor for assistance in obtaining the information. If the Scholarship Administration Regional Manager is unsuccessful the Director of Scholarship Administration shall be notified for guidance on obtaining the information/documentation.

- II. **Section II: Early Head Start / Head Start Determination:** The SAST shall identify the age of the child to determine if the child is eligible for a Head Start program.

- 1. If the child is between the ages of 6 weeks and 3 years, the SAST shall:
 - i. Call the DFCS Early Childhood Collaboration Manager (Donjai Calhoun: Office: (404) 463-1575 to notify him that a referral has been received for a child that is eligible for the Early Head Start /Head Start programs and a search needs to be conducted to determine possible vacancy.
 - ii. Send an email the Well-Being Services Section at dfcs.headstart@dhs.ga.gov to request a search of the local Early Head Start / Head Start program for possible placement. The email shall include the following language:

- **Subject Line: “CAPS – Early Head Start / Head Start Referral”**
- **Body of the email:**

“We are in receipt of a referral for Child Care Services for a child who is eligible for the Early Head Start / Head Start program. Attached please find a copy of the referral form for your reference. Please let me know within 2 business days of notification of this referral if you are able to identify placement with the Early Head Start/ Head Start program.

Please contact me if you have questions or concerns at (XXX) XXX-XXXX.

- iii. Attach a PDF copy of the Child Welfare Referral Form
- iv. Mark the email as **“High Importance”** and **“Request a Read Receipt”**
- v. Set a reminder to confirm receipt of a response from Donjai Calhoun within 2 business days of sending email.
- vi. If the SAST does not receive a response by the Close of Business on the 2nd day, the SAST shall

- Call the Early Childhood Collaboration Manager to follow-up on the status.

AND

- Send an email to the Collaboration Manager (donjai.calhoun@dhs.ga.gov) and copy the Well-Being Director (Lamar Smith: lamar.smith@dhs.ga.gov) requesting a status of the search for placement.

- vii. If the Early Childhood Collaboration Manager **is able** to identify placement in an Early Head Start or Head Start program for the child, the SAST shall inquire if CAPS is need for before and/or after care.

- Depending on the need for CAPS, the SAST shall follow CAPS new application process
- Update the Child Welfare Child Care Services and Early Education Referral and Change form to reflect placement in Early Head Start / Head Start program and CAPS, if needed.

- viii. If the Early Childhood Collaboration Manager **is unable** to identify placement in an Early Head Start or Head Start program for the child, the SAST shall:

- Follow CAPS new application process
- Update the Child Welfare Child Care Services and Early Education Referral and Change form to reflect placement in Early Head Start / Head Start program and CAPS, if needed.

- 2. If the child is not between the between the ages of 6 weeks and 3 years, the SAST shall
 - i. Process the application for CAPS or refer for Pre-K
 - ii. Update the Child Welfare Child Care Services and Early Education Referral and Change form to reflect placement in CAPS program

III. **Section III Eligibility Determination:** SAST shall process the Child Welfare Child Care Services and Early Education Referral and Change form, and complete all fields under the Eligibility Determination section.

1. SAST shall notify and provide documentation of child's placement (Early Head Start, Head Start, Pre-K, and/or CAPS). The SAST shall use the following language:
 - i. **Subject Line:** "Child Care Services and Early Education Placement"
 - ii. **Body of the email:**

"This email is to notify you that CHILD'S NAME has been placed in the following Child Care and/or Early Education program.

- (Type setting: CAPS, Head Start, etc.)
- (Agency name if applicable)

For your records, please find attached the finalized Child Welfare Child Care Services and Early Education Referral form and a copy of the CAPS Scholarship *(if applicable)*

Feel free to contact me if you have questions at (XXX) XXX-XXXX."

2. Attach a PDF copy of the certificate (if applicable)
3. Attach a PDF of the completed Child Welfare Child Care Services and Early Education Referral and Change form.
4. Copy the Supervisor, County Director, and CAPS Scholarship Regional Manager.

PROVIDER AND PLACEMENT CHANGES OVERVIEW AND EXPECTATIONS

New Placement and/or Provider Changes MUST be reported to the CAPS Scholarship Administration Specialist Special Team (SAST) within 24 hours of Change. All other changes MUST be reported within 5 business days.

- **One (1) Form per child must be completed for ALL changes**
- Child Welfare Case Manager must complete one (1) Child Welfare Child Care Services and Early Education Referral and Change form per child. The form shall be used for ALL CHANGES, including changes in placement and provider.
- All Provider and Placement Changes must be submitted in writing by the Child Welfare Case Manager using the Child Welfare Child Care Services and Early Education Referral and Change form.
- Changes in providers must be approved on the Child Welfare Child Care Services and Early Education Referral and Change form by the Child Welfare Case Manager, Supervisor, or County Director before the change can be processed by the SAST.
- ALL changes AND required documents/form must be emailed to CAPSReferrals@dec.al.ga.gov, supervisor, and County Director. The Child Welfare Child Care Services and Early Education Referral and Change form MUST BE COMPLETED IN ITS ENTIRETY AND INCLUDE ALL required forms and/or documentation (Provider Rate Sheet, Proof of Citizenship, Form 602, Proof of Activity -CPS, and Pre-K Referral – if applicable). **Child Welfare Child Care Services and Early Education Referral and Change forms received with missing information and/or missing forms or documents may be delayed in processing.**
- Upon receipt of the change request, the SAST shall process COMPLETED changes containing the required documentation/forms **within 5 business days of receipt.**
- The Child Welfare Case Manager, Supervisor, and County Director will be notified via email of missing information and/or documentation within 1 business day of receipt of referral. The Child Welfare Case Manager shall provide missing information and/or documentation by **no later than 1 business day after notification.**
 - If the SAST does not receive the missing information and/or documentation within 1 business day of sending notification to the Child Welfare Case Manager, Supervisor, and County Director, the SAST shall escalate the file to the Scholarship Administration Regional Manager for assistance in obtaining the needed information.
 - The scholarship Administration Regional Manager shall make contact (email and/or phone) with the Child Welfare Supervisor to request assistance. If the Scholarship Administration Regional Manager is unable to obtain the needed information from the Child Welfare Supervisor, the Scholarship Administration Regional Manager request assistance from the Director of Scholarships.

PROVIDER AND PLACEMENT CHANGE PROCESS:

I. Provider Change

All request for a provider change must be submitted in writing by the Child Welfare Case Manager. The Child Welfare Case Manager must complete the Child Welfare Child Care Services and Early Education Referral and Change form to request a change in provider. One (1) Child Welfare Child Care Services and Early Education Referral and Change form must be completed for **EACH** child needing a change in provider.

A. If the Provider Change is Initiated by Child Welfare Case Manager

1. The Child Welfare Case Manager must complete the Child Welfare Child Care Services and Early Education Referral and Change form **in its entirety and attach ALL required forms/documentation needed to process change.**
2. The Child Welfare Case Manager shall email the completed Child Welfare Child Care Services and Early Education Referral and Change form **and** attach all required documents/forms to CAPSReferrals@decal.ga.gov, Supervisor, and County Director. The email should include the following language:

i. **Subject line: "Child Welfare Provider Change"**

ii. **Body of the email:**

"Please find attached the Child Welfare Child Care Services and Early Education Referral and Change form requesting a Provider Change. Additionally, please find attached the Provider Rate Sheet.

I can be reached at (XXX) XXX-XXXX (*Child Welfare Case Manager's phone number*) if there are questions or concerns regarding this change in provider."

B. If the Provider Change is Initiated by the Foster Parent

Request for a provider change received by a Family Support Consultant (FSC) shall be documented and submitted to the SAST for processing. The steps outlined below are to be followed by the FSC and SAST when a Foster Parent request a change in provider.

1. The Family Support Consultant (FSC) shall:
 - i. Document the name and contact information for the person requesting the change.
 - ii. Document the name of the **current** provider and the name of the requested **new** provider.
 - iii. Inform the Foster Parent that the FSC will notify the Child Welfare Case Manager of the request for a change in provider. The Child Welfare Manager **MUST** approve all changes in providers. The change will not be processed until the Child Welfare Case Manager has submitted the appropriate paperwork requesting a change in provider.
 - iv. Review verification (i.e., referral) in UCM to identify the Child Welfare Case Manager
 - v. Sends an **email to the Child Welfare Case Manager and copy the Supervisor, County Director and Regional Scholarship Administration Special Team** using the following language:

- **Subject Line:** "Provider change requested by Foster Parent"

- **Email:**

“This email is to inform you that (NAME OF FOSTER PARENT) has requested a change in Provider for (NAME of CHILD). (NAME OF FOSTER PARENT) has requested a change from (OLD PROVIDER NAME) to (NEW PROVIDER NAME).

In order to process a Provider Change you will need to complete the Child Welfare Child Care Services and Early Education Referral and Change form (attached) on behalf of the family. This form must be completed in its entirety and emailed to: CAPSReferrals@dec.al.ga.gov within 1 business day. Please make sure to include the new provider rate sheet as an attachment.

If you have questions please contact me at (XXX) XXX-XXXX”

- Attach a blank copy of the Child Welfare Child Care Services and Early Education Referral and Change form to the email

- C. Upon receipt of the return email, the SAST will complete the change request within 1 business day following the change process procedures.
- D. After the case change has been processed, the SAST shall **email the Child Welfare Case Manager, Supervisor and County Director** notifying them of the completed change. The SAST shall use the following language:

- **Subject Line:** “Provider Change request processed for CHILD’S NAME”
- **Body of the email:**

“This email is to notify you that the provider change request for CHILD’S NAME has been processed. For your records, please find attached the new certificate and the completed Child Welfare Child Care Services and Early Education Referral and Change form.”

1. Attach a PDF copy of the certificate
2. Attach a PDF of the completed Child Welfare Child Care Services and Early Education Referral and Change form

II. Placement Change

All request for a placement change must be submitted in writing by the Child Welfare Case Manager. The Child Welfare Case Manager must complete the Child Welfare Child Care Services and Early Education Referral and Change form to request a change in provider. One (1) Child Welfare Child Care Services and Early Education Referral and Change form must be completed for **EACH** child needing a change in provider.

- A. The Child Welfare Case Manager must complete the Child Welfare Child Care Services and Early Education Referral and Change form **in its entirety and attach ALL required forms/documentation needed to process change.**
- B. The Child Welfare Case Manager shall email the completed Child Welfare Child Care Services and Early Education Referral and Change form **and** attach all required documents/forms to

CAPSReferrals@decal.ga.gov, Supervisor, and County Director. The email should include the following language:

- **Subject line: “Child Welfare Placement Change”**
- **Body of the email:**

“Please find attached the Child Welfare Child Care Services and Early Education Referral and Change form notifying you of a Placement Change for (*child’s name*).

I can be reached at (XXX) XXX-XXXX (*Child Welfare Case Manager’s phone number*) if there are questions or concerns regarding this change in placement.”

- C. Upon receipt of the return email, the SAST will complete the change request within 1 business day following the regular change process.
- D. After the case change has been processed, the SAST shall **email the Child Welfare Case Manager, Supervisor, and County Director** notifying them of the completed change. The SAST shall use the following language:

- **Subject Line: “Change request processed for CHILD’S NAME”**
- **Body of the email:**

“This email is to notify you that the change request for CHILD’S NAME has been processed. For your records, please find attached the Child’s new certificate and the completed Child Welfare Child Care Services and Early Education Referral and Change form.”

1. Attach a PDF copy of the certificate
2. Attach a PDF of the completed Child Welfare Child Care Services and Early Education Referral and Change form

Contact Information

DFCS Early Childhood Collaboration Manager:

Name	Email	Phone Number	Region
Donjai Calhoun	donjai.calhoun@dhs.ga.gov	(404) 463-1575	Statewide

Scholarship Administration Special Teams:

Name	Email	Phone Number	Region
Rahsaan Heard	rahsaan.heard@dec.al.ga.gov	470-725-8175	Southeast, Southwest, Central
Valencia Stroud	valencia.stroud@dec.al.ga.gov	470-728-2607	Northeast, Northwest

Scholarship Administration Regional Managers:

Name	Email	Phone Number	Region
Renee Lind	renee.lind@dec.al.ga.gov	470-725-5326	Northwest and Northeast
LaQuillia Tatum	laquillia.tatum@dec.al.ga.gov	470-725-5270	Southwest
Yvette (LaVerne) Seales	laverne.seales@dec.al.ga.gov	470-725-6870	Southeast and Central