



STATE OF GEORGIA)
) AFFIDAVIT RE: PERSONAL IDENTIFICATION
COUNTY OF _____) FOR LICENSURE/REGISTRATION

PERSONALLY APPEARED before the undersigned officer, duly authorized to
administer oaths, came the undersigned, who after having been duly sworn, states under
oath the following:

1. That my name is _____ and that I am who I say I am;
2. That my address is _____;
3. That I have presented sufficient identification to the notary that is true and accurate;
4. That I am legally in the United States of America;
5. That I am applying to the Georgia Department of Human Services, Office of Residential
Child Care, to operate a business/activity to be located at the following address:
_____ that subject to regulation
by the Department of Human Services and that this affidavit is a material part of the
application; and
6. That if the Department subsequently determines that the material information contained
in this affidavit is false, I will be in violation of licensing/registration requirements,
which may result in revocation of my license or registration or denial of my application
for licensure.

Sworn to and subscribed before me)

This _____ day of _____, _____)

)

)

)

Affiant

)

)

NOTARY PUBLIC

)

STATE OF GEORGIA

)

My commission expires: _____.

List B

DOCUMENT THAT ESTABLISH IDENTITY

For individuals 18 years of older

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex height, eye color and address.
- ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, eye color, and address (including U.S. citizen ID card [INS Form I-197] and ID card for use of Resident Citizen in the U.S. [INS Form I-179])
- School identification card with a photograph
- United States military card or draft record
- Military dependent's identification card
- United States Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

Source: http://uscis.gov/graphics/lawsregs/handbook/hand_emp.pdf US Handbook for Employers, p.23



DFCS ASSURANCE OF COMPLIANCE WITH FEDERAL REGULATIONS REGARDING CIVIL RIGHTS

_____(hereinafter called the "Provider")
(Name of Provider Agency)

HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964, USDA Regulations implementing Title VI, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975 and all regulations issued pursuant to the aforementioned titles; that no recipient/applicant for services of this provider shall, on the grounds of race; color; sex; national origin; handicap, age, religious creed or political beliefs, be excluded for which the Provider receives Federal financial assistance through the Division of Family and Children Services; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure, thereon is provided for improved with the aid of Federal financial assistance extended to the provider by the Division of Family and Children Services, this assurance shall obligate the Provider, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Provider for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Provider for the period during which the Federal financial assistance is extended to it by the Division of Family and Children Services.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Provider by the Division of Family and Children Services, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Provider recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Provider, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Provider.

Dated: _____ (Provider) _____

By _____
(Owner/Chairman of Board of Residential Care Facility,
County DFCS Director, or Comparable Authorized

Official)

Provider's Mailing Address:

_____(County)

ANNUAL TRANSPORTATION VEHICLE SAFETY
INSPECTION CERTIFICATE

ITEMS TO BE INSPECTED	OK	DEFICIENT	CORRECTIONS OR ADJUSTMENTS MADE	REMARKS
Brakes				
Headlights				
Tail-lights				
Stop-lights				
Turn signals				
Tires				
Suspension				
Steering				
Windshield Wipers				
Windshield and Windows				
Exhaust system				
Horn				
Heating system				

Owner/Operator of Vehicle: _____

Address: _____

Make/Model: _____ Tag Number _____

Speedometer Reading: _____

Mechanic's Signature: _____

Date of Inspection: _____



ATTENTION APPLICANT

PLEASE READ CAREFULLY

Obtaining a license to operate a program under the Office of Residential Child Care Office **DOES NOT** guarantee that the Georgia Department of Family & Children Services, the Georgia Department of Juvenile Justice or any other state department or agency will refer children for care or pay for services provided by your program.

In addition to completing the application packet for licensure, you should also contact your anticipated referral source (State Level DHS/ Division of Family & Children Services, or Department of Juvenile Justice) regarding your plans to operate a program, if you choose to seek such referrals.

It is highly recommended that you initiate contact with State Level DHS/DFCS @ 404-657-3572 and/or DJJ @ (404) 508-6543 prior to securing a building or drafting/writing your policies and procedures, if you intend to seek such referrals.

This form must be signed by the applicant or the applicant's
Authorized representative and submitted with your application

This is to affirm and/or attest that I have read the above and understand that even though my program may become licensed to operate, it does not guarantee that my program will be approved by the referral sources for placement of children and payment for services.

Name of Program/Agency_____

Name of Applicant or Authorized representative (Print)_____

Signature of Applicant or Authorized representative_____



RESIDENTIAL CHILD CARE PROVIDERS AND APPLICANTS

IMPORTANT!!!!

YOU ARE REQUIRED TO MAINTAIN YOUR MOST CURRENT AND COMPLETE COPY OF THE POLICIES AND PROCEDURE AT YOUR FACILITY AT ALL TIMES.

We do not maintain a copy of your policies and procedures in your state file once you are licensed. We do not have the file room space.

It is the agency's responsibility to update their own policies and procedures with all revisions on an ongoing basis. The most current policies and procedures manual must be available for review by the Office of Residential Child Care at all times. You are also required to document that you have informed your staff of any changes to your agency's policies which in any way affects the performance of their duties.

DO NOT PROVIDE US WITH YOUR ONLY COPY OF YOUR POLICIES AND PROCEDURES AS WE WILL NOT BE ABLE TO COPY THEM FOR YOU OR RETURN THEM TO YOU ONCE YOU ARE LICENSED.

**STATEMENT OF RESPONSIBILITY
TO BE SIGNED AND RETURNED WITH RE-EVALUATION INFORMATION**

Listed below is a summary of some of the rules, which the administrator/director must be knowledgeable about, including the reference to the appropriate rule. The administrator/director's signature on the back of this statement indicates an understanding of these particular rules.

1. If a board governs the institution, there shall be policies and procedures for periodic rotation of members (290-2-5-.04).
2. The institution is responsible for complying with requirements of criminal records as stated in O.C.G.A. 4905-60 et. Seq.
3. All regulations regarding foster care services will be adhered to and will be documented in the appropriate case records (290-2-5-.13)
4. The institution shall operate according to its manual of official policies related to its services (290-2-5-08(1) and (2)).
5. Special reports will be made within 24 hours to the department and confirmed in writing within five days regarding serious occurrences, or any incident which results in any federal, state, or private legal action, as stated in the rule (290-2-5-08(7)).
6. All regulations regarding childcare services will be adhered to and will be documented in the appropriate records (290-2-5-.12).
7. All regulations regarding health services will be adhered to and will be so documented in the appropriate records (290-2-5-.12(3)).
8. All regulations regarding discipline and Behavior Management will be adhered to and will be so documented in the appropriate records (290-2-5-.14).
9. All incidents of suspected child abuse and sexual exploitation would be reported immediately (290-2-5-.08(7) and 290-2-5-.16).
10. All regulations regarding transportation shall be adhered to and documented accordingly.
11. There shall be one Human Service Professional employed for each thirty children in care or Fraction thereof. However, a Human Service Professional assigned referral and intake duties and responsibilities shall provide services to no more than twenty children (290-2-5-.08(6)b).
12. An institution shall return its license immediately upon the suspension, revocation restriction of the license or termination of the operation (290-2-5-.05(c)).

I have read and understand the above regulations:

Signed: _____

Date: _____

Title: _____

Facility: _____

Name of Facility: _____

Street Address: _____

City/Zip Code: _____

Area Code/Telephone #: _____

This is to certify that I have met all applicable rules and regulations as evidenced by the following:

A. Plans have been submitted to and approved by local building and fire safety authorities.

B. I have taken all actions outlined in my site plan, facility plan, and operation plan:

1. A copy of all fire authority approval of facility location is attached. A copy of certificate of occupancy, if required
2. A copy of the local building authority approval is attached.
3. If there are no building ordinances in effect in your jurisdiction, submit a copy of a statement from a license electrician and/or a gas representative verifying that the following have been installed according to the manufacturers recommendations.
 - a. Heating/cooling system
 - b. Cooking equipment
 - c. Hot water heater
 - d. Wiring installed according to code
4. If other than approved community system, a copy of approval for a well and/or septic tank with size and capacity of tank is attached.
5. A copy of Food Service permit and current food service inspection report, if applicable.
6. A copy of Health Department Inspection.
7. A statement from the local zoning authority verifying compliance with local ordinances, if applicable.

C. A satisfactory preliminary criminal records check determination was received for:

_____ Director, on _____ and _____

D. Person in charge in director's absence, on _____.

E. Owner _____, on _____.

F. Facility is equipped with furniture as required and ready for use.

G. The outdoor play space is equipped and ready for use.

I am ready for a licensing inspection to be scheduled. I understand that only one (1) visit will be made prior to taking action on my application for license, and unless all applicable rules have been met the license will be denied. I further understand that Georgia law prevents me from reapplying for a license for one (1) year after a license application has been denied.

Enclosed is a map with directions to my center. I hereby request an on-site inspection to assess compliance with rules. Please contact me at the following telephone number between the hours of 8:00am and 4:00pm to inform me of the scheduled licensure date.

Applicant's Signature: _____ Date: _____

Title: _____

Area Code/Telephone #: _____