



Clyde L. Reese, Esq. Commissioner

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Georgia Department of Human Services • Office of Residential Child Care • LaMarva E. Ivory, Director  
Two Peachtree Street, NW • Suite 28-234 • Atlanta, GA 30303 • 404-657-9651 • 404-657-9637

## All Residential Child Care Applicants

All owners and employees of Child Caring Institutions, Child Placing Agencies, Children Transition Care Centers, Maternity Homes and Outdoor Child Caring Programs are required to obtain a fingerprint records check from the Department of Human Services (DHS) as part of their application process or employment within the facility and **must submit electronic fingerprints**. The Office of Inspector General (OIG), the office within DHS is responsible for conducting all background investigations for the Office of Residential Child Care licensed programs.

There are two methods for submitting electronic fingerprints that will be acceptable. Those methods are as follows.

**You will receive a letter from the Residential Child Care Program stating your application has been received. You must take this letter to your appointment for either method.**

1. You may make an appointment for a “Live Scan” fingerprint records check at one of the offices listed below. After making the appointment, you will need to go to the office to have your electronic fingerprints taken. Applicants for a fingerprint records check for electronic fingerprints at the OIG Office or any of the DFCS offices must provide a money order made out to Department of Human Services (DHS) in the amount of \$40 for each person who receives a “Live Scan” fingerprint records check.

1. Forsyth Co. DFCS----Gabrielle White at 770-781-6700
2. 2 Peachtree Street, Atlanta----Arianne Jackson at 404-463-0100 or Marie Hunt 404-657-5723
3. Henry Co. DFCS----Susan Dorrrough at 770-954-2337
4. Tift Co. DFCS----Margie Swanson at 229-386-3089
5. Macon Regional Accounting Office----Gina Saylor at 478-752-1146
6. Bibb Co DFCS----Nancy Cole at 478-752-1146
7. Chatham Co DFCS----Hope Robinson at 912-651-2032
8. Lowndes Co. DFCS----Karen Sammons at 229-333-7034
9. Gwinnett Co. DFCS----Catherine Scott at 678-518-5651

2. You may use the vendor chosen by DHS OIS to obtain your “Live Scan” fingerprint records check. The vendor selected is called Cogent-GAPS. Cogent-GAPS have locations throughout the state for obtaining your electronic fingerprints. You **MUST** enroll, register and pay for your applicants and the results will be returned directly to DHS for fitness determination decisions. Responses are returned to a secure web server

within 24-48 hours for DHS to retrieve; however, fitness determination letters will be sent out to the agencies no later than 2 weeks. Agencies licensed through the Office of Residential Child Care must mail OIS a notarized Record Check Application in order to receive a final determination letter. The Cost for Cogent-GAPS is \$52.90. For more information regarding GAPS enrollment, registration, print and locations go to Cogent's website [www.ga.cogentid.com](http://www.ga.cogentid.com). (*Attachment: Fingerprinting Process Using COGENT/GAPS*)

Please note - it is DHS policy that outside law enforcement agencies are no longer authorized to conduct fingerprint records checks for DHS purposes, i.e. for meeting the requirement for obtaining a fingerprint records check according to the Rules and Regulations for Child Caring Institutions, Chapter 290-2-5, the Rules and Regulations for Child Placing Agencies, Chapter 290-9-2, Children Transition Care Centers, Chapter 290-2-6 and the Rules and Regulations for Outdoor Child Caring Programs, 290-2-7.

Contact numbers for questions or problems with the COGENT system are:

ORCC Rhonda James – 404-657-5589  
COGENT representative – 1-888-439-2512  
GBI, Evelyn Richardson – 404-270-8648  
GBI, Donna Harrison – 404-270-8650  
OIG, Heather Bond – (404) 463-2481

Please remember you must call for an appointment at the desired location.

We want to thank everyone in advance for their understanding and cooperation.

## Residential Child Care Fingerprinting Process Using COGENT/GAPS

You must have an email account to complete this process. You may obtain free email accounts at many web sites. Two possible sites are [www.yahoo.com](http://www.yahoo.com) and [www.hotmail.com](http://www.hotmail.com).

### A. Agreement

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the “Agency Use (secure)” tab Click on “Agency Enrollment”
3. At step (1) Complete the GBI Service Agreement, click on form to be downloaded and print the “Georgia Crime Information Center Service Agreement” (3 pages)
4. Complete last page
  - Agency Name – Print name of Residential Child Care (RCC)
  - Agency Address – Print address of the RCC or mailing address if different from the RCC address
  - Agency Phone Number – Print most accessible phone number
  - Agency ORI or OAC# – Circle OAC# and leave line blank  
Write “Yes” in the blank after “Will ORI or OAC # be used for enrollment in Georgia Applicant Processing Services (GAPS)
  - Agency Head – Print name/title of Owner/CEO/President of RCC
  - Agency Contact – Print name/title of person that should be contacted regarding fingerprinting process
  - GCIC Contact – Leave blank
5. Copy for your records and mail original form to the address at the bottom of the page. In 7-10 days you will receive the form back, completed by the GBI with your OAC number on the “Agency ORI or OAC#” line.

### B. Enrollment

Only after receiving you OAC# by return mail should you begin this step.

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the “Agency Use (secure)” tab Click on “Agency Enrollment”
3. At Step (2) Complete the GAPS Agency Enrollment Form, click on the enrollment form to begin the enrollment process  
**All yellow areas MUST be completed**
  - ORI/OAC – enter OAC number received on agreement letter (It will be GAP+6 numbers)
  - Agency Name – Verify the name of the RCC is correct

Verification Code – Use OAC number without the GA (P+6 digits)  
Address – Address where the results should be mailed  
Contact Person – Must be the same as on the Agreement form in step 1  
Email Address – Email address must be entered  
Billing Address – Complete if different from mailing address or click on box indicating billing address and mailing address are the same  
Authorized Person – Must be the same name as on the Agreement form as the Agency Head in Step 1  
Click on “Agency Pay Only”

4. When form is completed – Click on “Save”
5. Print the form
6. Form must be signed by the Agency Head or Authorized Person
7. Mail (do NOT fax) to address shown on web site:

Cogent Systems  
GAPS Enrollment  
5450 Frantz Road, Suite 250  
Dublin, OH 43016

NOTE: DO NOT FAX this form. The original is required to be mailed.

8. You will receive an e-mail confirmation of your enrollment within 10 business days that will include any necessary Usernames and Passwords. If you do not receive an e-mail confirmation within 10 business days, call Donna Harrison – 404-270-8650 or Evelyn Richardson – 404-270-8648.

### C. Registration for Fingerprinting

This step may be completed ONLY after Step 1 and Step 2 are completed and you have received an e-mail confirmation with your Username and Password.

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the “Registration” tab, click on Single Applicant Registration or Multiple Applicant Registration depending on whether there is only one person to be fingerprinted (single) or more than one (multiple).
3. For each applicant or person to be fingerprinted, all fields with a red (\*) *must* be completed: Last Name, First Name, Date of Birth, Place of Birth, Sex, Race, Eye Color, Hair Color, Height, Weight
4. Social Security Number – Although this is not required, it is strongly recommended that this field be completed to ensure an accurate search can be made, if needed
5. Country of Citizenship – Select correct country
6. Driver’s License Number – Enter ONLY numbers

7. Driver's License State – Select correct state

8. Address – Applicant's address, city, state, zip, phone  
Under Transaction Information

9. Reason – Click on the arrow on the right side of the box and click on "DHROffice of Regulatory Serv (ORS) Licensed Facilities/Directors/Employees"

10. Payment

Choose "Agency" if there are multiple applicants. The agency (RCC or RCC provider) will be billed for the service in the amount of \$32.15 per Individual OR choose Credit Card if paying at this time. You will be given an opportunity to enter your credit card information OR choose Money Order – NOTE: This will only be an option on the single applicant entry. All money orders should be made payable to Cogent Systems/GAPS and in the amount of 32.15.

11. ORI/OAC – Use number received on Agreement Form

12. Verification Code – Use code given in your email confirmation

13. "Does another agency make the fitness determination?" – Check the box.

-Choose Agency – Select DHR

-Determining Agency ORI – Enter GA920280Z

14. Click on "Next" at the bottom of the page

15. Verify that the information is correct

16. Click on "Next"

17. Print the "Thank you for registering" page with the Registration ID number.

NOTE: Bring this copy with you for the fingerprinting at the GAPS location

18. A notarized records check application must be mailed to:

Office of Inspector General  
Background Investigations Unit  
2 Peachtree Street, N.W., Suite 30.482  
Atlanta, GA. 30303-3142

You will not receive a determination letter unless OIS receives this form.

#### D. Fingerprinting at GAPS sites

1. Go to [www.ga.cogentid.com](http://www.ga.cogentid.com)

2. Under the "GAPS Print Site Location" tab, find a location nearest to your address. You should find a location within 25 miles of your location – if not, contact Donna Harrison – 404-270-8650 or Evelyn Richardson – 404-270-8648.

3. Click on underlined company name to get phone number and hours of operation

4. On the day of your fingerprinting, contact the site you plan to visit and confirm the hours they do fingerprinting and that a trained individual is going to be available
5. Bring with you the items listed under the “What to Bring” link
6. After your fingerprints are taken, you should receive the results within two weeks

**Georgia Department of Human Services**  
**RESIDENTIAL CHILD CARE**  
**RECORDS CHECK APPLICATION**  
(See Instructions of Back of Form)

**TO BE COMPLETED BY APPLICANT:**

1. CHECK APPLICANT TYPE:  Director/Manager  Owner  Employee (with criminal history)

2. Print Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Date of Birth)

\_\_\_\_\_  
(Sex) (Race) (Social Security Number) (Place of Birth)

\_\_\_\_\_  
(Height) (Weight) (Color of Eyes) (Color of Hair) (Home Telephone)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

3. I hereby authorize the Department of Human Services and my potential employer named below to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. As required by Law, I have attached an affidavit disclosing the nature and date of any arrest, charge, or conviction, for the violation of any law in any state, except for motor vehicle parking violations.

\_\_\_\_\_  
(Notary) (Applicant Signature)

Notary Public \_\_\_\_\_, Georgia My Commission Expires: \_\_\_\_\_  
(County) (Date)

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**TO BE COMPLETED BY OWNER/DIRECTOR OF RESIDENTIAL CHILD CARE FACILITY OR APPLICANT FOR LICENSE:**

**(PLEASE PRINT CLEARLY)**

4. \_\_\_\_\_  
(PRINT Name of Residential Child Care Facility) (PRINT RCC Address) (PRINT City/Zip Code of RCC)

\_\_\_\_\_  
(PRINT mailing address, if different from RCC address) (PRINT City/Zip Code/County Name)

5. THE **RESIDENTIAL CHILD CARE FACILITY IDENTIFIED ABOVE:** (CHECK ONE)

- Is currently licensed.
- Is applying for an initial (new) license at the above address. Please indicate type of facility.
- Child Caring Institution (CCI)
- Child Placing Agency (CPA)
- Children's Transition Care Center (CTCC)
- Maternity Home (MATH)
- Outdoor Child Caring Program (OCCP)

6. My signature indicates that I, as **DIRECTOR/OWNER**, have verified the above information on the above applicant.

\_\_\_\_\_  
(PRINT Name of Director/Owner) (Telephone of Agency)

\_\_\_\_\_  
(Signature of Director/Owner) (Date)

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**Application Instructions**

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**Do not have the Live Scan done before turning in your application package.**

1. Please use a **ball point pen, press firmly, and PRINT legibly.**
2. Please indicate if you are a director/ manager, an owner or an employee (with a criminal history). You should check both owner and director/manager if you are both the administrator and the owner.
3. Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.  
Print your date of birth.  
Print either: Male or Female.  
Print your race: Black, White, or Other.  
Print your Social Security Number.  
Print your place of birth: City or County, State and Country if not USA.  
Print your height.  
Print your weight.  
Print the color of your eyes: Do NOT abbreviate: Brown, Black, Grey, Blue, Green, or Hazel.  
Print the color of your hair: DO NOT abbreviate: Brown, Black, Grey, Red, Blonde, or Bald.  
Print your home address.  
Print your home telephone number.
4. **ALL APPLICATIONS MUST BE NOTARIZED.**  
Read the consent statement.  
Sign your name as you would on a bank check or business letter.

*DIRECTOR/OWNER WILL COMPLETE THE FOLLOWING*

5. Record check results will be mailed to the address that is entered here. Print clearly and give complete mailing address.  
Indicate name of your facility as it appears on your permit or permit application.  
Print the address of the Residential Child Care Facility.  
Print the mailing address where the letter of determination is to be sent.  
Print the city/zip/county.
6. Check the correct box to indicate current licensure status for your Residential Child Care facility.
7. Director or Owner must sign his/her name as it would appear on a bank check or business letter.
8. This form must be completed and brought with you for Live Scans at 2 Peachtree or specified DHR-DFCS offices **OR**, if the Live Scan is done at a COGENT/GAPS location, this form must be mailed to:  
**Office of Inspector General**  
**Background Investigations Unit**  
*2 Peachtree Street, N.W., Suite 30.482*  
**Atlanta, GA. 30303-3142**
9. If the Criminal Records Check Application is not received by OIS, you will not receive a determination letter.
10. This form should be sent to OIG before the fingerprinting at the COGENT/GAPS location is done.