



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

**OFFICE OF INSPECTOR GENERAL
RESIDENTIAL CHILD CARE LICENSING**

SECTION I: Please document facility information CURRENTLY on file, not proposed change(s)

Current Facility Name	
Facility ID (License) #	
Facility Type	<input type="checkbox"/> CCI <input type="checkbox"/> CPA <input type="checkbox"/> OCCP <input type="checkbox"/> CTCC <input type="checkbox"/> Maternity Home <input type="checkbox"/> RHYP

Facility Contact Information

Site Address: _____ City: _____ State: _____ Zip: _____ County: _____	Site Phone: _____ Site Fax: _____ Primary Facility E-mail: _____ <i>*If the Primary Facility E-mail address has recently changed, please complete the "Change in Facility E-mail" area in Section II.</i>
<input type="checkbox"/> Site address and mailing address are the same Mailing Address: _____ City: _____ State: _____ Zip: _____	Director: _____ Director's Phone: _____ Director's E-mail: _____

SECTION II: Please select all that apply and complete each applicable area in full

Change in Owner <i>*If applicable, submit copy of satisfactory CRC (fingerprint check only) completed within the 12 months immediately preceding effective date.</i> <i>*Based on review of the change of owner request, additional information, including submission of a new licensure application, may be required prior to approval.</i>	Current Owner: _____ Current Owner's E-mail: _____ Current Owner's Phone: _____ Proposed New Owner: _____ New Owner's Phone: _____ New Owner's E-mail: _____ New Owner's Address: _____
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	Change in Director <i>* Submit copy of satisfactory CRC determination (fingerprint check only) completed within the 12 months immediately preceding the proposed effective date.</i> <i>* Submit educational qualification;</i> <i>* Submit work experience (i.e., Resume)</i>	New Director: _____ New Director's Phone: _____ New Director's E-mail: _____ Proposed Effective Date: _____
	Change in Human Service Professional of Casework Supervisor <i>* Submit Educational qualification;</i> <i>* Submit work experience (i.e., Resume).</i> <i>* Submit copy of satisfactory CRC determination (local check or fingerprint check acceptable).</i>	Change Type: <input type="checkbox"/> Additional HSP/CWS or <input type="checkbox"/> Replacing Existing HSP/CWS New HSP/CWS: _____ New HSP/CWS Phone: _____ New HSP/CWS E-mail: _____ Proposed Effective Date: _____ Former HSP/CWS (if Replacing): _____ End Date: _____
	Change in Facility E-mail <i>* This email is the primary e-mail used by RCCL for facility correspondences and for the facility to access RCC TRAILS.</i>	Current E-mail Address: _____ New E-mail Address: _____ Effective Date: _____
	Change in Site Address (CPA) Programs Only) <i>* The licenses for CCI, OCCP, Maternity Homes, & CTCC programs are non-transferrable; therefore, any proposed location change for those program types will require submission of a new application for licensure.</i>	New Site Address: _____ New Site County: _____ New Site Phone: _____ Effective Date: _____

	Change in Program Name Only <i>*Submit incorporation papers, if applicable.</i>	Current Name: _____ Proposed Name: _____ Effective Date: _____	
	Change in Satellite Offices (CPA Programs Only)	Change Type: <input type="checkbox"/> Office Added <input type="checkbox"/> Office Closed <input type="checkbox"/> Office Relocation Satellite Location Type: <input type="checkbox"/> Residence/Home <input type="checkbox"/> Office Location Satellite Address: _____ Satellite County: _____ Satellite Phone: _____ Effective Date: _____ Former Address: (if Relocation): _____	
	Change in Licensed Capacity <i>*Attach an updated floor plan of the facility showing details of the area involved, if applicable.</i> <i>Attach copies of applicable approval, i.e., fire, local, building, zoning, location, certificate of occupancy, etc.</i>	Change Type: <input type="checkbox"/> Increase in Capacity <input type="checkbox"/> Decrease in Capacity Current Licensed Capacity: _____ New Proposed Licensed Capacity: _____ **Proposed Effective Date: _____ <i>** An onsite RCCL inspection <u>must</u> be completed prior to approval of a capacity increase and may also be required for certain requests for a capacity decrease.</i>	
	Change in Program Services <i>*Submit program descriptions and policies revised because of change(s). Application unit review required prior to approval of added services.</i>	Select all services to add: <input type="checkbox"/> Adoption Services (Domestic) <input type="checkbox"/> Adoption Services (International) <input type="checkbox"/> Foster Care Services <input type="checkbox"/> Maternity Home Services <input type="checkbox"/> Second Chance Home Services	Select all services to remove: <input type="checkbox"/> Adoptions Services (Domestic) <input type="checkbox"/> Adoptions Services (International) <input type="checkbox"/> Foster Care Services <input type="checkbox"/> Maternity Home Services <input type="checkbox"/> Second Change Home Services

	Change in Age Range of Children <i>*Submit program descriptions and revised policies.</i>	Current Ages Licensed to Serve New Ages Proposed to be Served Effective Date: _____
Additional Comments: _____		

By signing below, I represent that the official address listed on this application is current and correct. I attest that all information contained above is factual and understand that false or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof. I understand that submission of this application does not represent approval of any request contained therein and that additional action may be necessary prior to final approval. I further understand that if approved, the agency is responsible for meeting all rules and regulations associated with requested changes.

Director Signature: _____ Date: _____

Owner/Board Chair of Designee _____ Date: _____

<u>FOR OFFICE USE ONLY</u>		
Request received by: _____	Date Received: _____	Date Processed: _____