

GEORGIA DEPARTMENT OF HUMAN SERVICES
APPLICATION SECTION
OFFICE OF RESIDENTIAL CHILD CARE

RESIDENTIAL CHILD CARE APPLICATION REVIEW
CHECKLIST

Program Name: _____

Contact Person: _____

Address: _____

Telephone #: _____

Attached is a checklist to be used as a guideline in the application process for a Child Caring Institution.

All items listed below should be addressed and represented on the operation plan. Submit a complete copy of the agency policies and procedures addressing the rules and regulations.

The Residential Child Care Section will use this checklist to evaluate your plans using the following key: C = Compliance; NC = Non-Compliance, insufficient Information; NA = Not Applicable; CCI = Rules and Regulations for Child Caring Institutions.

Please submit the following, along with copies of all sample forms used by the agency.

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290-2-5-.04 and 290-2-5-.06

- _____ 1. A completed Application for License
- _____ 2. Notarized letters from all Board Members listed on the application stating acceptance of the responsibility to serve
- _____ 3. If Incorporated:
 - _____ Certificate of Incorporation
 - _____ By-laws of the Corporation
 - _____ Articles of Incorporation, including the name and address of the current Registered Agent for Service
- _____ 4. Policies and Procedures for periodic rotation of Board members
(May be in By-laws)
- _____ 5. Signed Statement of Responsibility (Form Enclosed.) If governed by a Corporation or Board, the Chairperson or CEO must sign
- _____ 6. Completed DFCS Civil Rights Certificate of Assurance. (Form Enclosed)
- _____ 7. State whether the proposed location is also the private residence of you and/or your family

290-2-5-.18 Physical Plant and Safety

- _____ 1. A drawing of the grounds indicating:
 - _____ Size of lot
 - _____ Location of each building on lot with proper identification of each building
 - _____ Location of any outdoor recreational areas
 - _____ Swimming pool if applicable
- _____ 2. A drawing of all floors of the proposed building showing the layout of rooms and bathrooms. Include measurements (LXW) of each bedroom to document each bedroom provides a minimum of 63 square feet of space per resident and at least 75 square feet for individual bedrooms

- _____ 3. Show if your staff persons will live on-site
- _____ 4. Designate the following about your floor plan:
- _____ a. The number and location of toilets, sinks, tubs/showers and mirrors
 - _____ b. Which bedrooms will be assigned to staff who live on-site and which bedrooms will be assigned to children
 - _____ c. Which bathrooms will be assigned to staff and which bathrooms will be used by children
 - _____ d. All ceilings are at least 7 ft. in height
 - _____ e. There is central air and heat
 - _____ f. There are screens on all windows/doors to be opened for ventilation
 - _____ g. Hot water is provided at kitchen sinks and bathrooms sinks, tubs, showers
 - _____ h. There are exhaust fans in bathrooms or operable windows with screens
 - _____ i. There are non-skid surfaces in tubs and/or showers
 - _____ j. Rooms containing more than one toilet contain stalls for privacy
 - _____ k. Your plans for locked places for medications, chemicals, and first aid supplies
 - _____ l. Adequate furnishings and personal spaces are provided for each child's belongings
 - _____ m. Livingroom space shall be equipped with comfortable furnishings suitable for relaxation and social interaction.
 - _____ n. Diningroom area shall be furnished to permit children, staff, and guests to eat together in a small group or groups.
 - _____ o. Which bedrooms and bathrooms will be assigned to males and which bedrooms and bathrooms will be assigned to females; if the program takes both, show how areas are separate
- _____ 5. State if food will be prepared on-site or will be catered
- _____ a. Indicate the availability of three compartment sinks or two compartment sinks and dishwasher with hygienic sani-rinse cycle
- _____ 6. Submit a copy of local Zoning approval. Must submit a letter from city or county zoning to verify home may be operated at this location and what capacity is allowed
- _____ 7. Submit approval report from the fire inspector having jurisdiction over the building

Only do #8 if you are not required to have a certificate of occupancy

_____ 8.

_____ Submit approval letter from applicable Building Inspector or letter that building inspection is not required for your building. If there are no building ordinances in effect in your jurisdiction, submit a copy of a statement from a licensed electrician and/or a gas representative verifying that the following have been installed according to manufacturer's recommendation:

- _____ a. Heating/Cooking system
- _____ b. Cooking equipment
- _____ c. Hot water heater
- _____ d. Wiring installed according to code

Submit a letter showing each of these have been inspected and is safe and in working order. Include Inspector's license #

_____ 9. Submit a copy of the Certificate of Occupancy, if applicable

If no Certificate of Occupancy is required, do #8 above

_____ 10. Submit a copy of a city or county water/sewer bill or verification house is on community water/sewer systems. If house is on septic tank or well, submit inspection approval of systems from health department/DNR. For septic tank, inspection approval must show how many persons the system will serve and that it is safe, in good condition

_____ 11. Transportation:

- _____ a. Documentation of current vehicle Insurance coverage
- _____ b. Current Vehicle Inspection report (sample form enclosed)
- _____ c. Documentation of manufacturer's rated seating capacity of each vehicle
- _____ h. Documentation of current license for each driver appropriate to the class of the vehicle. **Georgia licenses required**

_____ 12. Present verification of annual vaccinations for any pets on the premises

290-2-5-.08 Administration and Organization

_____ 1. Develop policies and procedures that specify the program's purpose, mission and philosophy

- _____ a. Identify the characteristics and ages of children to be served
- _____ b. Identify the characteristics of children the program will not serve
- _____ c. Show where the program will get referrals
- _____ d. State if the program will serve males or females

- _____ 2. Develop policies and procedures that describe the range of services to be provided by the facility and how they will be provided
- _____ a. Show which services will be provided directly by the facility
- _____ b. Show which services will be contracted with outside resources
- _____ 3. State if the program will be admitting private placements and/or out-of-state placements
- _____ 4. Provide a schedule of fees which details the basic cost of services and additional costs for other services. (If not taking private placements, may state that program will accept the current per diem rate from the agency)
- _____ 5. Staffing:
- _____ a. Submit job descriptions for all persons working in the program that specify qualifications for education, experiences and age, as well as the specific duties each person must perform (Job descriptions must fit the persons doing the jobs and the persons must meet the qualifications you outline)
- _____ b. Submit a copy of the employee application for employment (pages _____ 1. Contains required identifying information, abuse statement and statement information is true
- _____ c. Submit a criminal records check application, and the required monies for the person qualified to be director and owner on ORCC forms to the OIS office for processing
- OR
- Submit CRC results on your director and owner who has already gone through this process. To open the program, you will need current (within one year), satisfactory CRC results on the director and owner.
- State who will be director
- _____ d. Provide evidence of qualifications of the director including application or resume, diploma(s) or certified transcript(s) (
- _____ e. State who will be the Human Services Professional on staff and provide verification of Education/Qualifications, including application or resume, diploma(s) or certified transcript(s)
- _____ f. For staff who will work on-site with residents, **have on-site** for review:
- _____ 1. Applications for employment
- _____ 2. Qualifications, including education, i.e., diplomas, transcripts
- _____ 3. Current criminal records checks results

- _____ 4. Two (2) references
- _____ 5. Verifications of physical examination
- _____ 6. 10-year employment histories
- _____ 7. Copies of Georgia driver's license for all drivers
- _____ 8. Date of employment
- _____ g. Verify which staff person(s) will be authorized to handle funds and submit verification of bonding or insurance. Submit Employee Dishonesty Bond Insurance
- _____ h. Provide a written plan showing how staff will supervise and monitor children, particularly at night and/or if children are housed on a different floor from staff
- _____ i. Submit schedules of staff members' workdays and hours, and times off to be taken, to verify staff coverage

- _____ j. Submit staff Training and Orientation materials explaining how requirements in Rules will be met
 - _____ 1. Provide a copy of your orientation form for the staff which includes all items listed in Rules .08(6)(d)1; and which verifies staff received the required orientation, on what date and by whom
 - _____ 2. Submit annual staff training plans to show what upcoming training will be provided staff, by whom, where, when and how often Include First Aid, CPR, Physical Control Technician training, if applicable
- _____ 6. Submit policies and procedures on reporting special occurrences involving children to the Department, including required time frames
- _____ 7. Develop and submit policies and procedures on confidentiality of case records including who will supervise the maintenance of records, who shall have custody of records, who can release records, to whom records may be released and for what purpose (This information should be in job descriptions of persons assigned these duties. Also, personnel policies should include a section on confidentiality to be maintained by each employee)
- _____ 8. Provide copies of all case record forms for children to be used to document information (Note: some of these forms are requested in conjunction with other sections of Rules and need not be duplicated)

290-2-5-.09 Referral and Admission

- _____ 1. Submit written policies and procedures on admission of children, including preplacement assessment and planning, trial periods and emergency admissions
 - _____ a. Verify compliance with Interstate Compact on Placement if admitting children from another state
 - _____ b. Explain the intake evaluation to be done on each child and what is included
 - _____ 1. Provide applicable forms
 - _____ c. Submit a written placement agreement form to be developed as required and which contains all information listed in rule
 - _____ d. Identify information to be provided to child/parents/guardians/ placing agencies which includes items (i) through (vii) on
 - _____ d. Provide criminal record checks on 18 year olds & older, if served

290-2-5-.10 Assessment and Planning

- _____ 1. Submit written policies and procedures on assessment of the needs of children and the establishment and implementation of individual service plans, including in what time frames service plans will be reviewed and updated
 - _____ a. Submit a sample individual service plan of care which includes forms with all information required. Also see Rule .12(d)3 regarding psychotropic medications which should be included in the service plan. Goals must be specific

290-2-5-.11 Discharges and Aftercare

- _____ 1. Submit written policies and procedures regarding Discharge and Aftercare, including required time frames and information about emergency discharges
 - _____ a. Provide a copy of the discharge summary form which addresses all information

Note: Information about preliminary plans for discharge must be included in the child's service plan

290-2-5-.12 Child Care Services

- _____ 1. Explain the format and/or provide a copy of the form to be used to record casework services to the children. Daily or weekly progress notes form
- _____ 2. Submit policies and procedures concerning health services to be provided the children, addressing preventive, routine, emergency medical care, immunizations and dental care and the required time frames
 - _____ a. Include where the children will be taken for these services in policies and procedures
 - _____ b. Submit written agreements with the physician or clinic, dentist and hospital that will treat the children
- _____ 3. Submit policies and procedures on the management and use of all medications as required in item (d)
 - _____ a. Submit a copy of the Medication Log to be used to document medications given
- _____ 4. Explain how item (e) on Rules regarding first aid supplies will be met
- _____ 5. Explain the program that will be provided for recreational and leisure activities

290-2-5-.14 Discipline and Behavior Management

- _____ 1. Submit written policies and procedures on Discipline and Behavior Management
Include:
 - _____ a. Forms of Discipline that will be used
 - _____ b. Forms of Discipline that shall not be used
 - _____ c. Isolation, Isolation rooms and time out procedures, if to be used
 - _____ d. Physical control techniques if to be used, under what circumstances, appropriate alternatives, which staff are authorized to use physical control
 - _____ e. Submit the form to be used to document disciplinary action administered

290-2-5-.15 Grievances

- _____ 1. Submit policies and procedures on Grievances
 - _____ a. Include procedures residents can use to voice grievances and to submit written grievances
 - _____ b. Submit a copy of the form children can use to submit written grievances
 - _____ c. Include descriptions of methods of explanation, resolution involved staff. Include time frames that should be observed in the handling of grievances

290-2-5-.16 Child Abuse and Sexual Exploitation

- _____ 1. Submit policies and procedures regarding the prohibition of child abuse and sexual exploitation of children in care
 - _____ a. Specify reporting requirements and procedures
 - _____ b. Address all provisions under .16(a)

290-2-5-.17 Food Service

- _____ 1. Confirm compliance with Food Service Rules
 - _____ a. Submit sample menus for at least one month showing all meals and snacks to be served and that nutritional guidelines were met
 - _____ b. Submit a valid food service permit if licensed to care for 13 or more children

290-2-5-.13 Foster Home Care

- _____ 1. Submit policies and procedures regarding foster care services, if applicable

Others:

- _____ 1. Submit a map or written directions to the location to be licensed
- _____ 2. Complete and submit a Readiness Statement (Form enclosed)

Comments: