



## **Georgia Department of Human Services**

Aging Services | Child Support Services | Family & Children Services

### **Residential Child Care Licensing Application Packet:**

The Department of Human Services (DHS), Office of Inspector General (OIG), Residential Child Care Licensing (RCCL) unit is responsible for licensing Child-Caring Institutions, Child-Placing Agencies, Children's Transition Care Centers, Commercial Sexual Exploitation Recovery Centers, Maternity Homes, Outdoor Child Caring Programs and Qualified Residential Treatment Programs.

All applicants requesting a license from RCCL must attend RCCL's Mandatory Application Training (MAT) prior to submitting a new application. Attendance is free of charge and the training is held on the second Wednesday of every month. MAT classes are reserved for applicants who are ready to apply and open. Eligibility screenings to determine an applicant's readiness will be conducted before attendance is permitted. The following documents must be submitted to assess eligibility:

- Resume of a qualified director;
- Resume of a qualified human services professional;
- A policy and procedure manual that complies with the applicable regulations;
- Documentation from local city/county officials verifying the facility has the proper zoning and;
- Documentation of an approved fire inspection verifying the facility is compliant with fire codes (the Office of Insurance and Safety Fire Commissioner must complete inspections for facilities that will house residents in state custody).

A request to attend the next scheduled MAT class can be emailed to RCCL at [RCCAPPS@dhs.ga.gov](mailto:RCCAPPS@dhs.ga.gov). The required eligibility documents must be attached to the email for consideration.

After attending the MAT, applicants may submit an application for licensure. Application forms must be signed and dated by the director and owner or the chairperson of the governing body. Failure to submit a complete application packet may result in the application being withdrawn or denied.

Complete application packets will be accepted for an administrative review and three administrative reviews of an application will be granted. RCCL will provide ongoing communication with the applicant throughout the administrative review process.

The application packet must be submitted electronically to:

Residential Child Care Licensing

Applications Unit

[RCCAPPS@dhs.ga.gov](mailto:RCCAPPS@dhs.ga.gov)

# GEORGIA DEPARTMENT OF HUMAN SERVICES

## RESIDENTIAL CHILD CARE LICENSING

**Child-Caring Institution (CCI)  
Qualified Residential Treatment Program (QRTP)  
Commercial Sexual Exploitation Recovery Center (CSERC)  
Outdoor Child Caring Program (OCCP)**

### Application for Licensure

Submit Application to: [RCCAPPS@dhs.ga.gov](mailto:RCCAPPS@dhs.ga.gov)

#### SECTION A: IDENTIFICATION

Name of Organization:

Facility's Address (Street, Suite#, City, Zip Code, County):

Phone Number:

Organization's Email Address:

Mailing Address (if different than above):

Name of Director:

Phone Number:

Email Address:

Name of Administrator and/or Designated Contact Person:

#### SECTION B: TYPE OF OWNERSHIP (select all that apply)

- ☐ Sole Proprietor / Individual    ☐ Corporation    ☐ Partnership    ☐ Association  
☐ For-Profit    ☐ Non-Profit

Name of the Governing Body:	
Address:	
Phone Number:	
Email Address:	
Name of Officers and Governing Body, if applicable (attach notarized acceptance letters)	
Full Name	Title

SECTION C: TYPE OF LICENSE		
Select one:	<input type="checkbox"/> Child-Caring Institution (CCI)	<input type="checkbox"/> Commercial Sexual Exploitation Recovery Center (CSERC)
	<input type="checkbox"/> Qualified Residential Treatment Program (QRTP) <span style="color: red;">(Not accepting applications at this time)</span>	<input type="checkbox"/> Outdoor Child Caring Program (OCCP)
Office Hours:		
Does the Institution currently have residents placed at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many residents are currently placed in the Institution?		
Does the Institution currently hold another license within the state of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Institution currently hold another license outside the state of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what state(s)?		
Does the Institution plan to utilize electronic files to maintain records required by the CCI rules and regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, submit a policy for the use of electronic files for approval.		

**Qualified Residential Treatment Program (QRTP)**

**Applications are not being  
accepted at this time.**

Is the Institution accredited?      Yes      No

Trauma informed treatment model:

Select  
one:

Accreditation body:

The Commission on Accreditation of Rehabilitation Facilities (CARF)

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

The Council on Accreditation (COA)

Any other independent, not-for-profit accrediting organization, approved by the  
Secretary of Health and Human Services

Accreditation body's address:

Accreditation body's telephone #:

Email address:

**Commercial Sexual Exploitation Recovery Centers (CSERC)**

Is the Institution certified by the Criminal Justice Coordinating Council (CJCC) as a Local  
Victim Assistance Program (LVAP)?   ☐ Yes   ☐ No

Date Certified:

Date Certification Expires:

## SECTION D: STATEMENT OF RESPONSIBILITY

By initialing each statement and affixing my signature on page 7, I attest to my understanding of and compliance with the following requirements for a Child-Caring Institution (CCI).

	Each Institution shall have a clearly identified governing body as required by state law that is responsible for and has authority over the Institution. The governing body shall be empowered and responsible for determining all policies and procedures and ensuring compliance with these rules and regulations. The chairperson or chief executive officer of the governing body shall complete a statement of responsibility on behalf of the governing body acknowledging the same in connection with any application for a license on a form provided by the Department. If an Institution is individually owned, then the owner(s) will complete the statement of responsibility. 290-2-5-.04
	No person, partnership, association, corporation or entity shall operate a child-caring institution in the state without first obtaining a license to operate the institution by demonstrating compliance with the necessary requirements set forth in the CCI rules and regulations. No licensed child-caring institution first licensed after the effective date of these rules shall provide room, board and watchful oversight to more than 16 children on its premises without approval from the Department. 290-2-5-.05(6)
	An application for a license shall be submitted at least ninety (90) days prior to the proposed opening date of the new institution. 290-2-5-.06(2)(a)
	A separate license or commission application is required for each geographical location which an institution is proposed to operate, even when all of the proposed institutions are owned by the same person or entity. 290-2-5-.06(2)(c)
	<p>An initial application submitted by an institution shall be considered an application for a temporary license. The Department shall conduct three (3) administrative reviews of an application and that;</p> <ol style="list-style-type: none"><li>1. Following receipt and review of a complete application packet, the Department may conduct an on-site inspection of the institution to assess compliance with the rules and regulations. 2-2-5-.07(a)</li><li>2. An application for a license or commission to operate an institution or the issuance of a license by the Department constitutes consent by the applicant, the proposed holder of the license and the owner of the premises for the Department's representative, to enter the premises at any time after confirming his/her identity to any institution employee or director, for the purpose of inspecting the facility. This includes both scheduled and unscheduled inspections and includes access to all staff, parts of the premises, all children present, and all records required by the rules and regulations. 290-2-5-.07(b)</li><li>3. The application for a license including the application for a criminal history background check must be truthfully and fully completed. In the event that the Department has reason to believe that any required application has not been completed truthfully, the Department may require additional verification of the facts alleged. The Department may refuse to issue a license where false statements have been made in connection with the application or any other documents required by the Department. 290-2-5-.06(2)(f)</li></ol>
	The Department may deny a license or otherwise restrict a license for any applicant who has had a license denied, revoked, or suspended within one year of the date of the application or who has transferred ownership or governing authority of an agency, facility, institution, or entity subject to regulations by the Department within one year of the date of a new application when such transfer was made in order to avert denial, revocation, or suspension of a license. 290-2-5-.06(2)(g)

#### SECTION D: STATEMENT OF RESPONSIBILITY

	<p>The Institution shall submit on a timely basis any records, reports and other information as may be required by the Department. Failure to allow timely access of the Department's representative to the institution, its staff, or the children receiving care at the institution or the books, records, papers, or other information related to initial or continued licensing, or failure to cooperate with a departmental inspection or investigation shall constitute good cause for the denial, restriction, revocation or suspension of a license, or other penalty as provided by law. 290-2-5-.07(d)</p>
	<p>A license may be issued, upon presentation of evidence satisfactory to the Department, that the facility is in compliance with applicable statutes and these rules. The license is valid for the period of time specified by the Department, unless voluntarily surrendered by the holder, reduced to a restricted or temporary license or suspended or revoked by the Department. 290-2-5-.05(6)(c)</p>
	<p>A license to operate an institution is not transferable in any way. Each license shall be returned to the Department immediately upon the suspension, revocation, restriction of the license or termination of the operation. 290-2-5-.05(10)</p>
	<p>Obtaining a license from Residential Child Care Licensing (RCCL) does not guarantee a contract or financing with the Georgia Division of Family and Children Services (DFCS), the Georgia Department of Juvenile Justice (DJJ), or any other state agency.</p>
	<p>It is the facility's responsibility to maintain a copy of the policies and procedures. The facility must ensure the policies and procedures are current, compliant with all statutory regulations, and available for review by Residential Child Care Licensing (RCCL) staff at all times.</p>
	<p>After obtaining licensure, if there is to be a change in the name of the institution, change in ownership, changes in the ages of children to be served, or additions or changes in the uses of the buildings that will affect the facility's licensed capacity, an application for an amended license shall be submitted at least thirty (30) days prior to the changes or additions, except in cases of emergencies. In such cases of emergencies, which make it impossible to submit an application within thirty (30) days, the governing body or director shall notify the Department by telephone and shall submit an application for the amended license as soon as the governing body or the director becomes aware of the change or addition. 290-2-5-.06(2)(d)</p>

### SECTION E: STATEMENT OF COMPLIANCE

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 institution is responsible for meeting all rules and regulations associated with requested changes.

Signature of Director	Date
Signature of Owner / Governing Body Chairperson (if applicable)	Date

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

**AFFIDAVIT RE: PERSONAL IDENTIFICATION  
COUNTY 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 personal 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, Residential Child Care  
Licensing, to operate a business / activity to be located at the following address:  
\_\_\_\_\_ is 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:\_\_\_\_\_.

## **Residential Child Care Licensing (RCCL)**

### **Documents Needed to Establish Identity**

Residential Child Care Licensing verifies the identity of all applicants. Please submit a copy of one of the following acceptable documents, that establishes identification for application purposes.

- 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 Credential
- Native American tribal document
- Driver's license issued by a Canadian government authority

## **Residential Child Care Licensing (RCCL)**

### **List of Required Attachments**

#### **Please provide the following attachments along with the application.**

1. A copy of the applicant's Mandatory Application Training certificate.
2. A certified copy of the facility's current Articles of Incorporation, if applicable.
3. A certified copy of the current facility's by-laws, if applicable.
4. A list of the names and addresses of the current members of the governing body and a letter of acceptance from each, if applicable.
5. A list of the professional staff including their education and experience. Include a copy of the resume, degree and/or transcripts for the director and human services professional.
6. The facility's plan for financing, including an itemized budget.
7. Bond for the governing body and staff responsible for handling substantial amounts of funds. Evidence of sufficient funds to support services offered.
8. An outline of the facility's floor plan and pictures of the facility.
9. A letter from the local zoning authority verifying the facility's compliance with local ordinances.
10. A copy of the approved fire inspection. Attach a copy of the certificate of occupancy, if required.
11. A current water bill. If the facility uses well water or does not use an approved community water source, submit a copy of an approved water inspection from the Environmental Health Department. If the facility uses a septic tank or any other sewage system that is not approved and used by the local jurisdiction, the facility must submit a copy of an approved inspection from the Environmental Health Department. The inspection should state the size and capacity of the septic tank identified.
12. A copy of a food service permit and the current food service inspection report, if applicable (facility's housing 13 or more residents).
13. Sample menus (4 weeks).
14. Documentation of arrangements with at least one physician and one dentist or a health care agency that provides physician and dental services for the medical care of the residents at the facility.
15. Verification the facility has transportation to transport residents, including a copy of the vehicle's seating capacity, current insurance and a safety inspection completed on a form provided by the Department.
16. Evidence the facility's disaster preparedness plan includes written agreements with any facility that agrees to receive the facility's residents in cases of emergency.
17. Evidence the facility's disaster plan has been submitted to the local Emergency Management Agency.

18. A copy of the facility's personnel policies (may be included in the operational manual).
19. A copy of the facility's policy manual and operating procedures.
20. A blank copy of all the facility's forms, as required by the CCI rules and regulations.
21. The Policy Provider Chart.
22. Documentation of the facility's accreditation status (QRTP only).
23. Certification as a local victim assistance program (CSERC only).

Refer to the Child-Caring Institution rules and regulations for additional clarification on any of the items noted above. Additional clarification will also be provided during the Mandatory Application Training.



**Department of Human Services**  
**Office of Facilities and Support Services, Transportation Services Section**  
**Annual Safety Inspection Report**

Vehicle #: \_\_\_\_\_ Tag #: \_\_\_\_\_ Mileage: \_\_\_\_\_ Date: \_\_\_\_\_

	OK	Needs Attn	Unsafe		OK	Needs Attn	Unsafe				
<b>BODY EXTERIOR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for body or fender damage.	<b>CONTROL PANEL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check warning lights and buzzers.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all windows.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dash lights.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check side-view mirrors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check interior lighting.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check attached body parts for looseness.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check gauges.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield wiper blades.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check headlamps and remaining lights.		
<b>TIRES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check tire wear.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check license plate light.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for nails, glass, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dimmer switch.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for tread separation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency flashers.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air pressure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check reverse lights.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check lug nuts for tightness.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check horn.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield wiper operation.			
<b>UNDER HOOD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure test cooling system.	<b>ACCESSORIES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check heater output.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check coolant/antifreeze level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air conditioner output.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check cooling system circulation.							
	<b>BODY INTERIOR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake fluid level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check first aid kit.		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check power steering fluid level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check fire extinguisher.		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check battery and cables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check seats/floors for tears and looseness.		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check starting and charging system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check floors for loose wheelchair tracks.		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield washer fluid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency exit.		
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Check transmission fluid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check window operation.			
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check rearview mirror.			
<b>ENGINE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all fuel lines for leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for loose/inoperable body belts.			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check belts for looseness or signs of wear.	<b>RECOMMENDATIONS:</b>	<div><input type="checkbox"/> Schedule recommended work in the near future</div> <div><input type="checkbox"/> Schedule recommended work immediately</div>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all hoses for leaks or signs of wear.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for loose wiring.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air filter – clean.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check accelerator linkage.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check oil filter.							
	<b>UNDERCARRIAGE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Check fuel tank lines for leaks.	<div>Inspection Vendor:</div> <div>Vendor Address:</div> <div>Vendor Phone:</div>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Check differential for leaks.							
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Check rear springs, shacklers, and Shocks.							
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Check driveshaft center support and U-joint.							
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Check front suspension and shocks.							
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Check steering linkage.							
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Check exhaust system.							
<b>BRAKES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check shoes and pads for lining wear.	<div>Inspector Printed Name:</div> <div>Inspector Signature:</div> <div>Only one certification required. Verification must be maintained with files.</div> <div><input type="checkbox"/> ASE Certified Mechanic (provide current certificate)</div> <div><input type="checkbox"/> ARI Certified Vendor (attached Vital/Insights listing)</div> <div><input type="checkbox"/> Tech School Certificate (attach certificate)</div>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake lines for leaks.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake vacuum hoses.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake adjustments.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake pedal clearance.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency brake.							