

STATE OF GEORGIA)

COUNTY OF _____)

AFFIDAVIT RE: PERSONAL IDENTIFICATION 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: _____.

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

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 Residential Child Care Licensing Unit **DOES NOT** guarantee that the Georgia Department of Family & Children Services (DFCS), the Georgia Department of Juvenile Justice (DJJ) or any other state department or agency will refer children to you 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 (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 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 it 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 THE MOST CURRENT AND COMPLETE COPY OF YOUR POLICIES AND PROCEDURE AT YOUR FACILITY AT ALL TIMES.

We do not maintain a copy of your approved policies and procedures in your state file once you are licensed.

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

DO NOT PROVIDE US WITH THE ONLY COPY OF YOUR POLICIES AND PROCEDURES AS WE WILL NOT BE ABLE TO COPY THEM OR RETURN 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 the local building and zoning department and the appropriate fire safety authorities.

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

1. A copy of the fire authority approval of the facility location is attached. Also attached is a copy of the certificate of occupancy, if required.
2. A copy of the local building department 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 natural 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 the facility has other than an approved community system (water and sewer), a copy of the Environmental Health Department approval form for the well and/or septic tank with the size and capacity of the septic tank identified is attached.
5. Attach a copy of the Food Service Permit and the current food service inspection report, if applicable.
6. Attach a copy of Health Department Inspection.
7. Attached is a statement from the local building and zoning authority verifying compliance with local ordinances, if applicable.

C. A satisfactory preliminary criminal records check (CRC) determination was received for: _____ Director, on _____ and _____

D. A CRC for person in charge in director's absence, on _____.

E. A CRC for 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 an RCC 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.

I hereby request an on-site RCC 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 #: _____