**I. School District and RTF Information**

**School District Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School District** |  | | | | | | | | | | | | |
|  | | | |  | | |  | | | | |  |  |
| ***School District Mailing Address*** | | | |  | | | ***School District Telephone*** | | | | |  | ***School District Fax*** |
|  | | | | | |  | | |  | | |  |  |
| ***School District City*** | | | | | |  | | | ***State*** | | |  | ***Zip*** |
|  | |  |  | | |  | | |  | |  |  | |
| ***LEA Superintendent*** | |  | ***Telephone*** | | |  | | | ***Fax*** | |  | ***Email*** | |
|  | |  |  | |  | | |  | |  |  | | |
| ***LEA RTF Coordinator/Liaison*** | |  | ***Telephone*** | |  | | | ***Fax*** | |  | ***Email*** | | |

**Residential Treatment Facility (RTF) Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Legal Name of Residential Treatment Facility:** |  | | | | | |
|  | |  |  | |  |  |
| ***Residential Treatment Facility Mailing Address (not corporate office)*** | |  | ***RTF Telephone*** | |  | ***RTF Fax*** |
|  | | |  |  |  |  |
| ***RTF City*** | | |  | ***State*** |  | ***Zip*** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| ***RTF CEO or Executive Director*** |  | ***Telephone*** |  | ***Fax*** |  | ***Email*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  |  |  | | |  |  |
| ***Contact Name of Education Administrator at RTF*** | | |  | ***Telephone*** |  | ***Fax*** | | |  | ***Email*** |
|  |  |  | | | | |  |  | | |
| ***Grade levels Served by RTF*** |  | ***# of Students placed by DJJ/DHR at application date*** | | | | |  | ***Date application sent to GaDOE*** | | |

**Required Signatures**

I hereby certify that the information contained in this application is, to the best of my knowledge, true, complete, and correct. I further certify that any ensuing program or activity will be conducted in accordance with all applicable federal, state, and local laws and regulations.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Typed Name of Superintendent of LEA*** |  |  |
|  |  |  |
| ***Signature of Superintendent of LEA*** |  | ***Date Signed*** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Typed Name of CEO or Executive Director*** | |  |
|  |  |  |
| ***Signature of CEO or Executive Director*** | | ***Date Signed*** |

**II. Authority**

The Georgia Department of Education is responsible for maintaining a list of eligible Residential Treatment Facilities (RTFs) for services under O.C.G.A. § 20-2-133(b). RTFs must submit proof, with assistance from the LEA, to the Georgia Department of Education that the RF serves students pursuant to O.C.G.A. § 20-2-133 as cited below:

* O.C.G.A. § 20-2-133(b)(1)

Any child, except a child in a youth development center as specifically provided in this paragraph, who is in the physical or legal custody of the Department of Juvenile Justice or the Department of Human Resources, or in a placement operated by the Department of Human Resources, or in a facility or placement paid for by the Department of Juvenile Justice or the Department of Human Resources or any of its divisions and who is physically present within the geographical area served by a local unit of administration for any length of time is eligible for enrollment in the educational programs of that local unit of administration; provided, however, that the child meets the age eligibility requirements established by this article. **The local unit of administration of the school district in which such child is present shall be responsible for the provision of all educational programs, including special education and related services, at no charge as long as the child is physically present in the school district.**

No child in a youth development center, regardless of his or her custody status, shall be eligible for enrollment in the educational programs of the local unit of administration of the school district in which that youth development center is located.

No child or youth in the custody of the Department of Corrections or the Department of Juvenile Justice and confined in a facility as a result of a sentence imposed by a court shall be eligible for enrollment in the educational programs of the local unit of administration of the school district where such child or youth is being held.

* O.C.G.A. § 20-2-133(b)(2)

Except as otherwise provided in this Code section, placement in a facility by a parent or by another local unit of administration shall not create an obligation, financial or otherwise, on the part of the local unit of administration in which the facility is located to educate the child.

III. **Required Documentation – Residential Treatment Facility**

To meet federal and state mandates, the Department can only add facilities to its list of approved facilities served under O.C.G.A. § 20-2-133(b) prior to the start of each school year. **Accordingly, applicants must provide all required information found in this application no later than May 15 annually to be considered for placement on the list of residential treatment facilities eligible for services under O.C.G.A § 20-2-133(b).**  Any applications not completed and received by the Department by the May 15 deadline will not be eligible for services under O.C.G.A. § 20-2-133(b) until the following school year.

This complete application packet must be submitted by the authorized representatives of the applying residential treatment facility with assistance from its local education agency prior to the Georgia Department of Education’s determination of the residential treatment facility’s eligibility for services under O.C.G.A. § 20-2-133.

**Required Documentation**

* A copy of the School District and RTF Information page with signatures.
* A copy of a contract or other documentation from DHR/DJJ that indicates the RTF is **currently serving** students that are **physically present** within the geographical area served by a LEA for any length of time and are:
  + In the physical or legal custody of the Department of Juvenile Justice (DJJ) or the Department of Human Resources (DHR); or
  + In a placement operated by the DHR; or
  + In a RF or placement paid for by the DJJ or DHR or any of its divisions.
* A copy of an up-to-date Department of Human Resources license for the applying residential facility to operate issued by DHR’s Office of Regulatory Services. (Temporary or expired licenses are not acceptable.)
* A completed GaDOE Required Site Information Form (Attachment A) with appropriate attachment. (Please see Roman Numeral IV of Attachment A.)

**IV. Contact Information**

Applications may be submitted in hard copy, by facsimile, or by electronic mail.

**Postal Mailing Address:**

Krista Lowe

Residential Treatment Facilities Grant

Georgia Department of Education

2053 Twin Towers East

Atlanta, GA 30334

Phone: 404-463-3377

Fax:404-463-2393

Email: acummings@doe.k12.ga.us

**Electronic Mail:** klowe@doe.k12.ga.us

When submitting the completed application with required signatures electronically, please convert the document into a portable document file (PDF) prior to submission.

**Fax Number: (404)463-2393**

The completed application with required signatures may be faxed to the above Fax number. The Department has the ability to convert the faxed document into a portable document file.

If you have questions and/or concerns about the completion and submission of this documentation, please contact Ms. Lowe by telephone at (404) 463-2393 or by email at klowe@doe.k12.ga.us

**APPENDIX A**

**GaDOE Required Site Information Form (Property)**

**Initial Application of School Districts for Resident Treatment Facilities Requesting Service under O.C.G.A § 20-2-133**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE FOLLOWING IS A LIST OF THE MINIMUM INFORMATION REQUIRED AND NECESSARY TO ASSIGN A FACILITY/SCHOOL CODE NUMBERS** | | | | | | | | | | | | | | | | | | | | |
| It is essential that this information be received by the Georgia Department of Education as soon as possible in order to assign Facility/School Codes. (Additional information may be requested/required for the Residential Treatment Facilities at a later date.) | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | |
| **I.** | **Facility Location and Basic Information** | | | | | | | | | | | | | | | | | | | |
|  |  | **Facility Name** | |  | | | | | | | | | | | | | | | | |
|  |  | **Street Location Address** | |  | | | | | | | | | | | | | | | | |
|  |  | **City, State, Zip** | |  | | | |  |  | | | | | |  |  | | |  | |
|  |  |  | | ***City*** | | | |  | ***State*** | | | | | |  | ***ZIP*** | | |  | |
|  |  |  | | | | | | | | | | | | | | | | | | |
|  |  | **School District of Facility's Physical Location** | | |  | | | | | | **School District** | | | | | | | |  | |
|  |  | **Principal's Name** | | |  | | | | | | | | | | | | | |  | |
|  |  | **Principal's Email** | | |  | | | | | | | | | | | | | |  | |
|  |  | **Projected Grades** | | |  | | | | | | | | | | | | | |  | |
|  |  | **Approximate # Students** | | |  | | | | | | | | | | | | | |  | |
|  |  |  | | | | | | | | | | | | | | | | | | |
| **II.** | **Description of Property where Facility is Located** | | | | | | | | | | | | | | | | | | | |
|  | **A.** | | **Provide a description of the property Including at a minimum the following information** | | | | | | | | | | | | | | | | | |
|  |  | | **Acreage in Site** | |  | |  | | | | | | | | | | | | | |
|  |  | |  | | **# of Acres** | |  | | | | | | | | | | | | | |
|  |  | | **Property Zoned As:**  Please indicate as one: (1) Residential (2) Industrial (3) Commercial or (4) Other | |  | | | | | | | | |  | | | | | | |
|  |  | | **If "Other" is selected please describe.** | |  | | | | | | | | | | | | | | | |
|  |  | | **Water Type**  Please indicate as (1) Public or (2) Private | |  | | | | | | | | |  | | | | | | |
|  |  | | **Sewage Type**  Please indicate as (1) Public or (2) Private | |  | | | | | | | | |  | | | | | | |
|  |  | | **Natural Gas Available?**  Please indicate as (1) Yes or (2) No | |  | | | | | | | | |  | | | | | | |
|  |  | | **In Flood Plain?**  Please indicate as (1) Yes or (2) No | |  | | | | | | | | |  | | | | | | |
|  |  | | **If "Yes", # of Acres in Flood Plain** | |  | |  | | | | | | | | | | | | | |
|  |  | |  | | **# of Acres** | |  | | | | | | | | | | | | | |
|  | **B.** | | **Provide an evaluation of each hazard in relation to the possible impact on the site and potential risk to students using this site/facility. (Refer to DOE Risk Hazard Guidance Document for additional information regarding potential hazards located on the GaDOE Web site at http://www.gadoe.org/fbo\_facilities.aspx?PageReq=FBOFacilitiesInfo** | | | | | | | | | | | | | | | | | |
|  |  | |
|  |  | |
|  |  | | **(Please Insert additional rows here to provide complete evaluation data)** | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | |
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| **III.** | **Ownership of the Property** | | | | |  | | | | | | | |  | | |  | | |  |
|  | **A.** | | **Property Status (Please Select One: (1)Owned or (2) Leased)** | | |  | | | | | | | |  | | |  | | |  |
|  | **B.** | | **Property Owner Name:** | | |  | | | | | | |  | | | | | | | |
|  | **C.** | | **Property Owner Street Address:** | | |  | | | | | | |  | | | | | | | |
|  | **D.** | | **Property Owner City, State, and Zip Code** | | |  | | | |  | |  | | | | | |  |  | |
|  |  | |  | | |  | | | |  | | ***Property Owner State*** | | | | | |  | ***ZIP*** | | |
|  |  | |  | | |  | | | |  | |  | | | | | |  |  | | |
|  |  | |  | | |  | | | |  | |  | | | | | |  |  | | |
| **IV.** | **Attach a copy of the Warranty Deed if Property is Owned.** | | | | | | | | | | | | | | | | | | | | |
|  | **Attach a copy of the Lease Agreement if Property is Leased** | | | | | | | | | | | | | | | | | | | | |

**The attached file contains information to facilitate the completing Sections I – IV above.**

**Check List for Required Documentation**

A copy of the School District and RTF Information page with signatures. (Front Page of this Document)

A copy of a contract or other documentation from DHR/DJJ that indicates the RTF is **currently serving** students that are **physically present** within the geographical area served by a LEA.

A copy of an up-to-date Department of Human Resources license for the applying facility to operate issued from DHR’s Office of Regulatory Services. (Temporary or expired licenses are not acceptable.)

A completed Facility Code Request Form. (Attachment A)

Appropriate Documentation as required for Facility Code Request, Roman Numeral VI.

Warranty Deed

OR

Lease Agreement

Complete Facilities Service Site Approval Packet and send to [kwaldrep@doe.k12.ga.us](mailto:kwaldrep@doe.k12.ga.us)

Please refer to page three of this document for submission options.

If you have questions or concerns, please contact Krista Lowe by email at klowe@doe.k12.ga.us or via telephone at (404) 463-3377.



**Site Application Process**

1. Print Site Application package from Department of Education website. Or obtain an electronic version from **kwaldrep@doe.k12.ga.us**.
2. **Form must be 2015** **version or the new electronic version**.
3. Complete application. **All** questions/information items must be completed.
4. Signatures
5. For Charter Commission Schools: the signature of the Board Chairperson is the Chairperson of the Charter School Board of Directors. The signature of the Superintendent should be the Principal of the school. For county or city systems, the signature of the System Superintendent and the Chairperson of the School Board are required.
6. Signatures
7. The Department of Education Facilities Consultant for your area should sign and date the first line. If you do not know who that person is, contact the Georgia Department of Education, Facilities Unit or contact the local public-school system.
8. The second line may be signed by a member of the local Health Department, Regional Health Department or local water/sewer representative. This signature verifies that there is suitable sewer capacity in the area to handle the school and that an adequate supply of potable water is available. A letter from the local water/sewer provider may be provided in-leu of a signature.
9. The third signature is from the local Building Codes Official and is only required if an existing structure is going to be used. This signature verifies that the structure is safe and suitable for use as a public school in the State of Georgia.
10. The following items of documentation are required:
11. Letter of assurance from the Flood Plain Management Coordinator of the Georgia Department of Natural Resources.

Georgia Department of Natural Resources

Floodplain Management Unit

200 Piedmont Avenue SE

Suite 418 West Tower

Atlanta, Georgia 30334

Phone: 404-651-8495

1. A copy of the rough plat of the proposed site with building positioned.
2. A copy of flow test results from a fire hydrant nearest to the site – should include residual and static pressures.
3. Department of Transportation letter: Send a letter to the Georgia Department of Transportation advising them of your intent to construct or locate a school at the given address. The letter should be on school letterhead, a copy included in your site application to the Georgia Department of Education, and a copy sent to your local Road/Transportation Departments.

State Aid Office

Georgia Department of Transportation

One Georgia Center

600 West Peachtree Street, NW

Atlanta, Georgia 30308

1. Secure the services of an engineering firm to conduct a Phase I Environmental Site Assessment (ESA). This is to determine if there are hazards within 3 miles of the proposed school site. If the Assessment determines that hazards exist, it is required that the engineer perform a Risk/Hazard Analysis which should follow the Department of Education’s guidelines. If any of the hazards are present within a mile of the site, the engineers **MUST** address the impact the hazard would have on the site in a worst-case scenario. There are situations when the impact of the hazard extends more than one mile – it is the professional responsibility of the engineer to note those situations. A probability analysis is not acceptable. The engineer must make suitable mitigative recommendations to make the site safe for a public school in the State of Georgia. **It is required that the engineer close this section** **with a Suitability Statement** stating that the site is safe, in the professional judgment of the engineer, for a public school in the State of Georgia. **This statement must be signed and the professional engineer’s seal affixed to the statement.**
2. All information (1 hard copy) must be forwarded to the Georgia Department of Education, Facilities Section. For System Charter Schools, the application should originate with the host School System. When the application has been signed by the Superintendent and the Chairperson of the local Board of Education, the application should be forwarded to the Facilities Unit of the Georgia Department of Education.

Georgia Department of Education

Facilities Services Unit

Attention: Mr. Kelland Waldrep

1670 Twin Towers East

205 Jesse Hill Jr. Drive, SW

Atlanta, Georgia 30334-5050

Phone 404-656-2454

**OR**

All documentation may be submitted electronically to Mr. Kelland Waldrep through email at [kwaldrep@doe.k12.ga.us](mailto:kwaldrep@doe.k12.ga.us)

Each required document should be submitted as a separate PDF file. If the ESA is too large to submit through email, a drop box should be created, and a link submitted to Mr. Kelland Waldrep at [kwaldrep@doe.k12.ga.us](mailto:kwaldrep@doe.k12.ga.us)