

Georgia Rules and Regulations

Administrative Bulletin for February 2024

OFFICE OF SECRETARY OF STATE ADMINISTRATIVE PROCEDURE DIVISION

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Department 111. RULES OF DEPARTMENT OF COMMUNITY HEALTH

Chapter 111-2. HEALTH PLANNING

Subject 111-2-2. CERTIFICATE OF NEED

111-2-2-.20 Specific Review Considerations for Short-Stay General Hospital Beds

(1) Applicability.

(a) A Certificate of Need will be required prior to the establishment of a new hospital, replacement of an existing hospital, or expansion of an existing hospital.

(b) The provisions in these Rules do not apply to the following situations:

1. bed replacements in existing hospital facilities which do not require a capital or equipment expenditure over the applicable dollar threshold; or

2. changing the physical location of existing beds within an existing facility regardless of cost; provided, however, that any project in excess of the applicable capital expenditure or equipment dollar threshold must be reviewed in accordance with the review considerations set forth in Ga. Comp. R. & Regs. r. [111-2-2-.09](#); or

3. projects that are otherwise exempt from review pursuant to O.C.G.A. § [31-6-47\(a\)\(15\)](#).

(c) An existing hospital seeking an expansion to be used for new institutional health services, including perinatal services, rehabilitation services, or psychiatric and substance abuse services, must meet the applicable service-specific Rules found in this Chapter and, as a threshold matter, meet the need standards set forth in Ga. Comp. R. & Regs. r. 111-2-2-.20(3)(b)(3) but shall not be required to meet the other requirements in Ga. Comp. R. & Regs. r. 111-2-2-.20.

(d) A hospital that has been approved through the Certificate of Need process to use a certain number of short-stay hospital beds for long-term acute care ("LTAC") beds shall have such LTAC beds removed from the official inventory of available short-stay beds once the LTAC is certified by Medicare; provided, however, that such beds will revert to the hospital's official inventory of available short-stay beds at any point that the LTAC ceases operation or is no longer certified by Medicare. An application to use existing short-stay hospital beds for LTAC beds shall not be subject to the guidelines in Ga. Comp. R. & Regs. r. 111-2-2-.20.

(2) Definitions.

(a) "Age cohorts" for purposes of these Rules refers to the following age groups: persons zero (0) to seventeen (17); persons eighteen (18) to sixty-four (64); and persons sixty-five (65) and older.

(b) "Available beds" or "CON approved beds" means the total number of beds authorized for use by a hospital or group of hospitals based on capacity approved or authorized through the Certificate of Need process.

(c) "Children's hospital" means a hospital in which ninety percent (90%) or more of the patients served by the hospital are seventeen (17) or less years of age.

(d) "Critical Access Hospital" means a hospital designated as a critical access hospital pursuant to the state's rural health plan and the guidelines of the Medicare Rural Hospital Flexibility Program authorized by section 4201 of the Balanced Budget Act of 1997.

(e) "Destination cancer hospital" means an institution with a licensed bed capacity of fifty (50) or less which provides diagnostic, therapeutic, treatment, and rehabilitative care services to cancer inpatients and outpatients, by or under the supervision of physicians, and whose proposed annual patient base is composed of a minimum of sixty-five percent (65%) of patients who reside outside the State of Georgia.

(f) "Expansion" means the addition of available beds or CON approved beds for an existing hospital.

(g) "Health planning area" or "planning area" means the twelve (12) state service delivery regions as defined in O.C.G.A. § [50-4-7](#).

(h) "Horizon year" means the last year of a five (5) year projection period for need determinations.

(i) "Optimal Occupancy Rate" means a target or expected level of use of available beds as calculated based on the annual patient days divided by the available beds multiplied by three hundred sixty-five (365). The optimal occupancy rate is variable based on the following:

1. for hospitals located in a rural county, sixty-five percent (65%);
2. for hospitals located in a non-rural county, seventy-five percent (75%); and
3. for teaching or children's hospitals, seventy percent (70%).

(j) "Patient days" means the number of days of inpatient services based on the most recent full year of hospital discharge data or the annual hospital questionnaire.

(k) "Replacement" means new construction to substitute another facility for an existing facility. New construction may be considered a replacement only if the replacement site is located three (3) miles or less from the facility being replaced or, in the case of the facility proposing a replacement site beyond the three (3) mile limit, if the replacement site is located within the same county and would serve substantially the same patient population, based on patient origin by zip code and payer mix, as the existing facility.

(l) "Rural county" means a county with a population of 35,000 or less based on the most recent decennial census, as defined in O.C.G.A. § [31-7-94.1\(c\)\(3\)](#).

(m) "Safety net hospital" is defined as a hospital that meets at least two (2) of following criteria:

1. the hospital is a children's hospital or a teaching hospital;
2. the hospital is designated by the Healthcare Facility Regulation Division as a trauma center;
3. Medicaid and Peach Care inpatient admissions constitute twenty percent (20%) or more of the total hospital inpatient admissions;
4. Uncompensated charges for indigent patients constitute six percent (6%) or more of hospital adjusted gross revenue; or
5. Uncompensated charges for indigent and charity patients constitute ten percent (10%) or more of hospital adjusted gross revenue.

(n) "Short stay hospital" or "hospital" is defined as a facility with an average length of stay of less than thirty (30) days.

(o) "Target service area population" means the total populations of all counties, which are in part or in whole, within a ten (10) mile radius of the planned location of a new, expanded, or replacement hospital.

(p) "Teaching hospital" means a hospital designated as a teaching hospital by the Georgia Board for Physician Workforce, which serves as a sponsoring or major participating hospital for a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and maintains a written affiliation agreement with an accredited medical school located in Georgia or is owned and operated by an accredited medical school in Georgia.

(3) Standards.

(a) A new hospital must be at least fifty (50) beds in size if located in a rural county and at least one hundred (100) beds in size if located in a county other than a rural county.

(b) The need for a new, replacement or expanded hospital shall be determined through application of an appropriate numerical need methodology designed to assess need for the specific purpose sought in the application.

1. The numerical need for a new hospital shall be determined through application of a demand-based forecasting model. The model is outlined in the steps below:

(i) Calculate the use rate for current hospital services in the target service area population by dividing the patients days for each age cohort by the population for each age cohort for same year as patient days were calculated.

(ii) Project the horizon year use rate for hospital services in the target service area population by multiplying the use rate for current hospital services by age cohort by the horizon year population by age cohort.

(iii) Divide the results of the calculations in Step (ii) by 365 and sum these numbers to determine a baseline bed need.

(iv) Adjust the baseline bed need by adding a factor to account for use of the hospital services located within the target service area population by persons from out of state. The factor shall be determined by calculating the patient days for the hospitals in the target service area that may be attributed to persons from out of state as a percentage of total patient days, and then dividing that percentage into the baseline bed need. In addition, if the target service area population includes any county or counties outside the state of Georgia, the projected bed need of the out-of-state counties should be calculated by applying the projected rate of beds needed per 1,000 for in-state counties in the target service area population to the prorated portion of population in out-of-state counties.

(v) Divide the baseline bed need by the optimal occupancy rate, as determined by the size of the proposed new facility, to project the total number of beds needed for the target service area population.

(vi) Calculate the number of available beds for the target service area population by adding all of the short stay beds located in the counties, including those outside of Georgia if applicable, which are in part or in whole within a ten (10) mile radius of the planned location of the new hospital.

(vii) Subtract the number of available beds from the total number of beds needed for the target service area population to determine the net number of beds needed.

2. A new hospital shall be approved only if the total target service area population is at least 50,000 persons.

3. The numerical need for a replacement or expanded hospital shall be determined through application of a demand-based forecasting model. The model is outlined in the steps below:

(i) Calculate the county use rate for the current hospital's services by dividing the patients days for Georgia residents by county within each age cohort by the population by county for each age cohort for the same year as patient days were calculated.

(ii) Project the horizon year use rate for the hospital's services by multiplying each county use rate by age cohort by the horizon year population of each county by age cohort.

(iii) Sum the number of patients resulting from Step (ii) and divide by three hundred and sixty-five (365) to determine a baseline bed need rate.

(iv) Adjust the baseline bed need rate by adding a factor to account for use of the hospital's services by persons from out of state. The factor shall be determined by calculating the patient days for the hospital that may be attributed to persons from out of state as a percentage of total patient days, and then dividing that number into the baseline bed need.

(v) Divide by optimal occupancy rate, as determined by the size of the proposed facility, to project the total number of beds needed for the replacement or expanded hospital.

(vi) Compare the results of Step (v) with the number of beds requested for the replacement or expanded hospital and, if appropriate, the number of available beds to determine whether the proposed replacement or expanded hospital meets the need standards.

(c) The Department may allow an exception to need and adverse impact standards outlined in Ga. Comp. R. & Regs. r. 111-2-2-.20(3)(b) and (d) for a facility meeting any one of the following criteria:

1. The facility is an existing facility designated by the Department of Public Health as a trauma center;
2. The facility is an existing teaching hospital;
3. The facility is a sole community provider and more than twenty percent (20%) of the capital cost of any new, replacement or expanded facility is financed by the county governing authority, as defined in O.C.G.A. § [1-3-3\(7\)](#), of the home county or the county governing authorities of a group of counties; or
4. The facility is a designated critical access hospital and is seeking replacement of its existing facility at a size not to exceed twenty-five (25) CON approved beds; or
5. The facility is an existing short-stay general hospital meeting one of the following conditions:
 - (i) A facility in an urban county or rural county seeking to add short-stay general hospital beds in response to the closure of a short-stay general hospital located within a five (5) mile radius;
 - (ii) A facility in a rural county seeking to add short-stay general hospital beds in response to the closure of a short-stay general hospital located in the same rural county or a contiguous county; or
 - (iii) A facility in an urban county seeking to add short-stay general hospital beds in response to the closure of a short-stay general hospital located in a contiguous rural county.

To qualify for an exception under Ga. Comp. R. & Regs. r. 111-2-2-.20(3)(c)5, the existing hospital must demonstrate that it will serve substantially the same patient population based on patient origin and payor mix data as the closed hospital, to be determined in the sole discretion of the Department. The expansion under Ga. Comp. R. & Regs. r. 111-2-2-.20(3)(c)5 may be for up to twenty percent (20%) of capacity of the applicant hospital and the application for a certificate of need under this exception shall be filed no more than eighteen (18) months after the closure of the short-stay general hospital. Notwithstanding the foregoing, the exception set forth in Comp. R. & Regs. r. 111-2-2-.20(3)(c)5 may be requested by an applicant only one (1) time in response to the closure of a particular short-stay general hospital unless such applicant provides written justification in support of a second request that is granted by the department in its sole discretion, if such justification was submitted within no more than eighteen (18) months after closure of that hospital.

(d) 1. An applicant for a new, replacement or expanded hospital shall demonstrate the expected effects of the proposed services on other hospitals within the target service area population, including how any enhanced competition will have a positive impact upon the cost, quality, and access to the services proposed; and in the case of applications for a new, replacement or expanded hospital where competition between providers will not have a

favorable impact on cost, quality and access, the applicant shall be required to document that its application will not have an adverse impact.

2. An applicant for a new, replacement or expanded hospital shall document in its application that the new, replacement or expanded facility is not predicted to be detrimental to safety net hospitals within the planning area. Such demonstration shall be made by providing an analysis in the application that compares current and projected changes in market share and payer mix for the applicant and any safety net hospitals. Impact on an existing safety net hospital shall be determined to be adverse if, based on the utilization projected by the applicant, any existing safety net hospital would have a total decrease of ten percent (10%) or more in its average annual utilization, as measured by patient days for the two most recent and available preceding calendar years of data.

3. An applicant for a new, replacement or expanded hospital shall document in its application that the new, replacement or expanded facility is not predicted to be detrimental to any teaching hospitals in the state. Such demonstration shall be made by providing an analysis in the application that compares current and projected changes in market share and payer mix for the applicant and any teaching hospitals. Impact on an existing teaching hospital shall be determined to be adverse if, based on the utilization projected by the applicant, any existing teaching hospital would have a total decrease of five percent (5%) or more in its average annual utilization, as measured by patient days for the two most recent and available preceding calendar years of data.

(e) In considering applications joined for review, the Department may give favorable consideration to whichever of the applicants historically has provided the higher annual percentage of unreimbursed care to indigent and charity patients and the higher annual percentage of services to Medicare, Medicaid and Peach Care patients.

(f) An applicant for a new, replacement or expanded hospital shall foster an environment that assures access to individuals unable to pay, regardless of payment source or circumstances, by the following:

1. providing evidence of written administrative policies that prohibit the exclusion of services to any patient on the basis of age, race, sex, creed, religion, disability or the patient's ability to pay;
2. providing a written commitment that services for indigent and charity patients will be offered at a standard that meets or exceeds three percent (3%) of annual, adjusted gross revenues for the hospital;
3. providing a written commitment to participate in the Medicare, Medicaid and Peach Care programs;
4. providing a written commitment to participate in any other state health benefits insurance programs for which the hospital is eligible; and
5. providing documentation of the past record of performance of the applicant, and any facility in Georgia owned or operated by the applicant's parent organization, of providing services to Medicare, Medicaid, and indigent and charity patients.

(g) 1. An applicant for a replacement or expanded hospital shall document that the hospital is fully accredited by the Joint Commission or another nationally recognized accrediting body, and also shall provide sufficient documentation that the hospital has no history of significant licensure deficiencies and no history of conditional level Medicare and/or Medicaid certification deficiencies in the past three (3) years and has no outstanding licensure and Medicare and/or Medicaid certification deficiencies. In the event that the hospital is not accredited by the Joint Commission or another nationally recognized health care accreditation body and relies solely on state licensure, the applicant should provide sufficient documentation that the hospital has no history of significant licensure deficiencies and no history of conditional level Medicare and/or Medicaid certification deficiencies in the past five (5) years and has no outstanding licensure and Medicare and/or Medicaid certification deficiencies.

2. An applicant for a new, replacement or expanded hospital shall:

(i) provide a written commitment that the applicant presently participates, or in the case of a new hospital, will participate, in a statewide or national external reporting and peer review process related to patient safety and control of medical errors;

(ii) provide evidence of the availability of resources, including health care providers, management personnel and funds for capital and operating needs, for the provision of the hospital services; and

(iii) document a plan for obtaining and maintaining staff and service quality standards necessary to promote effective patient care and clinical outcomes.

(h) 1. An applicant for a new, replacement or expanded hospital shall document a plan to operate an emergency room licensed by the Healthcare Facility Regulation Division.

2. An applicant for a new, replacement or expanded hospital shall provide a description of the proposed service area for the hospital and document a community planning process that addresses primary care relationships and the range of transfer and referral activities across the range of care levels. The descriptions and community planning process should address:

(i) Estimated geographic boundaries of primary and secondary service areas and the primary and outpatient providers in these areas;

(ii) Demographic and income characteristics of the service area by age, gender and racial compositions;

(iii) Anticipated payer sources by population totals and percentages to include public payers and indigent and charity care services;

(iv) Patient access to the full continuum of care, including discharge planning and long-term care options;

(v) The projected financial and economic impact that the project will have on the community;

(vi) Strategies related to physician recruitment and medical staffing to include the hospital's plan to ensure that the care provided by physicians and other clinicians is made available to patients without regard for ability to pay;

(vii) The manner in which the facility coordinates or will coordinate with the existing health care system;

(viii) The manner(s) in which the hospital will make available the necessary ancillary and support services; and

(ix) The manner in which the hospital will support the operation of any affiliated critical access hospitals, if applicable.

3. An applicant for a new, replacement or expanded hospital shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the hospital.

4. An applicant for a new, replacement or expanded hospital shall demonstrate that proposed charges for services shall compare favorably with charges for other similar hospital services in the planning area when adjusted for annual inflation. When determining the accuracy of an applicant's projected charges for hospital services, the Department may compare the applicant's history of charges if applicable, with other hospitals in the planning area(s) previously served by the applicant or its parent company.

(i) 1. To respond to changes in the health care delivery system and to promote improved efficiency, access and cost-containment, the Department may authorize the consolidation of two or more hospitals located in one rural county or in contiguous rural counties. A proposal to consolidate hospitals into a single, new consolidated hospital requires a Certificate of Need and must comply with the following criteria.

2. Two or more existing facilities, each of which are operational at the time of approval and each of which are located in the same rural county or in contiguous rural counties, may seek a consolidation to create a single consolidated facility at an existing site or a new site within the same rural county or one of the same rural counties. The applicant or applicants for such a consolidated facility must be able to meet the following conditions:

- (i) The available beds for the proposed consolidated facility must not exceed the total number of available beds of the existing facilities proposed for consolidation;
 - (ii) The applicant(s) for the proposed consolidated facility must show, using patient origin data, that the proposed new facility and/or location is reasonably projected to continue to meet the utilization needs of those populations that historically utilized the existing facilities;
 - (iii) The applicant(s) must explain the impact of consolidation on the service area's health care delivery system and show that any negative impacts on existing and approved providers will be outweighed by the benefits of the proposal;
 - (iv) The applicant must submit documentation demonstrating that the consolidation will promote the most efficient handling of patient needs; improve the ability to update medical technology infrastructure; maximize efficiency for capital and physical plant needs; and improve consumer access to enhanced quality and depth of services; and
 - (v) The applicant(s) must comply with all other provisions of this Rule with exception of the need and adverse impact standards set forth in Ga. Comp. R. & Regs. r. 111-2-2-.20(3)(b) and (d).
- (j) 1. To respond to changes in the health care delivery system and to promote improved efficiency, access and cost-containment, the Department may authorize the consolidation of two or more hospitals located in one non-rural county. A proposal to consolidate hospitals into a single, new consolidated hospital requires a Certificate of Need and must comply with the following criteria.
2. Two or more existing facilities, each of which are operational at the time of approval and each of which are located in the same non-rural county, may seek a consolidation to create a single consolidated facility at an existing site or a new site within the same non-rural county. The consolidating facilities must apply as co-applicants. The applicant or applicants for such a consolidated facility must be able to meet the following conditions:
- (i) The available beds sought for the proposed consolidated facility must not exceed the sum of the total number of beds for which each of the consolidating facilities would be authorized, at the time the application is filed, pursuant to the demand-based forecasting model for determining need set forth in Ga. Comp. R. & Regs. r. 111-2-2-.20(3)(b)3.
 - (ii) The applicant(s) for the proposed consolidated facility must show, using patient origin data by zip code, that the proposed new facility and/or location is reasonably projected to continue to meet the utilization needs of those populations that historically utilized the existing facilities;
 - (iii) The applicant(s) must explain the impact of consolidation on the facilities to be consolidated existing service area(s) health care delivery system and show that any negative impacts on existing and approved providers will be outweighed by the benefits of the proposal;
 - (iv) The applicant must submit documentation demonstrating that the consolidation will promote the most efficient handling of patient needs; improve the ability to update medical technology infrastructure; maximize efficiency for capital and physical plant needs; and improve consumer access to enhanced quality and depth of services; and
 - (v) The consolidating facilities must not seek to offer in a consolidation application any new clinical health service at the proposed new site not offered in each or all of the facilities to be consolidated.
- (k) 1. A Certificate of Need will be issued to an applicant for a destination cancer hospital if it meets the following standards and under the following conditions.
2. An applicant for a destination cancer hospital must document that it meets the criteria described in the definition in Section (2)(e).
3. An applicant for a destination cancer hospital must:

(i) Document that the destination cancer hospital itself and all affiliated facilities are within twenty-five (25) miles of a commercial airport in the State of Georgia with five (5) or more runways;

(ii) Document that the services to be offered by the facility are solely related to the treatment of cancer patients;

(iii) Document the services to be offered within and by the facility that would otherwise be considered a separate new institutional health service. Such services will not be required to obtain separate Certificate of Need authorization, or be reviewed under any service-specific need methodology or rules other than those for a destination cancer hospital if included in the initial Certificate of Need application reviewed under the Rules outlined in section (k) of these Rules;

(iv) Document that the destination cancer hospital will not offer services that are not reasonable related to the diagnosis and treatment of cancer such as, but not limited to, open heart surgery, perinatal services, and cardiac catheterization;

(v) Document that at least sixty-five percent (65%) of its projected annual patient base will be composed of persons who reside outside of the State of Georgia;

(vi) Agree to provide uncompensated indigent and charity care for residents of the State of Georgia which meets or exceeds three percent (3%) of the applicant's adjusted gross revenue;

(vii) Agree to provide care to Medicaid beneficiaries;

(viii) Document that the applicant for a destination cancer hospital will comply with the criteria found in the General Review Considerations of these Ga. Comp. R. & Regs. r. at Section [111-2-2-.09\(2\)](#).

4. A destination cancer hospital that does not meet an annual patient base composed of a minimum of sixty-five percent (65%) of patients who reside outside the State of Georgia in a calendar year shall be fined \$2,000,000.00 for the first year of noncompliance, \$4,000,000.00 for the second consecutive year of noncompliance, and \$6,000,000.00 for the third consecutive year of noncompliance. Such fine amount shall reset to \$2,000,000.00 after any year of compliance. In the event that a destination cancer hospital does not meet an annual patient base composed of a minimum of sixty-five percent (65%) of patients who reside outside of the State of Georgia for three (3) calendar years in a five (5) year period, such hospital shall be fined an additional amount of \$8,000,000.00. All revenues collected from any such fine may be dedicated and deposited by the Department into the Indigent Care Trust Fund created pursuant to O.C.G.A. § [31-8-152](#). The Department, pursuant to O.C.G.A. § [31-6-45\(a\)\(7\)](#), may revoke the Certificate of Need of a destination cancer hospital, in whole, or in part, after notice and an opportunity for a hearing, for failure to meet an annual patient base composed of a minimum of sixty-five percent (65%) of patients who reside outside of the State of Georgia for three calendar years in any five-year period.

5. After commencing operations upon receipt of a Certificate of Need pursuant to these Rules, a destination cancer hospital seeking to add an additional new institutional health service, shall apply for and obtain an additional Certificate of Need under the applicable statutory provisions and the Rules in this section. Any such application shall only be granted if the patient base of the destination cancer hospital is composed of at least sixty-five percent (65%) of patients who reside outside of the State of Georgia for two consecutive years.

6. The Department may apply the Rules in section (k) of these Rules to an application from a destination cancer hospital for a Certificate of Need for services and equipment required for it to meet federal or state laws applicable to a hospital.

7. If a destination cancer hospital cannot show a patient base of a minimum of sixty-five percent (65%) of persons who reside outside of the State of Georgia, the application for a Certificate of Need for any new institutional health service shall be evaluated under the specific statutes and Rules applicable to that particular service.

8. If a destination cancer hospital applies for a Certificate of Need to add an additional new institutional health service before commencing operations or completing two (2) consecutive years of operation, the applicant may rely on historical data from its affiliated entities.

9. The number of beds, services, and equipment used in and by a destination cancer hospital shall not be counted as part of the Department's inventory when determining the need for those beds, services, or equipment for other providers in other Certificate of Need applications not involving destination cancer hospitals.

10. No person shall be issued more than one Certificate of Need for a destination cancer hospital.

11. The Department will not accept an application for a Certificate of Need for a destination cancer hospital on or after January 1, 2010; however, an existing destination cancer hospital may avail itself of all applicable Certificate of Need provisions regarding the upgrade, purchase, or replacement of diagnostic or therapeutic equipment.

12. An applicant for a destination cancer hospital shall agree to provide information related to the operation of and services provided by the facility in the time frame and manner requested by the Department. In addition, a destination cancer hospital shall submit an annual statement, in accordance with the timeframes and format specified by the Department, affirming that the hospital has met an annual patient based composed of a minimum of sixty-five percent (65%) of patients who reside outside the State of Georgia. The chief executive officer of the destination cancer hospital shall certify under penalty of perjury that the statement as prepared accurately reflects the composition of the annual patient base. The Department shall have the authority to inspect any books, records, papers, or other information of the destination cancer hospital to confirm the information provided on such statement or any other information required of the destination cancer hospital. The report required by this sub-section shall not be construed to require the release of any information that would violate the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191.

Cite as Ga. Comp. R. & Regs. R. 111-2-2-.20

AUTHORITY: O.C.G.A. §§ [31-2-8](#), [31-7-2.2](#), [31-7-4](#), [31-7-3.5](#).

HISTORY: Original Rule entitled "Specific Review Considerations for Short-Stay General Hospital Beds" adopted. F. Dec. 16, 2004; eff. Jan. 5, 2005.

Amended: F. Sept. 11, 2008; eff. Oct. 1, 2008.

Amended: F. Nov. 14, 2008; eff. Dec. 4, 2008.

Amended: F. Mar. 11, 2022; eff. Mar. 31, 2022.

Note: Rule 111-2-2-.20, the incorrect version of the Rule was inadvertently filed (i.e., F. Mar. 11, 2022; eff. Mar. 31, 2022.) and appeared on the Rules and Regulations website April 28, 2022 through March 12, 2023. The correct version, as promulgated and adopted on March 10, 2022, was updated on the Rules and Regulations website March 13, 2023, the original filed and effective dates (i.e., F. Mar. 11, 2022; eff. Mar. 31, 2022.) were retained, as requested by the Agency. Effective March 10, 2023.

Amended: F. Feb. 14, 2024; eff. Mar. 5, 2024.

Department 157. RULES OF GEORGIA BOARD OF EXAMINERS OF LICENSED DIETITIANS

Chapter 157-5. CONTINUING PROFESSIONAL EDUCATION

157-5-.01 Requirements and Definitions

(1) Thirty (30) units of continuing professional education completed during each biennium is required for renewal except as otherwise provided in this chapter. See Rule [157-2-.04](#).

(2) The thirty (30) units of continuing professional education are required to be obtained within the two (2) year biennial licensure cycle to renew a license. The biennial licensure cycle is the two (2) year period beginning April 1st of each even numbered year and ending on March 31st of every subsequent even numbered year.

(3) Anyone initially licensed on or after April 1st of an odd numbered year, through March 31st of the following even numbered year, the second year of the biennium, is not required to meet continuing professional education requirements for that biennium.

(4) Continuing Professional Education Units (CPEUs) as used herein means one contact hour of an activity shall equal one CPEU unless specifically stated otherwise.

(5) Continuing Professional Education must meet the following requirements:

(a) Consist of education beyond that required for entry into the profession.

(b) Update, enhance or assess knowledge and skills required for competent performance.

(c) Dietetics-related.

(d) Provide learning outcomes that apply to practice.

Cite as Ga. Comp. R. & Regs. R. 157-5-.01

AUTHORITY: O.C.G.A. §§ [43-1-25](#), [43-11A-7\(2\)](#), [43-11A-14\(d\)](#).

HISTORY: Original Rule entitled "Continuing Education Requirements" adopted. F. Apr. 7, 1988; eff. Apr. 27, 1988.

Repealed: New Rule of same title adopted. F. Oct. 17, 1989; eff. Nov. 6, 1989.

Repealed: New Rule of same title adopted. F. May 20, 1992; eff. June 9, 1992.

Amended: F. June 2, 1993; eff. June 22, 1993.

Amended: F. June 21, 1996; eff. July 11, 1996.

Repealed: New Rule entitled "Requirements and Definitions" adopted. F. Apr. 1, 2002; eff. Apr. 21, 2002.

Amended: F. Aug. 29, 2017; eff. Sept. 18, 2017.

Amended: F. Feb. 1, 2024; eff. Feb. 21, 2024.

157-5-.02 Documentation Requirements

(1) A licensee must retain all required supporting documents as proof of completion of continuing professional education for no less than five (5) years.

(2) Proof of continuing professional education may be documented by:

(a) A copy of the licensee's current Commission on Dietetic Registration (CDR) card and CDR record of continuing professional education; provided, however, that the continuing professional education complies with the requirements specified within this chapter; or

(b) Certificate of attendance including date of event, number of contact hours, provider and provider contact information and a program title and agenda or description of the course; or

(c) Official college or university transcripts and a brief course description of academic coursework; or

(d) Other documentation or appropriate reporting form(s) as determined by the Board.

(3) Board Continuing Education Report Form must be provided with the above documentation if selected for a CE Audit at renewal.

Cite as Ga. Comp. R. & Regs. R. 157-5-.02

AUTHORITY: O.C.G.A. §§ [43-1-25](#), [43-11A-7\(2\)](#), [43-11A-14\(d\)](#).

HISTORY: Original Rule entitled "Documentation Requirements" adopted. F. Apr. 1, 2002; eff. Apr. 21, 2002.

Amended: F. June 15, 2005; eff. July 5, 2005.

Amended: F. Feb. 1, 2024; eff. Feb. 21, 2024.

157-5-.03 Acceptable Continuing Professional Education

(1) Acceptable continuing professional education activities must meet the requirements of this section and may include activities sponsored by the following approved organizations provided they meet the requirements and criteria of this section:

(a) Georgia Board of Examiners of Licensed Dietitians;

(b) Academy of Nutrition and Dietetics (AND) and affiliates;

(c) Commission on Dietetic Registration (CDR); or

(d) Other organizations as approved by the Georgia Board of Examiners of Licensed Dietitians.

(2) The following activities are acceptable, provided they meet the requirements and criteria of this section and may include:

(a) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Academic Coursework and Dietetics-related coursework, including distance learning, at a US regionally accredited college or university.

1. Academic coursework taken for credit or audit are converted to continuing professional education units as follows:

Credit Audit

(i) 1 semester credit = 15 CPEUs for credit; 8 CPEUs if course is audited

(ii) 1 trimester credit = 14 CPEUs for credit; 7 CPEUs if course is audited

(iii) 1 quarter credit = 10 CPEUs for credit; 5 CPEUs if course is audited

2. Official college or university transcripts and a brief course description of academic coursework are required for documentation.

(b) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Massive Open Online Courses. Continuing professional education units may be awarded for time spent viewing recorded online lectures or seminars offered via a regionally accredited college or university.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. Official verification of participation including the course title, name of college or university, proof of the hours of the online lecture or seminar, and date of completion is required for documentation.

(c) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Case Presentations. Continuing professional education units may be awarded for attendance at a dietetics-related case presentation and include but are not limited to grand rounds and patient case studies.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. A certificate of attendance including date of event, number of contact hours and program agenda, or copy of brochure describing the case presentation is required for documentation.

(d) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Certificate Programs. A certificate program is an intensive training program, with a component that assesses the participant. Upon completion of the program, participants receive a certificate attesting to the mastery of a new knowledge/skill set. The certificate program must be dietetics-related, sponsored by a US regionally accredited college or university or an institution accredited/approved by the Joint Commission (JC), National Committee for Quality Assurance (NCQA), or the Commission on Dietetic Registration (CDR).

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. A certificate of completion including date completed, number of CPEUs and the name, address, phone number, and e-mail address or fax number of the provider is required for documentation.

(e) A maximum of six (6) continuing professional education units per biennium may be approved/accrued for viewing Exhibits. Learning through dietetics-related exhibits such as those presented with the Academy of Nutrition and Dietetics (AND) Food and Nutrition Conference and Exhibition may be awarded continuing professional education units when properly documented.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. A certificate of attendance/completion including date completed and number of CPEUs or materials describing the exhibits (with date, timeline, provider and content) is required for documentation.

(f) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Experiential Skill Development training. Guidelines for experiential skill development include: the content must be dietetics-related, the training must include a didactic component, and the providers must be credentialed professionals in the subject area taught or must be a Registered Dietitian or Registered Dietetic Technician.

1. For culinary programs a Registered Dietitian or Registered Dietetic Technician must be involved in the planning or presentation.

2. Examples of experiential skill development training include culinary skills training (where content focuses on food composition, food chemistry, alternative nutrient sources, cultural/social/economic influences, techniques to improve acceptability or compliance), physical assessment training, multi-skill training, and computer/technology training.

3. One (1) continuing professional education unit is equivalent to one (1) contact hour.

4. A certificate of attendance/completion, including date completed, number of CPEUs, the provider credentials and issuing organization is required for documentation.

(g) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Interactive Workshops. The workshop content is required to be dietetics-related and should include interactive discussion or participation among attendees.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. A certificate of attendance/completion, including date completed, number of CPEUs or a CPE agenda/outline (with objectives, date, timeline, and provider) is required for documentation.

(h) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Journal Club activities. The journal club must be preplanned, provide for group participation, and include in-depth discussion of a single dietetics-related topic from pre-assigned articles/papers in professional, peer-reviewed journals.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. A certificate of attendance/completion including date completed and number of CPEUs with the name, address, phone number, and e-mail address or fax number of the coordinator or a PE agenda/outline (with objectives, date, timeline, coordinator) is required for documentation.

(i) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for attending Lectures/Seminars. The lecture/seminar content is required to be dietetics-related, and the CPE activity should include discussion or participation among attendees.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. A certificate of attendance/completion including date completed and number of CPEUs or CPE agenda/outline (with objectives, date, timeline and provider) is required for documentation.

(j) A maximum of twelve (12) continuing professional education units per biennium may be approved/accrued for attending Recorded Pre-Approved CPE. The recorded presentation viewed or listened to must have been either pre-approved by CDR or offered by one of the CDR accredited CPE providers. The recorded presentation must be viewed or listened to within three (3) years of the original date of the live presentation.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.

2. A certificate of completion or agenda/timing outline including the date completed, program title, provider, and number of CPEUs or CPE is required for documentation.

(k) A maximum of six (6) continuing professional education units per biennium may be approved/accrued for attending Poster Sessions. Learning through dietetics-related poster sessions such as those presented at the Academy of Nutrition and Dietetics (AND) Food and Nutrition Conference and Exhibition can be awarded continuing professional education units.

1. One (1) continuing professional education unit is equivalent to one (1) contact hour.
 2. A certificate of attendance/completion including date completed and number of CPEUs or CPE agenda/outline (with objectives, date, timeline and provider) or program/flyer/brochure describing the poster session is required for documentation.
- (l) A maximum of six (6) continuing professional education units per biennium may be approved/accrued for Professional Leadership. Holding an elected office in dietetics or dietetics-related national, state, or district organization that contributes to the acquisition of leadership skills and professional development may be awarded continuing professional education units.
1. A notice, association directory, including name of association, elected office, date completed and number of CPEUs or other documentation confirming the office held and dates of service is required for documentation.
- (m) A maximum of six (6) continuing professional education units per biennium may be approved/accrued for Professional Reading. Reading dietetics-related articles from peer-reviewed professional journals may be awarded CPE credit. The article must be read within 5 years of the date the article was published.
1. Reading each article is equivalent to one-half (0.5) continuing professional education unit.
 2. A copy of the article abstract, or first page of the article read, including citation, date completed and number of CPEUs is required for documentation.
- (n) A maximum of twenty (20) continuing professional education units per biennium may be approved for conducting dietetics-related research as a sole or co-investigator. The investigator must participate substantially in the design of the work, analysis of data, as well as writing of the report. This does not include research conducted to fulfill academic requirements, which receives continuing professional education units under academic coursework, or conducting literature reviews, which are included under professional reading.
1. A sole investigator, who alone develops the study concept and design, conducts the analysis and writes the report, will receive twenty (20) continuing professional education units. A co-investigator, who participates substantially in development of the study concept and design, the analysis of data and writing of the report, will receive ten (10) continuing professional education units.
 2. A final report to federal, state or other grant providing organization, or a letter verifying acceptance for publication in a peer-reviewed journal, or a copy of a published journal article in a peer-reviewed journal, or a letter verifying acceptance of research at a peer-reviewed professional association conference is required.
- (o) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Residency and Fellowship Programs. Programs require completion of a dietetics-related, post-baccalaureate-level residency or fellowship activity with a minimum of thirty (30) contact hours. The program must meet all the following criteria: post-baccalaureate-level, dietetics-related, formalized/structured experiences, and sponsored by a US regionally accredited college or university or an institution accredited/approved by the Joint Commission (JC) or National Committee for Quality Assurance (NCQA).
1. Completion of the program provides thirty (30) continuing professional education units.
 2. The name of the program, address, phone number, and email address or fax number of the provider along with a certificate of completion, including date completed and number of CPEUs are required for documentation.
- (p) A maximum of twenty (20) continuing professional education units per biennium may be approved/accrued for Sponsored Independent Learning activities. The individualized learning activity must be planned, carried out by the learner and it must be dietetics related. The learner contracts with an individual, who is an expert in a particular area, using the Sponsored Learning Contract available from Academy of Nutrition and Dietetics (AND).

1. One (1) continuing professional education unit is equivalent to two (2) hours spent on this activity.
 2. The sponsored independent learning contract with original signatures, including date completed and number of CPEUs is required for documentation.
- (q) A maximum of twenty (20) continuing professional education units per biennium may be approved/accrued for Study Groups. The study group must be preplanned, provide for group participation, include 3 or more professionals, and include an in-depth study of a specific, dietetics-related topic.
1. One (1) continuing professional education unit is equivalent to one (1) contact hour.
 2. A certificate of attendance/completion including date completed and number of CPEUs or CPE agenda/outline (with objectives, date, timeline and coordinator) along with the name, address, phone number, and email address or fax number of the coordinator is required for documentation.
- (r) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for earning a certification/recertification as approved by Academy of Nutrition and Dietetics (AND)-Commission on Dietetic Registration (CDR). For approval, the certification/recertification program must be dietetics related. It must require that candidates meet eligibility requirements, pass an examination to become certified initially, and require certificants to pass an examination for recertification to remain certified.
1. Completion of a certification/recertification provides 30 continuing professional education units.
 2. The name, address, phone number, and email address or fax number of the provider and copy of the document verifying date of issue and duration of the certification including number of CPEUs are required for documentation.
- (s) A maximum of thirty (30) continuing professional education units per biennium may be approved/accrued for Pre-approved Self-Study. Academy of Nutrition and Dietetics (AND)-Commission on Dietetic Registration (CDR) pre-approved self-study programs and self-study programs offered by Commission on Dietetic Registration (CDR) Accredited Program Providers are acceptable. They may be audio-based, computer-based, printed, video-based, DVD-based, CD-based, or Web-based.
1. All self-study programs must meet Academy of Nutrition and Dietetics (AND) Commission on Dietetic Registration (CDR) defined content, address a single topic in depth, periodicals must be preapproved, emphasis of the program must be on relevant content, must have a minimum of 1 contact hour that is verified, and there must be a professionally developed test at the end.
 2. For most programs, one (1) continuing professional education unit is equivalent to one (1) contact hour.
 3. A certificate of attendance/completion including date completed and number of CPEUs or CPE agenda/outline (with objectives, date, timeline and provider) is required for documentation.
- (3) Unacceptable activities for continuing professional education units include, but are not limited to:
- (a) Orientation and in-service programs.
 - (b) Meetings for the purpose of policy decisions.
 - (c) Non-educational meetings at association or organization meetings.
 - (d) Entertainment or recreational meetings or activities, and
 - (e) Activities that do not relate to dietetics services.

Cite as Ga. Comp. R. & Regs. R. 157-5-.03

AUTHORITY: O.C.G.A. §§ [43-1-4](#), [43-1-25](#), [43-11A-7\(2\)](#), [43-11A-14\(d\)](#).

HISTORY: Original Rule entitled "Acceptable Continuing Professional Education" adopted. F. Apr. 1, 2002; eff. Apr. 21, 2002.

Amended: F. June 15, 2005; eff. July 5, 2005.

Amended: F. Aug. 29, 2017; eff. Sept. 18, 2017.

Amended: F. Feb. 1, 2024; eff. Feb. 21, 2024.

Department 160. RULES OF GEORGIA DEPARTMENT OF EDUCATION

Chapter 160-1.

Subject 160-1-4. GRANT PROGRAMS

160-1-4-.319 Paraprofessional to Teacher Reimbursement Grant

1. **Purpose of the Grant.** The purpose of the Paraprofessional to Teacher Reimbursement Grant is to promote the recruitment of teachers in local educational agencies ("LEA") and Georgia Network for Educational and Therapeutic Support ("GNETS") programs across Georgia by providing financial support to paraprofessionals completing their teaching certification through the Georgia Teacher Academy for Preparation Pedagogy ("GaTAPP") program.

2. **Terms and Conditions.** The grant, which is distributed on a reimbursement basis, is awarded to LEAs and GNETS fiscal agents that complete the grant application and have paraprofessionals who meet specific criteria. The funds allocated to LEAs must be used to provide reimbursable grants, up to \$5,000, to paraprofessionals who (1) are enrolled, on or after January 1, 2023, in a GaTAPP program, (2) earn teacher certification through that program, (3) hold a bachelor's degree or higher, (4) are employed in a teaching position by the LEA, and (5) hold a Georgia Provisional Certificate or Permit. To receive grant allocations, grant recipients must submit a request to the Georgia Department of Education ("GaDOE") for reimbursement of the direct cost for previously identified paraprofessional to attend and complete the GaTAPP program.

3. **Eligible Recipients.** All Georgia LEAs and GNETS fiscal agents that have paraprofessionals who meet the requirements set forth in the application are eligible to receive the grant.

4. **Criteria for Award.** To receive the grant award, all applicants must meet the terms and conditions which include submitting a request to GaDOE for reimbursement of the direct cost for previously identified paraprofessional to attend and complete the GaTAPP program.

5. **Directions and Deadlines for Applying.** Eligible applicants must complete and submit the electronic application located online at the GaDOE Competitive Grants webpage. Information regarding the deadline will also be on the GaDOE Competitive Grants webpage. All additional requests for information should be made to esdsupport@doe.k12.ga.us.

Cite as Ga. Comp. R. & Regs. R. 160-1-4-.319

AUTHORITY: O.C.G.A. § [20-2-240](#).

HISTORY: Original grant description entitled "Paraprofessional to Teacher Reimbursement Grant." Submitted Dec. 13, 2023.

Amended: Submitted Feb. 6, 2024.

Department 290. RULES OF DEPARTMENT OF HUMAN SERVICES

Chapter 290-9. OFFICE OF REGULATORY SERVICES

Subject 290-9-2. RULES AND REGULATIONS FOR CHILD-PLACING AGENCIES

290-9-2-.01 [Effective 3/19/2024] Definitions

Unless the context otherwise requires, these words and phrases shall mean the following in these rules:

(a) "Adoption" means a social and legal process designed to establish a new legal parent/child relationship giving a child the same rights and benefits of a child who is born to the prospective adoptive parent(s).

(b) "Adult" means a person 18 years of age or older. An adult does not include a foster child living in a foster home.

(c) "Applicant" means the following:

1. When the Agency is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee;

2. When the Agency is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee;

3. When the Agency is owned by an association, the governing body of the association shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee; and

4. When the Agency is owned by a corporation, the governing body of the corporation shall authorize the application for the license and complete the statement of responsibility and the corporation shall serve as the licensee.

(d) "Behavior management" means those principles and techniques used by an Agency to assist a child in facilitating self-control, addressing inappropriate behavior, and achieving positive outcomes in a constructive and safe manner. Behavior management principles and techniques shall be used in accordance with the individual service plan, written policies and procedures governing service expectations, service plan goals, safety, and security, and these rules and regulations.

(e) "Biological Father" means a male who impregnated the biological mother resulting in the birth of a child.

(f) "Biological Parent" means a biological mother or biological father.

(g) "Board" means the persons or legal entity in whom the ultimate legal responsibility, authority and accountability for the conduct of the Child-Placing Agency is vested.

(h) "Caseworker" means a person employed by the Agency who provides direct placement services and supervision following placements.

(i) "Casework supervisor" means a person employed by the Agency who is responsible for the supervision of the placement services offered by the Agency and for the designation of approval for the prospective adoptive and foster families to receive children for care.

(j) "Chemical restraint" means medications that are administered to manage a child's behavior in a way that reduces the safety risk to the child or others; that have the temporary effect of restricting the child's freedom of movement; and that are not being used as part of a standard regimen, as specified in the child's service plan, to treat current symptoms of a medical or psychiatric condition.

(k) "Child" means a person under 18 years of age for adoption purposes and under the age of 19 for foster care purposes.

(l) "Child-Placing Agency" or "Agency" means any institution, society, agency, or facility, whether incorporated or not, which places children in foster homes for temporary care or in prospective adoptive homes for adoption. For purposes of this definition, agencies that engage in placement activities are required to be licensed as Child-Placing Agencies. This term does not apply to a licensed professional providing only home study preparation services as an evaluator.

(m) "Child placement," or "placement activity" means the selection, by a person or Agency other than the child's parent or guardian, of a foster family or prospective adoptive family, or effecting the movement of the child into the foster family or prospective adoptive family. This definition includes any preparation of a home study of a foster home or of a prospective adoptive home. Counseling with respect to options available, legal services, or services as an agent for the purpose of notice of revocation of consent by the biological parent does not constitute child placement under this definition. For purposes of this rule, this definition does not include the Department or a licensed professional providing only home study preparation services as an evaluator.

(n) "Criminal history background check" means a search as required by law of the criminal records maintained by law enforcement authorities to determine whether the applicant has a criminal record as defined in these rules.

(o) "Criminal record" means:

1. Conviction of a crime; or

2. Arrest, charge, and sentencing for a crime where:

(i) A plea of nolo contendere was entered to the charge; or

(ii) First offender treatment without adjudication of guilt pursuant to the charge was granted; or

(iii) Adjudication or sentence was otherwise withheld or not entered on the charge; or

3. Arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. Section [17-3-1](#) et seq.

(p) "Department" means the Georgia Department of Human Services.

(q) "Emergency safety interventions" mean those behavioral intervention techniques that are authorized under an approved emergency safety intervention plan and are utilized by properly trained staff or foster parent(s) in an urgent situation to prevent a child from doing immediate physical harm to self or others or those behavior intervention techniques used by prospective adoptive or foster parents in an urgent situation to prevent a child from doing immediate physical harm to self or others.

(r) "Emergency safety intervention plan" means the plan developed by the Agency utilizing a nationally recognized, evidence-based, training program for emergency safety intervention, approved by the Department. The plan shall clearly identify the emergency safety interventions that staff and foster parents are authorized to utilize with a child and those interventions that are prohibited.

(s) "Employee" or "Personnel" means any person, other than the director, employed by an Agency, with or without compensation, who performs any duties, which involve personal contact between that person and any child being

cared for in a foster home or in a prospective adoptive home or has access to confidential information of a foster child, foster family, adoptive family or staff.

(t) "Evaluator" means a person or Agency authorized by law to conduct a home study. An evaluator shall be a Child-Placing Agency, the Department, or a licensed professional with at least two years of adoption related professional experience, including a licensed clinical social worker, licensed master social worker, licensed marriage and family therapist, or licensed professional counselor.

(u) "Director" means the person responsible for overall administration of an Agency.

(v) "Facilitator" means an individual or Agency who is engaged in the matching of biological parents with adoptive parents. This term does not apply to a person or Agency who refers biological parents, prospective adoptive parents and children to licensed Child-Placing Agencies for adoption services.

(w) "Fingerprint records check determination" means a satisfactory or unsatisfactory determination by the Department based upon a records check comparison of Georgia Crime Information Center (GCIC) information with fingerprints and other information in a records check application.

(x) "Foster care" means supervised care for a child in a home other than the child's own home on a 24-hour full-time basis for a temporary period of time.

(y) "Foster family" or "foster home" means a private home where the foster parent(s) live which has been approved by the Agency to provide 24-hour care, lodging, supervision and maintenance for no more than six foster children under the age of 19, unless limited exceptions apply in accordance with these rules and regulations.

(z) "Foster parent(s)" means the adult member(s) of a foster family who provides supervision and care in a parental role for a child in foster care and who has a satisfactory criminal history background check determination.

(aa) "Home study" means assessment of the home environment of an applicant to determine suitability of that environment as a foster home or a prospective adoptive home.

(bb) "Inducements" mean any financial assistance, either direct or indirect, from whatever source. The term "inducements" shall not include:

1. Payment or reimbursement of medical expenses directly related to the biological mother's pregnancy and hospitalization for the birth of the child and medical care for such child if paid by a licensed Child-Placing Agency or an attorney;
2. Payment or reimbursement of expenses for counseling services or legal services for a biological parent directly related to the placement by such parent of her or his child for adoption if paid by a licensed Child-Placing Agency or an attorney;
3. Payment or reimbursement of reasonable living expenses for the biological mother if paid by a licensed Child-Placing Agency; or
4. Payment or reimbursement of reasonable expenses for rent, utilities, food, maternity garments and maternity accessories for the biological mother if paid from the trust account of an attorney, who is a member of the State Bar of Georgia in good standing.

(cc) "Legal Father" means a male who has not surrendered or had terminated his rights to a child and who:

1. Has legally adopted such child;
2. Was married to the biological mother of such child at the time such child was born or within the usual period of gestation, unless paternity was disproved by a final order of a court of competent jurisdiction;

3. Married a legal mother of such child after such child was born and recognized such child as his own, unless paternity was disproved by a final order of a court of competent jurisdiction; or

4. Has legitimated such child by a final order pursuant to Code Section [19-7-22](#).

(dd) "Legal Mother" means the female who is the biological or adoptive mother of the child and who has not surrendered or had terminated her rights to the child.

(ee) "License" means a document issued by the Department that grants permission for the holder to provide placement services.

(ff) "Manual hold" means the application of physical force, without the use of any device, for the purpose of restricting the free movement of a child's body and is considered a form of restraint. A manual hold does not include briefly holding a child without undue force to calm or comfort the child, holding a child by the hand or by the shoulders or back to walk the child safely from one area to another where the child is not forcefully resisting the assistance, or assisting the child in voluntarily participating in activities of daily living.

(gg) "Mechanical restraint" means a device attached or adjacent to the resident's body that is not a prescribed and approved medical protection device and that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. A mechanical restraint does not include devices used to assist patients with appropriate positioning or posture secondary to physical impairments or disabilities.

(hh) "Medicaid Rehabilitation Option Provider (MRO)" means that category of behavioral health services designed for the maximum reduction of impairments related to mental illness or addiction and restoration of a Medicaid recipient to his/her best possible functional level.

(ii) "Out-of-state licensed agency" means an agency or entity that is licensed in another state or country to place children for adoption.

(jj) "Owner" means any individual or any person affiliated with a corporation, partnership, or association with 10 percent or greater ownership interest in the business or agency licensed as a Child-Placing Agency and who:

1. Purports to or exercises authority of the owner in a Child-Placing Agency;
2. Applies to operate or operates a Child-Placing Agency;
3. Enters into a contract to acquire ownership of a Child-Placing Agency.

(kk) "Preliminary records check application" means an application for a preliminary records check determination.

(ll) "Preliminary records check determination" means a satisfactory or unsatisfactory determination by the Department based only upon a comparison of Georgia Crime Information Center (GCIC) information with other than fingerprint information regarding the person upon whom the records check is being performed.

(mm) "Prospective adoptive family" or "prospective adoptive home" means a family unit (which may include a single parent family unit) and their place of residence approved by an Agency to receive a child for adoption.

(nn) "Prospective adoptive parent(s)" means the adult member(s) of a prospective adoptive family who expect to assume all legal and social obligations and privileges of parent(s) through the legal adoption of a child.

(oo) "Reasonable and prudent parenting" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.

(pp) "Record(s)" means the individual files in any format established and maintained by a Child-Placing Agency which include data concerning an employee, director, child, an applicant, a prospective adoptive family, and/or foster family.

(qq) "Records check application" means two sets of classifiable fingerprints, a records search fee to be established by the Department by rule and regulation, payable in such form as the Department may direct to cover the cost of a fingerprint records check, and an affidavit by the applicant disclosing the nature and date of any arrest, charge, or conviction of the applicant for the violation of any law; except for motor vehicle parking violations, whether or not the violation occurred in this state, and such additional information as the Department may require.

(rr) "Room, Board and Watchful Oversight" means providing safe lodging, adequately nutritious meals, and continuous care and oversight to ensure a child's basic needs are met.

(ss) "Satisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed was found to have no criminal record.

(tt) "Seclusion" means the involuntary confinement of a child away from other children, due to imminent risk of harm to self or others, in a room or an area from which the child is physically prevented from leaving.

(uu) "Serious occurrence" means an occurrence that has or may have dangerous or significant consequences relating to the care, supervision, or treatment of a child.

(vv) "Sponsoring agency" means a Georgia Child-Placing Agency that serves as the primary coordinating agency with the foreign authorities, prospective adoptive parent(s), and children being placed through inter-country adoptions.

(ww) "Supervision" means the continued responsibility of the Agency to take reasonable action to provide for the health, safety, and well-being of a child in care while under the supervision of a director, employees, contractors, volunteers, foster parents and prospective adoptive parents of the Agency, including protection from physical, emotional, social, moral, financial harm and personal exploitation while in care. The Agency is responsible for providing the degree of supervision indicated by a child's age, developmental level, physical, emotional, and social needs.

(xx) "Time-out" means a behavior management technique that involves the brief separation of a child from the group or setting where the child is experiencing some behavioral or emotional distress, not to exceed twenty (20) minutes, designed to deescalate the emotionally charged condition of the child. During "time-out" a child's freedom of movement is not physically restricted.

(yy) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record.

(zz) "Variance" means a decision by the Department to grant a modification to all or part of the literal requirements of a rule.

(aaa) "Waiver" means a written decision by the Department not to apply all or part of a rule.

(bbb) The singular includes the plural, the plural the singular, and the masculine the feminine, when consistent with the intent of these Rules.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.01

AUTHORITY: O.C.G.A. §§ [49-5-3](#), [49-5-8](#), [49-5-12](#), [49-5-60](#), [19-8-1](#) *et seq.*

HISTORY: Original Rule entitled "Definitions" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. Aug. 21, 2006; eff. Sept. 10, 2006.

Repealed: New Rule of same title adopted. F. Nov. 20, 2006; eff. Dec. 10, 2006.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Amended: F. Nov. 15, 2018; eff. Dec. 5, 2018.

Amended: F. Feb. 20, 2023; eff. Mar. 12, 2023.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.02 [Effective 3/19/2024] Applicability of These Rules

(1) No person, facilitator, consultant, institution, society, agency, corporation or facility shall engage in child placement activities, including the advertising of such child placement activities, in Georgia unless a license has first been obtained from the Department. For purposes of this rule, Child-Placing Agencies licensed in other states and wishing to engage in placement activities, including the advertising of such placement activities, in Georgia shall also be licensed in Georgia or shall have a written agreement with a Child-Placing Agency licensed within the state to cooperate in and to supervise the placement. This agreement shall be approved by the Department prior to the placement.

(2) No person, organization, corporation, hospital, facilitator, or association that is not a Child-Placing Agency, a prospective adoptive parent with a valid, approved preplacement home study report, or an attorney who is a member of the State Bar of Georgia representing a prospective adoptive parent with a valid approved preplacement home study report shall advertise that the person, organization, corporation, hospital, facilitator, or association will adopt, arrange for or cause children to be adopted or placed for adoption as provided in O.C.G.A. Section [19-8-24](#).

(3) No person, organization, corporation, hospital, facilitator, or association shall directly or indirectly provide inducements to any biological parent to part with his or her child as provided in O.C.G.A. Section [19-8-24](#).

(4) Any Child-Placing Agency that places an advertisement concerning adoption or prospective adoption shall include in such advertisement its license number issued by the Department.

(5) Georgia Child-Placing Agencies licensed in other states and engaging in placement activities in Georgia shall disclose to the Department on a continuing basis any federal, state or private lawsuit or administrative action instigated against the Agency or any person affiliated with the Agency.

(6) These rules and regulations shall not apply to parties to a power of attorney for the care of a child executed in accordance with O.C.G.A. Sections [19-9-120](#) et seq.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.02

AUTHORITY: O.C.G.A. §§ [49-5-8](#), [49-5-12](#), [19-8-24](#), [19-9-120](#) et seq.

HISTORY: Original Rule entitled "Applicability of These Rules" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Amended: F. Nov. 15, 2018; eff. Dec. 5, 2018.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.03 [Effective 3/19/2024] Agency Organization and Administration

(1) Program purpose. In accordance with these rules and regulations, a licensed Child-Placing Agency shall develop, implement and comply with written policies and procedures that specify its philosophy, purpose, and program orientation. Such policies and procedures shall identify the characteristics of children to be served in terms of age, race, religion, residence limitations and include the referral sources.

(2) Program Description and Implementation. A program description which includes the purpose or function of the proposed Agency shall be clearly defined. The program description shall include:

(a) Written policies and procedures that describe the scope of services to be provided, including room, board and watchful oversight, and the manner in which such services will be provided and supervised through the Agency.

(b) A program description must show what services are provided directly by the Agency and how services will be coordinated with the Medicaid Rehabilitation Option Provider and other available community or contract resources.

(c) Eligibility requirements for client service and for providers of care.

(d) A statement that the Agency shall only place children whose known needs can be met by the Agency based on preplacement assessment, planning and room, board and watchful oversight capacity. No Agency shall provide placement services for children whose needs for room, board and watchful oversight cannot be met based upon the child's physical, educational or emotional needs.

(3) A Child-Placing Agency is any institution, society, agency, or facility, whether incorporated or not, which places children in foster care homes for temporary care or for adoption. Child-Placing Agencies shall comply with state law and the regulations established by the state of Georgia.

(4) Governing Entity. Each Child-Placing Agency shall have a governing entity as required by state law that is responsible for and has authority over the Agency.

(5) Functions and Responsibilities of the Governing Entity. The Governing Entity shall:

(a) Employ and dismiss a Director;

(b) Delegate to the Director the authority and responsibility for the employment of other staff members and the management of the affairs of the Agency according to the Agency's established policies;

(c) Refrain from direct administration or operation of the Agency either through individual members or committees, except in emergencies;

(d) Approve written policies for accepting children for placement;

(e) Be responsible for the Agency's compliance with all applicable state laws and regulations;

(f) Be responsible for adequate financing and budgeting for the Agency;

(g) Notify the Department's Residential Child Care Licensing Unit in writing within 5 calendar days when there is a change in the Director or in the corporate structure, organization, or administration of the Agency;

(h) Inform the Department's Residential Child Care Licensing Unit within 24 hours by phone and in writing within 10 days of notice to the Agency of any legal or administrative action brought against the Agency or any person affiliated with the Agency which affects any child in care, director, or employee or relates in any manner to the conduct of the Agency;

(i) Keep the Department's Residential Child Care Licensing Unit informed on a quarterly basis, or more often if requested by Residential Child Care Licensing, concerning the status of current or previous judicial or administrative action against the Agency;

(j) Be responsible for the disposition or storage of records of the Agency according to these rules, should the Agency cease operations; and

(k) Ensure that members of the Governing Body refrain from being approved as an adoptive or foster family with the Agency while serving as a member of the Governing Entity.

(6) If an Agency is governed by a Board of Directors, the Agency shall:

(a) Ensure any potential conflict of interest shall be declared by a Board member and the minutes shall record declaration and abstention from the vote when a conflict exists.

(b) Provide the Department's Residential Child Care Licensing Unit with a list (name, address and office held, if applicable) of all Board members and shall have on file a notarized copy of each member's letter of acceptance.

(c) Ensure the Board of Directors:

(i) Be composed of at least three (3) members with at least one of the Board members being a bona fide resident of Georgia; and

(ii) Does not serve as a director, employee or paid consultant of the Agency and their spouses shall not serve as members of the Board.

(d) Ensure the Board meets at least quarterly;

(e) Keep complete minutes of each Board meeting reflecting official actions of the Board pertaining to and affecting any aspect of the child-placing program. Minutes of each meeting shall be kept permanently on file; and

(f) Have written by-laws.

(7) Financing. The Agency shall:

(a) Have a sound plan of financing which ensures sufficient funds to support adequately the services offered, to provide for children accepted for care including care up to the time permanent plans for child care are completed, and to carry out the stated purposes of the Agency. A full and complete accounting of the financial affairs of the Agency shall be provided to the Governing Body on an annual basis;

(b) Provide evidence that it will have sufficient funds available to pay operating costs including compensation for a sufficient number of administrative and service staff through the current year of operation for which the license is to be issued;

(c) Maintain financial records of all receipts, disbursements, assets and liabilities and shall establish an accounting system capable of tracking all movements of funds and the actual expenditures for each case;

(d) Provide bond for Board members and staff responsible for handling substantial amounts of funds;

(e) Not require gratuities such as money or other things of value or services from applicants or their representatives beyond the established fee;

(f) Comply with all local and state and federal laws relating to the solicitation of funds;

(g) Establish a fee for placement services based on the cost of recruitment, placement, postplacement, legal, medical and other services rendered to the biological parent, adoptive family, foster parents, and child as documented and justified in the total Agency budget. The determination of such fee schedule shall be reviewed by the Governing Body at least annually and the Governing Body's determination shall be adequately documented in writing;

(h) Collect fees only as services are provided;

(i) Establish a written policy which defines the conditions under which fees related to adoption services are refundable or non-refundable, including a definite time frame when applicants can expect a refund if requested services or placement of a child is not completed. Each applicant shall be provided with a copy of this policy.

1. This policy shall be disclosed to the applicant in clear and easily understood language.

2. The applicant shall sign that the policy has been discussed and a copy of the policy was received. This signed acknowledgment shall be kept in the applicant's file.

(j) Establish a written policy which defines the conditions under which it enters into purchase of service agreements, including all terms and conditions required to define the individuals to be served, services to be provided, procedures for payment and the payment plan;

(8) The Agency shall comply with other applicable requirements of state and federal laws affecting children and/or the operation of such agencies.

(9) The Agency shall be easily accessible and responsive to the applicant, staff and community and shall provide privacy for interviews and for pre-placement visits. The Agency shall have at least one staff member available at all times to handle client emergencies.

(10) Agencies ceasing operation for any reason shall notify the Department's Residential Child Care Licensing Unit in writing prior to closing and shall provide the following:

(a) Legal transfer of surrender and release of any child in its custody to another licensed Child-Placing Agency or to the Department;

(b) Appropriate transfer of responsibility for children in temporary placement to another licensed Child-Placing Agency or to the Department;

(c) Appropriate transfer or termination of services to all other applicants;

(d) Arrangements satisfactory to the Department concerning the storage of all relevant records.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.03

AUTHORITY: O.C.G.A. § [49-5-12](#).

HISTORY: Original Rule entitled "Agency Organization and Administration" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.04 [Effective 3/19/2024] Criminal History Background Checks, Agency Personnel

(1) Criminal History Background Checks for Owners Required. Prior to approving any license for a new Child-Placing Agency and periodically as established by the Department by rule and regulation, the Department shall require an owner to submit a records check application so as to permit the Department to obtain criminal history background information on the owner.

(a) An owner may not be required to submit a records check application if it is determined that the owner does not do at least one of the following:

1. Maintains an office at the location where services are provided to children;
2. Resides at a location where services are provided to children;
3. Has direct access to residents receiving care; or
4. Provides direct personal supervision of personnel by being immediately available to provide assistance and direction during the time services are being provided to children.

(b) In lieu of a records check application, an owner may submit evidence, satisfactory to the Department, that within the immediately preceding 12 months the owner has received a satisfactory criminal history background check determination.

(c) A Child-Placing Agency license shall not be issued, and any license issued shall be revoked where it has been determined that the owner has a criminal record involving any of the covered crimes, as outlined in O.C.G.A. Section [49-2-14.1](#), and the Department's decision to deny or revoke a license has not been reversed in accordance with the provisions of O.C.G.A. Section [49-2-14.1](#).

(d) An owner with a valid license who acquires a criminal record involving any of the covered crimes identified in O.C.G.A. Section [49-2-14.1](#) shall disclose the criminal record to the Department.

(e) If at any time the Department has reason to believe an owner holding a valid license has a criminal record involving any of the covered crimes identified in O.C.G.A. Section [49-2-14.1](#), the Department shall require the owner to submit a records check application immediately for determination of whether a revocation action is necessary. Prior to the revocation of the license becoming final, the owner is entitled to an administrative hearing unless the owner has not begun providing services under the license. Where services are not currently being provided under the license, the decision of the administrative hearing officer must precede the initiation of services.

(2) Criminal History Background Checks for Director and Employees Required. Prior to serving as a director of a licensed Agency, a person newly hired, rehired, or transferred to the director position shall submit a records check application and receive a satisfactory determination or be determined to be eligible to serve as a director as a result of an administrative hearing.

(a) A person with an unsatisfactory criminal history background check determination may not serve as a director of a licensed Child Placing Agency if it is determined that such person has a criminal record as identified in O.C.G.A. Section [49-5-60](#) and has not had an unsatisfactory determination reversed in accordance with O.C.G.A. Sections [49-5-60](#) et seq., and 49-5-73.

(b) Prior to serving as an employee other than a director of a licensed Agency, a person must submit a preliminary record check application and receive a satisfactory determination. Provided however, should there be an unsatisfactory determination, the person must submit to a fingerprint record check and receive a satisfactory determination or be determined eligible to be employed as a result of an administrative hearing.

(c) A person with an unsatisfactory background check determination may not serve as an employee of a licensed Child Placing Agency if it is determined that such person has a criminal record as identified in O.C.G.A. Section [49-5-60](#) and has not had an unsatisfactory determination reversed in accordance with O.C.G.A. Sections [49-5-60](#) et seq., and 49-5-73.

(d) In lieu of a records check application, a director or employee may submit evidence, satisfactory to the Department, that within the immediately preceding 12 months the above director or employee has received a satisfactory records check determination or a satisfactory preliminary records check determination, whichever is applicable.

(3) Criminal History Background Checks for Foster Parents Required. No Agency that provides care in foster homes shall place a child in a foster home unless the foster parent or parents of the home and other adult persons that reside in the home or provide care to children placed in the home have obtained a criminal records check as required by law.

(4) No child shall continue to be placed in such foster home care unless the foster parent or parents also subsequently receive a satisfactory fingerprint records check determination or be determined eligible to serve as foster parents as a result of an administrative hearing. The Department may require a fingerprint records check on any director, employee, or foster parent to confirm identification for records search purposes, when the Department has reason to believe a director, employee, or foster parent has a criminal record that renders them ineligible to have contact with children, or during the course of a child abuse investigation involving the director, employee, or foster parent.

(5) Employees. In accordance with these rules and regulations, an Agency shall have the administrative and professional service staff necessary to provide the services it is authorized to provide.

(a) Agencies operating multi-state programs shall employ a Director to whom the responsibility for administration of the Georgia program shall be delegated.

(b) Director. The Director with responsibility for the administration of the Georgia program shall have as a minimum a Bachelor's degree and two years administrative or supervisory experience in a human services delivery field. If the Director is responsible for supervision of casework services or provides direct placement services, he/she shall also meet the educational and experience requirements for a casework supervisor.

(6) The Director with responsibility for the administration of the Georgia program shall be:

(a) A full-time resident of the State of Georgia;

(b) Responsible for administration of policies and procedures established by the Governing Body for operation of the Agency;

(c) Responsible for preparation, or assisting in the preparation of the annual budget, and control of expenditures according to budget allowance;

(d) Responsible for personnel matters including hiring, assigning duties, in-service training, supervision, evaluation of staff and terminations; and

(e) Responsible for professional leadership and technical consultation to the Governing Body, determination of policy, and for periodic evaluations of the Agency's performance in terms of the conditions of licensure.

(7) Casework Supervisor. There shall be at least one casework supervisor employed by the Agency.

(a) The casework supervisor shall have the minimum qualifications of a master's degree from an accredited college or university in the area of social work, psychology, childhood education, special education, guidance counseling, behavioral or social science, or related field, with a minimum of one year of experience in a human services delivery field as it relates to child welfare or a bachelor's degree from an accredited college or university in one of the aforementioned areas of study with two years of paid work experience in a human services delivery field as it relates to child welfare.

(b) The Director may perform this function if qualified.

(c) The casework supervisor shall be responsible for the supervision of the placement services provided by the Agency, and for the designation of approval for prospective adoptive and foster families and for assessing the appropriateness of the placement's room, board and watchful oversight capacity.

(8) Caseworker(s). There shall be at least one caseworker employed by the Agency.

- (a) The caseworker shall have the minimum qualification of a bachelor's degree from an accredited college or university.
- (b) The caseworker shall provide direct placement services and supervision following placements.
- (c) A casework supervisor may perform this function.
- (9) Annual Training. All supervisory and social service staff members, whether a director, employee or contracted staff, must complete job-related training annually.
 - (a) Each supervisory and social service staff member employed or contracted by the agency to work more than twenty (20) hours per week shall be required to complete 15 hours of job-related training annually.
 - (b) Each supervisory or social service staff member employed or contracted for twenty (20) hours or less per week shall be required to complete 7 hours of job-related training annually.
- (10) Clerical Staff. There shall be clerical staff employed by the Agency as necessary to keep correspondence, records, bookkeeping and files current and organized.
- (11) Personnel Policies. The Agency shall have written personnel policies which shall include:
 - (a) Hiring and termination procedures;
 - (b) Job descriptions;
 - (c) Provisions for work performance evaluations conducted at least annually;
 - (d) Provisions for staff training, including the use of behavior management techniques and emergency safety interventions; and
 - (e) Provisions for addressing concerns, disagreements and grievances of staff relating to the care of children.
- (12) Personnel Files. There shall be a personnel file on a director and each employee which shall include:
 - (a) Application for employment;
 - (b) A satisfactory criminal history background check completed in accordance with O.C.G.A. Sections [49-5-60](#) et seq., and a ten-year employment history;
 - (c) Prior to hire, documentation of at least two professional, educational, or personal reference contacts that attest to the person's capabilities of performing the duties for which they are employed and to the person's suitability of working with or around children, with at least one of the reference contacts being a previous employer;
 - (d) Satisfactory documentation of education and other qualifications prior to employment;
 - (e) Date of employment or contract with the Agency;
 - (f) A valid driver's license, as required for the class of vehicle operated, if the Agency director or employee operates a vehicle for the transport of children in care.
 - (g) Current job description;
 - (h) Annual performance evaluation reports and any records of discipline involving the inappropriate use of behavior management techniques or emergency safety interventions signed and dated by both the employee or contracted individual and the supervisor;

(i) Documentation of participation in job-related training, including the dates, hours earned, and the title of all such training, as required annually;

(j) Letter of resignation or reason for termination.

(13) Contracted Social Service Staff. All contracted social service staff must meet the same qualifications as employees and have a contract file with all of the same items required for the personnel files of other Agency staff.

(14) Personnel practices shall conform to the written policies and to these rules and regulations.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.04

AUTHORITY: O.C.G.A. §§ [49-2-14.1](#) *et seq.*, 49-5-12, 49-5-60, 49-5-69, 49-5-69.1, 49-5-73.

HISTORY: Original Rule entitled "Agency Personnel" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. Aug. 21, 2006; eff. Sept. 10, 2006.

Repealed: New Rule of same title adopted. F. Nov. 20, 2006; eff. Dec. 10, 2006.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule entitled "Criminal History Background Checks, Agency Personnel" adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Note: Correction of typographical error in Rule History only, in accordance with title change cited in January 24, 2008 filing, "**Repealed:** New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008." corrected to "**Repealed:** New Rule entitled "Criminal History Background Checks, Agency Personnel" adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008." Effective Mar. 12, 2023.

Amended: F. Feb. 20, 2023; eff. Mar. 12, 2023.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.05 [Effective 3/19/2024] Agency Policies and Procedures for Services

(1) Policy and Procedure Manual. The Agency shall have and comply with a written manual of operating policies and procedures in accordance with these rules and regulations regarding its services. The policies and procedures shall include, but need not be limited to:

(a) Adoption services.

1. Services to biological parent(s) exploring surrender of a child for adoption;

2. Procedures for termination of parental rights;

3. Procedures for accepting applications for adoption, for conducting home studies and for approval or disapproval of prospective adoptive homes and families;

4. Procedures for placements, supervising placements, completing required court reports and assistance in finalizing the adoption;

5. Collection and refunding of fees; and

6. Process for obtaining a criminal records check of each petitioner prior to the finalization of the adoption according to current Georgia law.

(b) Foster Care Services.

1. Procedures for obtaining temporary custody or parental consent to provide foster care services;
2. Procedures for accepting applications from prospective foster parent(s), conducting home studies, approval or disapproval of foster homes;
3. Procedures for supervising foster home placements to ensure that room, board and watchful oversight is provided;
4. Payment procedures for cost of care and other expenses to the foster parent(s);
5. Provision of medical and dental care, allowance, clothing and other incidentals for children in foster care;
6. Parental visiting;
7. Behavior management of children in care;
8. Process for obtaining a satisfactory criminal records check clearance of all foster parent(s) and other adults residing in the foster home prior to placing a child in the home, or of foster parent(s) to continue a child in foster care, as required by current Georgia law; and
9. Reasonable and prudent parenting.

(c) Financial policies and procedures including fees, payment schedules, and refunds;

(d) Establishing, maintaining and storing of records and files;

(e) Interstate and inter-country placement of children;

(f) The specific emergency safety intervention plan, including the emergency safety interventions that may be used;

(g) The prohibition and reporting of child abuse; and

(h) Disaster preparedness.

(2) An Agency facilitating the removal of a child from the home of the biological parent(s) or guardians, shall complete an assessment of the child's current situation prior to the separation of a child from the home.

(3) If it is determined that it is not in the child's best interest to remain with the biological parent(s) or guardians, they shall be required to be involved in the service planning so that the most appropriate form of placement for the child (foster family care, residential group care or adoption) can be determined.

(4) Prior to accepting a child from another state or prior to placing a child outside Georgia for temporary care or for adoption, the Agency's procedures shall comply with the applicable state laws and with the provisions of the Interstate Compact on the Placement of Children (ICPC), O.C.G.A. Chapter 39-4.

(5) Agencies providing adoptive services shall have policies and procedures in compliance with the provisions of the State Adoption statutes, O.C.G.A. Chapter 19-8.

(6) The Agency shall have written procedures for addressing concerns, disagreements, complaints and grievances of applicants.

(7) Agency staff, contractors, volunteers, foster parents and prospective adoptive parents shall ensure that practices conform to Agency written policies and procedures.

(8) Whenever the Agency has reason to believe that a child in care has been subjected to child abuse it shall cause a report of such abuse to be made to the Department of Human Services (Division of Family and Children Services, Child Protective Services) or in the absence of such to an appropriate police authority or district attorney in accordance with the requirements of O.C.G.A. Section [19-7-5](#). A copy of such report shall also be filed with Residential Child Care Licensing.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.05

AUTHORITY: O.C.G.A. §§ [19-7-5](#), [19-8-1](#) *et seq.*, [39-4-1](#) *et seq.*, [49-5-12](#).

HISTORY: Original Rule entitled "Agency Policies and Procedures for Services" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. Aug. 21, 2006; eff. Sept. 10, 2006.

Repealed: New Rule of same title adopted. F. Nov. 20, 2006; eff. Dec. 10, 2006.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.06 [Effective 3/19/2024] Adoption Services

(1) Orientation Information for Prospective Adoptive Parent(s). Prior to the acceptance of an application or fees of any kind, the Agency shall provide information to prospective adoptive parent(s) to assist them in making an informed decision about applying to adopt. The information may be in the form of a written handout. The information shall include at least:

- (a) The Agency's adoption services;
- (b) The Agency's eligibility requirements for adoption;
- (c) A description of the procedures involved with adoption;
- (d) The Agency's fee schedule and refund policies;
- (e) The approximate time the assessment and adoption process will take; and
- (f) The types of children available for adoption.

(2) Additional Orientation for Prospective Adoptive Parent(s). Prior to or once an application has been submitted by prospective adoptive parent(s), and prior to approval of the application, additional orientation information shall be supplied for the applicant(s), including but not limited to:

- (a) The legal procedures involved in adoption;
- (b) The minimum requirements for a prospective adoptive home and the procedures for the home study;
- (c) The onboarding of biological parent(s) and prospective adoptive parent(s), including the matching and placement process;
- (d) The Georgia Adoption Reunion Registry;

(e) The Agency's grievance procedures; and

(f) The Agency's policies and procedures including those on behavior management techniques and emergency safety interventions.

(3) Home Study of the Prospective Adoptive Family. The Agency shall make a written evaluation, or study, of each prospective adoptive family prior to the placement of a child in the home. If the family is approved, the required information shall be kept current, with modifications made as necessary if changes occur, until a placement is made.

(a) This home study of the applicant for adoption services shall include at least three visits on separate days. At least one visit shall be in person in the home and the applicant and all other family members shall be seen and interviewed.

(b) Prospective adoptive parent(s) shall be interviewed together as well as separately.

(c) Dates of these visits and the name of the caseworker making the visits shall be documented in the home study.

(d) The study shall include at least the following information concerning the prospective adoptive family:

1. The names, home address, and phone number of the prospective adoptive family, as well as the work phone number of the prospective adoptive parent(s);

2. Motivation to adopt, including issues with infertility or loss of a child, if applicable;

3. Description of each family member, to include:

(i) Date and place of birth;

(ii) Physical description;

(iii) Family background and history;

(iv) Current relationships with immediate and extended family members;

(v) Education;

(vi) Social involvements; and

(vii) Personal characteristics, such as personality, and interests and hobbies;

4. Evaluation of family life:

(i) Date and place of marriages, if applicable;

(ii) History and assessment of marital relationship(s) or domestic partnerships; and

(iii) Family patterns;

5. Evaluation of parenting practices:

(i) Description of parenting knowledge, attitudes, and skills;

(ii) Behavior management practices;

(iii) Child rearing practices; and

(iv) Experience with children;

6. Evaluation of physical and mental health needs and/or supports that may be required from external sources, such as a Georgia's Medicaid Rehabilitation Option Provider:

(i) Summary of health history and condition of each family member;

(ii) Documentation of a physical examination of the prospective adoptive parent applicant(s) completed by a licensed physician, physician assistant, or a nurse practitioner, or the public health department, within 12 months prior to the completion of the home study;

(iii) A statement from a licensed physician, physician assistant, nurse practitioner, or public health department regarding the general health status of other members of the prospective adoptive family, obtained within the 12 months prior to the completion of the home study; and

(iv) An informal assessment of the emotional and mental health of each member of the prospective adoptive family;

7. Evaluation of the understanding of and adjustment to adoptive parenting:

(i) The understanding of adoption and how adoption will be handled with the child;

(ii) Attitude toward biological parent(s);

(iii) Understanding of how adoptive parenting is different from biological parenting and how transracial parenting is different, if applicable;

(iv) Attitude toward rearing a child biologically not their own;

(v) Understanding of the possibility of inherited traits and the influence of genetics vs. environment;

(vi) Expectations of the adopted child, including intellectual and physical achievement; development and inclusion of child's culture;

(vii) Understanding of loss in adoption;

(viii) Attitudes of other children residing in the home and extended family members toward adoption; and

(ix) The support network in place for the prospective adoptive family, including support systems for single parent families, if applicable;

8. Evaluation of the prospective adoptive parent(s)' finances and occupation:

(i) Employment history of family members;

(ii) Combined annual income;

(iii) Ability to provide financially for the family; and

(iv) Projected financial impact of the addition of an adopted child to the home;

9. A description of the home and community:

(i) Description of the neighborhood;

(ii) Physical standards of the home, including space, and water supply and sewage disposal systems which, if other than public systems, have been approved by appropriate authorities;

(iii) A statement to verify that any domestic pets owned or residing with the family have been inoculated against rabies as required by law;

(iv) A statement verifying that all firearms owned and in the home are locked away from children;

(v) A statement verifying that if a swimming pool or body of water is present at the home, it is safeguarded to prevent unsupervised access and that it meets all applicable community ordinances;

(vi) A statement that each level of the home is equipped with a functional smoke alarm and carbon monoxide detector;

(vii) The home is equipped with first aid supplies and at least one operable fire extinguisher that is readily accessible;

(viii) Assessment of community resources, including accessibility of schools, religious institutions, recreation, and medical facilities;

10. A statement regarding the results of a criminal records check, as required by law, for each prospective adoptive parent(s). Where the individuals in the home have not resided in this state for the five years preceding their application to adopt, the Agency shall require additional documentation available through the state child welfare agency in which the applicant resided that the individuals are not listed on the child abuse and neglect registry.

11. A minimum of three character references:

(i) At least one reference must be from an extended family member not residing with the prospective adoptive family, and

(ii) If a prospective adoptive parent(s) has worked with children in the past five (5) years, a reference must be obtained from the former employer(s) for that work experience;

12. Description of the child the applicant will consider, including age, sex, ethnicity, and any physical, medical, or emotional parameters;

13. Recommendation regarding approval as prospective adoptive parent(s), including description of any identified training or resource needs; and that the prospective adoptive parents possess the capacity to provide room, board and watchful oversight.

14. Date the home study is completed and the name and signature of the person completing the study.

(e) Home Study Updates. For certain circumstances as described below, a home study may be updated in lieu of completion of an entirely new home study. At a minimum, a home study update must include at least one home visit, the applicant's current employment status, updated medical reports, changes in family composition, and any changes in types of children requested. Additional information may be required as follows:

1. When a family is approved for an adoption placement by a Georgia agency, and a child has not been placed with the family within one year of the date of the approval by that agency, there shall be documentation annually of the reason(s) a placement has not been made, and a home study update shall be completed prior to a placement being made;

2. When a family is applying to adopt again after an initial adoption placement has resulted in a disruption, an update shall be completed and include information about the cause(s) of the previous disruption; and

3. An update of a home study from another state or from another Georgia agency shall require at least one home visit with all family members present and shall include additionally an evaluation of the physical standards of the home.

(f) Subsequent Home Studies. When a family is applying to adopt again after an initial placement has been made with that family, a subsequent home study shall be completed, which may contain the original home study for information which has not changed since that study, but must at a minimum include additionally:

1. At least one additional home visit since the time of the previous placement;
2. The applicant's current employment status;
3. Updated medical reports;
4. Changes in family composition;
5. Any changes in types of children requested;
6. An evaluation of the prospective adoptive parent(s)' adjustment to parenthood; and
7. A re-evaluation of parenting skills, knowledge, and techniques.

(g) Decision on Approval. A decision on approval of a prospective adoptive family shall be made within 60 days of the last contact with the applicant or there shall be documentation in the record to explain any delay.

1. Applicants shall be notified in writing within ten (10) business days following the Agency's decision of their approval or disapproval as a prospective adoptive family.
2. A narrative that clearly indicates the reason(s) a family was not accepted or did not have a child placed shall be included in the record of an unapproved applicant.

(4) Services to the Biological Family and Child.

(a) The Agency shall offer and document services to both biological parent(s), including counseling and referral to other agencies when needed, to assist in determining the best plan of care for their child.

(b) The Agency and the biological parent(s) shall enter into a written agreement as early in the working relationship as possible specifying the services to be provided and the responsibilities and expectations of each party.

(c) Once an agreement has been established with the biological parent(s), the Agency's commitment to an appropriate placement of that child shall be irrevocable unless the biological parent(s) fail to abide by the terms of the agreement or it is determined by the Agency in good faith that the child cannot be legally freed for adoption.

(d) An Agency shall not provide inducements to the biological parent(s) to surrender the child by any financial assistance, either direct or indirect, from whatever source or use coercion to influence their decision to either make an adoption plan or parent the child. The biological parent(s) shall sign an affidavit that includes an itemized accounting of all expenses paid or reimbursed pursuant to O.C.G.A. Section [19-8-24](#). The biological parent(s) and the Agency shall sign affidavits that include an itemized accounting of the payment or reimbursement of all expenses to the biological parent(s) such as:

1. Medical expenses directly related to a biological mother's pregnancy and hospitalization for the birth of the child and medical care for the child;
2. Counseling services or legal services for a biological parent directly related to the placement by the parent of his or her child for adoption;
3. Reasonable living expenses for the biological mother; and
4. Any other financial assistance paid or reimbursed to the biological parent(s).

(e) The Agency shall obtain medical and social background information for each biological parent such as name, age, nationality, religion, education, and occupation. Information to determine whether there are any significant hereditary facts or pathology, including illnesses of the biological parent(s) and their families, that might affect the child's normal development, shall be included in the background information.

(f) When a biological mother refuses to disclose the name of the biological father, the record shall reflect the fact that she was advised of the legal consequence of non-disclosure of the name of the biological father.

(g) When a biological mother indicates that the identity of the biological father is unknown to her, the record shall reflect the fact that she was advised of the consequences of such a response and shall also reflect the reason why his identity is unknown to her.

(h) Whenever rights to a child are surrendered to the Department, a Child-Placing Agency, or an out-of-state licensed agency, a copy of the executed surrender documents shall be provided to the parent(s) at the time of the signing.

(i) The biological parent(s) shall have the right to revoke the surrender of a child within four days after signing such surrender in accordance with O.C.G.A. Section [19-8-9](#).

(j) Requirements and procedures for any reimbursement of funds to the Agency from the biological parent(s) in the event of a withdrawal or revocation of consent shall be made available in writing to the biological parent(s) and shall be discussed during initial interviews.

1. Requiring reimbursement for Agency operational expenses is prohibited.

2. If there is no required reimbursement of funds, a statement signed by the biological parent(s) and the Agency representative to that effect shall be in the file.

(k) The Agency shall accept a surrender of a child for adoption only after a thorough study has been made to determine:

1. That the biological parent(s) signing the surrender understands the meaning and consequences of surrender and of consent to adoption procedures, including time limitations for withdrawal or revocation of consent;

2. That all facts relative to the biological or legal father are a part of the record;

3. That adoption is in the child's best interest; and

4. That the written consent of a child who is 14 years of age or older to his or her adoption is given and acknowledged in the presence of the court and is made a part of the record.

(l) A surrender shall not be accepted from the biological mother and legal father prior to the birth of the child.

(m) The surrender of parental rights of the biological parents shall be executed under oath and in the presence of a notary public and an adult witness.

(n) A surrender of parental rights of the biological parents shall not be accepted without the benefit of legal representation or action when:

1. In the Agency's opinion the biological parent(s) appear incapable of exercising informed judgment; or

2. The biological parent(s) refuses to sign a surrender or assume responsibility for the child.

(o) The Agency shall ensure that a surrender of parental rights of the biological parents is executed in accordance with the provisions of the O.C.G.A. Chapter 19-8.

(p) The Agency shall be responsible for any legal services necessary for the termination of the parental rights of the biological or legal father, if applicable.

(q) When an Agency accepts surrender of a child from a biological parent, the Agency shall assume primary responsibility for the child, including care and support, until the final decree of adoption.

(r) Biological parent(s) shall be informed of Georgia's Adoption Reunion Registry and their legal rights to enter either a consent to contact or affidavit of nondisclosure should their child placed for adoption ever request contact with them upon reaching age eighteen (18) or older.

(s) Records for the biological parent(s) and child shall contain:

1. Name, address, social security number, telephone number and marital status of the biological parent(s);
2. Social history of the family;
3. A report of the circumstances precipitating the Agency's involvement with the biological parent(s);
4. Description of services to biological parent(s) and child;
5. Health history of the biological parent(s) and child including a health examination of the child within one year prior to date of placement. Such examination shall be done by a medical doctor, physician assistant, nurse practitioner, or public health department;
6. Name, sex, race, birth date and birthplace of the child;
7. Legal documents including verified birth certificate, court order, agreements, surrenders, consents, etc.;
8. Documentation of the surrender or termination of parental rights of the biological parents;
9. Documentation that biological parent(s) were informed of Georgia's Adoption Reunion Registry and of how they could register their wishes on the Registry; and
10. Documentation of contacts with or made on behalf of the biological parent(s) and child.

(5) Services to the Biological Father Who Is Not a Legal Father of the Child.

(a) The Agency shall offer and document services to the biological father who is not a legal father of the child, if applicable.

(b) The Agency shall obtain medical and social background information for the biological father who is not a legal father such as name, age, nationality, religion, education, and occupation. Information to determine whether there are any significant hereditary facts or pathology, including illnesses of the biological father who is not a legal father and his families, which might affect the child's normal development, shall be included in the background information.

(c) Whenever rights are surrendered to the Department, a Child-Placing Agency, or an out-of-state licensed agency, a copy of the executed surrender documents shall be provided at the signing to the biological father who is not a legal father.

(d) The biological father who is not a legal father shall have the right to revoke the surrender of the child within four days after signing such surrender in accordance with O.C.G.A. Section [19-8-9](#).

(e) The Agency shall accept a surrender of a child for adoption only after a thorough study has been made to determine:

1. That the biological father who is not the legal father signing the surrender understands the meaning and consequences of surrender and of consent to adoption procedures, including time limitations for withdrawal or revocation of consent; and

2. That all available information relative to the biological father who is not a legal father is a part of the record.

(f) A biological father who is not a legal father of a child may execute a surrender of his rights to the child prior to the birth of the child for the purpose of an adoption pursuant to Chapter 8 of Title 19 of the Official Code of Georgia Annotated.

(g) The surrender of rights by the biological father who is not a legal father shall be executed under oath and in the presence of a notary public and an adult witness.

(h) A surrender of rights shall not be accepted from the biological father who is not a legal father without the benefit of legal representation or action when:

1. In the Agency's opinion the biological father who is not a legal father appears to be incapable of exercising informed judgment; or

2. The biological father who is not a legal father refuses to sign a surrender.

(i) The Agency shall ensure that a surrender of rights by the biological father who is not a legal father is executed in accordance with the provisions of O.C.G.A. Chapter 19-8.

(j) The biological father who is not a legal father shall be informed of Georgia's Adoption Reunion Registry and his legal rights to enter either a consent to contact or affidavit of nondisclosure should his child placed for adoption ever request contact with him upon reaching age eighteen (18) or older.

(k) Records for the biological father who is not a legal father shall contain, if available:

1. His name, address, social security number, telephone number and marital status;

2. A report of the circumstances precipitating the Agency's involvement with him;

3. His health history;

4. Documentation of the surrender or termination of his rights to the child;

5. Documentation that he was informed of Georgia's Adoption Reunion Registry and of how he could register his wishes on the Registry; and

6. Documentation of contacts made with or made on behalf of him.

(6) Services Prior to An Adoption Placement. These services are provided after an applicant has been approved, and prior to the placement of a child for adoption.

(a) The Agency shall consider a child's racial, cultural, ethnic, and religious heritage and preserve them to the extent possible without jeopardizing the child's right for placement and care.

(b) Children of the same family shall be kept together when possible unless it has been determined through casework services that this is not desirable. If not in the best interest of the children involved, the reasons shall be documented in the records.

(c) The Agency shall discuss children for potential adoption with the approved prospective adoptive family and shall prepare the prospective adoptive family for the placement of a particular child or children, by anticipating the adjustments and problems that may arise during and after placement.

1. All available information about the child's development and background shall be shared in writing with the prospective adoptive parent(s).

2. A copy of the written health history shall be given to the prospective adoptive parent(s) for their use with the child's physician.

3. Documentation of these disclosures shall be included in the case record.

(d) The child shall be seen by the prospective adoptive parent(s) prior to the signing of the placement agreement, and this event shall be documented in the case record. For inter-country adoptions, this rule shall not apply if the Agency does not have custody of the child.

(7) Services Following An Adoption Placement.

(a) The Agency caseworker shall make at least two home visits after the placement of the child and prior to the filing of the petition for adoption.

1. The first home visit may be made at any time within 30 days after the placement of the child.

2. There shall be a minimum of two weeks between the required home visits for a child age twelve (12) months or younger.

3. There shall be a minimum of 30 days between the required home visits for a child over the age of twelve (12) months.

(b) Home visits shall be made with the prospective adoptive family at least once a month prior to the filing of a petition for adoption to verify that the prospective parent(s) are delivering care in a safe and healthy environment to the children in accordance with these rules and regulations and relevant Agency policies and procedures. Such visits shall include observation of the child and at least one prospective adoptive parent in the home.

(c) When foster parent(s) are adopting their foster child, the foster parents may proceed with the filing of the petition prior to any home visits.

(d) If a petition for adoption is not granted within 90 days after filing, the Agency shall make additional home visits at least quarterly until a final order has been entered on the petition.

(e) Documentation of home visits will be maintained in both the prospective adoptive family's and the child's file. Documentation of home visits should include but not be limited to a summary of the entire family's adjustment to the prospective adoptive placement, any problem or issue that has arisen, and the resolution of the problem or issue.

(f) The Agency shall explain to the prospective adoptive family the requirement that the prospective adoptive family engage an attorney of its choice for finalization of the adoption.

(g) The Agency, when appointed as the agent by the court, shall help complete the adoption as required by the Superior Court through preparation and presentation of the written court report. A copy of the court report shall be filed with the state Office of Adoptions. Copies of the state birth verification and the court report shall be retained by the Agency in the adoption record. Any requests, consents or objections for the name of a biological parent to be released to an adopted individual shall be filed with the State Adoption Unit.

(h) In an interstate adoption placement where Georgia is the state of origin, the requirements for services following an adoption placement may be met by fulfilling the requirements of the receiving state.

(8) Inter-country Adoptions. When an Agency is participating in inter-country adoptions, the following requirements must be met in addition to other requirements contained in these rules:

(a) An Agency participating in prospective inter-country adoptions, whether as a sponsoring agency or by the provision of home studies, shall abide by all applicable federal and state laws and regulations, including immigration laws and those relating to inter-country agreements concerning adoptions.

(b) Where written agreements exist, an Agency shall retain copies of all agreements with foreign countries and English translations of those agreements.

(c) A sponsoring agency for a prospective inter-country adoption shall retain documentation that:

1. The child is legally freed for adoption in the country of origin; and
2. All information about supervision after placement required by the country of origin has been provided prior to the finalization of the adoption.

(d) An Agency participating in prospective inter-country adoption placements where the United States is the country of origin shall document that the following processes have occurred before the child leaves Georgia:

1. There has been termination of parental rights as required by the receiving country;
2. There has been termination of rights by the biological father who is not the legal father, if applicable;
3. There has been a determination of legal responsibility for the child in the new country; and
4. There has been validation that all the requirements for the adoption to occur in the foreign country can be satisfied.

(e) A sponsoring agency shall provide and document orientation for prospective adoptive parent(s) in issues related to inter-country adoptions, including but not limited to:

1. Adoption requirements of the country of origin;
2. Health issues of the country of origin;
3. Institutional disorders; and
4. Developmental delay.

(f) A sponsoring agency shall document the provision of the following information to prospective adoptive parent(s):

1. Which countries finalize adoptions abroad, and which require that the adoption be finalized in the United States;
2. Information about the physical and mental health of the child;
3. Information regarding domestication of the foreign adoption decree; and
4. Information regarding obtaining U.S. citizenship for the child.

(g) The Agency shall apply the same standards for home study for prospective inter-country placements as for other placements in Georgia and shall meet any federal requirements for the home study.

(h) Agencies providing inter-country adoption services, whether as a sponsoring agency, through the provision of home studies, or in any other capacity, shall disclose promptly to prospective adoptive parent(s) any information that

is or becomes available which may affect their adoption placement, including but not limited to any suspension of the adoption program by the foreign country.

(i) Agencies providing inter-country adoption services shall provide all applicants with policies governing refunds when adoption services that have been promised have not been rendered or when there is a disruption of services that may nullify an adoption.

(9) Maintenance of Adoption Records.

(a) The Agency shall maintain a record for each applicant for adoption services, to contain the application and other information collected by the Agency pertaining to the applicant including but not limited to:

1. The home study and all documents required by the home study, such as criminal records checks;
 2. Upon placement of a child in the home, a signed agreement as to the terms of the placement;
 3. A copy of the information given to the parent(s) concerning the child;
 4. All legal documents pertaining to the adoption; and
 5. A summary narrative on the pre-placement and post-placement contacts with the prospective adoptive family and the adopted child. Entries shall be dated and shall identify the caseworker making the contacts.
- (b) Adoption records shall be maintained permanently following finalization of the adoption. Immediately upon receipt of the final order or certificate of adoption, each individual record shall be sealed and secured from unauthorized scrutiny in accordance with the provisions of O.C.G.A. Section [19-8-23](#).
- (c) Adoption records shall be converted to digital or electronic format within six months from the date of finalization of the adoption. The format type and date must be clearly labeled on the exterior of the record container.
- (d) Records of evaluation of applicants for adoption services which do not result in the finalization of an adoption shall be maintained for at least one year following date of written notification to applicants of their unapproved status.
- (e) All adoption records shall be stored in fireproof file cabinets or maintained digitally or electronically in accordance with policies that protect against fire and theft, ensure access to authorized users, provide safeguards against access by unauthorized users, and include a data recovery plan for backing up digital and electronic data and for storing back up media at both an on-site and off-site location.

(f) All records relating to adoption shall be kept confidential.

(10) Behavior Management and Emergency Safety Interventions.

(a) Child training, behavior management, and emergency safety interventions may be administered by the prospective adoptive parent(s) when appropriate and shall be appropriate for the child's age, intelligence, emotional makeup, and past experience.

(b) The use of positive techniques for child training and behavior management shall be encouraged and supported by the Agency.

(c) Behavior Management.

1. The Agency shall make available to prospective adoptive parent(s) information on the kinds of behavioral problems of the children that might arise and appropriate techniques of behavior management for dealing with such behaviors.

2. The following forms of behavior management shall not be used by prospective adoptive parent(s) receiving services through the licensed Agency;

- (i) Assignment of excessive or unreasonable work tasks;
- (ii) Denial of meals and hydration;
- (iii) Denial of sleep;
- (iv) Denial of shelter, clothing, or essential personal needs;
- (v) Denial of essential services;
- (vi) Verbal abuse, ridicule, or humiliation;
- (vii) Restraint, manual holds, and seclusion used as a means of coercion, discipline, convenience, or retaliation;
- (viii) Corporal punishment;
- (ix) Seclusion or confinement of a child in a room or area which may reasonably be expected to cause physical or emotional damage to the child; or
- (x) Seclusion or confinement of a child to a room or area for periods longer than those appropriate to the child's age, intelligence, emotional makeup and previous experience, or confinement to a room or area without the supervision or monitoring necessary to ensure the child's safety and well-being.

3. Children shall not be permitted to participate in the behavior management of other children.

4. Agencies shall submit to the Department's Residential Child Care Licensing Unit electronically a report within 24 hours, whenever the Agency becomes aware of an incident, which results in any injury to a child as a result of or in connection with any behavior management or emergency safety intervention.

5. The Agency shall take appropriate corrective action when it becomes aware of or observes the use of prohibited forms of behavior management, as specified in sections .06(10)(c)2(i) through (x) or inappropriate emergency safety interventions. Documentation of the incident and the corrective action taken by the Agency shall be maintained in the case records of the child and family.

6. Prospective adoptive parent(s) shall be made aware of each child's known or apparent medical and psychological conditions and family history, as evidenced by written acknowledgement of such awareness, to ensure that the prospective adoptive parent(s) have adequate knowledge to deliver safe and healthy care to the child.

7. The Agency shall require the prospective adoptive parent(s) to report to the Agency within 24 hours any injury to a child receiving services through the Agency as a result of or in connection with the use of any behavior management techniques or emergency safety interventions.

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290-9-2-.07 [Effective 3/19/2024] Foster Care Services

(1) Foster care shall be considered only after it has been established that it is necessary for the physical and/or emotional well-being of the child.

(2) No more than 6 foster children under the age of 19 may reside in a foster home.

(a) More than 6 foster children may reside in a foster home under the following limited circumstances:

1. To allow a parenting youth in foster care to remain with the child of the parenting youth or

2. To allow siblings to remain together.

(b) The Agency must consider and remain in compliance with sleeping arrangement requirements outlined in Rule .07(5)(a)(9)(ii)(I-V) when placing children in the foster home.

(3) Orientation Prior to Foster Care Application. The Agency shall provide orientation information in person or in written form to prospective foster parent(s) to assist them in making an informed decision about applying to become a foster parent. The format of the orientation must be documented in the applicant's file. The orientation information must include at least the following:

(a) The Agency's purpose and a listing of services provided;

(b) A description of the approval process for foster parenting;

(c) The minimum requirements for foster parenting including the limits to the number of children in the home;

(d) The roles and responsibilities of foster parent(s), including the provision of room, board and watchful oversight;

(e) A description of children served by the Agency;

(f) Support services available for foster parent(s);

(g) General information regarding financial reimbursement for expenses in foster care; and

(h) Policies and procedures regarding appropriate behavior management and emergency safety interventions.

(4) Training for Prospective Foster Parent(s). Once an application to become a foster parent has been submitted, and prior to the approval of an applicant for placement of a child in foster care, the Agency shall provide and document training for the applicant in at least the following topics:

(a) The Agency's grievance policies and procedures;

(b) The annual training requirements for foster parent(s), including the requirement of at least fifteen (15) hours of training relevant to the type of child placed or to be placed in the foster home.

(c) The Agency's policies and procedures for behavior management techniques and emergency safety interventions for children in foster care;

(d) Child abuse recognition, reporting, and investigation procedures;

- (e) Characteristics of children served and their developmental needs, including special needs when applicable; and
- (f) The Agency's policies and procedures for handling medical emergencies (conditions or situations which threaten life, limb, or continued functioning), and managing and documenting use of medications of children in care.

(5) Minimum Requirements for Prospective Foster Families.

(a) Home Study. The Agency shall make a thorough evaluation of each prospective foster family and document this evaluation in an initial foster home study report which shall be updated as changes in the required home study report information occur. If approved, the foster home shall operate in accordance with the information documented in the home study report and any home study report updates. The home study report shall include at a minimum the following:

1. The names of family members, the family address and telephone number, valid driver's license number and expiration date, and proof of current automobile insurance as applicable;

2. The motivation for foster parenting, including issues with infertility or loss of a child, if applicable;

3. A description of family members, including:

(i) Date and place of birth;

(ii) Physical description;

(iii) Family background and history;

(iv) Current relationships with immediate and extended family members;

(v) Education;

(vi) Social involvements;

(vii) Personal characteristics;

(I) Personality; and

(II) Interests and hobbies.

4. Evaluation of family life:

(i) Verified date and place of marriage, if applicable;

(ii) Assessment of marital relationship(s) or domestic partnerships;

(iii) Family interaction patterns; and

(iv) Previous marriages.

5. Evaluation of parenting practices:

(i) Description of parenting knowledge, attitudes and skills;

(ii) Current behavior management practices; and

(iii) Current child-rearing practices.

6. Evaluation of physical and mental health needs and/or supports that maybe required from external sources, such as an MRO:

- (i) Summary of health history and condition of each family member;
- (ii) Documentation of a physical examination of the foster parent(s) completed by a licensed physician, physician assistant, or a nurse practitioner, or the public health department, within 12 months prior to the completion of the home study;
- (iii) A statement from a licensed physician, physician assistant, nurse practitioner, or public health department regarding the general health status of other members of the foster home, obtained within the 12 months prior to the completion of the home study;
- (iv) A statement of the emotional and mental health history, including any history of drug or alcohol abuse and treatment of each member of the prospective foster family; and
- (v) Screening for tuberculosis for prospective foster parent(s) and other adults living in the prospective foster home.

7. Understanding of and adjustment to foster parenting:

- (i) Understanding of the role of a foster parent and the issues in caring for foster children;
- (ii) Foster family's attitude toward the parent(s) of the foster children including parental visits in their home;
- (iii) Expectations of the foster child, including intellectual and physical achievement;
- (iv) Anticipated adjustment of each foster family member to a foster child;
- (v) Willingness to cooperate with the placement agency; and
- (vi) Support network in place for the foster family, including support systems for single parent families, if applicable;

8. Finances and occupations of family members:

- (i) Employment history, including whether the home is a registered family day care home or operating any other business or service out of the home that might have an impact on health and safety of the children in care;
- (ii) Financial stability of the family;
- (iii) Possible financial impact of the addition of a foster child to the home;

9. Home and community:

- (i) Description of neighborhood;
- (ii) Physical standards of the home, including space and sleeping arrangements, such that:
 - (I) Only bedrooms are used as sleeping space for children,
 - (II) No foster child shall sleep in a bed with another child unless both children are of the same sex and under 5 years of age and in a double or larger bed,
 - (III) No foster child shall co-sleep or bedshare with any adult, and no foster child over 24 months of age shall sleep in a room with an adult,

- (IV) No foster child over five (5) years of age shall share a bedroom with a child of a different sex,
- (V) Foster children shall sleep in a bedroom that allows for privacy and has adequate space for clothing and personal possessions,
- (VI) The home and surrounding property is kept reasonably clean and free of hazards to health and safety, debris, and uncontrolled rodents and insects,
- (VII) Hazardous items are not accessible to children,
- (VIII) A statement as to whether or not there are firearms kept in the home and if so, all firearms in the home are locked away from children,
- (IX) A statement as to whether or not there is a swimming pool or body of water on the premises, and if present at the home, it is safeguarded to prevent unsupervised access and it meets all applicable community ordinances,
- (X) Each level of the home is equipped with a functional smoke alarm and carbon monoxide detector,
- (XI) Water supply and sewage disposal systems which, if other than public systems, have been approved by appropriate authorities,
- (XII) Domestic pets owned or residing with the family have been inoculated against rabies as required by law, and
- (XIII) The home is equipped with first aid supplies and at least one operable fire extinguisher that is readily accessible.
- (iii) Assessment of community resources, including access to reliable and safe transportation, accessibility of schools, religious institutions, recreation, medical facilities and mental health facilities;

10. Religion;

11. A statement regarding the results of a criminal records check, as required by law, for each prospective foster parent(s) and any adult residing in the home. Where the individuals in the home have not resided in this state for the five years preceding their application to foster, the Agency shall require additional documentation available through the state child welfare agency in which the applicant resided that the individuals are not listed on the child abuse and neglect registry.

12. Pre-service training the prospective foster parent and/or family may have received;

13. A list of a minimum of three (3) character references that reflect the following relationship(s):

- (i) At least one reference shall be from an extended family member not residing with the prospective foster family; and
- (ii) At least one reference must be from a former Agency or employer, if the prospective foster parent has either served previously as a foster parent for another Agency, and/or been employed within the past five (5) years in a job involving the care of children.

14. A description of the type of child desired by the prospective foster family;

15. The date the study is completed and the name and signature of the person completing the study; and

16. Recommendation regarding approval as prospective foster parent(s), including description of any identified training or resource needs; and that the prospective foster parents possess the capacity to provide room, board and watchful oversight.

(b) Notification of Approval. Potential foster parent(s) shall be notified in writing as to whether or not their application has been approved.

(c) Location of Foster Homes. Foster homes used by the Agency shall be located within a reasonable travel distance from the Agency so as to be accessible for regular and emergency visits by family and Agency staff.

(6) Services Prior to Foster Care Placement.

(a) The selection of a foster home for a particular child shall be based on a documented assessment of the child's total needs and how well a particular home can meet the child's needs.

(b) Children of the same family shall be kept together when possible unless it has been determined through casework services that this is not desirable.

(c) Placement considerations shall include the potential for children's participation in religious and cultural activities in accordance with their cultural ethnic heritage.

(d) The Agency shall discuss the prospective foster placement with the foster family and shall prepare the foster family for the placement of a particular child by anticipating the adjustments and problems that may arise during placement and any specialized services to be provided. This discussion shall be documented in the case record.

(e) Any pre-placement activities between child and foster family shall be documented in the case record of the child and family.

(f) Complete written placement agreement(s) shall be developed with the involvement of the foster parent(s), the parent(s) or guardian(s), and the placing agency representative and signed by all adult parties; such agreement(s) shall include the following:

1. Written authorization to care for the child;

2. Written authorization to obtain medical care for the child;

(g) The Agency shall have a written agreement with the foster parent regarding its policies as to payment of board, arrangements for medical care, clothing, incidental expenses, visits by parent(s), discipline, advance notices for removal when placements are terminated by foster parent and emergency procedures.

(7) Services During the Foster Care Placement.

(a) An individual service plan, for the foster child and the foster family shall be developed within 30 days from the date of placement.

1. The individual service plan shall be re-evaluated for appropriateness and updated at least every 6 months.

2. The involvement of the child, foster parent, Agency representative, legal guardian and, when appropriate the legal parent(s), shall be documented in the individual service plan.

(b) The individual service plan shall include, but not be limited to:

1. Reason for present foster care placement;

2. Statement of preliminary plans for discharge;

3. Statements of any special care and services that will be arranged for or provided directly;

4. Statements of time-limited goals and objectives for the child and family and methods of achieving them and evaluating them, and;

(i) Designation of responsibility for carrying out objectives with child, foster parent(s), Agency representative, and when appropriate legal parent(s);

(ii) A method for evaluating and changing goals as needed.

5. A visitation plan, with any changes to the plan documented:

(i) Provisions for visits between parent(s) and children shall be made, except where the parental rights have been terminated or where it is documented that visits are detrimental to the child;

(ii) The foster parent(s) and the child shall be informed of the visitation plan.

(c) When the Agency has a written contract with a state human services agency to provide home finding services only, and the state agency has prepared an individual service plan for the child and family, then the contracting Child-Placing Agency shall not be required to complete an additional individual service plan. The Child-Placing Agency must document that an individual service plan is in place at the time of placement of the child.

(d) The Agency shall provide for a complete health and dental program for each child including:

1. A physical examination of the child shall be provided within 30 days of placement. If the child is being moved from a previous placement by a licensed agency or state agency, results from an examination completed within one year prior to the new placement shall be accepted for this requirement as long as there appears to be no obvious change in health status;

2. A general dental examination of a child over the age of 12 months old shall be provided within 30 days of placement, unless such an examination has been completed within 6 months prior to placement. Such examinations shall be done by either a dentist or a licensed dental hygienist;

3. Correction/improvement of health and dental defects (including an annual physical examination and a semiannual dental examination);

4. Immunizations appropriate for the age of the child; and

5. Developing and implementing policies and procedures for the use, documentation and management of all types of medication. All foster parents shall receive training on the policy and procedures. Policies and procedures shall include the following:

(i) Non-prescription medications. No child shall be given a non-prescription medication by a foster parent unless the child exhibits symptoms that the medication is designed to relieve.

(ii) Prescription medications. No child shall be given prescription medication unless the medication is prescribed for the child by an authorized health care professional.

(I) Prescription medications shall only be given to a child as ordered in the child's prescription.

(II) A child's attending physician shall be notified in cases of dosage errors, drug reactions, or if the prescription medication does not appear to be effective.

(iii) Psychotropic medications. Shall only be given to a child as ordered in the child's prescription.

(e) The Agency shall provide opportunity for academic and/or vocational training for each child in accordance with her/his ability and aptitude and as required by the school attendance laws of the state.

(f) Home visits shall be conducted by the Agency at least monthly in order to verify that the foster parent(s) are delivering care and room, board and watchful oversight in a safe and healthy environment to the children, in

accordance with these rules and regulations and Agency policies and procedures. Such visits shall include observation of the foster child with at least one of the foster parent(s).

(g) Documentation of the placement by the Agency shall include:

1. Monitoring the adjustment of the child to the foster family and vice versa;
2. Progress made on service plan goals;
3. Any new problems that have arisen and the actions taken toward a solution of those problems;
4. Contacts and issues with other resources and community agencies (i.e., MRO) serving the child;
5. Agency updates reassessing the appropriateness of the foster care placement whenever a significant change occurs in the home, to ensure that care and room, board and watchful oversight continues to be delivered in a safe and healthy environment in accordance with these rules and regulations and Agency policies and procedures.
6. Documentation that the foster parent(s) have received the required clock hours of training annually following the initial foster placement, with the training being relevant to the type(s) of children placed in the foster home.

(h) The Agency shall ensure that foster parents supervise the foster children placed in their homes to protect the health, safety and well-being of the children.

(i) The Agency shall provide an annual evaluation of the strengths and needs of the foster family and assessment of the best way to maximize the foster care experience for the foster family and the children placed with them. This evaluation shall be shared with the foster family as evidenced by the signature of the foster parent(s) on the evaluation.

(j) Termination of Agency care shall be determined by casework study and planning with the child and her/his family and/or the court or local public Agency responsible for the child.

(8) Behavior Management and Emergency Safety Interventions in Foster Care.

(a) Child training and behavior management may be administered by the Agency and foster parent(s) when appropriate and shall be appropriate for the child's age, intelligence, emotional makeup, and past experience.

(b) The Agency shall ensure that foster parents utilize appropriate behavior management techniques to assist the foster children in meeting service plan goals and to protect the health, safety and well-being of the children.

(c) Behavior Management.

1. The Agency shall develop and implement policies and procedures on behavior management. Such policies and procedures shall identify information on the kinds of behavioral problems of the children that might arise and appropriate techniques of behavior management for dealing with such behaviors.

2. Such behavior management policies and procedures shall incorporate the following minimum requirements:

(i) Behavior management principles and techniques shall be used in accordance with written policies and procedures governing service expectations, service plan goals, safety, security, and these rules and regulations.

(ii) Behavior management shall be limited to the least restrictive appropriate method in accordance with the prohibitions as specified in these rules and regulations.

3. The following forms of behavior management are prohibited and shall not be used:

(i) Assignment of excessive or unreasonable work tasks;

- (ii) Denial of meals and hydration;
- (iii) Denial of sleep;
- (iv) Denial of shelter, clothing, or essential personal needs;
- (v) Denial of essential services;
- (vi) Verbal abuse, ridicule, or humiliation;
- (vii) Restraint, manual holds, and seclusion used as a means of coercion, discipline, convenience, or retaliation;
- (viii) Denial of communication and visits with family unless restricted by individual service plan or court order;
- (ix) Corporal punishment;
- (x) Seclusion of a child or children in a room or area which may reasonably be expected to cause physical or emotional damage to the child (e.g., small closet, crawl space, cabinet, etc.); or
- (xi) Seclusion of a child or children to a room or area for periods longer than those appropriate to the child's age, intelligence, emotional makeup and previous experience, or confinement to a room or area without the supervision or monitoring necessary to ensure the child's safety and well-being.

4. Children shall not be permitted to participate in the behavior management of other children.

5. Agencies shall submit to the Department's Residential Child Care Licensing Unit electronically a report within 24 hours whenever the Agency becomes aware of an incident which results in any injury of a child as a result of or in connection with any behavior management or emergency safety intervention.

6. The Agency shall take appropriate corrective action when it becomes aware of or observes the use of prohibited forms of behavior management, as specified in sections .07(8)(c)3(i) through (xi). Documentation of the incident and the corrective action taken by the Agency shall be maintained in the case records of the child and family.

7. The Agency shall require any foster parent(s) to report to the Agency within 24 hours whenever a child receiving services through the Agency is injured as a result of or in connection with the use of behavior management techniques or emergency safety interventions.

(d) Emergency Safety Interventions.

1. When it can be reasonably anticipated from a child's behavioral history, that a child may likely require the use of emergency safety interventions to keep either the child or others safe from immediate physical harm, the staff and foster parent(s) working with such child shall be trained in emergency safety interventions utilizing a nationally recognized training program in emergency safety interventions which has been approved by the Department.

2. Emergency safety interventions shall only be used when less restrictive means of dealing with the injurious behavior have not proven successful or may subject the child or others to greater risk of injury. Emergency safety interventions shall not include the use of any restraint or manual hold that would potentially impair the child's ability to breathe or has been determined to be inappropriate for use on a particular child due to a documented medical or psychological condition.

3. The Agency shall have and enforce written policies and procedures for the appropriate use of emergency safety interventions that shall apply to foster parent(s), a copy of which shall be provided to and discussed with each child (as appropriate taking into account the child's age and intellectual development) and the child's foster parent(s) prior to or at the time of placement. Emergency safety intervention policies and procedures shall include:

(i) Provisions for the documentation of an assessment at placement and at each annual exam by the child's physician, a physician assistant, or a nurse practitioner, or a public health department that reflects that there are no medical issues that would be incompatible with the appropriate use of emergency safety interventions on that child. Such assessment and documentation must be re-evaluated following any significant change in the child's medical condition; and

(ii) Provisions for the documentation and reporting of each use of an emergency safety intervention by a foster parent including:

(I) Date and description of the precipitating incident;

(II) Description of the de-escalation techniques used prior to the emergency safety intervention, if applicable;

(III) Environmental considerations;

(IV) Foster parent(s) or staff members participating in the emergency safety intervention;

(V) Any witnesses to the precipitating incident and subsequent intervention;

(VI) Exact emergency safety intervention used;

(VII) Documentation of the 15 minute interval visual monitoring of a child in seclusion;

(VIII) Beginning and ending time of the intervention;

(IX) Outcome of the intervention;

(X) Detailed description of any injury arising from the incident or intervention; and

(XI) Summary of any medical care provided.

(iii) Provisions for prohibiting manual hold use by any staff or foster parent(s) not trained in prevention and use of emergency safety interventions.

4. Emergency safety interventions may be used to prevent runaway only when the child presents an imminent threat of physical harm to self or others.

5. Agency staff and foster parent(s) shall be aware of each child's known or apparent medical and psychological conditions (e.g., obvious health issues, list of medications, history of physical abuse, etc.), as evidenced by written acknowledgement of such awareness, to ensure that an emergency safety intervention that is utilized does not pose a danger to the physical or mental health of the child.

6. Children shall not be allowed to participate in the emergency safety intervention of other children.

7. Immediately following the conclusion of the emergency safety intervention and hourly thereafter for a period of at least four hours where the child is with a staff member or foster parent, the child's behavior will be assessed, monitored, and documented to ensure that the child does not appear to be exhibiting symptoms that would be associated with an injury.

8. At a minimum, the emergency safety intervention program that is utilized by staff and foster parent(s) shall include the following:

(i) Techniques for de-escalating problem behavior including child, staff and foster parent debriefings;

(ii) Appropriate use of emergency safety interventions;

- (iii) Recognizing aggressive behavior that may be related to a medical condition;
- (iv) Awareness of physiological impact of a restraint on the child;
- (v) Recognizing signs and symptoms of positional and compression asphyxia and restraint associated cardiac arrest;
- (vi) Instructions as to how to monitor the breathing, verbal responsiveness, and motor control of a child who is the subject of an emergency safety intervention;
- (vii) Appropriate self-protection techniques;
- (viii) Policies and procedures relating to using manual holds, including the prohibition of any technique that would potentially impair a child's ability to breathe;
- (ix) Agency policies and reporting requirements;
- (x) Alternatives to restraint;
- (xi) Avoiding power struggles;
- (xii) Escape and evasion techniques;
- (xiii) Time limits for the use of restraint and seclusion;
- (xiv) Process for obtaining approval for continual restraints and seclusion;
- (xv) Procedures to address problematic restraints;
- (xvi) Documentation;
- (xvii) Investigation of injuries and complaints;
- (xviii) Monitoring physical signs of distress and obtaining medical assistance; and
- (xix) Legal issues.

9. The emergency safety intervention training for foster parent(s) who are approved to care for children who are likely to require the use of emergency safety interventions shall be recorded in the child's record showing the cause for the emergency safety intervention, the emergency safety intervention used, and, if needed, approval by the director, the casework supervisor, and the physician who has responsibility for the diagnosis and treatment of the child's behavior.

10. Agencies shall submit to the Department's Residential Child Care Licensing Unit electronically a report within 24 hours whenever the Agency becomes aware of an incident which results in injury to a child as a result of or in connection with any emergency safety intervention.

(i) For any Agency with 20 or more foster placement homes, serving children who are likely to require the use of emergency safety interventions, any 30-day period in which three or more instances of emergency safety interventions of a specific child occurred and/or whenever the Agency has had a total of 10 emergency safety interventions for all children in care within the 30-day period; and

(ii) For any Agency with less than 20 foster placement homes, serving children who are likely to require the use of emergency safety interventions, of a specific child occurred and/or whenever the Agency has had a total of five instances for all children in care within the 30-day period.

11. Agency staff and foster parents shall submit a written report to the director on the use of any emergency safety intervention immediately after the conclusion of the intervention. A copy of such report shall be maintained in the child's file.

12. At least once per quarter, the Agency, utilizing a master Agency emergency safety intervention log and the child's case record, shall review the use of all emergency safety interventions for each child and foster placement, including the type of intervention used and the length of time of each use, to determine whether there was a clinically therapeutic basis for the intervention, whether the use of the emergency safety intervention was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the Agency identifies opportunities for improvement as a result of such reviews or otherwise, the Agency shall implement these changes through an effective quality improvement plan.

13. All foster parent(s) who likely may require the use of emergency safety interventions, because of the identified needs of the children being served, shall have evidence of having satisfactorily completed a nationally recognized training program for emergency safety interventions to protect children and others from injury, which has been approved by the Department and taught by an appropriately certified trainer in such program.

14. Manual Holds.

(i) Emergency safety interventions utilizing manual holds require at least one trained staff member or foster parent(s) to carry out the hold. Emergency safety interventions utilizing prone restraints require at least two trained staff members or foster parent(s) to carry out the hold.

(ii) Emergency safety interventions utilized by any staff or foster parent shall not include the use of any restraint or manual hold that would potentially impair the child's ability to breathe or has been determined to be inappropriate for use on a particular child due to a documented medical or psychological condition.

(iii) When a manual hold is used upon any child whose primary mode of communication is sign language, the child shall be permitted to have his or her hands free from restraint for brief periods during the intervention, except when such freedom may result in physical harm to the child or others.

(iv) If the use of a manual hold exceeds 15 consecutive minutes, the director or his or her designee, who possesses at least the qualifications of the director and has been fully trained in the Agency's emergency safety intervention plan, shall be contacted by a two-way communications device or in person and determine that the continuation of the manual hold is appropriate under the circumstances. Documentation of any consultations and outcomes shall be maintained for each application of a manual hold that exceeds 15 minutes. Manual holds shall not be permitted to continue if the restraint is determined to pose an undue risk to the child's health given the child's physical or mental condition.

(v) A manual hold may not continue for more than thirty (30) minutes at any one time without the consultation as specified in subparagraph (2) of this subparagraph, and under no circumstances may a manual hold be used for more than one hour total within a 24-hour period.

(vi) If the use of a manual hold on a child reaches a total of one hour within a 24-hour period, the staff shall reconsider alternative treatment strategies, document same, and consider notifying the authorities or transporting the child to a hospital or mental health facility for evaluation.

(vii) The child's breathing, verbal responsiveness, and motor control shall be continuously monitored during any manual hold. Written summaries of the monitoring by a trained staff member or foster parent not currently directly involved in the manual hold shall be recorded every 15 minutes during the duration of the restraint. If only one trained staff member or trained foster parent is involved in the restraint and no other trained staff member or parent is available, written summaries of the monitoring of the manual hold shall be recorded as soon as is practicable, but no later than one hour after the conclusion of the restraint.

15. Seclusion.

(i) If used, seclusion procedures in excess of thirty (30) minutes must be approved by the director or designee. No child shall be placed in a seclusion room or area in excess of one (1) hour within any twenty-four (24) hour period without obtaining authorization for continuing such seclusion from the child's physician, psychiatrist, or licensed psychologist and documenting such authorization in the child's record.

(ii) A seclusion room or area shall only be used if a child is in danger of harming himself or herself or others.

(iii) A child placed in a seclusion room or area shall be visually monitored at least every 15 minutes.

(iv) A room or area used for the purposes of seclusion must meet the following criteria:

(I) The room or area shall be constructed and used in such ways that the risk of harm to the child is minimized;

(II) The room or area shall be constructed so that a staff member or foster parent can visually monitor the child;

(III) The room shall be lighted and well-ventilated;

(IV) The room shall be a minimum fifty (50) square feet in area;

(V) The room must be free of any item that may be used by the child to cause physical harm to himself/herself or others; and

(VI) No more than one child shall be placed in the seclusion room or area at a time.

(v) A seclusion room monitoring log shall be maintained and used to record the following information:

(I) Name of the secluded child;

(II) Reason for child's seclusion;

(III) Time of child's placement in the seclusion room or area;

(IV) Name and signature of the foster parent or staff that conducted visual monitoring;

(V) Signed observation notes; and

(VI) Time of the child's removal from the seclusion room or area.

(9) Maintenance of Foster Care Records.

(a) The Agency shall maintain separate records for each foster home. The record shall be started at the time of application and shall be kept current.

(b) The foster home record shall contain:

1. The application;

2. Home study;

3. Medical reports for each member of the foster family;

4. Summary narrative containing the dates as well as the content material from the caseworker's contacts;

5. References;

6. The annual evaluations of the foster home, family, and placements;
 7. Placement history of the foster home, children placed, date(s) admitted, date(s) discharged and reason for discharge;
 8. Documentation of satisfactory criminal records checks in accordance with Georgia law.
 9. Phone numbers of foster parent(s) including day, cell & evening phone numbers and the days of the week and times of day the foster parent is likely to be accessible at the foster home.
 10. Foster children currently in the foster home including the child's name & county of custody.
- (c) Foster home records shall be maintained for at least 3 years following the Agency's last placement in said foster home.
- (d) The Agency shall maintain separate records for each child placed in foster care. The record for each child shall include:
1. Name, sex, race, birth date and birthplace of child;
 2. Name, address, telephone number and marital status of parent or guardian of the child;
 3. Name, address, telephone number of the foster parent with whom the child is currently placed;
 4. Legal documents including verified birth record, court status, agreements, consents, etc.;
 5. Social history of the family and parent background;
 6. Medical history and cumulative health record, psychological and psychiatric reports;
 7. Education records and reports;
 8. Individual service plan pursuant to these rules;
 9. Summary of each 6 month case review conference which reflects the contacts with and the status of all family members in relation to the placement plan as well as the achievements or changes in the goals or services;
 10. Summary of child's contacts with the family, the quality of the relationships and the child's progress in coping;
- (e) Upon termination of placement of the child, the following shall be placed in the record of the child and the foster home:
1. Date of termination, reason for termination, the name, telephone number, address, and relationship of the person or Agency assuming responsibility for the child.
 2. A termination summary describing the services provided during care, growth and accomplishments, and assessed needs which remain to be met with the service possibilities, which might meet those needs.
 3. Aftercare and room, board and watchful oversight plans that determine the responsibility for follow through.
- (f) Child records shall be maintained for at least 3 years following discharge of the child from the Agency.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.07

AUTHORITY: O.C.G.A. §§ [49-5-12](#), [49-5-60](#).

HISTORY: Original Rule entitled "Foster Care Services" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

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Repealed: New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

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Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.08 [Effective 3/19/2024] Agency Records and Reports

(1) Each Agency shall maintain records and submit on a timely basis reports and other information required by the Department.

(2) Each Agency shall maintain a permanent listing with identifying information of all children accepted for service or placement.

(3) Records shall be confidential and protected from unauthorized use, fire, damage or theft. Agencies that plan to utilize electronic records for any electronic files that are subject to regulatory review shall submit written policies and procedures for review and approval by the Department. If approved by the Department, electronic records should be reasonably secure with a data recovery system to prevent data loss and maintain data integrity and accessibility.

(4) Records and files shall be kept current and be available for review by the Department.

(5) The Agency shall submit on a timely basis such financial, statistical reports, and Board minutes and other information as may be required by the Department.

(6) Reporting. Detailed written summary reports shall be made to the Department of Human Services, Residential Child Care Licensing as required by the Department within 24 hours. This report shall be made regarding serious occurrences involving children in care, including but not limited to:

(a) Accidents or injuries requiring medical treatment and/or hospitalization;

(b) Death;

(c) Suicide attempts;

(d) Closure of the living unit due to disaster or emergency situations such as fires or severe weather;

(e) Emergency safety interventions resulting in any injury;

(f) Any incident which results in any federal, state or private legal action by or against the Agency which affects any child or the conduct of the Agency. However, legal action involving the juvenile justice system is not required to be reported; or

(g) Any illness of children or illness of any person living in a foster home having personal contact with children in care known to have resulted from an identified pandemic or infectious disease outbreak.

(7) Child Abuse Reports. Whenever the Child-Placing Agency has reason to believe that a child in care has been subjected to child abuse it shall cause a report of such abuse to be made to the Department of Human Services

(Division of Family and Children Services, Child Protective Services) or in the absence of such to an appropriate police authority or district attorney in accordance with the requirements of O.C.G.A. Section [19-7-5](#). A copy of such report shall also be filed with Residential Child Care Licensing.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.08

AUTHORITY: O.C.G.A. §§ [19-7-5](#), [49-5-12](#).

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290-9-2-.09 [Effective 3/19/2024] How to Apply for/Renew a License

(1) Applicant Responsibilities. All Agencies applying for a license must attend training conducted by the Department's Residential Child Care Licensing Unit prior to submitting an application for an initial license.

* Indicates those items that must be submitted for application for renewal of either a temporary or continuing license. Non-asterisked items need not be submitted with an application for renewal. All items must be submitted with application for initial license.

(a) * All applications for license or renewal of license shall be submitted on forms provided by the Department. Both the Director and the board chairperson, if applicable, must verify the application for the Agency.

(b) The following information shall be submitted with the completed application forms:

1. Certified copy of the Agency's current Articles of Incorporation, if applicable;
2. Certified copy of the current Agency by-laws, if applicable;
3. * A list of the names and addresses of the current members of the Board of Directors and a letter of acceptance from each, if applicable;
4. * A list of the professional staff including their education and experience;
5. * The Agency plan for financing including an itemized budget, base for and schedule of fees;
6. Copy of the Agency's personnel policies.
7. Outline of the Agency's proposed program including but not limited to specific geographic area and clients to be served.
8. Documentation of need:
 - (i) Written communications from community leaders in the field of child welfare indicating a need for the services proposed by the applicant, or
 - (ii) Recent research data establishing a need for the service proposed, and
 - (iii) Evidence that the services will be used by referral sources.
9. The Agency's manual of operating procedures; * and

10. * Full written disclosure of the following as applies to the applicant Agency, its Director, and any affiliates of the Agency and their child placement activities in this and other jurisdictions:

(i) The status of all child-placing license applications submitted or licenses issued whether denied, pending, active, revoked, suspended or voluntarily surrendered; and

(ii) Any current or previous judicial or administrative action against the above listed persons or entities, along with the disposition of the case.

(c) * An application for renewal of license shall be submitted by the Agency as requested by the Department prior to the periodic review of the Agency. A listing of identifying information for all children accepted for service or placement shall be available for review on-site at the time of renewal.

(d) When there is a change in ownership or substantial change in the Agency Board membership (50% or greater), other than changes required for systematic rotation, the Agency must notify the Department's Residential Child Care Licensing Unit in writing. The Department may, at its discretion, require that a new application be submitted by the Agency under these circumstances.

(e) Posting of License. The issued license shall be posted near the entrance to the Agency office or in a part of the Agency office that is open to view by the public.

(2) Department Review of Applications.

(a) An application for license or renewal of license shall be considered by the Department only when all sections are completed and all required information is present with the application.

(b) Initial Application - Temporary License. The initial application submitted by an Agency shall be considered an application for a temporary license.

1. Consideration for approval of the initial temporary license shall be based on a determination that the Agency has made adequate provision to meet these Rules.

2. The Department may, at its discretion, following review of the initial application, issue or deny the temporary license.

3. Upon approval, the temporary license shall be valid for a period not to exceed one year.

(c) Renewal of the Temporary License. Prior to the expiration of the temporary license, the Department shall consider an application to renew the license. If the Department finds that any Child-Placing Agency applicant does not meet rules and regulations prescribed by the Department but is attempting to meet such rules and regulations, the Department may, in its discretion, issue a temporary license or commission to such Child-Placing Agency, but such temporary license or commission shall not be issued for more than a one-year period.

1. Upon presentation of satisfactory evidence that such Agency is making progress toward meeting prescribed rules and regulations of the Department, the Department may, in its discretion, reissue such temporary license or commission for one additional period not to exceed one year.

2. As an alternative to a temporary license or commission, the Department, in its discretion, may issue a restricted license or commission which states the restrictions on its face.

3. Consideration for the renewal of the one year temporary license shall be based on the Agency's performance during the temporary license period.

4. The Department may, at its discretion, after review of the Agency's performance, either approve the Agency for an additional six-month temporary license, approve the Agency for a one-year license, or deny the license renewal.

(d) Review of the Continuing License. An annual review packet must be completed and submitted to the Department within ten (10) business days from the annual review of the Agency.

1. Consideration for the renewal of the one-year license shall be based on the results of the Department review of the renewal application and the review of the performance of the Agency.

2. The Department may, at its discretion and after review of the Agency's performance, either approve the renewal of the one-year license, approve the Agency for a temporary license, or deny the license renewal.

3. False or Misleading Information. 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.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.09

AUTHORITY: O.C.G.A. §§ [49-5-12](#).

HISTORY: Original Rule entitled "How to Apply for/Renew a License" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.10 [Effective 3/19/2024] Variances and Waivers

(1) The Department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed by an Agency.

(2) The Department may grant a variance or waiver to a rule when an Agency demonstrates that the purpose of the underlying statute upon which the rule is based can be or has been achieved by other specific means and that strict application of the rule would create a substantial hardship. For purposes of this rule, a substantial hardship means a significant, unique, and demonstrable economic, technological, legal or other type hardship which impairs the ability to continue to function as a Child-Placing Agency.

(3) Variance and waiver applications submitted to the Department's Residential Child Care Licensing Unit shall include, but are not limited to the following:

(a) The rule from which a variance or waiver is requested;

(b) The type of action requested (i.e., granting a waiver or variance);

(c) Specific facts detailing substantial hardship which would justify the variance or waiver;

(d) Alternative standards which the requestor agrees to meet with a showing that alternative standards will provide adequate protection for health, safety, and welfare, and

(e) The reason why a variance or waiver would serve the purpose of any underlying law.

(4) The Agency must implement and comply with any terms and conditions established by the Department in order to operate under any waiver or variance granted.

(5) Variances or waivers shall not be sought or authorized when the granting of a waiver or variance would be harmful to public health, safety, or welfare or contrary to state law provisions.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.10

AUTHORITY: O.C.G.A. §§ [49-5-12](#), [50-13-9.1](#).

HISTORY: Original Rule entitled "Variances and Waivers" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.11 [Effective 3/19/2024] Inspections by the Department and Access by Department Staff

(1) The Department is authorized and empowered to conduct investigations and on-site inspections of any Agency required by these rules to be licensed. The proposed and current licensee and staff shall cooperate with any inspection or investigation by responding truthfully to any legitimate departmental inquiry.

(a) Initial Inspection. Following receipt and review of a complete application package, the Department may conduct an on-site inspection of the Agency to assess compliance with these rules.

(b) Consent to Access. An application for a license or commission to operate an Agency 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 Agency employee, director, foster parent or prospective adoptive parent for the purpose of inspecting the Agency. This includes both scheduled and unscheduled inspections and includes access to a director, all employees, foster homes, including household members, all children present, and all records required by these rules. To the degree possible, inspections of records normally maintained in the Agency's business office, such as financial records, will be conducted during normal business hours. The Department shall have the authority to require the production of any books, records, papers, or other information related to the initial or continued licensing of any Agency.

(c) Other Inspections. The Department may conduct scheduled and unscheduled on-site inspections of an Agency in the following instances:

1. Annually or at other regular intervals as the Department may determine or at the expiration of the current license; or
2. Upon receiving a report, including a report submitted by the Agency, alleging child abuse, neglect, sexual exploitation, or deprivation which occurred while the child was in the care of the Agency director or employees; or
3. Upon receiving information of alleged violations of these rules, including information provided by the Agency, which, if true, could endanger the health, safety or welfare of the children in care; or
4. Upon receipt and review of a request for an amended license, where the Department determines that an on-site inspection is advisable; or
5. Upon the Department or its duly authorized representative being made aware of any flagrant abuses, derelictions or deficiencies during the course of the Department's inspection or at any other time. The Department shall

immediately investigate such matters and may make an on-site inspection so as to take such actions as conditions may require; or

6. Subsequent to the receipt of a plan of correction, as determined necessary by the Department, to monitor whether the plan of correction is being complied with by the Agency's director or personnel.

(d) Failure to Allow Access. Failure to allow timely access of the Department's representative to the Agency, its staff, or the children receiving care at the Agency 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.

(e) False or Misleading Statements. No licensee, director, employee, foster parent, prospective adoptive parent, or contractor of a licensee shall knowingly make any verbal or written false or misleading statements to the Department in connection with any authorized investigation or inspection being conducted by the Department or on documents submitted to the Department or maintained by the Agency.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.11

AUTHORITY: O.C.G.A. § [49-5-12](#).

HISTORY: Original Rule entitled "Inspections by the Department and Access by Department Staff" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.12 [Effective 3/19/2024] Disaster Preparedness

The Agency shall prepare for potential emergency situations that may affect the care of children by the development of an effective disaster preparedness plan that identifies emergency situations and outlines an appropriate course of action. The plan must be reviewed and revised annually, as appropriate, including any related written agreements.

(a) The disaster preparedness plan shall include at a minimum plans for the following emergency situations:

1. Local and widespread weather emergencies or natural disasters, such as tornadoes, hurricanes, earthquakes, ice or snow storms, or floods;

2. Manmade disasters such as acts of terrorism and hazardous materials spills;

3. Unanticipated interruption of service of utilities, including water, gas, or electricity, involving any placement homes within a local or widespread area;

4. Loss of heat or air conditioning in the placement home;

5. Fire, explosion, or other physical damage in the placement home; and

6. Pandemics, identified infectious disease outbreaks and illnesses, or other situations where the community's need for services may exceed the availability of foster and prospective adoptive homes and services regularly offered by the Agency.

7. The Agency's disaster preparedness plan shall also include the following additional items in efforts to limit and contain health hazards to children, the director, employees, and the general public due to pandemic or infectious disease outbreaks:

- (i) Contact information for sources of public health information and guidance (e.g., Centers for Disease Control (CDC), state/local public health authorities);
 - (ii) Name and contact information of Agency director or employee designated to provide updates to the Department, upon request, regarding the status of the outbreak or illness;
 - (iii) Process in place for providing notice of the outbreak or illness and any other necessary updates to parents/guardians;
 - (iv) Plan for immediate isolation of affected children and household members from unexposed children and household members;
 - (v) Plan for minimizing the risk of exposure to unexposed children or household members; and
 - (vi) Plan for addressing business continuity and programmatic issues relevant to pandemic or infectious disease outbreaks.
- (b) There shall be plans to ensure sufficient staffing and supplies to provide room, board and watchful oversight during the emergency situation.
 - (c) There shall be plans for the emergency transport or relocation of all children in placement homes, should it be necessary, in vehicles appropriate to the children's needs. Additionally, there shall be written agreements with any agencies which have agreed to receive the agencies' children in these situations.
 - (d) The Agency shall document participation of each foster and prospective adoptive home's quarterly fire drills.
 - (e) The plan shall include a requirement for the foster and prospective adoptive home to have a written emergency evacuation plan and a list of emergency telephone numbers. The emergency evacuation plan and emergency telephone numbers shall be posted in a prominent place in the home. The home shall be required to notify the Child-Placing Agency, who will in turn notify the Department's Residential Child Care Licensing Unit of the emergency situation as required by these rules and notify the lawful custodians of the children's whereabouts and condition.
 - (f) The Agency's disaster preparedness plan shall be made available to the Department for inspection upon request.
 - (g) The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared a public health emergency.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.12

AUTHORITY: O.C.G.A. § [49-5-12](#).

HISTORY: Original Rule entitled "Denial or Revocation of a License" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule entitled "Disaster Preparedness" adopted. F. June 5, 2007; eff. June 25, 2007.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.13 [Effective 3/19/2024] Emergency Orders

(1) In accordance with O.C.G.A. [49-5-90](#) et seq., notwithstanding other remedies available to the Department which may be pursued at the same time, the commissioner or his/her designee may issue emergency orders. Such orders may include emergency placement of a monitor or monitors in an Agency upon a finding that the Department's rules and regulations are being violated which threaten the health, safety, or welfare of children in care and when one or more of the following conditions are present:

- (a) The Agency is operating without a license; or
 - (b) The Department has denied the application for the license or has initiated action to revoke the existing license; or
 - (c) Children are suspected of being subjected to injury or life-threatening situations or the health or safety of a child or children is in danger.
- (2) Unless otherwise provided in the order, an emergency order shall become effective upon its service to the owner, the director, or any other agent, employee, or person in charge of the Agency at the time of the service of the order.
- (3) Prior to issuing an emergency order, the commissioner or his designee may consult with persons knowledgeable in the field of child care and a representative of the Agency to determine if there is a potential for greater adverse effects on children in care as a result of the emergency order.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.13

AUTHORITY: O.C.G.A. §§ [49-5-8](#), [49-5-12](#), [49-5-12.1](#), [49-5-90](#) *et seq.*

HISTORY: Original Rule entitled "Enforcement of Law and Rules" adopted. F. Mar. 16, 2000; eff. Apr. 8, 2000.

Repealed: New Rule entitled "Enforcement and Penalties" adopted. F. Aug. 21, 2006; eff. Sept. 10, 2006.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule entitled "Emergency Orders" adopted. F. Jan 24, 2008; eff. February 13, 2008.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.14 [Effective 3/19/2024] Enforcement and Penalties

(1) Plans of Correction. If the Department determines that either a Child-Placing Agency or a facility applying to become licensed as a Child-Placing Agency does not comply with the rules, the Department shall provide written notice specifying the rule(s) violated and setting a time for the Agency not to exceed ten (10) business days within which to file an acceptable written plan of correction where the Department has determined that an opportunity to correct is permissible. If such plan of correction is determined not acceptable to the Department because it does not adequately correct the identified violation, the Department will advise the Child-Placing Agency or facility applying to become licensed that the plan of correction is not acceptable. The Department may permit the Agency to submit a revised plan of correction.

(a) The Agency shall comply with an accepted plan of correction.

(b) Where the Department determines that either the Child-Placing Agency or the facility applying to become licensed as a Child-Placing Agency has not filed an acceptable plan of correction or has not complied with the accepted plan of correction, the Department may initiate an adverse action to enforce these rules.

(2) All adverse actions to enforce the Rules and Regulations for Child-Placing Agencies shall be initiated in accordance with the Rules and Regulations for Enforcement of Licensing Requirements, Chapter 290-1-6, and O.C.G.A. Sections [49-5-12](#) and [49-5-12.1](#), and Sections [49-5-60](#) *et seq.* and the requirements set forth herein.

(3) Required Notifications for Revocations and Suspensions. The Agency shall notify each child's parents and/or legal guardians of the Department's actions to revoke the license or seek an emergency suspension of the Agency's license to operate.

(a) The official notice of the revocation or emergency suspension action and any final resolution, together with the Department's complaint intake phone number and website address, shall be provided by the Agency to each current and prospective child's parents and/or legal guardians.

(b) The Agency shall ensure the posting of the official notice at the Agency in an area that is visible to each child's parents and/or legal guardians.

(c) The Agency shall ensure that the official notice continues to be visible to each child's parents and/or legal guardians throughout the pendency of the revocation and emergency suspension actions, including any appeals.

(d) The Agency shall have posted in an area that is readily visible to each child's parents and/or legal guardians any inspection reports that are prepared by the Department during the pendency of any revocation or emergency suspension action.

(e) It shall be a violation of these rules for the Agency to permit the removal or obliteration of any posted notices of revocation, emergency suspension action, resolution, or inspection survey during the pendency of any revocation or emergency suspension action.

(f) The Department may post an official notice of the revocation or emergency suspension action on its website or share the notice of the revocation or emergency suspension action and any information pertaining thereto with any other agencies that may have an interest in the welfare of the children in care of the Agency.

(g) The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared a public health emergency.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.14

AUTHORITY: O.C.G.A. §§ [49-5-8](#), [49-5-12](#), [49-5-12.1](#).

HISTORY: Original Rule entitled "Severability of These Rules" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000.

Repealed: New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007.

Repealed: New Rule entitled "Enforcement and Penalties" adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

290-9-2-.15 [Effective 3/19/2024] Severability of These Rules

In the event that any rule, sentence, clause, or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, the remaining rules or portions of the rules shall not be affected and shall remain in full force and effect.

Cite as Ga. Comp. R. & Regs. R. 290-9-2-.15

AUTHORITY: O.C.G.A. §§ [49-5-8](#), [49-5-12](#).

HISTORY: Original Rule entitled "Severability of These Rules" adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.

Amended: F. Feb. 28, 2024; eff. Mar. 19, 2024.

Department 391. RULES OF GEORGIA DEPARTMENT OF NATURAL RESOURCES

Chapter 391-2. COASTAL RESOURCES

Subject 391-2-3. COASTAL MARSHLANDS PROTECTION

391-2-3-.02 [Effective 3/20/2024] Regulation of Upland Component of a Project

(1) Findings and Purpose.

(a) Findings. In promulgating this Rule, the Board declares the following:

1. Georgia's coastal marshlands have long been recognized by the General Assembly and the Board as a vital natural resource system, a vital area of the state, and essential to maintain the health, safety, and welfare of all the citizens of the State.

2. The Coastal Marshlands Protection Act (CMPA) provides a grant of authority to the Board of Natural Resources and Coastal Marshlands Protection Committee to regulate certain activities that affect or have the potential to affect the coastal marshlands of the state, to ensure the values and functions of the coastal marshlands are not impaired and to protect the public interest.

3. Stormwater management measures, impervious surface coverage standards, and marshlands buffer design and maintenance measures as applied to projects which are subject to permitting under the Coastal Marshlands Protection Act are warranted so as to protect this vital area and to protect the public interest.

(b) Purpose. The purpose of these Rules is to implement the authority of the Board of Natural Resources to promulgate rules and regulations for permitting under and enforcement of the Coastal Marshlands Protection Act. This Chapter establishes procedures and criteria to be applied by the Coastal Marshlands Protection Committee when reviewing applications for a permit to remove, fill, dredge, drain, or otherwise alter any marshlands or construct or locate any structure on or over marshlands within the estuarine area of the state.

(2) Definitions used in this Rule.

(a) "Applicant" means any person who files a permit application under the Coastal Marshlands Protection Act.

(b) "Coastal marshlands" or "marshlands" means any marshland intertidal area, mud flat, tidal water bottom, or salt marsh in the State of Georgia within the estuarine area of the state, whether or not the tidewaters reach the littoral areas through natural or artificial watercourses. "Vegetated marshlands" shall include those areas upon which grow one, but not necessarily all, of the following: salt marsh grass (*Spartina alterniflora*), black needlerush (*Juncus roemerianus*), saltmeadow cordgrass (*Spartina patens*), big cordgrass (*Spartina cynosuroides*), saltgrass (*Distichlis spicata*), coast dropseed (*Sporobolus virginicus*), bigelow glasswort (*Salicornia bigelovii*), woody glasswort (*Salicornia virginica*), saltwort (*Batis maritima*), sea lavender (*Limonium nashii*), sea oxeye (*Borrchia frutescens*), silverling (*Baccharis halimifolia*), false willow (*Baccharis angustifolia*), and high-tide bush (*Iva frutescens*). The occurrence and extent of salt marsh peat at the undisturbed surface shall be deemed to be conclusive evidence of the extent of a salt marsh or a part thereof.

(c) "Committee" means the Coastal Marshlands Protection Committee.

(d) "Effective impervious cover" is the percentage derived when total impervious area is adjusted to reflect the fact that a site design results in the actual impervious surface characteristics of a site with a lower total impervious area, supported by scientific and engineering studies and findings.

(e) "Estuarine area" means all tidally influenced waters, marshes, and marshlands lying within a tide-elevation range from 5.6 feet above mean tide level and below.

(f) "Greenspace" means vegetative upland or wetland that remains in its natural state or has been developed only to the extent consistent with natural ecological systems protection.

(g) "Impervious surface" means any surface such as pavement, roofs, roadways or other surface material through which water does not permeate.

(h) "Marshlands buffer" means a zone or strip of land of a specified width along the riparian border of the project that serves as a protective setback.

(i) "Marshlands component of the project" means the part of the project in an estuarine area or any structure on or over an estuarine area, including but not limited to marinas, community docks, bridges, piers, and bulkheads, requiring a permit under the Coastal Marshlands Protection Act pursuant to O.C.G.A. Section [12-5-286](#).

(j) "Nonstructural Stormwater Management Practice" means any naturally occurring or planted vegetation or other pervious component of a stormwater management plan that provides for, or enhances, stormwater quality and/or reduces stormwater quantity or provides other stormwater management benefits.

(k) "Person" means any individual, partnership, corporation, municipal corporation, county, association, or public or private authority, and shall include the State of Georgia, its political subdivisions, and all its departments, boards, bureaus, commissions, or other agencies, unless otherwise specifically exempted by the Coastal Marshlands Protection Act.

(l) "Project" means the proposed construction or maintenance activity identified in an application for a marshlands permit within the contemplation of the Coastal Marshlands Protection Act. A project may consist of two components: a marshlands component and an upland component, as defined herein.

(m) "Stormwater Treatment" means a process of remediation, reduction and/or elimination of the undesirable characteristics of runoff including, but not limited to, peak runoff rate, velocity, volume, and quantity of solids and pollutants.

(n) "Total Impervious Area" means all impervious surface in a specified area as calculated as a percent of the total area.

(o) "Untreated Stormwater" means runoff that is discharged without previously being managed by one or a combination of techniques that remediate, reduce and/or eliminate undesirable characteristics of the runoff.

(p) "Upland" means lands that are neither coastal marshlands nor wetlands.

(q) "Upland component of the project" is all those service areas, amenities, and recreational areas associated with marinas, community docks, commercial docks, fishing piers, boat ramps and bridges located inland of the Coastal Marshlands Protection Act jurisdiction line, that serve or augment the functioning of the marshlands component of the project, such as, but not limited to, dry stack boat storage; dockmaster shop; fuel storage and delivery facilities to serve the marshlands component of the project; and restrooms intended for users of the marshlands component of the project. This term may extend to and cover such facilities adjacent to or in proximity to the marshlands component of the project that are intended to serve exclusively or primarily the users of the marshlands component of the project if the Committee finds in its sole discretion that such facility is likely to alter the marshlands.

(r) "Wetlands" means areas that are inundated or saturated by surface or ground water often and long enough to support and under normal circumstances do support a prevalence of vegetation typically adapted for life in saturated soil conditions, such as swamps, marshes, bogs, and floodplains.

(3) Procedure for Determining Project Boundaries. The applicant shall delineate the boundaries of the proposed project. Such boundaries shall be subject to review and validation by the staff of the Department of Natural Resources to ensure that the entire project is delineated. Such boundaries shall be included in the application proposed for consideration by the Committee. In this regard, the applicant shall submit documentation identifying all areas that are planned to be used in connection with the project which is delineated, to allow the Coastal Marshlands Protection Committee to verify the extent of the project.

(4) Marshlands Buffers for Upland Component of the Project.

(a) There is established a 50-foot marshlands buffer applicable to the upland component of the project as measured horizontally inland from the coastal marshland-upland interface, which is the Coastal Marshlands Protection Act jurisdiction line, so as to ensure the project does not result in the filling or other alteration of the coastal marshlands.

(b) The applicant for a permit under the Coastal Marshlands Protection Act and these rules shall certify adherence to soil and erosion control responsibilities, which, for purposes of the Coastal Marshlands Protection Act shall include recognition of and compliance with the following requirements unless in conflict with a criterion or exception established by the Environmental Protection Division of the Department of Natural Resources.

1. Except as provided in subparagraph 2. of this paragraph and paragraphs (d) and (g) below, no land-disturbing activities within the project boundaries shall be conducted within the 50-foot marshlands buffer, and such marshlands buffer shall remain in its natural, undisturbed state of vegetation, so as to naturally treat stormwater during both construction and post construction phases of the upland component of the project.

2. Land disturbance and construction of structures within the 50-foot marshlands buffer in the upland component of the project shall be limited to the following:

(i) Construction and maintenance of temporary structures necessary for construction of the marshlands component of the project;

(ii) Construction and maintenance of permanent structures that are required for the functionality of and/or provide permanent access to the marshlands component of the project; and

(iii) Planting and grading with vegetated materials within the marshlands buffer to enhance stormwater management, such as erosion and sediment control measures, and to allow pedestrian access for passive recreation.

(c) After such land disturbing activities associated with (b)2.(i) above are completed, and except as allowed for in (b)2.(ii) and (iii) above, the marshlands buffer must be restored to and maintained in a natural vegetated state or in a vegetated state at least as protective or better than pre-construction conditions, subject to hand trimming and thinning as authorized in the permit.

(d) Already existing impervious surfaces and structures within the marshlands buffer area may remain and be maintained, provided the replacement, modification or upgrade does not increase any encroachment upon the required marshlands buffer in effect at the time of the replacement, modification or upgrade.

(e) Marshlands buffers shall be designed, installed and/or maintained sufficiently such that stormwater discharge to coastal marshlands from the marshlands buffer is managed according to the policy, criteria, and information including technical specifications and standards in the Coastal Stormwater Supplement to the Georgia Stormwater Management Manual, 1st Edition, April 2009.

(f) Nothing in this Rule shall be construed to limit the power or authority of the Director of the Environmental Protection Division.

(g) The Coastal Marshlands Protection Committee, in its sole discretion, is authorized to grant a permit that includes an exception to the 50-foot marshlands buffer if the Committee finds that three conditions are met:

1. Application of the marshlands buffer requirement will create a substantial hardship on the applicant; and

2. The purpose, function and treatment capabilities of the marshlands buffer can be or has been achieved by alternative means, such that the stormwater discharge to coastal marshlands from the marshlands buffer is managed according to the policy, criteria, and information including technical specifications and standards in the Coastal Stormwater Supplement to the Georgia Stormwater Management Manual, 1st Edition, April 2009, and is protective of water quality; and

3. Consistent with the purpose and reasonable use of the proposed project, the smallest practicable encroachment into the marshlands buffer is being utilized;

4. For purposes of this part, substantial hardship means a significant, site-specific and demonstrable condition exists that precludes the project from being constructed. The Coastal Marshlands Protection Committee shall consider the following factors in their evaluation of whether a substantial hardship exists:

(i) If the applicant complies with the required marshlands buffer width, the property cannot practicably be used for the proposed project. Merely proving that the exception would permit a greater profit from the property shall not be considered adequate justification for an exception; and

(ii) The substantial hardship results from application of the marshlands buffer width to the property separately or in conjunction with other factors such as unrelated deed restrictions, other state, federal or local government restrictions or ordinances; and

(iii) The substantial hardship is due to the physical nature of the applicant's property, such as its size, shape, or topography; and

(iv) The applicant or predecessor in title did not, by deed, covenant, or other voluntary act after March 26, 2007, create a situation where the application of the marshlands buffer would create a substantial hardship on the applicant.

(5) Stormwater Management Standards for the Upland Component of the Project.

(a) There shall be no discharge of untreated stormwater from developed or disturbed areas, whether surface or piped, to coastal marshlands from the upland component of the project. The Committee is authorized to waive this requirement if the Committee finds that the site or project characteristics prohibit treatment, there is no practicable alternative, and it has minimal adverse impact.

(b) In addition to the requirements of Section (5)(a) above, discharged stormwater from the upland component of the project shall be managed according to the policy, criteria, and information including technical specifications and standards in the Coastal Stormwater Supplement to the Georgia Stormwater Management Manual, 1st Edition, April 2009.

(c) As a component of the stormwater treatment system, greenspace shall be retained and interconnected where practicable and appropriate.

(d) The use of non-structural stormwater management and stormwater better site design practices, such as those listed in the Coastal Stormwater Supplement to the Georgia Stormwater Management Manual, 1st Edition, April 2009, shall be utilized to the maximum extent practicable.

(6) Impervious Surface. Pervious surfaces shall be used to the maximum extent practicable, and total impervious area shall be minimized with the goal of achieving no more than 15% effective impervious cover where practicable taking into account existing structures that are part of the project and the available land area that is part of the upland component of the project.

(7) Required Information. The Coastal Marshlands Protection Committee shall establish an application checklist to assist applicants. A copy of the application checklist may be obtained by contacting the Committee at its

administrative headquarters: Coastal Resources Division, One Conservation Way, Suite 300, Brunswick, Georgia 31520, 912-264-7218.

Cite as Ga. Comp. R. & Regs. R. 391-2-3-.02

AUTHORITY: O.C.G.A. Title 12, O.C.G.A. § [12-5-285](#).

HISTORY: Original Rule entitled "Permit Procedures" adopted as R. [391-4-12-.02](#). F. Jan. 15, 1975; eff. Feb. 4, 1975.

Repealed: New Rule of same title renumbered as R. 391-2-3-.02. F. Dec. 28, 1979; eff. Jan. 17, 1980.

Repealed: F. June 26, 1992; eff. July 16, 1992.

Amended: New Rule entitled "Regulation of Upland Component of a Project" adopted. F. Mar. 6, 2007; eff. Mar. 26, 2007.

Amended: F. July 25, 2007; eff. August 14, 2007.

Amended: F. May 5, 2011; eff. May 25, 2011

Note: Correction of typographical error in Rule History only, in accordance with title change cited in March 6, 2007 filing, "**Amended:** New Rule entitled "Regulations of Upland Component of a Project" adopted. F. Mar. 6, 2007; eff. Mar. 26, 2007." corrected to "**Amended:** New Rule entitled "Regulation of Upland Component of a Project" adopted. F. Mar. 6, 2007; eff. Mar. 26, 2007." Effective March 20, 2024.

Amended: F. Feb. 29, 2024; eff. Mar. 20, 2024.

Department 391. RULES OF GEORGIA DEPARTMENT OF NATURAL RESOURCES

Chapter 391-3. ENVIRONMENTAL PROTECTION

Subject 391-3-20. ENHANCED INSPECTION AND MAINTENANCE

391-3-20-.01 Definitions

The following terms as used in these rules shall have the meaning hereinafter respectively ascribed, except that to the extent terms are not defined in these rules, the Act's definitions control; and provided that definitions within any subsequent rule or subdivision thereof, which are expressly made applicable to the rule or subdivision within which they appear, shall apply for purposes of such specific rule or subdivision thereof.

(a) "Act" means O.C.G.A. § [12-9-40](#) et seq., as amended, "The Georgia Motor Vehicle Emission Inspection and Maintenance Act."

(b) "Biometrics" means the automated recognition of individuals by means of unique physical characteristics, typically for the purposes of security. For Georgia's Clean Air Force inspectors, biometric finger vein readers are used for biometric logins.

(c) "Calibration" means, in the case of the Georgia Analyzer System (GAS), the process of establishing or verifying that the test values of the GAS emissions bench are accurate by using the applicable calibration gases.

(d) "Certificate" means the license issued by the Director to a person authorizing him or her to perform emission inspections in accordance with the requirements of the Act and this Chapter.

(e) "Certificate of Authorization" means a certificate issued by the Director to each establishment or location designated as an official emission inspection station.

(f) "Certificate of Emissions Inspection" means an official certificate that exhaust emissions, evaporative emissions, emission control equipment, and on-board diagnostic equipment have been inspected and approved in accordance with the Act and this Chapter. Such certificates will be furnished to official emission inspection stations by EPD to be completed and issued by such stations to the owner or operator of a responsible motor vehicle upon inspection and approval certifying that such responsible motor vehicle has been inspected and complies with the inspection and maintenance required by the Act and this Chapter.

(g) "DLC" means the data or diagnostic link connector for a vehicle's on-board diagnostic system.

(h) "Dedicated data transmission line" means a unique communication line identifiable by a transmitted digital identification number which allows the Vehicle Information Database or (VID) to identify the Georgia Analyzer System (GAS) unit communicating with the VID.

(i) "Department" means the Department of Natural Resources.

(j) "Diagnostic Trouble Codes (DTC)" means that for vehicles equipped with on-board diagnostic (OBD) computer systems, a five digit code that is associated with a specific test of the OBD system.

(k) "Director" means the Director of the Environmental Protection Division of the Department of Natural Resources.

(l) "E-Certs" means blank Electronic Certificates of Emission Inspection that are pre-purchased by official emissions inspection stations for the purpose of performing emission inspections.

(m) "Emission Inspection" means all tests and inspections required by the Act and this Chapter, including an on-board diagnostic system check, a fuel cap verification, a tampering inspection, and an exhaust emissions test where applicable.

(n) "Emissions Inspector Certification Training Program Manual", means the manual supplied to inspectors during their initial and re-certification classes; the most current version of this manual is available on the Georgia's Clean Air Force website at www.cleanairforce.com.

(o) "Emission Recall Compliance Check" means determining whether a recall campaign has been issued by the original equipment manufacturer of a vehicle.

(p) "E-VIN" means the Electronic Vehicle Identification Number embedded in the OBD computer system on 1996 and later model year vehicles.

(q) "EPD" means the Environmental Protection Division of the Georgia Department of Natural Resources.

(r) "Exhaust Emission Test" means the determination of the amount of specified gases in a vehicle's exhaust by use of the 2-speed idle (TSI) test.

(s) "Fleet Vehicle" means a motor vehicle owned or leased by a person engaged in a commercial activity, utility service, or government service; or a motor vehicle offered for sale, rent, or lease at a business which is licensed to sell, rent, or lease motor vehicles.

(t) "Fuel Cap Verification" means the determination of the required presence of the fuel cap(s), per vehicle manufacturer design.

(u) "Gas Calibration" means the calibration of the Georgia Analyzer System (GAS) by the use of a manufactured calibration gas.

(v) "Georgia Analyzer System" (GAS) means the test systems approved by EPD for use in performing emission inspections in Georgia in accordance with the Act and this Chapter.

(w) "Georgia Analyzer System Hardware and Software Specifications" (GAS Specs) means the Georgia Analyzer System Hardware and Software Specifications, Phase V, August 31, 2016, which contains the hardware and software requirements for a GAS.

(x) "Georgia's Clean Air Force" (GCAF) means the partnership between EPD and the Management Contractor to implement Georgia's Inspection and Maintenance Program (I/M Program).

(y) "GVWR" means the gross vehicle weight rating, i.e., the weight of the vehicle and contents when loaded to its maximum capacity, as established by the vehicle manufacturer.

(z) "Hot Rod" means a vehicle in which the original engine has been replaced with an engine from another manufacturer, or with a different type of engine from the same manufacturer which was never installed in that model vehicle. For the purposes of this definition, a different type of engine will include engines with a different number of cylinders from any engine which was originally installed in that make of vehicle. It will not include engines of the same family, e.g., Chevrolet V8s of 283, 305, 327, 350 and 400 cubic inch displacement, nor will it include engines different from the original, but which were also installed in that make of vehicle, e.g., gasoline for diesel engine swaps in General Motors or Volkswagen vehicles, or V8 for V6 swaps where both engines were installed in that model vehicle by the manufacturer for retail sale.

(aa) "Idle RPM" means for vehicles equipped with a manual transmission, the manufacturer's recommended engine speed with the transmission in neutral or with the clutch disengaged. For vehicles equipped with an automatic transmission, idle revolutions per minute (RPM) means the manufacturer's recommended engine speed with the transmission in neutral or park.

(bb) "Inspection Term" means the period of time a certificate of emission inspection shall be considered valid. The specific period of an inspection term is established in this Chapter.

(cc) "Inspector" means a person certified by the Director to perform emission inspections in accordance with the requirements of the Act and this Chapter.

(dd) "Kit Car" means a motor vehicle which does not utilize a chassis from a vehicle certified by the manufacturer to meet emission control standards or for which the original manufacturer's identification has been eliminated due to the replacement of the vehicle's body with one of a different make and/or style.

(ee) "Light Duty Truck" means any motor vehicle with a GVWR of 8,500 pounds or less which has a vehicle curb weight of 6,000 pounds or less and which has a basic vehicle frontal area of 45 square feet or less, which is:

1. Designed primarily for purposes of transportation of property or is a derivation of such a vehicle, or
2. Designed primarily for transportation of persons and has a capacity of more than 12 persons, or
3. Available with special features enabling off-street or off-highway operation and use.

(ff) "Light Duty Vehicle" means a passenger car or passenger car derivative, capable of seating 12 passengers or less with a GVWR of 8,500 pounds or less.

(gg) "Management Contractor" means the person, corporation or entity under contract to design and operate the data management system and to perform other functions for the I/M Program.

(hh) "Malfunction Indicator Light (MIL)" means a light on the dashboard of OBD equipped vehicles that notifies the driver that an emission related fault has been detected and the vehicle should be repaired as soon as possible.

(ii) "Non-conforming Vehicle" means a covered vehicle that has not obtained an EPA certification or has an emissions control component that is obsolete according to the manufacturer; such a vehicle would be subject to an alternative tail pipe emissions standard based upon its model year to obtain a vehicle registration in the Georgia covered counties.

(jj) "On-Board Diagnostic (OBD) System" means a computer system installed on 1996 or later model year vehicles as required by Section 202(m) of the Clean Air Act (42 U.S.C. 7521) which is designed to identify engine or primary emission control component problems which cause excess emissions.

(kk) "On-Board Diagnostic (OBD) System Check" means the determination of readiness codes and diagnostic trouble codes stored within the memory of the on-board diagnostic system.

(ll) "Primary Emission Control Component" means the catalytic converter, air injection system, exhaust gas recirculation system or other major component, as determined by the Director, which is installed on a vehicle primarily for the purpose of emission control.

(mm) "Public Vehicle" means a motor vehicle that is not a fleet vehicle.

(nn) "Recognized Repair Technician" means any person professionally engaged in vehicle repair, employed by an ongoing business whose purpose is vehicle repair or possessing a nationally recognized certification for vehicle emission related diagnosis and repair.

(oo) "Responsible Motor Vehicle" means any motor vehicle defined as a light duty vehicle or a light duty truck, excluding any motor vehicle exempted from the Act and this Chapter such as vehicles not in a Covered County as defined in [391-3-20-.02](#).

(pp) "Revolutions per Minute" (RPM) means the number of times the crankshaft of an engine makes a complete 360 degree turn in one minute (60 seconds).

(qq) "State-Certified Emissions Inspection Station" means a facility that has met all the qualifications of this Act and this Chapter and is certified by the Director.

(rr) "Station Owner" means the individual, partnership, firm, corporation, association, municipality, governmental agency, lessee, or other entity having ownership of or control of the daily operation of an inspection station.

(ss) "Tampering Inspection" means the determination of whether the catalytic converter(s) as installed by the original manufacturer has been removed from the vehicle or modified.

(tt) "Time Extension" means any time extension as defined in section "Extensions and Reciprocal Inspections" of these rules and issued by EPD, the Management Contractor or an authorized agent of EPD to the owner of a responsible motor vehicle certifying that such owner and vehicle have met the requirements in the Act and this Chapter for extending the time to comply with the emission inspection requirement.

(uu) "Vehicle" means a motor vehicle.

(vv) "Vehicle Information Database" (VID) means the data collection and management system for Georgia's I/M Program that contains current and historical program data. The VID is comprised of data collection tables, including the table of inspection records. The term "VID" is used to refer to the VID as a whole or to any part, e.g., Enforcement database, Audit database, Emission Inspections database, and Waiver database.

(ww) "Waiver" means the official form issued by EPD, the Management Contractor or an authorized agent of EPD to the owner of a responsible motor vehicle certifying that such owner and vehicle have met the requirements in the Act and this Chapter for obtaining a waiver of the emission inspection requirement.

(xx) "2-speed idle (TSI) test" means an exhaust emission test where the vehicle under test is run at an idle revolutions per minute (RPM) speed and a higher RPM speed as defined in the GAS Specs.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.01

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Definitions" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. May 24, 1994; eff. June 13, 1994.

Amended: F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule of same title adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.01 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: ER. 391-3-20-0.38-.01 adopted. F. Dec. 5, 1997; eff. Dec. 3, 1997, the date of adoption.

Amended: F. Dec. 5, 1997; eff. Dec. 25, 1997.

Amended: F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. Oct. 23, 1998; eff. Nov. 12, 1998.

Amended: F. June 18, 1999; eff. July 8, 1999.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 5, 2003; eff. Dec. 25, 2003.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. Dec. 21, 2006; eff. Jan. 10, 2007.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Nov. 2, 2016; eff. Nov. 22, 2016.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Jan. 28, 2019; eff. Feb. 17, 2019.

Amended: F. Mar. 24, 2021; eff. Apr. 13, 2021.

Amended: F. Mar. 30, 2022; eff. Apr. 19, 2022.

Amended: F. Mar. 1, 2023; eff. Mar. 21, 2023.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.03 Covered Vehicles; Exemptions

(1) The requirements of this Chapter apply to the following classes of gasoline-powered responsible motor vehicles, as defined by the Act, registered or required to be registered in Covered Counties:

(a) All light duty vehicles 24 model years old and newer.

(b) All light duty trucks 24 model years old and newer with a gross vehicle weight rating of 8,500 pounds or less.

(2) The requirements of this Chapter also apply to the following vehicles in the classes listed above which are operated in Covered County:

(a) Vehicles which are owned and operated by a federal or state agency, municipality or other political subdivision in a Covered County.

(b) Vehicles which are operated for 60 days or more per year on federal installations located in whole or in part in a Covered County.

(3) Vehicles which are capable of being operated on both gasoline and any alternate fuel are covered by the inspection requirements and shall be tested on gasoline.

(4) New vehicles are exempt from the emission inspection requirement until the inspection term three years following the model year of the vehicle.

(5) EPD may require that any vehicle registered or operated in the Covered Counties but which is claimed to be not subject to the requirements of the I/M Program, be presented for verification that the vehicle is not subject.

(6) For vehicles which do not have the original engine, the model year of the chassis will be considered the model year of the vehicle.

(7) For kit cars, the model of the vehicle shall be deemed to be the model year of the vehicle as established in the vehicle registration database maintained by the Georgia Department of Revenue, Motor Vehicle Division or its successor agency.

(8) Owners of vehicles which qualify as non-conforming vehicles may request special inspection standards as described in Rule [391-3-20-.05\(2\)](#). Such vehicles will be subject to the special inspection standards at subsequent inspections.

(9) A vehicle which is otherwise subject to the provisions of this Chapter is exempt from inspection if it is driven less than 5,000 miles per year, is 10 model years old or older and the current primary registered owner is a person 65 years old or older.

(10) No responsible motor vehicle shall be registered in a Covered County unless it has received a valid passing Certificate of Emission Inspection, a time extension or a waiver meeting all requirements of the Act and this Chapter.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.03

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Covered Vehicles; Exemptions" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule of same title adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.03 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. June 27, 2002; eff. July 17, 2002.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Jan. 28, 2019; eff. Feb. 17, 2019.

Amended: F. Mar. 1, 2023; eff. Mar. 21, 2023.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.04 Emission Inspection Procedures

(1) Prior to performing an emission inspection, the inspector shall determine whether the vehicle has leaking fluids, is overheating, or is otherwise unsafe to inspect. The inspector shall not perform an emission inspection on any vehicle which is unsafe to inspect.

(2) Inspectors shall perform a complete emission inspection on any responsible motor vehicle presented for an initial inspection, in accordance with the requirements of the Act and this Chapter and the procedures as prompted by the GAS, including the following:

(a) For OBD equipped vehicles.

1. A tampering inspection.

2. An OBD system check. On occasion, when activated by EPD, the GAS will prompt the inspector at the conclusion of the OBD system check to perform the 2-speed idle test to collect exhaust emission data. The exhaust emission data will not be used to determine Pass/Fail results of the vehicle.

3. A fuel cap verification.

(b) For non-OBD equipped vehicles.

1. A tampering inspection.

2. An exhaust emission test. The inspector may perform a 2-speed idle test on vehicles as prompted by the GAS.

3. A fuel cap verification.

(c) For non-conforming vehicles.

1. A tampering inspection. The inspector shall perform a tampering inspection only for those vehicles given non-conforming status by EPD that were originally equipped with a catalytic converter by the vehicle manufacturer or that have been subsequently equipped with a catalytic converter.

2. An exhaust emission test. The inspector shall perform a 2-speed idle test on all vehicles that have been given non-conforming status by EPD.

3. A fuel cap verification.

(3) The station owner and inspector shall take all reasonable precautions to avoid damage to vehicles during the emission inspection.

(4) EPD may require alternate procedures for certain types or classes of vehicles when it determines that such alternate procedures are necessary to safely and effectively inspect such vehicles.

(5) Emission inspections may be performed on any vehicle when done "at motorist's request," for reasons such as performing a reciprocal inspection for a motorist to meet the emission inspection requirements in his or her state of residence, as allowed by the Georgia Analyzer System software. The inspection procedure to be performed by certified inspectors shall be as prompted by the GAS.

(6) Inspectors shall perform a reinspection of the portions previously failed during an emission inspection on any vehicle presented for an after repairs inspection, in accordance with the requirements of the Act and this Chapter and the procedures as prompted by the GAS.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.04

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Emission Inspection Procedures" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. May 24, 1994; eff. June 13, 1994.

Amended: F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule of same title adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.04 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: ER. 391-3-20-0.36-.04 adopted. F. Oct. 17, 1997; eff. Oct. 15, 1997, the date of adoption.

Amended: ER. 391-3-20-0.38-.04 adopted. F. Dec. 5, 1997; eff. Dec. 3, 1997, the date of adoption.

Amended: F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. Aug. 27, 1998; eff. Sept. 16, 1998.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 10, 2002; eff. Dec. 30, 2002.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Nov. 2, 2016; eff. Nov. 22, 2016.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Mar. 24, 2021; eff. Apr. 13, 2021.

Amended: F. Mar. 30, 2022; eff. Apr. 19, 2022.

Amended: F. Mar. 1, 2023; eff. Mar. 21, 2023.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.05 Emission Standards

(1) An inspector shall not perform a tampering inspection, an exhaust emission test, a fuel cap verification, or an OBD system check on a vehicle which:

(a) has a missing exhaust system, or

(b) is unsafe to inspect.

(2) The inspector shall not issue a Certificate of Emission Inspection indicating an overall passing result for the emission inspection unless the inspector has inspected the vehicle in accordance with the requirements of the Act and this Chapter and the vehicle has passed the tampering inspection, the OBD system check, the fuel cap verification, and the exhaust emissions test where applicable.

(a) The vehicle shall pass the tampering inspection if:

1. the catalytic converter(s) has not been removed or disconnected;

2. no catalytic converter was installed by the original equipment manufacturer as determined from the vehicle emission control label;

3. in the case of a vehicle which has been converted from a single exhaust system to a dual exhaust system and a catalytic converter(s) was part of the original single exhaust system configuration, a catalytic converter has been installed in each pipe of the dual exhaust system;

4. in the case of a non-conforming vehicle for which either the original vehicle or the replacement engine was equipped with a catalytic converter(s), a catalytic converter(s) has been installed; or

5. a catalytic converter(s) installed by the original equipment manufacturer has been removed and replaced with another catalytic converter(s).

(b) The vehicles shall pass the OBD system check if:

1. the Georgia Analyzer System (GAS) is able to communicate with the vehicle's OBD system;

2. the MIL illuminates with the ignition key in the "on" position and the engine not running, which is known as Key On Engine Off (KOEO);

3. the OBD system does not command the MIL to illuminate with the ignition key in the on position with the engine running;

4. all nonexempt OBD system monitors, as specified in the GAS, are set to "ready";

5. the OBD system does not contain any fault codes which command the MIL to illuminate, as specified by the vehicle manufacturer, indicating problems with the emissions control parameters monitored by the OBD system; and

6. the MIL does not illuminate with the ignition key in the "on" position and the engine running, which is known as Key On Engine Running (KOER).

(c) The vehicle shall pass the fuel cap verification if the vehicle's primary fuel cap and, when equipped, one secondary fuel cap is present.

(d) The vehicle shall pass the exhaust emission test if:

1. in the case of a vehicle subject to a 2-speed idle test any simultaneous pair of values for hydrocarbons and carbon monoxide, in each mode, do not exceed the exhaust levels established in the GAS, and the combined value for

carbon monoxide and carbon dioxide is equal to or more than the minimum combined value established in the GAS;
or

2. in the case of a kit car, hot rod, or non-conforming vehicle that has been given non-conforming status by EPD under this Chapter, any simultaneous pair of values for hydrocarbon and carbon monoxide, in each mode of the 2-speed idle test, do not exceed the exhaust levels established in the GAS for 1975 model year vehicles, or for the model year of the vehicle, and the combined value for carbon monoxide and carbon dioxide is equal to or more than the minimum combined value established in the GAS.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.05

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Emission Standards" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule of same title adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.05 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: ER. 391-3-20-0.38-.05 adopted. F. Dec. 5, 1997; eff. Dec. 3, 1997, the date of adoption.

Amended: F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. June 18, 1999; eff. July 8, 1999.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Nov. 2, 2016; eff. Nov. 22, 2016.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Mar. 24, 2021; eff. Apr. 13, 2021.

Amended: F. Mar. 30, 2022; eff. Apr. 19, 2022.

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Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.06 [Repealed]

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.06

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "On-Road Testing" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: Rule Reserved. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.06 entitled "On-Road Testing" adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule of same title adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 2, 1999; eff. Dec. 22, 1999.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. June 27, 2002; eff. July 17, 2002.

Amended: New title "Testing of Exhaust Emissions by Remote Sensing Technology or Other Means." F. May 30, 2014; eff. June 19, 2014.

Amended: New title "On-Road Testing of Exhaust Emissions by Remote Sensing Technology or Other Means." F. Jan. 28, 2019; eff. Feb. 17, 2019.

Repealed: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.07 Inspection Equipment System Specifications

(1) Georgia Analyzer Systems (GAS) Approval.

(a) EPD shall approve a test system which meets all specifications established in the Georgia Analyzer System Hardware and Software Specifications, Phase V, August 31, 2016 (GAS Specs) as a Georgia Analyzer System (GAS). Station owners may select from any GAS approved by EPD for their class of station.

(b) Regular inspection station owners shall acquire an EPD-approved GAS which meets the OBD and TSI requirements of this Chapter.

(c) Fleet inspection station owners that inspect vehicles shall acquire an EPD-approved GAS which meets the OBD and TSI requirements of this Chapter.

(2) EPD-approved GAS shall contain features to prevent tampering by unauthorized personnel. No unauthorized person shall override or circumvent or attempt to override or circumvent said anti-tampering features.

(3) No person shall modify or install parts in a GAS unless such modification or installation of parts has been approved in writing by EPD.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.07

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Inspection Equipment System Specifications" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule of same title adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.07 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Mar. 24, 2021; eff. Apr. 13, 2021.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.09 Inspection Station Requirements

(1) Classes of stations - There shall be two classes of inspection stations: regular inspection stations and fleet inspection stations. Regular inspection stations shall be public inspection stations and may inspect no more than ten (10) vehicles per year which are owned incidental to the operation of the business.

(a) Regular Inspection Stations

1. A regular inspection station is authorized to inspect any vehicle subject to the I/M Program.

(b) Fleet Inspection Stations

1. Vehicle owners who operate a fleet vehicle may apply for a Certificate of Authorization under this Chapter to inspect their own fleet vehicles, but must meet certain additional requirements beyond those established for public regular inspection stations. Fleet inspection stations are only allowed to inspect fleet vehicles that they own or operate. No inspection of public vehicles is allowed by a fleet inspection station.

(2) General Requirements for Inspection Stations

(a) Persons wishing to obtain or renew a Certificate of Authorization to operate one or more inspection stations shall apply to EPD in a format established by EPD. One application must be submitted for each inspection station. Each application shall include all information required by the Director to determine that the proposed inspection station will meet the requirements of the Act and this Chapter and shall identify all persons having any ownership, financial and/or operational interest in the station. Additional information that may be requested includes, but is not limited to:

1. Explicit permission of all persons having any financial or operational interest in the station, as named in the application, authorizing the director to conduct a background check, including criminal history, on the named individuals;
2. Facility purchase or lease agreement(s);
3. Georgia Analyzer System (GAS) purchase or lease agreement(s);
4. Proof of a filed bond or a copy of accepted certificate of liability insurance;
5. Copy of approved business license or application for same showing signature(s) of the business owner(s); and
6. Other documents as deemed necessary by EPD to determine all persons having any ownership, financial and/or operational interest in the inspection station.

(b) A station owner shall obtain all permits and licenses necessary for the establishment of each inspection station. The station shall conform to all applicable federal, state and local code requirements including, but not limited to, planning and building codes, carbon monoxide levels, ventilation, safety, and fire regulations. All permits, licenses, leases, and/or other requirements for the station shall be maintained for the duration of the Certificate of Authorization. An update shall be filed with the Management Contractor, in a format approved by EPD, no later than the next business day for any change in the information in or submitted with the application and/or any change in the permits, licenses and/or other requirements for the station.

(c) Mobile Georgia Analyzer Systems (GAS)

1. EPD may approve a station owner to operate a mobile GAS only at a fleet or car dealer location for the purpose of performing emission inspections only on fleet vehicles subject to the I/M Program that are owned or operated by that fleet or car dealer. A public inspection station owner with an approved mobile test system shall make all invoices submitted to fleet owners and/or car dealers for emission inspections using a mobile test system available to EPD or the Management Contractor.

2. A station owner that has been approved to operate a mobile GAS at a fleet or car dealer location shall comply with all requirements for mobile inspecting as established in these rules. A station owner that has been approved to operate a mobile GAS shall provide the Management Contractor and EPD, if directed to do so by EPD, with advance notice of scheduled emission inspections of fleet or car dealer locations by 2 PM of the previous business day and shall update such notice as the schedule is changed. The station owner may delete locations from the schedule of fleet or car dealer locations after 2 PM of the previous business day, but may not add fleet or car dealer locations to the schedule. EPD may approve an alternate procedure that provides equivalent quality assurance in lieu of a submitted schedule.

3. A public inspection station owner that has received an approval to operate a mobile GAS shall not perform emission inspections on public vehicles at a location other than at the public inspection station location identified on the Certificate of Authorization.

(d) Public inspection station owners shall provide an area adequate to allow four (4) vehicles per inspection lane to wait for an emissions inspection.

(e) A public inspection station owner shall display a sign approved by EPD that indicates that the facility is a State-Certified Emissions Inspection Station and that shows the fee charged for performing the emission inspection. The

station owner shall erect the sign in a location visible to the motoring public. All sign locations must meet State and local code requirements. Signs that are illegible, damaged or contain unapproved modifications shall be replaced with an approved sign.

(f) Lanes at each inspection station must be of adequate length, width, and height to accommodate all normal-sized vehicles which are presented for inspection.

(g) A station owner shall provide adequate protection for the GAS to allow it to operate within specifications in all weather conditions. Any component of the GAS, which could affect the emission inspection results, shall not be subjected to temperatures outside the manufacturer's specifications. The station owner shall maintain all GAS in fully operational condition.

(h) A public inspection station owner shall provide to its customers:

1. a public waiting area, which will allow the motorist to observe the emissions inspection of his or her vehicle;
2. a response to inquiries and complaints in person and over the telephone during business hours;
3. EPD public information materials:

(i) The current, quarterly RepairWatch Public Report provided by EPD or the Management Contractor on repair facilities that have a documented history of emission related repairs on vehicles which have failed the emission inspection;

(ii) The program Motorist Rights Poster provided at the time of station certification; and

(iii) The program Q&A brochure.

(iv) The station owner shall maintain such item(s) in legible condition and either posted or made available for motorists' uninhibited viewing.

(i) A station owner shall:

1. be responsible for all emission inspections conducted at the inspection station(s);
2. be responsible for providing adequate oversight to ensure the station and station personnel comply with the requirements of the Act and this Chapter;
3. obtain and maintain in working order a secure static internet connection for each GAS at the station to connect to the VID;
4. transmit all vehicle inspection data and quality assurance data that is collected to the VID;
5. ensure that the GAS is connected to the secure static internet connection at all times, except in the case of a mobile or mobile capable GAS operating offsite at a fleet or car dealer location which shall be connected to the data transmission line within 72 hours of any emission inspection;
6. ensure that the mobile capable GAS shall have the GAS connected at all times to a secure static internet connection while being used as a non-mobile GAS.
7. collect, store and submit to the Management Contractor all Emission Repair Forms for each reinspection performed at the inspection station;
8. obtain and maintain in legible condition any published OBD DLC Location Chart available or copy which is available on the GCAF website- www.cleanairforce.com, at each station;

9. obtain and maintain at all times in legible condition a current copy of the Emissions Inspector Certification Training Program Manual, Version 1.4 or later provided during inspector certification or copy which is available on the GCAF website-www.cleanairforce.com, at each station; and

(j) The station owner shall pay a per-paid-inspection program administration fee. This fee will be collected through the sale of E-Certs or other method determined by the Director. This fee will cover the cost to administer the program, including:

1. the services of the Management Contractor,
2. the cost of EPD administration,
3. the cost to affected county tax offices of monitoring vehicle registrations, and
4. any other costs allowed by the Act.

(k) Liability Insurance

1. Inspection station owners, except fleet inspection station owners, conducting inspections on vehicles as defined in this Chapter shall provide proof of \$100,000 bond or liability insurance for the period of the Certificate of Authorization.

2. Inspection station owners shall notify the Management Contractor no later than the next business day upon termination of or any change in insurance coverage.

(l) Hours of Operation

1. Public inspection station owners shall post the inspection station hours of operation, including hours regularly closed for meals if applicable, on the inspection station's State-Certified Emissions Inspection Station sign. Inspection station owners shall provide emissions inspections at all times during the posted hours. Public inspection station owners may provide inspections by appointment only but shall notify the Management Contractor and indicate such on the station's State-Certified Emissions Inspection Station sign.

2. The station owner shall post a "Closed" sign over the station's State-Certified Emissions Inspection Station sign when the inspection station is closed and unstaffed during posted hours.

(m) A public inspection station owner shall display the Certificate of Authorization issued to the inspection station pursuant to this Chapter at said inspection station in a convenient location visible to the public.

(n) Whenever an inspector ceases employment with an inspection station, either through resignation, termination, or by other means, the station owner shall notify the Management Contractor, in a format approved by EPD, within three (3) business days of the inspector ceasing employment.

(o) No station owner, facility owner, station personnel, or facility personnel shall interfere with EPD or the Management Contractor when they are conducting an audit of the inspection station or GAS(s), or when they are conducting an investigation of the emission inspection activities at a station or at any facility claiming or appearing to be an emission inspection station.

(p) During an audit of the inspection station or GAS(s) by EPD or the Management Contractor, or during an investigation of the emission inspection activities at a station, the station owner shall:

1. provide prompt access to the premises, at reasonable times, where inspections are performed and to the GAS(s);
2. provide prompt access to all station related documents and materials necessary to complete the audit or investigation; and

3. provide prompt assistance in operating and calibrating the GAS(s) as necessary to facilitate the audit or investigation, or sign a release of liability that allows EPD or the Management Contractor to operate and calibrate the GAS(s) during the audit or investigation.

(q) The station owner shall maintain a current mailing address, telephone number, email address and other contact information on file with EPD so that EPD may communicate with the owner on all matters regarding the station, including compliance and enforcement issues. The station owner may designate, in the station application or a written update thereto, another person to receive such communication from EPD. In that case, the station owner shall also provide that person's contact information, including email address, will be presumed to have received all communications from EPD through the person he or she has designated, and remains responsible for compliance with the requirements of the Act and this Chapter.

(3) Additional Requirements for Fleet Inspection Stations.

(a) The administrative fee charged to fleet inspection stations shall be at least as much as the fee charged to public inspection stations. This fee may be increased to cover any additional cost of increased monitoring requirements for fleet inspection stations.

(4) Quality Assurance for Fleet Vehicles.

(a) EPD or the Management Contractor may require fleet inspection stations and mobile inspection stations while on-site to re-inspect randomly selected fleet or car dealer vehicles to verify that emissions inspections are being performed properly.

(b) EPD may require fleet inspection stations and mobile inspection stations to install a video camera surveillance system on the GAS to record all emissions inspections.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.09

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Inspection Stations" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. May 24, 1994; eff. June 13, 1994.

Amended: Rule re-titled "IM240 Program Inspection Station Requirements." F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule entitled "Inspection Stations Requirements" adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.09 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: ER. 391-3-20-0.36-.09 adopted. F. Oct. 17, 1997; eff. Oct. 15, 1997, the date of adoption.

Amended: ER. 391-3-20-0.38-.09 adopted. F. Dec. 5, 1997; eff. Dec. 3, 1997, the date of adoption.

Amended: F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. Aug. 27, 1998; eff. Sept. 16, 1998.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 2, 1999; eff. Dec. 22, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Nov. 2, 2016; eff. Nov. 22, 2016.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Jan. 28, 2019; eff. Feb. 17, 2019.

Amended: F. Mar. 24, 2021; eff. Apr. 13, 2021.

Amended: F. Mar. 30, 2022; eff. Apr. 19, 2022.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.10 Certificates of Authorization

(1) The Director shall issue a Certificate of Authorization to the station owner if the station owner has demonstrated to EPD that the inspection station for which the application has been submitted meets all requirements of the Act and this Chapter.

(2) The Certificate of Authorization shall allow the station owner to operate an inspection station as described in its application.

(3) The Director may suspend or revoke a Certificate of Authorization as authorized by the Act.

(4) Unless suspended, revoked, or the station is closed-out, the Certificate of Authorization shall be valid for two years. For station owners intending to renew their certificate, a station owner must apply for renewal of the Certificate by submitting a complete application at least 30 days prior to the expiration of the existing Certificate.

(5) Upon the sale of an inspection station, or the discontinuation of emission inspections, the station owner named on the Certificate of Authorization shall:

(a) provide not less than five (5) days' notice to the Management Contractor prior to the change in ownership or the discontinuation of emissions inspections;

(b) maintain the dedicated data transmission line(s) to the VID and electrical power to the GAS until such time as the Management Contractor performs a close-out audit; and

(c) make arrangements to provide a free reinspection to motorists which are eligible for a free reinspection under this Chapter.

(6) A Certificate of Authorization is only valid for the owner and location for which it is issued. A Certificate of Authorization shall not be assigned, transferred, or used by any other person, business or entity, other than as shown on the Certificate of Authorization. A Certificate of Authorization shall not be assigned, transferred, or used at any location other than the location shown on the Certificate of Authorization. Upon a change in ownership of an inspection station, the new owner(s) must apply for and receive a new Certificate of Authorization prior to operating the station.

(7) The Director may deny issuance or renewal of a Certificate of Authorization for cause including, but not limited to the compliance history of the inspection station, its inspectors, its employees and all persons having any ownership, financial and/or operational interest in the station.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.10

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Inspector Qualifications and Certification" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: Rule retitled "RG240 Program Inspection Station Requirements." F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule entitled "Certificates of Authorization" adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.10 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Mar. 30, 2022; eff. Apr. 19, 2022.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.13 Certificate of Emission Inspection

(1) Inspectors shall provide the motorist or owner of a vehicle which has received an emission inspection a Certificate of Emission Inspection. The Certificate shall be in a form approved by EPD and printed by the GAS such that the information on the Certificate is sharp, clear, legible, and suitable for copying. The Certificate shall include:

- (a) the Vehicle Identification Number;
- (b) the license plate number and state;
- (c) the vehicle make and model year;
- (d) the inspection date and time;
- (e) the inspection type (initial, after-repairs reinspection);
- (f) the inspection fee;

- (g) vehicle odometer reading;
 - (h) fuel type;
 - (i) the inspection results for the on-board diagnostic check or the exhaust emission test with engine RPM, fuel cap verification, and tampering inspection;
 - (j) the applicable standards;
 - (k) the pass or fail status for each test, and for the complete emission inspection;
 - (l) the vehicle engine size and number of cylinders;
 - (m) the inspection station's name, physical address, public access telephone number, and Certificate of Authorization number;
 - (n) Certificate of Emission Inspection number;
 - (o) the inspector's Certificate number, name, and signature; and
 - (p) any other information required by EPD.
- (2) In the case of a vehicle that fails the emission inspection, in addition to the failing Certificate of Emission Inspection, the inspector shall provide to the vehicle owner:
- (a) information on the possible availability of warranty emission system repairs and information provided by EPD or the Management Contractor on repairs which may be useful in repairing failed vehicles. Subject to the availability of this information supplied by the EPA, and revised test system software, EPD may modify or waive this requirement;
 - (b) an Emissions Repair Form. This form, provided by EPD or the Management Contractor (via the GCAF website at www.cleanairforce.com) or the GAS shall include a checklist of common repairs and spaces for the repair technician to insert: his or her name; the business name, address, and telephone number; and the cost of repairs; and
 - (c) access to the current, quarterly RepairWatch Public Report provided by EPD or the Management Contractor on repair facilities that have a documented history of emission related repairs on vehicles which have failed the emission inspection.
- (3) Station owners shall purchase E-Certs from EPD or the Management Contractor at a price established by this Chapter. The method for fee collection and E-Cert distribution shall be as established by EPD.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.13

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Emission Inspection Sticker" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: Rule retitled "Certificate of Emission Inspection." F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule, same title adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.13 adopted. F. June 4, 1996; eff. May 29, 1996.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Repealed: New Rule entitled "Certificate of Emissions Inspection" adopted. F. Mar. 27, 1998; eff. Apr. 16, 1998.

Amended: F. Aug. 27, 1998; eff. Sept. 16, 1998.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 2, 1999; eff. Dec. 22, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 28, 2001; eff. July 18, 2001.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Mar. 8, 2018; eff. Mar. 28, 2018.

Amended: F. Mar. 30, 2022; eff. Apr. 19, 2022.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.19 Management Contractor

(1) The Director, on behalf of the Board of Natural Resources, may contract with any person, corporation or entity as necessary to implement and adequately enforce and ensure compliance with the I/M Program. The Department may contract for the design and operation of a centralized data system and other functions as determined by the Director.

(2) The Management Contractor will be responsible for designing and maintaining an inspection database that will include all vehicles subject to inspection in the covered counties. This database will include all inspection-related information required by the Act and this Chapter or by the management contract. Access to the information in this database shall be made available to EPD for oversight, data analysis and other purposes, and to the Georgia Department of Revenue, Motor Vehicle Division or its successor agency for the purpose of determining compliance with the inspection requirement for vehicles which are to be registered. Data in this database may not be used for any other purpose unless specifically authorized by the Director.

(3) The Management Contractor, and its employees, shall not be engaged in, or have any financial interest in, the repair of motor vehicles, or in the operation of any emission inspection station. Financial interest in the repair of vehicles shall include the ownership or operation of repair facilities or the sale of motor vehicles or motor vehicle parts.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.19

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Alternate Inspection Stations" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: Rule retitled "IM240 Program Contractor." F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule entitled "Management Contractor" adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.19 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. June 3, 1997; eff. June 23, 1997.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. June 27, 2002; eff. July 17, 2002.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

391-3-20-.22 Enforcement

(1) The administration and enforcement of this Chapter shall be as prescribed in the Act and in compliance with the minimum applicable requirements as prescribed by the Georgia Administrative Procedures Act (O.C.G.A. Section [50-13-1](#), et seq., as amended).

(2) Suspensions and Revocations.

(a) Whenever a Certificate of Authorization has been suspended and that Certificate expires during the suspension period, the inspection station owner may not obtain a Certificate of Authorization until the term of the suspension has expired. Whenever a Certificate of Authorization has been revoked or surrendered as a result of enforcement action, the inspection station owner may not apply for a new Certificate of Authorization for a minimum of two years from the date of the revocation or surrender.

(b) Whenever an inspector's Certificate has been suspended and that Certificate expires during the suspension period, the inspector may not obtain a Certificate until the term of the suspension has expired. Whenever an inspector's Certificate has been revoked or surrendered as a result of enforcement action, the inspector shall surrender his or her inspector picture ID badge and may not apply for a new Certificate for a minimum of two years from the date of the revocation or surrender.

(3) Any inspection station whose Certificate of Authorization has been revoked or surrendered as a result of enforcement action will not be eligible for listing in the RepairWatch Public Report.

Cite as Ga. Comp. R. & Regs. R. 391-3-20-.22

AUTHORITY: O.C.G.A. § [12-9-40](#), *et seq.*, as amended.

HISTORY: Original Rule entitled "Inspection Fees" adopted. F. Nov. 1, 1993; eff. Nov. 21, 1993.

Amended: F. May 24, 1994; eff. June 13, 1994.

Amended: Rule retitled "Certificates of Authorization; Station Contract." F. Aug. 31, 1994; eff. Sept. 20, 1994.

Repealed: New Rule entitled "Enforcement" adopted. F. Aug. 28, 1995; eff. Sept. 17, 1995.

Amended: ER. 391-3-20-0.33-.22 adopted. F. June 4, 1996; eff. May 29, 1996, the date of adoption.

Amended: Permanent Rule adopted. F. Aug. 26, 1996; eff. Sept. 15, 1996.

Amended: F. Sept. 17, 1999; eff. Oct. 7, 1999.

Amended: F. Dec. 8, 2000; eff. Dec. 28, 2000.

Amended: F. Dec. 6, 2001; eff. Dec. 26, 2001.

Amended: F. Dec. 20, 2004; eff. Jan. 9, 2005.

Amended: F. May 30, 2014; eff. June 19, 2014.

Amended: F. Mar. 30, 2022; eff. Apr. 19, 2022.

Amended: F. Feb. 6, 2024; eff. Feb. 26, 2024.

Department 505. PROFESSIONAL STANDARDS COMMISSION

Chapter 505-3. EDUCATOR PREPARATION RULES

505-3-.01 Requirements and Standards for Approving Educator Preparation Providers and Educator Preparation Programs

(1) **Purpose.** This rule states requirements and standards for the approval of educator preparation providers (EPPs) and programs for the initial and continuing preparation of educators in Georgia.

(2) **Definitions.**

(a) Accreditation:

(1) A process for assessing and enhancing academic and educational quality through external, often voluntary, peer review.

(2) A decision awarded and process certified by an accrediting organization. For the purposes of educator preparation provider (EPP) and program approval, GaPSC recognizes three (3) types of accreditation: Regional Accreditation, National Accreditation, and Specialized Accreditation. Each type of accreditation is defined in subsequent definitions.

(b) Administrative Approval: A process used in lieu of the Developmental Approval Review exclusively for endorsement programs and available only to GaPSC-approved EPPs. Administrative approval involves a staff review of an approval application and a curriculum map in which key assessments are described and mapped to program content standards. After an endorsement program is administratively approved, it will be reviewed against all applicable standards in the EPP's next Continuing Approval Review.

(c) Advanced Preparation/Degree-Only Program: An educator preparation program at the post-baccalaureate level for the continuing education of educators who have previously completed initial preparation and are certified in the program's subject area or field of certification. Advanced preparation/degree-only programs commonly award graduate credit and include masters, specialist, and doctoral degree programs.

(d) Approval: A process for assessing and enhancing academic and educational quality through peer review, to assure the public that an educator preparation provider (EPP) and/or program has met institutional, state, and national standards of educational quality; also, a Georgia Professional Standards Commission (GaPSC) decision rendered when an EPP or program meets GaPSC standards and annual reporting requirements.

(e) Approval Review: Examination of evidence and interviews of stakeholders conducted by GaPSC site visitors either on-site at an institution/agency, or electronically using web and telephone conferencing systems as part of a Developmental, First Continuing, Continuing, Focused, or Probationary Review. Although not an approval review, the Substantive Change process is used when certain changes are made to the design or operations of approved program (see definition aq, below).

(f) B/P-12: Formerly P-12, the term *B/P-12* references schools serving children aged birth to grade 12.

(g) Branch Campus: A campus that is physically detached from the parent university or college and has autonomous governance. A branch campus generally has full student and administrative services with a CEO and is regionally accredited separately from the parent campus. For approval purposes, GaPSC considers branch campuses distinct from the parent institution and therefore a separate EPP. For approval purposes, a branch campus located in the state of Georgia having an original, or main, campus located in another state or country is considered an out-of-state institution and is therefore ineligible to seek GaPSC approval as an EPP.

(h) Candidates/Teacher Candidates: Individuals enrolled in programs for the initial or advanced preparation of educators, programs for the continuing professional development of educators, or programs for the preparation of other professional school personnel. Candidates are distinguished from students in B/P-12 schools. Candidates in programs leading to Teaching (T) certification may also be referred to as Pre-service Teacher Candidates. (The term *enrolled* is used in the GaPSC approval process to mean the candidate is admitted and taking classes.)

(i) Clinical Educators: All educator preparation provider (EPP) and P-12 school-based individuals, including classroom teachers, who assess, support, and develop a candidate's knowledge, skills, or professional dispositions at some stage in the clinical experiences. The term *Clinical Educators* is intended to be inclusive of the roles of Mentor Teacher, B/P-12 Supervisor, and Faculty Supervisor. EPPs are expected to clearly define the roles and responsibilities of all clinical educators with whom candidates interact.

(j) Clinical Practice: Culminating residency (formerly referred to as *student teaching* or internship experiences with candidates placed in classrooms for at least one (1) full semester where they experience intensive and extensive practices in which they are fully immersed in the learning community and provided opportunities to develop and demonstrate competence in the professional roles for which they are preparing. In initial preparation programs in Service (S) and Leadership (L) fields, candidates will complete such culminating residency or internship experiences in placements that allow the knowledge, skills, and dispositions included in the programs to be practiced and applied. In non-traditional preparation programs, such as GaTAPP, clinical practice is job-embedded as candidates must be hired as a classroom teacher to be admitted to the program.

(k) Content Knowledge: The central concepts, tools of inquiry, and structures of a discipline (Source: CAEP Glossary).

(l) Council for the Accreditation of Educator Preparation (CAEP): The national accreditation organization formed as a result of the unification of the National Council for the Accreditation of Teacher Education (NCATE) and the Teacher Education Accreditation Council (TEAC). CAEP advances excellence in educator preparation through evidence-based accreditation that assures quality and supports continuous improvement to strengthen B/P-12 student learning. CAEP accredits educator preparation providers (EPPs).

(m) Dispositions: Moral commitments and professional attitudes, values, and beliefs that underlie educator performance and are demonstrated through both verbal and non-verbal behaviors as educators interact with students, families, colleagues, and communities.

(n) Distance Learning: A formal educational process in which instruction occurs when candidates and the instructor are not in the same place at the same time. Distance learning can occur through virtually any media including asynchronous or synchronous, electronic or printed communications.

(o) Distance Learning Program: A program delivered primarily (50% or more contact hours) through distance technology in which the instructor of record and candidates lack face-to-face contact and instruction is delivered asynchronously or synchronously (see definition n). These preparation programs include those offered by the EPP through a contract with an outside vendor or configured as a consortium with other EPPs, as well as those offered solely by the provider.

(p) Dyslexia and Other Related Disorders: Dyslexia is a specific learning disability that is neurological in origin, which is characterized by difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge. Other related disorders include aphasia, dyscalculia, and dysgraphia.

1. Aphasia: Aphasia is a condition characterized by either partial or total loss of the ability to communicate verbally or through written words. A person with aphasia may have difficulty speaking, reading, writing, recognizing the names of objects, or understanding what other people have said. The condition may be temporary or permanent and shall not include speech problems caused by loss of muscle control.

2. **Dyscalculia:** Dyscalculia is the inability to understand the meaning of numbers, the basic operations of addition and subtraction, or the complex operations of multiplication and division or to apply math principles to solve practical or abstract problems.

3. **Dysgraphia:** Dysgraphia is difficulty in automatically remembering and mastering the sequence of muscle motor movements needed to accurately write letters or numbers.

(q) **Educator Preparation Program:** A planned sequence of courses and experiences for preparing B/P-12 teachers and other professional school personnel that leads to a state certification. The three (3) types of educator preparation programs are described in definitions aa (Initial), s (Endorsement), and c (Advanced/Degree-Only).

(r) **Educator Preparation Provider (EPP):** The institution of higher education (IHE), college, school, department, agency, or other administrative body responsible for managing or coordinating all programs offered for the initial and continuing preparation of teachers and other school personnel, regardless of where these programs are administratively housed.

(s) **Endorsement Program:** A planned sequence of courses and experiences, typically three (3) to four (4) courses in length, designed to provide educators with an additional, specific set of knowledge and skills, or to expand and enhance existing knowledge and skills. Successful completion of an endorsement program results in the addition of the endorsement field to the Georgia educator certificate designating expertise in the field. Endorsement programs may be offered as non-credit bearing programs, or they may lead to college credit; they must be approved by the GaPSC and administered by a GaPSC-approved EPP, and may be offered as either a stand-alone program or, unless otherwise specified in GaPSC Educator Preparation Rules [505-3-.82](#) through [505-3-.115](#), embedded in an initial preparation or advanced/degree-only program. Depending on the needs of the individual educator, endorsement programs may also be included as a part of an educator's professional learning plan/goals. See GaPSC Rule [505-2-.14](#), ENDORSEMENTS.

(t) **EPP Readiness Framework:** Formerly called *Preconditions*. Fundamental requirements that undergird the GaPSC standards that must be met as a first step in the approval process and before an EPP is permitted to schedule a Developmental Approval Review.

(u) **Field Experiences:** Activities that include organized and sequenced engagement of candidates in settings providing opportunities to observe, practice, and demonstrate the knowledge, skills, and dispositions delineated in institutional, state, and national standards. The experiences must be systematically designed and sequenced to increase the complexity and levels of engagement with which candidates apply, reflect upon, and expand their knowledge and skills. Since observation is a less rigorous method of learning, emphasis should be on field experience sequences requiring active professional practice or demonstration, and including substantive work with B/P-12 students and B/P-12 personnel as appropriate. In non-traditional preparation programs (e.g., GaTAPP), field experiences occur outside candidates' classrooms with students with different learning needs and varied backgrounds in at least two (2) settings during the clinical practice.

(v) **First Continuing Review:** The First Continuing Review is conducted three (3) to four (4) years after a Developmental Review to determine if the EPP and/or initial educator preparation program(s) have evidence of meeting all applicable standards.

(w) **Georgia Teacher Academy for Preparation and Pedagogy (GaTAPP):** Georgia's non-traditional preparation program for preparing career changers for certification as B/P-12 teachers. See GaPSC Rule [505-3-.05](#) GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY (GaTAPP).

(x) **Grade Point Average (GPA):** A quantitative indicator of candidate achievement. Letter grades are converted to numbers and averaged over a period of time.

(y) **Induction:**

(1) The formal act or process of placing an individual into a new job or position and providing appropriate support during the first three (3) years of employment. The Georgia Department of Education defines The Induction Phase Teacher as any teacher who has been hired into a new permanent position in any Georgia school.

(2) A Georgia level of professional educator certification; for additional information see GaPSC Rule [505-2-.04](#) INDUCTION CERTIFICATE.

(z) Information Literacy: An intellectual framework for understanding, finding, evaluating, and using information - activities which may be accomplished in part by fluency with information technology, in part by sound investigative methods, but most importantly, through critical discernment and reasoning (adopted from The Association of College and Research Libraries).

(aa) Initial Preparation Program: A program designed to prepare candidates for their initial, or first professional certificate in a Teaching (T), Leadership (L), or Service (S) field. Examples include degree programs at the baccalaureate, masters, or higher levels; or post-baccalaureate programs, non-degree certification-only programs, and non-traditional programs, such as the Georgia Teacher Academy for Preparation and Pedagogy (GaTAPP) or Alternative Preparation for Educational Leadership program. Programs leading to an educator's first certificate in a particular field are considered initial preparation even if the educator is certified in one or more other fields.

(ab) Local Unit of Administration (LUA): A local education agency, including but not limited to public, waiver, Investing in Educational Excellence (IE2), charter schools and private schools (e.g., faith-based schools, early learning centers, hospitals, juvenile detention centers, etc.). As referenced in GaPSC Certification Rule [505-2-.01](#) GEORGIA EDUCATOR CERTIFICATION, paragraph (2) (d) 1, for employment purposes GaPSC Certification Division staff consider all non-IHEs as LUAs.

(ac) Media Literacy: The ability to encode and decode the symbols transmitted via media and the ability to access, analyze, evaluate, and communicate information in a variety of forms, including print and non-print messages. Also known as the skillful application of literacy skills to media and technology messages (adopted from the National Association for Media Literacy Education).

(ad) Mentor Teacher: A B/P-12 employed teacher and an expert practitioner who supports the development of a pre-service or novice teacher by assessing and providing feedback on instructional practice; interactions with students, colleagues, and parents; classroom management; and professionalism. Mentor teachers are typically involved with faculty supervisors in the formal supervision and evaluation of pre-service clinical practice experiences (residency/internship). The term *Mentor Teacher* is often used synonymously with the terms *Cooperating Teacher* and *B/P-12 Supervisor*. The terms *B/P-12 Supervisor* and *Faculty Supervisor* are described in definition au.

(ae) National Accreditation: National accreditation is conducted by an accrediting organization which develops evaluation criteria and conducts peer evaluations to assess whether or not those criteria are met. National accrediting agencies operate throughout the country and review entire institutions, EPPs, or programs in specific content fields. The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) is an example of a national accrediting organization that reviews institutions. CAEP (see definition l) is an example of a national accrediting organization that reviews EPPs. The National Association of Schools of Music (NASM) is an example of a national accrediting organization that reviews programs in a specific field.

(af) Nationally Recognized Program: A program that has met the standards of a national specialized professional association (SPA) that is a constituent member of CAEP. The term *National Recognition* signifies the highest level of SPA recognition awarded to programs.

(ag) Non-traditional Teacher Preparation Program (GaTAPP): A program designed to prepare individuals who at admission hold an appropriate degree with verified content knowledge through a major or its equivalent in the content field or a passing score on the state-approved content assessment in the content field. If the state-approved content knowledge was not required at admission, it must be passed for program completion. Non-traditional teacher preparation programs lead only to a certificate, not to a degree or college credit and:

1. Feature a flexible timeframe for completion;

2. Are job-embedded, allowing candidates to complete requirements while employed by a regionally accredited local unit of administration (school district or private school), a charter school approved by the Georgia State Charter School Commission, or a charter school approved by the Georgia Department of Education as a classroom teacher full-time or part-time for at least a half day;
3. Require that candidates are supported by a Candidate Support Team;
4. Require an induction component that includes coaching and supervision;
5. Provide curriculum, performance-based instruction, and assessment focused on the pedagogical knowledge, skills, and dispositions necessary for the candidate to teach his/her validated academic content knowledge; and
6. Are individualized based on the needs of each candidate with respect to content knowledge, pedagogical skills, learning modalities, learning styles, interests, and readiness to teach. See GaPSC Rule [505-3-.05](#) GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY (GaTAPP).

(ah) Out-of-State Institution: An institution of higher education administratively based in a state within the United States other than Georgia, or another country.

(ai) Pedagogical Content Knowledge: A core part of content knowledge for teaching that includes: core activities of teaching, such as determining what students know; choosing and managing representations of ideas; appraising, selecting and modifying textbooks; and deciding among alternative courses of action and analyzing the subject matter knowledge and insight entailed in these activities (Source: adapted from the CAEP Glossary).

(aj) Pedagogical Knowledge: The broad principles and strategies of classroom instruction, management, and organization that transcend subject matter knowledge (Source: CAEP Glossary).

(ak) Pedagogical Skills: An educator's abilities or expertise to impart the specialized knowledge/content and skills of their subject area(s) (Source: CAEP Glossary).

(al) Preparation Program Effectiveness Measures (PPEMs): A set of common measures applied to all teacher preparation programs leading to initial certification in a field. Teacher Preparation Program Effectiveness Measures (TPPEMs) are further defined in GaPSC Rule [505-3-.02](#) EDUCATOR PREPARATION PROVIDER ANNUAL REPORTING AND EVALUATION.

(am) Program Completer: A person who has met all the requirements of a GaPSC-approved or state- approved out-of-state educator preparation program to include all GaPSC requirements such as attempting all assessments required for state certification.

(an) Regional Accreditation: Regional accreditation is conducted by an accrediting organization that develops evaluation criteria and conducts peer evaluations to assess whether or not those criteria are met. Six (6) regional accreditors operate in the United States to conduct educational accreditation of public, private, for-profit, and not-for-profit schools, colleges, and universities in their regions. The Southern Association of Colleges and Schools (SACS) is the regional accreditor for the southern region. The SACS accrediting organization for P-12 schools is the Council on Accreditation and School Improvement (SACSCASI), also known as Cognia. The SACS accrediting organization for institutes of higher education is the Commission on Colleges (SACSCOC).

(ao) Specialized Accreditation: Specialized accrediting organizations operate throughout the country to review programs and some single-purpose institutions. Like national and regional accreditors, specialized accreditation organizations develop evaluation criteria and conduct peer evaluations to assess whether or not those criteria are met.

(ap) Specialized Professional Association (SPA): A constituent member of CAEP representing a particular disciplinary area that develops standards for the approval of educator preparation programs in that area and reviews programs for compliance with those standards.

(aq) Substantive Change Procedure: Process used for EPPs to submit changes that are considered significant, including additional levels of program offerings and changes to key assessments or leadership personnel.

(ar) Supervisor: An individual involved in the oversight and evaluation of educator preparation candidates during field and clinical experiences. In most cases one or more individuals are involved in the formal supervision of clinical experiences - a supervisor employed by the EPP and one or more supervisors employed by the B/P-12 site hosting a pre-service educator. The term *Faculty Supervisor* refers to the employee of the EPP and the term *B/P-12 Supervisor* (sometimes referred to as Mentor Teacher or Cooperating Teacher) refers to the school-based employee who hosts a pre-service educator for the culminating residency or internship.

(as) Technology Literacy: Using technology as a tool to research, organize, evaluate, and communicate information and understanding the ethical and legal issues surrounding the access and use of information.

(at) Traditional Preparation Program: A credit-bearing program designed for the preparation of educators offered by an institution of higher education.

(au) Year-long Residency: An extended clinical practice lasting the entire length of the B/P-12 school year, in the same school, in which candidates have more time to practice teaching skills with students under the close guidance of experienced and effective B/P-12 teachers licensed in the content area the candidate is preparing to teach. Candidates fully participate in the school as a member of the faculty, including faculty meetings, parent conferences, and professional learning activities spanning, if feasible, the beginning (e.g., pre-planning) and ending (post-planning) of the academic year. (Candidates may participate in post-planning at the end of the junior year if it is not possible for them to participate at the end of the senior year). These extended residencies also include supervision and mentoring by a representative of the preparation program who, along with the B/P-12 supervisor, ensures the candidate is ready for program completion and is eligible for state certification.

(3) GENERAL REQUIREMENTS APPLICABLE TO ALL EDUCATOR PREPARATION PROVIDERS AND EDUCATOR PREPARATION PROGRAMS.

(a) Authorization for the establishment of Georgia Educator Preparation Providers (EPPs).

1. The following types of organizations administratively based in the state of Georgia (as determined by the location of the office of the President or the single highest ranking executive officer of the institution/agency/organization) are eligible to seek GaPSC approval as an EPP for the purpose of preparing educators: Regionally accredited institutions of higher education; regionally accredited local units of administration with student enrollment over 30,000; Regional Educational Service Agencies (RESAs); and other education service organizations.

2. Out-of-state organizations that are Accredited without conditions or probation by the Council for the Accreditation of Educator Preparation (CAEP) and that are approved without conditions or probation by the state in which the organization is administratively based are eligible to seek GaPSC approval to offer, through a branch or satellite campus and/or by online delivery, non-credit-bearing certification-only programs leading to initial teacher certification. Out-of-state program providers offering credit-bearing and/or degree-granting programs are not eligible for GaPSC approval. Once approved by GaPSC, an out-of-state organization must maintain CAEP Accreditation and home state approval in good standing (without conditions or probation) to continue qualifying for GaPSC approval.

(b) Accreditation of Institutions/Agencies with an Educator Preparation Provider (EPP).

1. Institutions of higher education with a college, school, department or other entity that is a GaPSC-approved EPP shall be fully accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), at the level(s) of degree(s) granted by the institution. The institution shall submit program(s) for GaPSC approval corresponding to the appropriate level of accreditation and in a field recognized for certification by the GaPSC. If an institution has submitted an application for change in degree level to a GaPSC-accepted regional accreditation agency, and is seeking Developmental Approval of a program(s) at the proposed new degree level by the GaPSC, the institution must be regionally accredited at the new degree level prior to approval review by the

GaPSC. See GaPSC Rule [505-2-.31](#) GAPSC-ACCEPTED ACCREDITATION FOR CERTIFICATION PURPOSES.

2. Local education agencies, RESAs, or other approved, non-IHE providers shall admit candidates who hold degrees from a GaPSC-accepted accredited institution of higher education appropriate for the certificate sought. GaPSC-approved EPPs offering Career Technical and Agricultural Education (CTAE) programs, including GaTAPP providers, may admit individuals who do not hold post-secondary degrees who are seeking CTAE certification in certain fields (see GaPSC Rule [505-3-.05](#) GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY (GaTAPP). See GaPSC Rule [505-2-.31](#) GAPSC-ACCEPTED ACCREDITATION FOR CERTIFICATION PURPOSES for a list of acceptable accrediting agencies.

(c) GaPSC Approval of Educator Preparation Providers (EPPs).

1. An EPP and/or program(s) shall be approved by its governing board prior to seeking GaPSC approval for the first time (Developmental Approval). Once an EPP is approved by GaPSC, subsequent submission of programs for approval may be made as long as governing board approval is in process and completed 45 days prior to the formative portion of the GaPSC program approval review.

2. GaPSC approval standards for EPPs and programs shall at a minimum be adapted from the most recent version of the standards of the Council for the Accreditation of Educator Preparation (CAEP).

3. EPPs administratively based in the state of Georgia for which GaPSC has regulatory authority may choose to seek and/or maintain CAEP accreditation. If the accreditation visit was conducted jointly by GaPSC and CAEP, the GaPSC will accept CAEP accreditation of an EPP and the EPP shall be recognized as approved by GaPSC until the end of the seven (7)-year approval cycle, or for a shorter period of time if, during the seven (7)-year cycle GaPSC action is necessitated by persistently low (Low Performing) status or non-compliance with GaPSC rules. If CAEP accreditation of the EPP is delayed, denied, or revoked, GaPSC will render an EPP approval decision. If the accreditation visit is conducted solely by CAEP, GaPSC approval of the EPP will be based upon the implementation of the state approval process and a final EPP approval decision will be rendered by the Georgia Professional Standards Commission. Program approval is contingent upon EPP approval.

4. LUAs, qualifying organizations (see paragraph (3) (a) 1 and 2), and IHEs seeking GaPSC approval as an EPP shall follow all applicable GaPSC policies and procedures to include the EPP Readiness Framework to determine eligibility for a review, approval review requirements, post review requirements, Commission decisions, public disclosure policy, and annual reporting procedures. In order to maintain approval status, all GaPSC-approved EPPs must maintain regional or GaPSC-accepted accreditation and must comply with all applicable GaPSC rules and policies including, but not limited to, those regarding Preparation Program Effectiveness Measures annual reporting, and data submission requirements. Failure by GaPSC-approved EPP to fully comply with GaPSC Educator Preparation, Certification, and Ethics Rules, Commission approval decisions, or agency procedures and/or requirements may result in changes in approval status up to and including revocation of approval. Failure to comply with federal reporting requirements may result in fines.

5. EPPs must have completed the GaPSC approval process and be approved by the GaPSC before candidates are enrolled in educator preparation programs and begin taking classes.

6. For EPPs offering initial preparation programs leading to a Teaching (T), Leadership (L), or Service (S) certificate, GaPSC EPP approval cycles shall include Developmental Approval valid for three (3) years and Continuing Approval valid for seven (7) years. The Developmental Approval Review is used to determine if a new EPP has the capacity to meet state standards and it is followed, in three (3) to four (4) years, by a First Continuing Review to determine if the EPP has evidence of meeting state standards. Following the First Continuing Review, the GaPSC will conduct Continuing Reviews of the EPP and all preparation programs at seven (7) year intervals. For IHEs seeking to maintain CAEP accreditation, the state Continuing Review will be scheduled such that the state review will be completed and the resulting GaPSC approval decision will be rendered prior to the beginning of the CAEP site visit. GaPSC will require a Focused Approval Review or a Probationary Review of an approved or accredited EPP and/or its educator preparation programs in fewer than seven (7) years if annual performance data indicate standards are not being met, or if a previous approval review indicates pervasive problems exist that limit

provider capacity to offer programs capable of meeting standards and requirements specified in GaPSC educator preparation and certification rules, or if GaPSC staff determine the EPP is out of compliance with state rules.

7. For EPPs offering only endorsement programs, GaPSC EPP approval cycles shall include Developmental Approval valid for seven (7) years and Continuing Approval every seven (7) years thereafter.

8. GaPSC-approved EPPs shall comply with all GaPSC reporting requirements, to include the submission of data in all appropriate candidate-level, program-level, and EPP-level reporting systems (e.g., Traditional Program Management System [TPMS], Non-Traditional Reporting System [NTRS], Provider Reporting System [PRS], and federal annual reports on the performance of the EPP and all educator preparation programs). Out-of-state EPPs offering initial teacher preparation programs to Georgia residents and/or to residents of other states who fulfill field and clinical experiences in Georgia B/P-12 schools shall comply with all applicable GaPSC reporting requirements, to include the submission of data in TPMS and other systems that may become applicable. EPPs shall report according to the schedules and timelines below and shall accurately provide all data elements. Failure to report on time and accurately may negatively impact EPP approval status. See GaPSC Rule [505-3-.02](#) EDUCATOR PREPARATION PROVIDER ANNUAL REPORTING AND EVALUATION.

(i) Enrollments. GaPSC-approved EPPs and out-of-state EPPs with candidates completing field and clinical experiences in Georgia schools shall, through the appropriate GaPSC reporting system (i.e., Non-Traditional Reporting System [NTRS] or Traditional Program Management System [TPMS]), enter all applicable data for candidates enrolled in Teaching (T), Leadership (L), and Service (S) field programs leading to initial Georgia certification, and in Endorsement programs according to the following schedule:

(I) October 31: The deadline for entering all candidates enrolled in current academic year summer and fall semesters.

(II) March 31: The deadline for entering all candidates enrolled in current academic year spring semester.

(ii) Completions and Withdrawals. GaPSC-approved EPPs and out-of-state EPPs with candidates completing field and clinical experiences in Georgia schools shall, through the appropriate GaPSC reporting system (i.e., Non-Traditional Reporting System [NTRS] or Traditional Program Management System [TPMS]), enter all applicable data related to candidate completions and withdrawals within sixty (60) days of the event.

(iii) For federal, Title II, reporting purposes, October 7 is the deadline for entering all initial teaching candidates who were enrolled, withdrawn, or completed a GaPSC-approved program during the prior reporting year (September 1 - August 31).

9. GaPSC-approved EPPs shall notify all enrolled candidates when EPP and/or program approval is revoked or when approval status is changed to Probation. Notification must be made within sixty (60) days after such a GaPSC decision is granted, in written form via letter or e-mail, and a copy must be provided to GaPSC by the EPP head. This notification must clearly describe the impact of the approval status change on candidates and the options available to them. EPPs must maintain records of candidates' acknowledgement of receipt of the notification.

(d) GaPSC Approval of Educator Preparation Programs.

1. Educator preparation programs leading to Georgia educator certification shall be offered only by GaPSC-approved EPPs (reference paragraph (3) (c) 3). All initial preparation programs and endorsement programs must be approved by the GaPSC.

2. GaPSC-approved EPPs seeking approval to add new initial preparation programs may submit the programs for GaPSC approval prior to receiving governing board approval, as long as governing board approval is granted forty-five (45) days prior to the formative portion of the approval review.

3. GaPSC-approved EPPs seeking approval for preparation programs leading to Georgia educator certification shall follow all applicable GaPSC program approval policies and procedures in effect at the time of the requested approval and shall comply with revised policies in accordance with timelines published by the GaPSC.

4. Initial educator preparation programs and endorsement programs shall be approved by the GaPSC before candidates are enrolled and begin program coursework.
5. GaPSC-approved EPPs, in conjunction with preparations for an EPP approval review, shall submit program reports conforming to GaPSC program standards and program review requirements for approval. Programs may also be submitted to GaPSC-accepted Specialized Professional Associations or program accrediting agencies for national recognition or accreditation. If the highest level of recognition or accreditation, in most cases National Recognition or Accreditation, is granted for a program, state approval procedures will be reduced to remove duplication and will include only those components necessary to ensure Georgia-specific standards and requirements are met. Programs submitted for national recognition or accreditation that are not granted National Recognition (e.g., granted Recognition with Conditions or any level of recognition lower than National Recognition) or Accreditation must comply with all applicable GaPSC program approval review requirements. See the guidance document accompanying this rule for the list of GaPSC-accepted SPAs and program accrediting agencies.
6. GaPSC approval of initial preparation programs in Teaching (T), Leadership (L), and Service (S) fields shall include a Developmental Approval Review to determine if the new educator preparation program has the capacity to meet state standards. Developmental Approval is valid for three (3) to four (4) years and is followed by a First Continuing Review to determine if the educator preparation program has evidence of meeting state standards. Following the First Continuing Review, the GaPSC will conduct Continuing Reviews of the educator preparation programs in conjunction with the EPP Continuing Review at seven (7) year intervals.
7. GaPSC approval of new endorsement programs shall include an Administrative Approval process to determine if the new program has the capacity to meet state standards followed by a Continuing Approval Review of the program in conjunction with the next scheduled EPP Continuing Review, and Continuing Reviews every seven (7) years thereafter.
8. The GaPSC will require a Focused Approval Review or a Probationary Review of an approved educator preparation program in fewer than seven (7) years if a previous approval review indicates pervasive problems exist limiting program capacity to meet standards and requirements specified in GaPSC educator preparation and certification rules.
9. GaPSC-approved EPPs shall submit program(s) for GaPSC approval corresponding to the appropriate level of preparation (initial or endorsement) and in a certification field authorized in GaPSC Certification Rules. Although advanced/degree-only preparation programs are neither reviewed nor approved by GaPSC, those accepted by GaPSC for the purposes of certificate level upgrades must be listed in the GaPSC Certificate Upgrade Advisor.
10. GaPSC-approved EPPs shall make program decisions based upon program purpose, institutional mission, supply and demand data, and B/P-12 partner needs, and shall attempt to include a variety of options for program completion (e.g., multiple delivery models, degree options, and individualized programs; additional examples are provided in the guidance document accompanying this rule).
11. Ongoing GaPSC approval of educator preparation programs is contingent upon EPP approval status, the performance of the EPP and its programs, and compliance with GaPSC rules and reporting requirements. (See GaPSC Educator Preparation Rule [505-3-.02](#) EDUCATOR PREPARATION PROVIDER ANNUAL REPORTING AND EVALUATION.)
12. Out-of-state institutions offering initial teacher preparation programs to Georgia residents and/or to residents of other states who fulfill field and clinical experiences in Georgia B/P-12 schools shall ensure their candidates hold the Georgia Pre-Service Certificate prior to beginning any field and clinical experiences in any Georgia B/P-12 school required during program enrollment. The requirements for this certificate are outlined in GaPSC Rule [505-2-.03](#) PRE-SERVICE TEACHING CERTIFICATE. Out-of-state institutions preparing candidates for Georgia certification must also ensure their candidates meet all program assessment requirements outlined in this rule in paragraphs (3) (e) (6); the requirements specified in GaPSC Certification Rule [505-2-.22](#) CERTIFICATION BY STATE-APPROVED PROGRAM, paragraph (2) (d) 2; and the requirements outlined in GaPSC Certification Rule [505-2-.04](#) INDUCTION CERTIFICATE, including the required amount of time spent in the culminating clinical

experience (i.e., student teaching or internship occurring after, and not including, field experiences), and passing the ethics and content assessments.

13. Out-of-state institutions offering initial teacher preparation programs to Georgia residents and/or to residents of other states who fulfill field and clinical experiences in Georgia B/P-12 schools are subject to all applicable data collection requirements referenced in paragraph (3) (c) 8. and described in GaPSC Rule [505-3-.02](#) EDUCATOR PREPARATION PROVIDER ANNUAL REPORTING AND EVALUATION.

(e) Educator Preparation Program Requirements.

1. Admission Requirements.

(i) The Georgia Educator Ethics Assessment must be passed prior to enrollment in a traditional or non-traditional initial educator preparation program and to qualify for the Pre-Service Teaching Certificate (see GaPSC Rule [505-2-.03](#) PRE-SERVICE TEACHING CERTIFICATE).

(ii) GaPSC-approved EPPs shall ensure candidates admitted to initial preparation programs at the post-baccalaureate level have attained appropriate depth and breadth in both general and content studies, with a minimum of a bachelor's degree from a GaPSC-accepted accredited institution. Candidates seeking certification in Career Technical and Agricultural Education (CTAE) fields must hold a high school diploma or GED, or an associate's degree or higher in the field of certification sought, as delineated in applicable GaPSC Certification Rules. CTAE candidates admitted with a high school diploma or GED must complete both the associate's degree and the initial teacher preparation program to earn a professional certificate. The preparation program must be completed within three years; an additional year is allowable if needed to complete the associate's degree.

2. Pre-service Certificate Request.

(i) EPPs must request the Pre-Service Certificate for all candidates admitted to traditional initial teacher preparation programs at the baccalaureate level or higher, except for candidates who hold a valid professional Georgia teaching certificate and are currently employed in a Georgia school. Out-of-state EPPs must request the Pre-Service Certificate for candidates enrolled in initial teacher preparation programs and completing field and clinical experiences in Georgia B/P-12 schools; such candidates must be enrolled in programs leading to a certification field offered by the GaPSC. See GaPSC Rule [505-2-.03](#) PRE-SERVICE TEACHING CERTIFICATE for Pre-Service certification requirements.

(ii) Successful completion of a criminal record check is required to earn the Pre-Service Certificate.

3. Candidate Monitoring and Support. EPPs shall monitor each cohort aggregate GPA for changes, document any point at which the cohort GPA is less than 3.0, disaggregate the data by race and ethnicity and any other mission-related categories, analyze the data to identify specific needs for candidate support, and develop and implement plans to provide the needed supports.

4. Program Content and Curriculum Requirements.

(i) Preparation programs for educators prepared as teachers shall incorporate the latest version of the Teacher Assessment on Performance Standards (TAPS) published by the Georgia Department of Education. Preparation programs for educators prepared as leaders shall incorporate these standards into those courses related to instructional leadership to assure leadership candidates understand the TAPS standards as they apply to the preparation and continued growth and development of teachers.

(ii) GaPSC-approved EPPs shall require a major or equivalent in all middle grades, secondary, and in P-12 fields where appropriate such as certain Special Education programs, which require fifteen (15) semester hours of academic content. The equivalent of a major is defined for middle grades (4-8) as a minimum of fifteen (15) semester hours of coursework in the content field and for secondary (6-12) as a minimum of twenty-one (21) semester hours of coursework in the content field. Content field coursework must meet expected levels of depth and

breadth in the content area and shall address the program content standards required for the field as delineated in GaPSC Educator Preparation Rules [505-3-.19](#) through [505-3-.53](#).

(iii) GaPSC-approved EPPs shall ensure candidates in all initial preparation programs complete a sequence of courses and/or experiences in professional studies that includes knowledge about and application of professional ethics and behavior appropriate for school and community, ethical decision-making skills, and specific knowledge about the Georgia Code of Ethics for Educators. Candidates are expected to demonstrate knowledge and dispositions reflective of professional ethics and the standards and requirements delineated in the Georgia Code of Ethics for Educators. In addition to candidates meeting the state-approved ethics assessment requirement in (e) 1. (i) and (e) 6. (iii) (see GaPSC Rule [505-2-.26](#) CERTIFICATION AND LICENSURE ASSESSMENTS), GaPSC-approved EPPs shall assess candidates' knowledge of professional ethics and the Georgia Code of Ethics for Educators either separately or in conjunction with assessments of dispositions.

(iv) GaPSC-approved EPPs shall ensure candidates are prepared to implement Georgia state mandated standards (i.e., Georgia Performance Standards [GPS], Georgia Standards of Excellence, College and Career Ready Standards, and all other GaDOE-approved standards) in each relevant content area. Within the context of core knowledge instruction, providers shall ensure candidates are prepared to develop and deliver instructional plans that incorporate critical thinking, problem solving, communication skills, and opportunities for student collaboration. EPPs shall ensure candidates are also prepared to implement any Georgia mandated educator evaluation system. EPPs shall ensure educational leadership candidates understand all state standards and have the knowledge and skills necessary to lead successful implementation of standards in schools.

(v) GaPSC-approved EPPs shall require candidates seeking teacher certification to demonstrate knowledge of the definitions and characteristics of dyslexia and other related disorders; competence in the use of evidence-based instruction, structured multisensory approaches to teaching language and reading skills, and accommodations for students displaying characteristics of dyslexia and/or other related disorders; and competence in the use of a multi-tiered systems of support framework addressing reading, writing, mathematics, and behavior, including:

(I) Universal screening;

(II) Scientific, research-based interventions;

(III) Progress monitoring of the effectiveness of interventions on student performance;

(IV) Data-based decision making procedures related to determining intervention effectiveness on student performance and the need to continue, alter, or discontinue interventions or conduct further evaluation of student needs; and

(V) Application and implementation of response-to-intervention and dyslexia and other related disorders instructional practices in the classroom setting.

(vi) GaPSC-approved EPPs shall require candidates seeking certification to demonstrate satisfactory proficiency in computer and other technology applications and skills, and satisfactory proficiency in integrating Information, Media and Technology Literacy into curricula and instruction, including incorporating B/P-12 student use of technology, and to use technology effectively to collect, manage, and analyze data for the purpose of improving teaching and learning. This requirement may be met through content embedded in courses and experiences throughout the preparation program and through demonstration of knowledge and skills during field and clinical experiences. Candidates shall also demonstrate the specialized knowledge and skills necessary for effective teaching in a distance learning environment.

(vii) GaPSC-approved EPPs shall require candidates seeking certification in a Teaching (T) field, the field of Educational Leadership (L), or the Service (S) fields of Media Specialist and School Counseling to complete either five (5) or more quarter hours or three (3) or more semester hours of coursework in the identification and education of children who have special educational needs or the equivalent through a Georgia-approved professional learning program. This requirement may be met in a separate course, or content may be embedded in courses and experiences throughout the preparation program (see GaPSC Rule [505-2-.24](#) SPECIAL GEORGIA REQUIREMENTS). In

addition, candidates in all fields must have a working knowledge of Georgia's framework for the identification of differentiated learning needs of students and how to implement multi-tiered structures of support addressing the range of learning needs.

(viii) GaPSC-approved EPPs shall ensure candidates seeking teacher certification demonstrate the appropriate level of competence in the teaching of reading, as described for each Teaching (T) field in GaPSC Rule [505-3-.03](#) FOUNDATIONS OF READING, LITERACY, AND LANGUAGE.

(ix) GaPSC-approved EPPs offering endorsement programs shall ensure the programs are designed to result in candidates' expanded knowledge and skills in creating challenging learning experiences, supporting learner ownership and responsibility for learning, and in strengthening analysis and reflection on the impact of planning to reach rigorous curriculum goals, as specified in GaPSC Rules [505-3-.82](#) through [505-3-.115](#). Unless specified otherwise in GaPSC Rules [505-3-.82](#) through [505-3-.115](#), endorsement programs may be offered as stand-alone programs or embedded in initial preparation or degree-only programs. Embedded endorsement programs must include field experiences specifically for meeting endorsement standards and requirements, as well as any additional grade levels addressed by the endorsement. These field experiences must be in addition to those required for the initial preparation program. Although field experiences in specific grade bands are not required for endorsement programs, candidates must have opportunities to demonstrate the knowledge and skills delineated in endorsement standards in as many settings as necessary to demonstrate competence with children at all developmental levels addressed by the endorsement. In addition to field experience requirements, the GaPSC Continuing Approval process for embedded endorsement programs will require EPPs to provide evidence of meeting a minimum of one (1) of the following (2) options:

(I) Option 1: Additional Coursework. Endorsement programs are typically comprised of three (3) or four (4) courses (the equivalent of nine [9] or twelve [12] semester hours). To fully address the additional knowledge and skills delineated in endorsement standards, it may be necessary to add endorsement courses to a program of study.

(II) Option 2: Additional Assessments(s). Candidates' demonstration of endorsement program knowledge and skills must be assessed by either the initial preparation or advanced/degree-only program assessments or via additional assessment instruments specifically designed to address endorsement program content.

See the guidelines accompanying this rule for further clarification of expectations for endorsement programs.

(x) GaPSC-approved EPPs shall provide information to each candidate on Georgia's tiered certification structure, professional learning requirements, and employment options.

5. Requirements for Partnerships, and Field Experiences and Clinical Practice.

(i) Effective partnerships with B/P-12 schools and/or school districts are central to the preparation of educators. At a minimum, GaPSC-approved EPPs shall establish and maintain collaborative relationships with B/P-12 schools, which are formalized as partnerships and focused on continuous school improvement and student growth and learning through the preparation of candidates, support of induction phase educators, and professional development of B/P-20 educators. EPPs are encouraged to establish and sustain partnerships meeting higher levels of effectiveness, as described in the guidance document accompanying this rule.

(ii) GaPSC-approved EPPs shall require in all programs leading to initial certification in Teaching (T), Leadership (L), or Service (S) fields, and endorsement programs, field experiences that include organized and sequenced engagement of candidates in settings providing them with opportunities to observe, practice, and demonstrate the knowledge, skills, and dispositions delineated in all applicable institutional, state, and national standards. The experiences must be systematically designed and sequenced to increase the complexity and levels of engagement with which candidates apply, reflect upon, and expand their knowledge and skills. Since observation is a less rigorous method of learning, emphasis should be on field experience sequences requiring active professional practice or demonstration and including substantive work with B/P-12 students or B/P-12 personnel as appropriate depending upon the preparation program. Field experience placements and sequencing will vary depending upon the program. In non-traditional preparation programs, such as GaTAPP, field experiences occur outside candidates' classrooms with students with different learning needs and varied backgrounds in at least two settings during the

clinical practice. Refer to the guidance document accompanying this rule for additional information related to field experiences and clinical practice.

(iii) GaPSC-approved EPPs shall ensure candidates complete supervised field experiences consistent with the grade levels of certification sought. For Birth Through Kindergarten programs, field experiences are required at three (3) age levels: ages 0 to 2, ages 3 to 4, and 5 (kindergarten). For Elementary Education programs (P-5), field experiences are required in three (3) grade levels: PK-K, 1-3, and 4-5. For middle grades education programs, field experiences are required in two (2) grade levels: 4-5 and 6-8. Programs leading to P-12 certification shall require field experiences in four (4) grade levels: PK-2, 3-5, 6-8, and 9-12; and secondary education programs (6-12) shall require field experiences in two (2) grade levels: 6-8 and 9-12.

(iv) GaPSC-approved EPPs shall ensure candidates complete supervised clinical practice (residency/internships) in the field of certification sought and only in fields for which the EPP has been approved by the GaPSC. Clinical practice for all fields must occur in regionally accredited public schools, charter schools approved by the Georgia State Charter School Commission, charter schools approved by the Georgia Department of Education, out-of-state charter schools approved by the state's charter schools commission or department of education, private schools accredited by a GaPSC-accepted accreditor, Department of Defense schools, or in international settings meeting accreditation criteria specified in GaPSC Rule [505-2-.31](#) GAPSC-ACCEPTED ACCREDITATION; VALIDATION OF NON-ACCREDITED DEGREES. Candidates in Birth Through Kindergarten programs may participate in residencies or internships in regionally accredited schools, in pre-schools or child care centers licensed by the Georgia Department of Early Care and Learning (DECAL, also known as Bright from the Start), Head Start, or in pre-schools accredited by USDOE- or CHEA-accepted accrediting agencies. Candidates of GaPSC-approved EPPs must meet all applicable Pre-Service Certificate requirements, regardless of clinical practice placement location. Clinical practice must be designed and implemented cooperatively with B/P-12 partners and candidates' experiences must allow them to demonstrate their developing effectiveness and positive impact on all students' learning and development. Although year-long residencies/internships as defined herein (see paragraph (2) (ax)) are recognized as most effective, teacher candidates must spend a minimum of one (1) full semester or the equivalent in residencies or internships. GaPSC preparation program rules for service and leadership fields may require more than one (1) full semester of clinical practice; see GaPSC Rules [505-3-.63](#) through [505-3-.81](#).

(v) B/P-12 educators who supervise candidates (mentors, cooperating teachers, educational leadership coaches/mentors, Service (S) field supervisors) in residencies or internships at Georgia schools shall meet the following requirements:

(I) B/P-12 supervisors shall have a minimum of three (3) years of experience in a Teaching (T), Leadership (L), or Service (S) role; and

(II) If the residency or internship is completed at a Georgia school requiring GaPSC certification, the B/P-12 supervisor shall hold renewable Professional Level Certification in the content area of the certification sought by the candidate. In cases where a B/P-12 supervisor holding certification in the content area is not available, the candidate may be placed with a Professionally Certified educator in a related field of certification (related fields are defined in the guidance document accompanying this rule). For Teaching (T) field candidates who are employed as the full-time teacher of record while completing residency or internship in a school requiring GaPSC certification, the B/P-12 supervisor must hold Professional Certification.

(III) If the residency or internship is completed at a Georgia school that has the legal authority to waive certification, the B/P-12 supervisor must hold a Clearance Certificate.

(IV) The Partnership Agreement shall describe training, evaluation, and ongoing support for B/P-12 supervisors and shall clearly delineate qualifications and selection criteria mutually agreed upon by the EPP and B/P-12 partner. The Partnership Agreement shall also include a principal or employer attestation assuring educators selected for supervision of residencies/internships are the best qualified and have received an annual summative performance evaluation rating of proficient/satisfactory or higher for the most recent year of experience.

(V) Certificate IDs (to include Clearance Certificate IDs as applicable) of B/P-12 supervisors must be entered in TPMS or NTRS prior to the completion of the residency or internship.

It is the responsibility of GaPSC-approved EPPs and out-of-state EPPs who place candidates seeking Georgia certification in Georgia schools for field and clinical experiences to ensure these requirements are met.

6. Assessment Requirements.

(i) State-approved Content Assessment.

(I) Eligibility: EPPs shall determine traditional program candidates' readiness for the state-approved content assessment and shall authorize candidates for testing only in their field(s) of initial preparation and only at the appropriate point in the preparation program.

(II) Attempts: GaPSC-approved EPPs shall require all enrolled candidates to attempt the state-approved content assessment (resulting in an official score on all parts of the assessment) within the content assessment window of time beginning on a date determined by the EPP after program admission and ending on August 31 in the year of program completion, and at least once prior to program completion. Candidates enrolled in a traditional (IHE-based), initial preparation program leading to Middle Grades certification must attempt the state-approved content assessment in each of the two (2) areas of concentration, as required for program completion and receive an official score on each assessment prior to program completion. For more information on Middle Grades areas of concentration, see GaPSC Rule [505-3-.19](#) MIDDLE GRADES EDUCATION PROGRAM.

(III) Passing Score: A passing score on all applicable state-approved content assessments is not required for program completion, except in the GaTAPP program (See GaPSC Rule [505-3-.05](#) GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY [GaTAPP]); however, a passing score is required for state certification. See GaPSC Rule [505-2-.26](#) CERTIFICATION AND LICENSURE ASSESSMENTS, and GaPSC Rule [505-2-.08](#) PROVISIONAL CERTIFICATE.

(ii) State-approved Performance-based Assessments.

(I) Eligibility: EPPs shall determine initial preparation program candidates' readiness for the state-approved performance-based assessments in state-approved Teacher Leadership programs and Educational Leadership Tier II programs and shall authorize candidates for testing only in their field(s) of preparation and only at the appropriate point in the preparation program.

(II) Attempts: GaPSC-approved EPPs shall require candidates enrolled in state-approved Educational Leadership Tier II preparation programs to attempt the state-approved performance-based assessment (resulting in an official score on all tasks within the assessment) prior to program completion.

(III) Passing Score: A passing score on all applicable state-approved performance-based assessments is not required for program completion; however, a passing score is required for state certification. See GaPSC Rule [505-2-.26](#) CERTIFICATION AND LICENSURE ASSESSMENTS, [505-2-.153](#) EDUCATIONAL LEADERSHIP CERTIFICATE, and [505-2-.149](#) TEACHER LEADERSHIP.

(iii) State-approved Educator Ethics Assessment.

(I) Program Admission:

A. Candidates who enroll in initial teacher preparation programs must pass the Georgia Educator Ethics Assessment prior to beginning program coursework. Educators who hold a valid Induction, Professional, Lead Professional, or Advanced Professional Certificate are not required to pass the assessment if they enroll in an initial preparation program for the purpose of adding a new Teaching (T) field.

B. Candidates who enroll in any GaPSC-approved Educational Leadership program must pass the Georgia Ethics for Educational Leadership Assessment prior to beginning program coursework.

7. Program Completion Requirements.

(i) GaPSC-approved EPPs shall require candidates completing initial preparation programs to have a 2.5 or higher overall GPA on a 4.0 scale. Non-traditional program providers do not issue grades and therefore are not subject to this requirement; however, non-traditional EPPs must verify all program requirements are met as specified in GaPSC Rule [505-3-.05](#) GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY (GaTAPP).

(ii) GaPSC-approved EPPs may accept professional learning, prior coursework, or documented experience the EPP deems relevant to the program of study in lieu of requiring candidates to repeat the same or similar coursework for credit.

(iii) GaPSC-approved EPPs shall provide, at appropriate intervals, information to candidates about instructional policies and requirements needed for completing educator preparation programs, including all requirements necessary to meet each candidate's certification objective(s), the availability of EPP services such as tutoring services, social and psychological counseling, and job placement and market needs based on available supply and demand data.

(iv) GaPSC-approved EPPs shall provide performance data to candidates that they may use to inform their individual professional learning needs during induction.

(f) Verification of Program Completion and Reporting of Ethics Violations.

1. GaPSC-approved EPPs shall designate an official who will provide evidence to the GaPSC that program completers have met the requirements of approved programs, including all applicable Special Georgia Requirements, and thereby qualify for state certification.

2. GaPSC-approved EPPs shall submit, in a timely manner, any documentation required of them by the GaPSC Certification Division for program completers seeking GaPSC certification.

3. GaPSC-approved EPPs shall ensure program completers meet all requirements of the approved program in effect at the time the candidate was officially admitted to the program and any additional program requirements with effective dates after program admission, as described elsewhere in this rule.

4. Should program completers return to their GaPSC-approved EPP more than five (5) years after completion to request verification of program completion, providers shall require those individuals to meet current preparation requirements to assure up-to-date knowledge in the field of certification sought.

5. GaPSC-approved EPPs shall immediately report to GaPSC any violations of the Georgia Code of Ethics for Educators by enrolled candidates. Failure to report ethical violations may result in changes in approval status that could include revocation of approval. Out-of-state EPPs placing candidates in Georgia schools for field and clinical experiences are expected to collaborate with Georgia B/P-12 partners to immediately report ethics violations. Procedures for reporting ethical violations are addressed in the guidance document accompanying this rule.

Cite as Ga. Comp. R. & Regs. R. 505-3-.01

AUTHORITY: O.C.G.A. § [20-2-200](#).

HISTORY: Original Rule entitled "Procedures and Standards for Approving Professional Education Units and Programs Preparing Education Personnel" adopted. F. Dec. 16, 1992; eff. July 1, 1993, as specified by the Agency.

Amended: F. June 29, 1994; eff. July 19, 1994.

Repealed: New Rule entitled "Requirements and Standards for Approving Professional Education Units Preparing Education Personnel" adopted. F. June 19, 1995; eff. July 9, 1995.

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Amended: F. Apr. 20, 2009; eff. May 15, 2009, as specified by the Agency.

Repealed: New Rule of same title adopted. F. June 7, 2010; eff. July 15, 2010, as specified by the Agency.

Repealed: New Rule of same title adopted. F. Dec. 26, 2012; eff. Jan. 15, 2013

Repealed: New Rule entitled "Requirements and Standards for Approving Educator Preparation Providers and Educator Preparation Programs" adopted. F. Apr. 24, 2014; eff. May 15, 2014, As Specified by the Agency.

Amended: F. June 13, 2014; eff. July 3, 2014.

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Note: Correction of non-substantive typographical error in subparagraph (3)(e)4.(iv), "... see GaPSC Rules [505-3-.63](#) through 505-3-.8." corrected to "... see GaPSC Rules [505-3-.63](#) through [505-3-.81](#).", as requested by the Agency. Effective Apr. 15, 2020.

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Note: Correction of non-substantive typographical error in subparagraph (2)(y), "... see GaPSC Rule 505-2-04 INDUCTION CERTIFICATE." corrected to "... see GaPSC Rule [505-2-.04](#) INDUCTION CERTIFICATE.", as requested by the Agency. Effective Feb. 19, 2024.

505-3-.02 Educator Preparation Provider Annual Reporting and Evaluation

(1) **Purpose.** This rule states requirements for the annual evaluation of educator preparation programs and educator preparation providers, and requirements for annual reporting of program effectiveness by educator preparation providers that prepare individuals for certification as education personnel in Georgia.

(2) Definitions.

(a) **Advanced Preparation/Degree-Only Program:** An educator preparation program at the post-baccalaureate level for the continuing education of educators who have previously completed initial preparation and are certified in the program's subject area or field of certification. Advanced preparation/degree-only programs commonly award graduate credit and include masters, specialist, and doctoral degree programs.

(b) **Approval:** A process for assessing and enhancing academic and education quality through peer review, to assure the public that an educator preparation provider (EPP) and/or educator preparation program has met institutional, state, and national standards of educational quality; also, a Georgia Professional Standards Commission (GaPSC) decision rendered when an EPP or educator preparation program meets GaPSC standards and required annual reporting requirements.

(c) **Approval Review:** Examination of evidence and interviews of stakeholders conducted by GaPSC Site Visitors either on-site at an institution/agency, or electronically using web and telephone conferencing systems as part of a Developmental, First Continuing, Focused, or Probationary Review.

(d) **Candidates/Teacher Candidates:** Individuals enrolled in programs for the initial or advanced preparation of educators, programs for the continuing professional development of educators, or programs for the preparation of other professional school personnel. Candidates are distinguished from students in B/P-12 schools. Candidates in programs leading to Teaching (T) certification may also be referred to as Pre-service Teacher Candidates. (The term enrolled is used in the GaPSC approval process to mean the candidate is admitted and taking classes.)

(e) **Certified/Classified Personnel Information (CPI):** A tri-annual data collection performed by the Georgia Department of Education of active certified and classified employees at each school/district location. The data includes job assignment, subject matter, percentage of time assigned, local years of service, years of experience for payroll purposes, employment basis, and contract salary including all supplements for each certified employee.

(f) **Clinical Practice:** Culminating residency (formerly referred to as *student teaching*) or internship experiences with candidates placed in classrooms for at least one (1) full semester where they experience intensive and extensive practices in which they are fully immersed in the learning community and provided opportunities to develop and demonstrate competence in the professional roles for which they are preparing. In initial preparation programs in Leadership (L) or Service (S) fields, candidates will complete such culminating residency or internship experiences in placements that allow the knowledge, skills, and dispositions included in the programs to be practiced and applied. In non-traditional preparation programs, such as GaTAPP, clinical practice is job-embedded as candidates must be hired as a classroom teacher to be admitted to the program.

(g) **Council for the Accreditation of Educator Preparation (CAEP):** The national accreditation organization formed as a result of the unification of the National Council for the Accreditation of Teacher Education (NCATE) and the Teacher Education Accreditation Council (TEAC). CAEP advances excellence in educator preparation through evidence-based accreditation that assures quality and supports continuous improvement to strengthen B/P-12 student learning.

(h) **Educator Preparation Program:** A planned sequence of courses and experiences for preparing B/P-12 teachers and other professional school personnel that leads to a state certification. See the definitions for the three (3) types of educator preparation programs: Initial, Endorsement, and Advanced/Degree-Only.

(i) **Educator Preparation Provider (EPP):** The institution of higher education (IHE), college, school, department, agency, or other administrative body responsible for managing or coordinating all programs offered for the initial

and continuing preparation of teachers and other school personnel, regardless of where these programs are administratively housed.

(j) Endorsement Program: A planned sequence of courses and experiences, typically three (3) to four (4) courses in length, designed to provide educators with an additional, specific set of knowledge and skills, or to expand and enhance existing knowledge and skills. Successful completion of an endorsement program results in the addition of the endorsement field to the Georgia educator certificate designating expertise in the field. Endorsement programs may be offered as non-credit bearing programs, or they may lead to college credit; they must be approved by the GaPSC and administered by a GaPSC-approved EPP, and may be offered as either a stand-alone program or, unless otherwise specified in GaPSC Educator Preparation Rules [505-3-.82](#) through [505-3-.115](#), embedded in an initial preparation or advanced/degree-only program. Depending on the needs of the individual educator, endorsement programs may also be included as a part of an educator's professional learning plan/goals. See GaPSC Rule [505-2-.14](#) ENDORSEMENTS.

(k) Field Experiences: Activities that include organized and sequenced engagement of candidates in settings providing opportunities to observe, practice, and demonstrate the knowledge, skills, and dispositions delineated in institutional, state, and national standards. The experiences must be systematically designed and sequenced to increase the complexity and levels of engagement with which candidates apply, reflect upon, and expand their knowledge and skills. Since observation is a less rigorous method of learning, emphasis should be on field experience sequences requiring active professional practice or demonstration, and that include substantive work with B/P-12 students and B/P-12 personnel as appropriate. In non-traditional preparation programs (e.g., GaTAPP), field experiences occur outside candidates' classrooms with students with different learning needs and varied backgrounds in at least two (2) settings during the clinical practice.

(l) Induction:

(1) The formal act or process of placing an individual into a new job or position and providing appropriate support during the first three (3) years of employment. The Georgia Department of Education defines The Induction Phase Teacher as any teacher who has been hired into a new permanent position in any Georgia school.

(2) A Georgia level of professional educator certification; for additional information see GaPSC Rule [505-2-.04](#) INDUCTION CERTIFICATE.

(m) Initial Preparation Program: A program designed to prepare candidates for their initial, or first, professional certificate in a Teaching (T), Leadership (L), or Service (S) field. Examples include degree programs at the baccalaureate, masters, or higher levels; or post-baccalaureate programs, non-degree certification-only programs, and non-traditional programs, such as the Georgia Teacher Academy for Preparation and Pedagogy (GaTAPP) or Alternative Preparation for Educational Leadership program. Programs leading to an educator's first certificate in a particular field are considered initial preparation even if the educator is certified in one or more other fields.

(n) Non-traditional Teacher Preparation Program (GaTAPP): A program designed to prepare individuals who at admission hold an appropriate degree with verified content knowledge through a major or its equivalent in the content field or a passing score on the state-approved content assessment in the content field. If the state-approved content knowledge was not required at admission, it must be passed for program completion. Non-traditional teacher preparation programs lead only to a certificate, not to a degree or college credit and:

1. Feature a flexible timeframe for completion;
2. Are job-embedded allowing candidates to complete requirements while employed by a regionally accredited local unit of administration (school district or private school), a charter school approved by the Georgia State Charter School Commission, or a charter school approved by the Georgia Department of Education as a classroom teacher full-time or part-time for at least a half day;
3. Require that candidates are supported by a Candidate Support Team;
4. Require an induction component that includes coaching and supervision;

5. Provide curriculum, performance-based instruction, and assessment focused on the pedagogical knowledge, and dispositions necessary for the candidate to teach his/her validated academic content knowledge; and

6. Are individualized based on the needs of each candidate with respect to content knowledge, pedagogical skills, learning modalities, learning styles, interests, and readiness to teach. See GaPSC Rule [505-3-.05](#) GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY (GaTAPP).

(o) Preparation Program Effectiveness Measures (PPEMs): A collection of common measures applied to all teacher preparation programs leading to initial certification in a field. Teacher Preparation Program Effectiveness Measures (TPPEMs) are further defined in this rule.

(p) Out-of-State Institution: An institution of higher education that is administratively based in a state within the United States other than Georgia.

(q) Program Completer: A person who has met all the requirements of a GaPSC-approved or state- approved out-of-state educator preparation program, to include all GaPSC requirements such as attempting all assessments required for state certification.

(r) State-approved Content Assessment: A content-specific, standardized test aligned with preparation program standards (state and national) and Georgia's P-12 curriculum, and developed to ensure that educators have the content knowledge necessary for successful performance as an educator. A passing score on the appropriate assessment is required for state certification.

(s) Teacher Preparation Program Effectiveness Measures (TPPEMs): A collection of common measures applied to all GaPSC-approved teacher preparation programs leading to initial certification in a Teaching field.

(t) Traditional Preparation Program: A credit-bearing program designed for the preparation of educators offered by an institution of higher education.

(3) General Requirements and Applicability.

(a) The requirements stated in this rule apply to all GaPSC-approved educator preparation providers (EPPs) and all educator preparation programs leading to initial certification in a Teaching (T).

(b) Data will be reported in the aggregate, so as not to identify individual program candidates. Personally identifiable information will not be reported by GaPSC.

(4) Preparation Program Effectiveness Measures (PPEMs).

(a) Completion Reporting Year. The PPEM reporting year starts September 1 and ends August 31.

(b) Teacher Preparation Program Effectiveness Measures (TPPEMs) are comprised of a set of three measures representing the performance of candidates while enrolled in the preparation program and their performance in the classroom after program completion when completers are employed in Georgia public schools or Georgia public charter schools and in their fields of preparation. TPPEMs are collected and reported annually. TPPEM measures include:

1. Employer Perceptions of Preparation data are derived from the common, statewide survey conducted annually of employers of those program completers (referred to as *inductees*) employed in Georgia public or public charter schools. For each cohort, the survey will be administered one time near the end of the first year of inductees' employment in the field of preparation.

2. Inductee Perceptions of Preparation data are derived from the common, statewide survey, conducted annually of those program completers employed in Georgia public or public charter schools and in their fields of preparation.

For each cohort, the survey will be administered one time near the end of the first year of inductees' employment in the field of preparation.

3. Assessment of Content Knowledge (state-approved content assessment; Georgia Assessments for the Certification of Educators [GACE]).

(i) Every candidate enrolled in a teacher preparation program for which there is a GACE content assessment must attempt the entire assessment (all tests within the assessment) within a window of time beginning at a point determined by the EPP and ending on August 31 in the reporting year of program completion, and at least once prior to program completion (an attempt results in an official score on all tests within the assessment). Candidates enrolled in non-traditional teacher preparation programs may be required to pass the appropriate GACE content assessment prior to program admission, depending upon the field of certification sought (see GaPSC Rule [505-3-.05](#) GEORGIA TEACHER ACADEMY FOR PREPARATION AND PEDAGOGY).

(ii) For all teacher preparation programs, the best attempt for each program completer prior to or on August 31 in the reporting year of program completion will be used in reporting.

(c) Refer to the PPEM Technical Specifications document for additional information on each measure, and the schedule of data collection and reporting.

(5) Annual Reporting.

(a) State Reporting.

1. All GaPSC-approved EPPs are required to regularly and accurately submit all required candidate-level data to the Traditional Program Management System (TPMS) or the Non-traditional Reporting System (NTRS) as appropriate for all programs offered and according to the timelines established in Educator Preparation Rule [505-3-.01](#) REQUIREMENTS AND STANDARDS FOR APPROVING EDUCATOR PREPARATION PROVIDERS AND EDUCATOR PREPARATION PROGRAMS, paragraph (3) (c) 8.

2. Out-of-state EPPs with teacher candidates fulfilling field and clinical experiences in Georgia schools are required to regularly and accurately submit to TPMS all data specified by GaPSC staff in association with the issuance of the Pre-Service Certificate.

(b) Federal Reporting: Title II. All GaPSC-approved EPPs are required to submit annually the data required for federal Title II reporting. Failure to submit Title II data, accurately, completely, and by published deadlines may result in adverse changes in approval status, up to and including recommendation to the Commission of revocation of approval, and may result in fines.

(6) Uses of PPEMs and Annual Report Data.

(a) Reporting to EPPs. When sufficient data are available, PPEMs will be provided annually to each GaPSC-approved EPP. All data will be aggregated at the program level; no individual level data will be provided. EPPs are expected to use PPEMs and other data to improve programs.

(b) Reporting to the Georgia Professional Standards Commission. PPEMs will be provided annually to the 18-member standards commission via the public dashboard; data will be aggregated at the program and EPP levels and no individual level data will be provided.

(c) Reporting to Other State Agencies. The Georgia Professional Standards Commission is a participating agency in GAAWARDS, Georgia's Academic and Workforce Analysis and Research Data System, which is the state's Pre-K through workforce (P20W) longitudinal data system. Data of individual candidates is provided to GAAWARDS annually. All personally identifiable information is removed prior to being used for research purposes.

(d) Reporting to the Public. PPEMs will be provided to the public annually via the GaPSC website. Data will be aggregated at the program and EPP levels; no individual level data or aggregations of fewer than ten (10) individuals will be provided.

Cite as Ga. Comp. R. & Regs. R. 505-3-.02

AUTHORITY: O.C.G.A. § [20-2-200](#).

HISTORY: Original Rule entitled "Educator Preparation Provider Annual Reporting and Evaluation" adopted. F. Apr. 24, 2014; eff. May 15, 2014, as specified by the Agency.

Amended: F. Jun. 13, 2014; eff. July 3, 2014.

Repealed: New Rule of same title adopted. F. Dec. 20, 2016; eff. Jan. 15, 2017, as specified by the Agency.

Amended: F. Apr. 10, 2018; eff. Apr. 15, 2018, as specified by the Agency.

Amended: F. Sept. 24, 2019; eff. Oct. 15, 2019, as specified by the Agency.

Amended: F. Dec. 13, 2019; eff. Jan. 1, 2020, as specified by the Agency.

Amended: F. June 11, 2020; eff. July 1, 2020, as specified by the Agency.

Repealed: New Rule with same title adopted. F. Dec. 9, 2022; eff. Jan. 1, 2023, as specified by the Agency.

Amended: F. Dec. 14, 2023; eff. Jan. 1, 2024, as specified by the Agency.

Note: Correction of non-substantive typographical error in subparagraph (2)(1), "... see GaPSC Rule 505-2-04 INDUCTION CERTIFICATE." corrected to "... see GaPSC Rule [505-2-.04](#) INDUCTION CERTIFICATE.", as requested by the Agency. Effective Feb. 19, 2024.

505-3-.76 Alternative Preparation for Educational Leadership Program

(1) **Purpose.** This rule states specific content standards and requirements for approving Tier I and Tier II alternative preparation programs designed for the preparation of individuals to serve in educational leadership positions in P-12 schools and Local Units of Administration (LUA), and it is designed to meet recruitment and hiring needs in various areas of the state. This rule supplements requirements and definitions of terms in GaPSC Rule [505-3-.01](#) REQUIREMENTS AND STANDARDS FOR APPROVING EDUCATOR PREPARATION PROVIDERS AND EDUCATOR PREPARATION PROGRAMS. Implementation guidelines accompany this rule.

(2) Definitions.

(a) Alternative preparation is defined as a post-baccalaureate program designed for individuals who have not prepared as leaders in a traditional leadership preparation program. These preparation programs, which lead to an Educator Preparation Provider's verification of meeting requirements for Georgia certification, but not a degree, recognize candidates' earlier academic preparation and life experiences.

(b) Certificate Levels are assigned to Georgia educator certificates based on the degree(s) an educator holds. See GaPSC Rule [505-2-.02](#) CLASSIFICATION.

(c) The term leadership position refers to those positions requiring leadership certification as determined by the Georgia Professional Standards Commission (GaPSC) for placement on the state salary schedule.

(d) Tier I prepares candidates for entry level leadership positions that include P-12 school level positions below the principal and system level positions that do not supervise principals.

(e) Tier II prepares candidates for advanced leadership positions that include P-12 school level principals or the equivalent, superintendents, or other LUA staff who supervise principals.

(3) Requirements.

(a) The standards and requirements set forth in this rule are intended to guide the development of an alternative preparation program in two phases of preparation (Tier I and Tier II). The goal is to ensure completers of each tier are able to demonstrate knowledge of leadership content, skills, and dispositions to positively impact teacher performance and student growth. Each tier includes a minimum one-year residency which provides opportunity for candidates to experience guided practice of skills in authentic leadership situations.

(b) To receive approval for the Alternative Preparation for Educational Leadership program, a Georgia Professional Standards Commission (GaPSC)-approved educator preparation provider (EPP) shall offer a preparation program described in program planning forms, websites, catalogs, and syllabi conforming to the Georgia Educational Leadership Standards, which are adapted from the Professional Standards for Educational Leaders (PSEL) published in 2015 by the National Policy Board for Educational Administration. Programs will be assessed at the standard level; elements listed under each standard give guidance regarding the breadth and depth of each standard and are adapted from PSEL. Although programs shall be designed upon the PSEL Standards and as required by Rule [505-3-.01](#), the Teacher Assessment on Performance Standards (TAPS) in relation to instructional leadership (see [505-3-.01](#) paragraph (e) 3. (i)), EPPs are advised to consider additional standards in developing program curricula and clinical experiences at the appropriate level (Tier I or Tier II), such as the Learning Forward Standards for Professional Learning, Georgia Teacher Leadership Standards (GaPSC Rule [505-3-.72](#) TEACHER LEADERSHIP PROGRAM), the Model Principal Supervisor Standards, the evaluation standards comprising the Georgia Teacher Keys Effectiveness System (TKES) and the Georgia Leader Keys Effectiveness System (LKES), and the standards delineated in GaPSC Rule [505-3-.03](#) FOUNDATIONS OF READING, LITERACY, AND LANGUAGE. GaPSC and Georgia Department of Education (GaDOE) rules are often focused on implementation of such standards; candidates shall complete preparation programs prepared to implement programs and processes that address such standards. Professional learning as described in the GaPSC certificate renewal rule (GaPSC Rule [505-2-.36](#) RENEWAL REQUIREMENTS) and continuous improvement as described in GaDOE rules and processes shall be addressed in the leadership preparation curriculum and clinical experiences. Guidelines that accompany this rule, *Guidelines for EPPs: Alternative Preparation for Educational Leaders Programs*, provide detailed information to support development of the program. Effective educational leaders:

1. Develop, advocate, and enact a shared mission, vision, and core values of high-quality education and academic success and well-being of each student. Education leaders build consensus among all stakeholders to develop an educational mission, vision, and core values of what students should know and do as a consequence of their schooling, as well as what it means for students to become well-adjusted, contributing members of society. Building such a vision supported by core values can require reconciling possibly competing perspectives among all members of the school community. Based on this vision, leaders work with school and community members to establish the school's mission, and to plan, implement, monitor, and evaluate impact to promote continuous and sustainable improvement. Effective leaders:

(i) Using relevant data and in collaboration with school and community members, develop an educational mission, vision, and statement of core values for the school to promote student success and well-being.

(ii) In collaboration with members of the school and the community and using relevant data, develop and promote a vision for student success and well-being by articulating, advocating, and cultivating core values that define the school's culture, and stress the imperative of child-centered education; high expectations and student support; fair access, opportunity, and advancement for all students; openness, caring, and trust; and continuous improvement.

(iii) Utilize best practices to strategically identify, implement, and evaluate actions to achieve the vision, mission, and core values for the school.

(iv) Ensure core values support processes and procedures that allow all students access to the most effective teachers and an instructional program that will ensure they are college and career ready.

(v) Develop a systematic, inclusive, and comprehensive process to review, revise, and communicate the school's mission, vision, and core values, and respond to changing expectations and opportunities for the school, and changing needs and situations of students.

(vi) Develop shared understanding of and commitment to mission, vision, and core values within the school and the community.

(vii) Monitor communications and actions to build and sustain school and community alignment with the shared vision, mission, and core values.

(viii) Model and pursue the school's mission, vision, and core values in all aspects of leadership.

2. Act ethically and according to professional norms to promote each student's academic success and well-being.

Educational leaders are professionals who ensure personnel are equipped with professional understanding of the school's mission and the professional norms that must be followed to ensure student success and well-being. Leaders have an understanding of ethical principles to guide actions and decision-making, which must be within the boundaries of professional practice. Leaders foster the development of a school culture that nurtures understanding of professional conduct and ethics, and have a professional responsibility to take an intentional approach to ensure not only regulatory enforcement, but also ethics education, outreach, and prevention. Effective leaders:

(i) Act ethically and professionally in personal conduct, relationships with others, decision-making, stewardship of the school's resources, and all aspects of school leadership.

(ii) Act according to and promote the professional norms of integrity, fairness, transparency, trust, collaboration, perseverance, learning, and continuous improvement.

(iii) Place children at the center of education and accept responsibility for each student's academic success and well-being.

(iv) Safeguard and promote the values of democracy, individual freedom and responsibility, and fairness.

(v) Lead with interpersonal and communication skill, social-emotional insight, and understanding of all students' and staff members' backgrounds and cultures.

(vi) Provide moral direction for the school and promote ethical and professional behavior among faculty and staff.

3. Strive for fairness of educational opportunity and responsive practices to promote each student's academic success and well-being. Education leaders create a school culture that values learner differences. Students are known, accepted, valued, and empowered to reach their full potential. The school's culture supports a climate in which students are healthy, safe, and supported. The culture defines high expectations, encourages trust, and expects all to be responsible participants; as a result, all students thrive. Effective leaders:

(i) Ensure that each student feels a sense of belonging, is treated fairly and respectfully, and is accepted and valued as an active member of the school community.

(ii) Recognize, respect, and employ each student's strengths, differences, and culture as assets for teaching and learning.

(iii) Analyze data to ensure that each student has equitable access to effective teachers, learning opportunities, academic and social support, and other resources needed for college/career readiness.

(iv) Develop and communicate expectations and codes of conduct to address student behavior in a positive and fair manner.

(v) Eliminate barriers associated with race, class, culture and language, gender and sexual orientation, and disability or special status.

- (vi) Utilize a variety of strategies to examine and address assumptions and beliefs that may conflict with vision, mission, core values, and goals.
- (vii) Incorporate knowledge of the social, cultural, leadership, and political dynamics of the school community to cultivate a positive academic learning environment.
- (viii) Promote the preparation of students to live productively in and contribute to the varied cultural contexts of a global society.
- (ix) Act with cultural competence and responsiveness in their interactions, decision making, and practice.

4. Develop and support intellectually rigorous and coherent systems of curriculum, instruction, and assessment to promote each student's academic success and well-being. Effective educational leaders develop and support intellectually rigorous and coherent systems of curriculum, instruction, and assessment to maximize each student's growth and learning. Education leaders promote the use of rigorous curricula, which set high expectations for students and are aligned to academic standards. They seek to maximize student learning through authentic and differentiated pedagogy, systems of support, and effective assessment strategies that inform instruction. They develop and coordinate these systems in ways that create opportunities to personalize the academic program to meet individual student needs. The effectiveness of implementation and the impact of these systems on student learning are evaluated. Effective leaders:

- (i) Promote the mission, vision, and core values of the school, embody high expectations for student learning, and align curriculum, instruction, and assessment with academic standards that are responsive to the needs of all learners.
- (ii) Align and focus systems of curriculum, instruction, and assessment within and across grade levels to promote student academic success, love of learning, the identities and habits of learners, and healthy sense of self.
- (iii) Promote instructional and assessment practice that is consistent with knowledge of learning, learner growth and development, effective pedagogy, and the needs of each student.
- (iv) Guide the selection and implementation of evidence-based teaching strategies, curricular materials, educational technologies, and other resources appropriate to address all student populations.
- (v) Ensure instructional practice that is intellectually challenging, authentic to student experiences, aligned to student strengths, and is differentiated and personalized.
- (vi) Collaboratively model and promote with all stakeholders a culture of high expectations for all students.
- (vii) Promote the effective use of technology.
- (viii) Employ valid assessments that are consistent with knowledge of child learning and development and technical standards of measurement.
- (ix) Monitor and evaluate the use of diagnostic, formative, and summative assessment to provide timely and accurate feedback to students and parents, and to inform instructional practices.

5. Cultivate a welcoming, caring, and supportive school community that promotes the academic success and well-being of each student. Education leaders build a school culture and climate that supports students being known and valued. The learning environment is personalized so students feel encouraged to engage with others as active learners. In such an environment learners are willing to take chances in their learning since a support system has been built to reinforce student learning. Effective leaders:

- (i) Build and maintain a safe, caring, and healthy school environment that meets the academic, social, emotional, and physical needs of each student.

(ii) Create and sustain a school environment in which each student is known, accepted and valued, trusted and respected, cared for, and encouraged to be an active and responsible member of the school community.

(iii) Provide coherent systems of academic and social supports, services, extracurricular activities, and accommodations to meet the range of learning needs of each student.

(iv) Promote adult-student, student-peer, and school-community relationships that value and support academic learning and positive social and emotional development.

(v) Cultivate and reinforce student engagement in school and positive student conduct.

(vi) Infuse the school's learning environment with the cultures and languages of the school's community.

6. Develop the professional capacity and practice of school personnel to promote each student's academic success and well-being. Education leaders support the professional learning of effective, caring teachers and leaders who are able to work with students productively in the classroom and who can collaboratively lead a school or district. Building an effective staff requires careful personnel recruitment, selection, assignment of responsibilities, support, evaluation, and retention. Developing the professional skills of educators involves such activities as coaching, creating supportive conditions, and fostering a professional learning community. Effective leaders:

(i) Recruit, hire, assign, support, develop, and retain effective and caring teachers and other professional staff and form them into an educationally effective faculty in an equitable manner based on school needs, and local, state, and federal requirements.

(ii) Plan for and manage staff turnover and succession, providing opportunities for effective induction including mentoring of new personnel by carefully selected and trained mentors.

(iii) Develop teachers' and staff members' professional knowledge, skills, and practice through differentiated opportunities for learning and growth, guided by understanding of professional and adult learning and development.

(iv) Foster continuous improvement of individual and collective instructional capacity to achieve outcomes envisioned for each student.

(v) Deliver actionable feedback about instruction and other professional practice through valid, research-anchored systems of supervision and evaluation to support the development of teachers' and staff members' knowledge, skills, and practice.

(vi) Empower and motivate teachers and staff to the highest levels of professional practice and to continuous learning and improvement.

(vii) Recognize the achievements of highly effective teachers and others by developing the capacity, opportunities, and support for teacher leadership and leadership from other members of the school.

(viii) Promote the personal and professional health, well-being, and work-life balance of faculty and staff.

(ix) Address their own learning and effectiveness through reflection, study and improvement, maintaining a healthy work-life balance.

7. Foster a professional community of teachers and other professional staff to promote each student's academic success and well-being. Education leaders promote each student's academic success and well-being by creating and supporting a professional community of teachers. Building a community of teachers and other professional staff includes creating effective workplace conditions, promoting collective engagement and responsibility, and mutual accountability. Creating professional communities of teachers and other professional staff includes job-embedded opportunities that promote collaborative examination of practice and focuses on improvement of programs and practices. Effective leaders:

- (i) Foster supportive workplace conditions for teachers and other professional staff that promote effective professional development, practice, and student learning.
- (ii) Empower and entrust teachers and staff with collective responsibility for meeting the academic, social, emotional, and physical needs of each student, pursuant to the mission, vision, and core values of the school.
- (iii) Establish and sustain a professional culture of engagement and commitment to shared vision, goals, and objectives pertaining to the education of the whole child; high expectations for professional work; ethical and equitable practice; trust and open communication; collaboration, collective efficacy, and continuous individual and organizational learning and improvement.
- (iv) Promote mutual accountability among teachers and other professional staff for each student's success and the effectiveness of the school as a whole.
- (v) Develop and support open, productive, caring, and trusting working relationships among leaders, faculty, and staff to promote professional capacity and the improvement of practice.
- (vi) Design and implement job-embedded and other opportunities for professional learning collaboratively with faculty and staff.
- (vii) Provide roles, structures, opportunities, and norms to support collaborative examination of practice, collegial feedback, and collective learning.
- (viii) Encourage faculty-initiated improvement of programs and practices.
- (ix) Use data, including student performance data, to evaluate the impact professional learning has on the faculty and staff, the school/district, and student learning.

8. Engage families and the community in meaningful, reciprocal, and mutually beneficial ways to promote each student's academic success and well-being. Education leaders build and sustain productive relationships with families and other community partners in the government, non-profit, and private sectors. They promote understanding, appreciation, and use of the community's cultural, social, and intellectual resources. They communicate regularly and openly with families and community partners, and seek their input and support for continuous improvement efforts. Effective Leaders:

- (i) Are approachable, accessible, and welcoming to all families and community members.
- (ii) Create and sustain positive, collaborative, and productive relationships with families and the community for the benefit of students.
- (iii) Engage in regular and open two-way communication with families and the community about the school, students, needs, challenges, and accomplishments.
- (iv) Maintain a presence in the community to understand its strengths and needs, develop productive relationships, and engage its resources for the school.
- (v) Create means for the school community to partner with families to support student learning in and out of school.
- (vi) Build and sustain mutually beneficial productive partnerships with public and private sectors to share resources and promote school improvement and student learning.
- (vii) Create an environment that values differences, serves as a resource for families and the school community, and welcomes family engagement in school activities.

(viii) Understand, value, and employ the community's cultural, social, intellectual, and political resources to promote student learning and school improvement.

(ix) Advocate publicly for the needs and priorities of the school, district, students, families, and the community.

(x) Work with the community to collect and analyze data on economic, social, and other emerging issues that impact district and school planning, programs, and structures.

9. Manage school operations and resources to promote each student's academic success and well-being. Education leaders are responsible for the effective, efficient, equitable, and ethical management of schools and districts. Their responsibilities include garnering and allocating resources, monitoring and addressing internal and external regulatory requirements, developing organizational policies and practices, and other administrative duties that maintain the continued viability of the school or district. Effective leaders:

(i) Institute, manage, and monitor operations and administrative systems that promote the mission and vision of the school.

(ii) Strategically manage staff resources, assigning and scheduling teachers and staff to roles and responsibilities that optimize their professional capacity to address each student's learning needs.

(iii) Seek, acquire, and manage fiscal, physical, and other resources to support curriculum, instruction, and assessment; student learning community; professional capacity and community; and family and community engagement.

(iv) Are responsible, ethical, and accountable stewards of the school's monetary and nonmonetary resources, engaging in effective budgeting and accounting practices.

(v) Protect teachers' and other staff members' work and learning from disruption.

(vi) Employ technology to improve the quality and efficiency of operations and management.

(vii) Develop and maintain data and communication systems to deliver actionable information for classroom and school improvement.

(viii) Know, comply with, and help the school community understand local, state, and federal laws, rights, policies, and regulations to promote student success.

(ix) Develop and manage relationships with feeder and connecting schools for enrollment management and curricular and instructional articulation.

(x) Develop and manage productive relationships with the central office and school board.

(xi) Develop and administer systems for fair and equitable management of conflict among students, faculty and staff, leaders, families, and community.

(xii) Manage governance processes and internal and external politics toward achieving the school's mission and vision.

10. Act as agents of continuous improvement to promote each student's academic success and well-being. Educational leaders foster an environment among stakeholders where data are analyzed and used to continuously improve the academic and social success of the students, staff, and the community of learners. Leaders ensure a systematic and collaborative process that promotes a culture of school improvement and accountability. This plan, do, check, act process is created with input from all stakeholders. The leader uses current and relevant research and effectively gathers, analyzes, and interprets student data from multiple sources to promote a shared vision for instructional improvement that engages all stakeholders in decision-making that drives and sustains school

improvement for each student. Effective leaders are willing to make difficult decisions and confront adverse situations to promote student academic success and well-being. Effective leaders:

- (i) Use a systematic continuous improvement process to achieve the vision, fulfill the mission, and promote the core values of the school.
 - (ii) Create a continuous improvement culture within the school and community that promotes mutual commitment and accountability for student success.
 - (iii) Develop the capacity of staff to effectively lead strategic teams in a systematic process of school improvement.
 - (iv) Employ situationally-appropriate strategies for improvement, including transformational and incremental, adaptive approaches and attention to different phases of implementation.
 - (v) Build the capacity of staff to assess the value and applicability of emerging educational trends and the findings of research for school improvement.
 - (vi) Develop systematic processes of data collection, management, and analysis to determine root causes and inform the decision-making process.
 - (vii) Adopt a systems perspective ensuring alignment among improvement efforts and within all aspects of school organization, programs, and services.
 - (viii) Manage uncertainty, risk, competing initiatives, and politics of change with courage and perseverance, providing support and encouragement, and openly communicating the need for, process for, and outcomes of improvement efforts.
 - (ix) Develop and promote leadership among teachers and staff for inquiry, experimentation and innovation, and initiating and implementing improvement.
- (c) The Alternative Preparation for Educational Leadership program shall conform to the criteria for Georgia's alternative preparation option defined as a program that prepares the candidate holding the appropriate degree level for a professional leadership certificate. In addition to meeting the standards listed above, program requirements must include the following:

1. Tier I Program Admission.

- (i) Non-educator candidates seeking admission to a Tier I program must:
 - (I) Receive from a LUA a recommendation for admission to the program and assurance the candidate works in a leadership position at least one-half day or more, each day;
 - (II) Hold, at a minimum, a master's degree from a GaPSC-accepted accredited college or university;
 - (III) Document five (5) or more years of successful leadership experience and related leadership training, preferably in an executive management, supervisory, or leadership role;
 - (IV) Provide references documenting evidence of successful performance in a leadership role;
 - (V) Exhibit professional leadership dispositions through an assessment, developed and/or adopted by the educator preparation provider; and
 - (VI) Provide evidence of experience in engaging employees in organizational development or professional learning opportunities.
- (ii) Candidates currently employed as educators and seeking admission must:

(I) Receive the recommendation of a Georgia LUA for participation in the program and assurance the candidate works in a leadership position at least one-half day or more, each day;

(II) Hold a master's degree or a GaPSC Level 5 or higher professional certificate; candidates who also have national board certification, the Teacher Leadership endorsement, Coaching endorsement or the Teacher Support and Coaching endorsement are ideal. The master's degree must have been earned from a GaPSC-accepted accredited institution.

(III) Provide evidence of successful teacher leadership experience;

(IV) Exhibit professional leadership dispositions through an assessment, developed and/or adopted by the educator preparation provider;

(V) Provide evidence of experience in engaging colleagues in professional learning opportunities; and

(VI) Provide evidence of successful teaching.

(iii) Upon admission, candidates accepted into the Tier I Alternative Preparation program are issued a three (3) year non-renewable leadership certificate upon acceptance and request from the employing LUA, which may be converted to a professional leadership certificate when requirements are met.

(iv) Candidates who enroll in a Tier I Alternative Preparation program must pass the Georgia Ethics for Educational Leadership Assessment prior to beginning program coursework.

2. Tier II Program Admission.

(i) Candidates must be employed in a leadership position in a LUA requiring professional performance-based leadership certification at Tier II.

(ii) In addition, practicing educators seeking admission must:

(I) Receive the recommendation of the employing LUA for participation in the program and assurance that the system will support the work of the candidate in the program;

(II) Hold a level 5 or higher Standard Professional Educational Leadership Tier I certificate or hold a valid, Standard Professional L certificate in Educational Leadership Tier II based on completion of a non-performance-based program; and;

(III) Provide references documenting evidence of successful performance in a leadership position that requires Tier I leadership certification.

3. Candidate Support. All alternative preparation programs require structured supervision and guidance by a team of qualified mentors and coaches for a minimum of a twelve (12) month cycle during Tier I and a minimum of a twelve (12) month cycle during Tier II. The LUA shall provide a mentor with successful leadership experience at the Tier II level relative to the candidate being mentored. The alternative preparation program shall provide coaching by qualified individuals who demonstrate competencies in the knowledge, skills, and dispositions required for accomplished leadership. It is incumbent upon the program provider to ensure individuals providing developmental support (coach and mentor, for example) have successfully completed appropriate training as described in the guidelines.

4. Program Requirements. The alternative preparation program shall develop a performance-based program addressing the following:

(i) Tier I Program.

(I) A Pre-Residency component shall address through courses, modules, seminars or other modes of content delivery, at a minimum school law, the Georgia Code of Ethics for Educators, and organizational leadership with a focus on teaching, learning, and using data in the school improvement process. The pre-residency educational leadership requirements are described in program approval documents submitted to the GaPSC as part of the program approval process for educator preparation programs;

(II) Residency requirements must be successfully completed while employed by a regionally accredited LUA or regionally accredited private school in a Tier I leadership position full-time or part-time, for at least a half day every day for a minimum of a twelve (12) month cycle. Residency requirements for Tier I include the following:

I. Candidates shall participate in carefully designed experiences in addition to completing appropriate coursework, during an extended residency [minimum of a twelve (12) month cycle], providing significant opportunities for candidates to apply the knowledge and guided practice to develop the skills and dispositions identified in the program standards through substantial, sustained, standards-based work in actual Tier I settings;

II. Candidates shall participate in a residency incorporating a continual assessment of candidate application of knowledge, skills, and leadership dispositions. Candidates' performances shall be planned and guided cooperatively by a candidate support team, throughout the program, to provide inclusion of appropriate opportunities to demonstrate knowledge, skills, and dispositions reflective of current leadership research and program standards. At a minimum, the candidate support team shall be composed of the candidate, a trained and qualified leadership coach, a P-12 school-based leader and/or LUA mentor/coach, and a supervisor from the approved program provider; and

III. The residency experiences shall provide candidates with substantial responsibilities that increase over time in amount and complexity, and involve direct interaction and involvement with appropriate staff, students, parents, and community leaders. The preponderance of experiences shall engage candidates in leading rather than observing or participating. Candidates shall demonstrate the ability to lead, facilitate, and make decisions as school leaders. Assessment of candidate performance shall be the responsibility of the approved program provider and shall include multiple formative and summative measures used throughout the residency to measure candidate progress in acquiring knowledge, demonstrating skills, and refining dispositions. Data from these assessments shall be shared with the candidate, instructors, mentors/coaches, and candidate support team in order to make informed decisions regarding candidate performance, program effectiveness, and EPP operations.

(ii) Tier II Program.

(I) Alternative preparation program advanced residency requirements shall be completed while employed by a regionally accredited LUA or regionally accredited private school in a Tier II level leadership position full-time or part-time, for at least a half day every day for a minimum of a twelve (12) month cycle. Residency requirements for Tier II shall include the following:

(II) Candidates shall participate in performances developed by the candidate support team based on individual performance assessment data, during an extended residency [minimum of a twelve (12) month cycle], providing significant opportunities for candidates through guided practice to apply knowledge, develop skills, and refine dispositions identified in the program standards while engaged in substantial, sustained, standards-based work in actual P-12 school/ system settings;

(III) Candidates shall participate in a performance-based residency incorporating a continual assessment of candidate application of knowledge, skills, and leadership dispositions. Candidates' performances shall be planned and guided cooperatively by a candidate support team, throughout the program, to provide inclusion of appropriate opportunities to demonstrate knowledge, skills, and dispositions reflective of current leadership research and program standards. At a minimum, the candidate support team shall be composed of the candidate, a leadership coach, a P-12 school-based leader and/or LUA mentor/coach, and a supervisor from the approved program provider; and

(IV) The residency experiences shall provide candidates with substantial responsibilities that increase over time in amount and complexity, and involve direct interaction and involvement with appropriate staff, students, parents, and community leaders. The preponderance of experiences shall engage candidates in leading rather than observing or

participating. Candidates shall demonstrate the ability to lead, facilitate, and make decisions as P-12 school leaders. Assessment of candidate performance shall be the responsibility of the approved program provider and will include multiple formative and summative measures used throughout the residency to measure candidate progress. Data from these assessments shall be shared with the candidate, instructors, mentors/coaches, and candidate support team in order to make informed decisions regarding candidate performance, program effectiveness, and EPP operations.

5. Certification Requirements. Upon admission, candidates accepted into the Tier II Alternative Preparation program are issued a three (3) year non-renewable leadership certificate upon acceptance and request from the employing LUA, which may be converted to a professional leadership certificate when requirements are met. If the Georgia Ethics for Educational Leadership Assessment was not passed upon enrollment in a Tier I program, it must be passed prior to beginning Tier II coursework. An educator working in a Tier II position who does not hold Tier I certification will be issued a Non-Renewable Professional certificate in each tier. If the Tier I certificate is converted to a Standard Professional certificate, the Non-Renewable Performance-Based Professional certificate in Educational Leadership - Tier II may be extended for an additional three (3) years. While in the program, candidates shall demonstrate continual progress.

6. Exit Requirements. Exit requirements for successful completion of the alternative preparation program at each tier shall provide candidates an opportunity to demonstrate a foundation of knowledge, skills, and dispositions necessary for work in leadership positions in P-12 schools and LUAs. Requirements for each tier shall include the following:

- (i) Successful defense of their leadership work before the candidate support team;
- (ii) A successful evaluation of the candidate's performance by the superintendent or the superintendent's designee; and
- (iii) A passing score on the GACE content assessment for educational leadership for Tier I candidates; for Tier II candidates, a passing score on the Georgia Performance Assessment for Educational Leadership (PASL).

7. Notification of Program Completion. Upon successful completion of all program exit requirements, the GaPSC-approved program provider shall notify the GaPSC that the candidate has met all program requirements and is qualified for a professional Performance-based Tier II certificate.

8. Continuous Improvement as Part of the Program Approval Process.

(i) As part of the continuous improvement cycle required by GaPSC Program Approval Standards (2023), EPPs are advised to engage partner school districts in regularly reviewing program effectiveness. In addition, as a formative measure, EPPs are advised to engage in a mid-cycle review using peers and partners as reviewers; such reviews will have no regulatory consequences. Mid-cycle formative reviews will use a valid and reliable process such as *Quality Measures*.

9. Guidelines. This rule is accompanied by implementation guidelines, *Guidelines for EPPs: Alternative Preparation for Educational Leaders Programs*, providing an overview and guidance regarding program expectations, conditions for admission, pre-residency and residency requirements, coaching and mentoring responsibilities, guidance on establishing partnership agreements, elements pertaining to the defense of leadership work, support of new leaders during an induction period as described in the partnership agreement, and other pertinent information.

(4) **Eligible Program Providers.** The Alternative Preparation for Educational Leadership program may be proposed by any GaPSC-approved EPP that can verify, through the program approval process, the ability to provide an alternative preparation program complying with the definitions, standards, and requirements of the Alternative Preparation for Educational Leadership program as delineated in this rule and accompanying guidelines. The eligible provider shall create a preparation program for both Tier I and Tier II; however, a provider is not required to offer a Tier II program. GaPSC-approved educator preparation providers at LUAs, private schools, or charter schools shall offer an approved alternative preparation program only to those candidates employed by that LUA or P-12 school.

Cite as Ga. Comp. R. & Regs. R. 505-3-.76

AUTHORITY: O.C.G.A. § [20-2-200](#).

HISTORY: Original Rule entitled "Media Specialist Program" adopted. F. Dec. 18, 1991; eff. Jan. 7, 1992.

Repealed: F. Dec. 16, 1992; eff. July 1, 1993, as specified by the Agency.

Amended: New Rule entitled "Related Vocational Instruction (RVI) Endorsement Program" adopted. F. Oct. 24, 2005; eff. Nov. 15, 2005, as specified by the Agency.

Repealed: New Rule entitled "Career Technical Instruction Endorsement Program (CTI)" adopted. F. Feb. 16, 2009; eff. Mar. 15, 2009, as specified by the Agency.

Repealed: New Rule entitled "Alternative Preparation for Educational Leadership Program" adopted. F. Apr. 24, 2014; eff. May 15, 2014, as specified by the Agency.

Amended: F. June 13, 2014; eff. July 3, 2014.

Repealed: New Rule of same title adopted. F. Mar. 25, 2015; eff. Apr. 15, 2015, as specified by the Agency.

Amended: F. Dec. 21, 2015; eff. Jan. 15, 2016, as specified by the agency.

Repealed: New Rule of same title adopted. F. Dec. 20, 2016; eff. Jan. 15, 2017, as specified by the Agency.

Repealed: New Rule of same title adopted. F. June 25, 2018; eff. July 15, 2018.

Amended: F. Dec. 11, 2020; eff. Jan. 1, 2021, as specified by the Agency.

Amended: F. June 21, 2023; eff. July 1, 2023, as specified by the Agency.

Amended: F. Dec. 14, 2023; eff. Jan. 1, 2024, as specified by the Agency.

Note: Correction of non-substantive typographical error in subparagraph (3)(c)6., "(ii) A passing score..." corrected to "(iii) A passing score...", as requested by the Agency. Effective Feb. 19, 2024.

Department 560. RULES OF DEPARTMENT OF REVENUE

Chapter 560-10. MOTOR VEHICLE DIVISION

Subject 560-10-23. MULTIPURPOSE OFF-HIGHWAY VEHICLES

560-10-23-.01 Definitions

(1) As used in this Subject, the term:

(a) "Branded certificate of registration" or "branded certificate" means a Georgia certificate of registration that was branded by the Department as not providing proof of ownership because a complete and uninterrupted chain of ownership could not be verified.

(b) "County tag agent" or "tag agent" means those persons that have been designated as tag agents of the State Revenue Commissioner as provided for in Code Section [40-2-23](#).

(c) "Department" means the Department of Revenue.

(d) "DRIVES" means the Driver Record and Integrated Vehicle Enterprise System maintained by the Motor Vehicle Division as the State of Georgia's official record of motor vehicle titles and registrations and any successor system.

(e) "Inspection affidavit" means a notarized affidavit signed by the applicant providing the following affirmations under penalty of perjury:

1. The applicant shall attest under penalty of perjury that the applicant has direct knowledge and can affirm that the vehicle is a utility use vehicle that meets the specifications required in Code Section [40-1-1](#)(33.1).

2. The applicant shall ensure at all times that the requirements for operation of the registered multipurpose off-highway vehicle by a licensed driver as provided in Rule 560-10-23-.04 are met.

3. The applicant shall ensure at all times that the requirements for liability insurance coverage on the registered multipurpose off-highway vehicle as provided in Rule 560-10-23-.04 are met.

4. The applicant shall ensure at all times that the registered multipurpose off-highway vehicle shall only be operated on permitted roads as provided in Rule 560-10-23-.04.

An inspection affidavit and an ownership affidavit may be combined on the same form provided by the Department.

(f) "Utility use vehicle" means a motorized vehicle having features specifically intended for utility use that is designed and manufactured as a utility task vehicle, excluding any vehicle modified to become a utility task vehicle, unless such vehicle already qualified as a utility task vehicle before such modification.

(g) "Multipurpose off-highway vehicle" shall have the same meaning as provided for in Code Section [40-1-1](#)(33.1).

(h) "Ownership affidavit" means a notarized affidavit signed by the applicant stating under penalty of perjury that the applicant legally purchased the vehicle from the previous owner, that to the best of the applicant's knowledge the vehicle has never been stolen or stolen and resold, and that to the best of the applicant's knowledge there are no undisclosed liens on the vehicle. An ownership affidavit and an inspection affidavit may be combined on the same form provided by the Department.

(i) "Qualified record of ownership" means the most recent manufacturer's certificate of origin, manufacturer's statement of origin, government-issued certificate of title, or government-issued registration if the government

issuing such registration does not issue motor vehicle titles or does not issue titles for a class of vehicles including multipurpose off-highway vehicles. Such term shall include a Georgia certificate of registration issued for a multipurpose off-highway vehicle, unless such certificate is a branded certificate of registration.

(j) "Utility task vehicle" means a motorized vehicle designed and manufactured primarily for performing off-road tasks in agricultural, construction or industrial settings. The term excludes:

1. All golf carts and off-road recreational vehicles, such as dune buggies; and
2. Any vehicle designed or manufactured for on-road use, regardless of whether such on-road use was intended for highways within Georgia or elsewhere.

Cite as Ga. Comp. R. & Regs. R. 560-10-23-.01

AUTHORITY: O.C.G.A. §§ [40-1-1](#), [40-2-11](#), [40-2-23](#), [40-2-26](#), [40-3-3](#), [40-6-362](#).

HISTORY: Original Rule entitled "Citation and Change of License Tag Classification and/or Renewal Decal" adopted. F. Dec. 19, 1973; eff. Jan. 8, 1974.

Repealed: F. Jan. 24, 2005; eff. Feb. 13, 2005.

Adopted: New Rule entitled "Definitions." F. Feb. 6, 2024; eff. Feb. 26, 2024.

560-10-23-.02 Registration

(1) County tag agents shall register, but shall not title, any multipurpose off-highway vehicle meeting the requirements of this Subject, 560-10-23.

(a) County tag agents may only register a utility use vehicle that meets the specifications required in Code Section [40-1-1](#)(33.1) for a multipurpose off-highway vehicle.

(b) If a county tag agent learns at the time of initial registration or renewal that a vehicle is not a multipurpose off-highway vehicle, the agent shall not register or renew the registration of such vehicle.

(c) The county tag office shall revoke the registration of any vehicle registered as a multipurpose off-highway vehicle if such vehicle does not qualify as a multipurpose off-highway vehicle.

(d) The Department may at any time revoke the registration of any vehicle registered as a multipurpose off-highway vehicle if it determines that the vehicle does not qualify as a multipurpose off-highway vehicle.

(2) County tag agents processing an application for the registration of a multipurpose off-highway vehicle shall review the complete chain of ownership of such vehicle from the qualified record of ownership to the transfer of ownership to the applicant. If the registration applicant cannot provide the qualified record of ownership or is missing any step in the chain of ownership from that point to the transfer of ownership to the applicant, the county tag agent shall only issue a branded certificate of registration to such applicant.

(a) The Department or the county tag office may issue a certificate of registration that is not branded if the Department or the county tag office determines that a complete and uninterrupted chain of ownership extends to the applicant.

(b) If a multipurpose off-highway vehicle has previously been issued a branded registration, a county tag office may only issue for such vehicle a certificate of registration that is not branded if the county tag office complies with the requirements of subsection (a) above.

(3) If an applicant only qualifies for a branded certificate under this section, the applicant must provide the county tag agent with an ownership affidavit on a form provided for such purpose by the Department. The county tag agent shall save an image of the signed ownership affidavit in DRIVES.

(a) An applicant for registration renewal of a multipurpose off-highway vehicle who has provided an ownership affidavit at the time of initial registration for such vehicle shall not be required to provide another ownership affidavit. Additionally, for so long as the primary owner as listed in DRIVES remains unchanged, an ownership affidavit shall not be required.

(b) The Department may revoke any registration for a multipurpose off-highway vehicle if the Department determines that a full and complete affidavit has not been provided for such vehicle as required in this section.

(4) If an applicant only qualifies for a branded certificate under this section, the county tag agent shall require the applicant to provide a written certification by a law enforcement officer confirming that the vehicle has been inspected, confirming the vehicle identification number, and confirming that the vehicle has not been reported as stolen. The county tag agent shall save an image of the signed ownership affidavit in DRIVES.

(5) Any branded certificate of registration shall bear the following legend or a similar legend as determined by the Department: "This certificate of registration is not proof of ownership. This vehicle may be subject to undisclosed liens."

(6) In the registration of a multipurpose off-highway vehicle, a county tag agent shall ensure compliance with all the registration requirements provided in Chapter 2 of Title 40 of the Georgia Code and any regulations promulgated thereunder. A county tag agent shall not register a multipurpose off-highway vehicle nor issue a certificate of registration for such vehicle unless the requirements of Code Sections [40-2-26](#) and [40-6-10](#) are met, including the requirement to carry minimum motor vehicle liability insurance coverage on such vehicle.

(7) The Department is not authorized to issue bonded security titles or similar instruments for registration-only vehicles. Thus, no bonded security title or bonded security registration shall be issued for a multipurpose off-highway vehicle.

Cite as Ga. Comp. R. & Regs. R. 560-10-23-.02

AUTHORITY: O.C.G.A. §§ [40-1-1](#), [40-2-11](#), [40-2-23](#), [40-2-26](#), [40-3-3](#), [40-6-362](#).

HISTORY: Original Rule entitled "Registration" adopted. F. Feb. 6, 2024; eff. Feb. 26, 2024.

560-10-23-.03 Inspection Affidavits and Inspections

(1) Each applicant for initial registration shall provide the county tag agent with an inspection affidavit. The county tag agent shall save a copy of each inspection affidavit in DRIVES.

(2) Before registering a multipurpose off-highway vehicle, the county tag agent may require a vehicle to pass a physical inspection, a document inspection or a combination of a physical and document inspection to confirm the vehicle qualifies for registration.

(a) Physical Inspection. County tag agents or their authorized agents may inspect the vehicle as part of the registration process for a multipurpose off-highway vehicle to confirm it is a utility use vehicle and otherwise meets the specifications required in Code Section [40-1-1](#)(33.1).

(b) Document Inspection. County tag agents may perform a document inspection of hard copy and/or electronic documents, including photographs provided by the applicant, manufacturer's sales and marketing documents, retailer's sales and marketing materials, and online research performed by the county tag agent from the manufacturer's website and other reputable sellers or reviewers of such vehicle to confirm it is a utility use vehicle and otherwise meets the specifications required in Code Section [40-1-1](#)(33.1).

Cite as Ga. Comp. R. & Regs. R. 560-10-23-.03

AUTHORITY: O.C.G.A. §§ [40-1-1](#), [40-2-11](#), [40-2-23](#), [40-2-26](#), [40-3-3](#).

HISTORY: Original Rule entitled "Inspection Affidavits and Inspections" adopted. F. Feb. 6, 2024; eff. Feb. 26, 2024.

560-10-23-.04 Driver and Insurance Requirements

(1) No person shall drive any multipurpose off-highway vehicle upon a highway in this state, including a county road system road, without complying with the driver's license requirements of Code Section [40-5-20](#). Any person violating the provisions of Code Section [40-5-20](#) while using a multipurpose off-highway vehicle shall be subject to the penalties provided or referenced in Code Section [40-5-20](#). In addition, all the requirements of Chapter 5 of Title 40 of the Georgia Code that apply to operators of motor vehicles shall apply as well to operators of multipurpose off-highway vehicles.

(2) All owners and operators of multipurpose off-highway vehicles operated upon any highway in this state shall comply with the requirements of Code Section [40-6-10](#), including the requirement to carry minimum motor vehicle liability insurance coverage on such vehicle, and shall be subject to the penalties provided in that Code section for failure to comply.

(3) Multipurpose off-highway vehicles shall only be operated on highways that are part of a county road system or otherwise operated in compliance with Code Section [40-6-362](#).

Cite as Ga. Comp. R. & Regs. R. 560-10-23-.04

AUTHORITY: O.C.G.A. §§ [40-1-3](#), [40-2-11](#), [40-3-3](#), [40-6-360](#), [40-6-362](#).

HISTORY: Original Rule entitled "Driver and Insurance Requirements" adopted. F. Feb. 6, 2024; eff. Feb. 26, 2024.

560-10-23-.05 Taxation

(1) When processing a multipurpose off-highway vehicle registration, a county tag agent shall confirm whether applicable sales and use tax has been paid on such vehicle. If any sales and use tax is due on such vehicle, the county tag agent shall collect such taxes and related penalties as are due before registering the multipurpose off-highway vehicle and issuing a certificate of registration. The previous sentence shall apply to both initial registrations and renewals of multipurpose off-highway vehicles.

(a) If the registration applicant provides proof, as determined by the county tag agent, that sufficient sales and use tax was paid to the seller of such vehicle, the county tag agent shall not require the payment of sales tax at registration.

(b) For the sake of administrative convenience and efficient tax collection and solely for the purposes of registration of a multipurpose off-highway vehicle under this Subject, it shall be presumed that sales and use tax has been paid on any vehicle which the registrant owned on or before June 30, 2024.

(2) Title ad valorem taxes described in Code Section [48-5C-1](#) do not apply to multipurpose off-highway vehicles because such vehicles cannot be issued a certificate of title.

Cite as Ga. Comp. R. & Regs. R. 560-10-23-.05

AUTHORITY: O.C.G.A. §§ [40-2-11](#), [40-2-23](#), [40-2-26](#), [40-3-3](#), [48-5C-1](#).

HISTORY: Original Rule entitled "Taxation" adopted. F. Feb. 6, 2024; eff. Feb. 26, 2024.