

Change of Ownership Application Documents Descriptions and Examples

CCS Documents

Building Certificate of Occupancy (CO)/Inspection

Please upload an existing and valid Certificate of Occupancy (CO) for the building at the center's address. The CO must be dated within the last 10 years. The CO shows that the building is safe and approved for use. It might also say how many people can be in the building at one time, but this depends on who issued the CO.

If the building is new or has had major changes or renovations, you need a new CO for the site. If you can't get a new CO, you must submit a formal letter or email from the local authority that allows you to use the existing CO. This letter or email must include contact details.

COBB COUNTY		No. 20BMU-00198			
Building and Fire Certificate of Occupancy					
District	20	Land Lot	0329	Building Permit Number	2020-004404
Name of Building or Space _____					
Location	GA 30144				
Occupancy	Occupancy Load Limitation	739	Building Code	IBC 2018	
Type Construction	VA	Number of Stories	2	Floor Area	88622
Comments _____					
<p>The certificate that to the best of the County's knowledge and belief at the time of issuance the structure has been erected in substantial compliance with applicable county codes. No overlying or the office of the Building Inspector shall excuse violation of any ordinance.</p> <p>This certificate of occupancy certifies the facility listed herein to the best of the County's knowledge complies with the minimum standards required by the Georgia Safety Fire Laws as enforced by the County Governing Authority and the 107 Life Safety Code and Cobb County Fire Prevention Code. The Certificate of Occupancy shall not be for the life of the building, provided, the responsible authorities of the County are given notice and may require the occupant to correct any violation or hazard or remove any fire of serious consequence or other hazard, discovered, or unless voided by any future law.</p>					
Building Official:		Fire Official or Authorized Representative		Date: November 18, 2021	
 Bryan County Community Development Department Certification of Occupancy Date 01/01/2021					
Permit Number: 2021-0001			Permit Type: Residential New Construction		
Site Address: 151 Main Street			Tax Map ID: 555-5555		
Owner: Jane Doe			Contractor: Pat Jones		
Code Edition: 2018 IRC			Contractor Address: 142 E. Main Street		
Construction Type: V-B			Occupancy Class:		
1/01/2021			Building Inspector		
Date					

Buyer/Seller Affidavit

This is a DECAL form and must be notarized by both the seller and buyer before being uploaded.



Change of Ownership Buyer/Seller Affidavit
This form is for the sale/transfer/conveyance of ownership of a Child Care Learning Center. This form must be completed by both the buyer and seller. This form must be notarized.

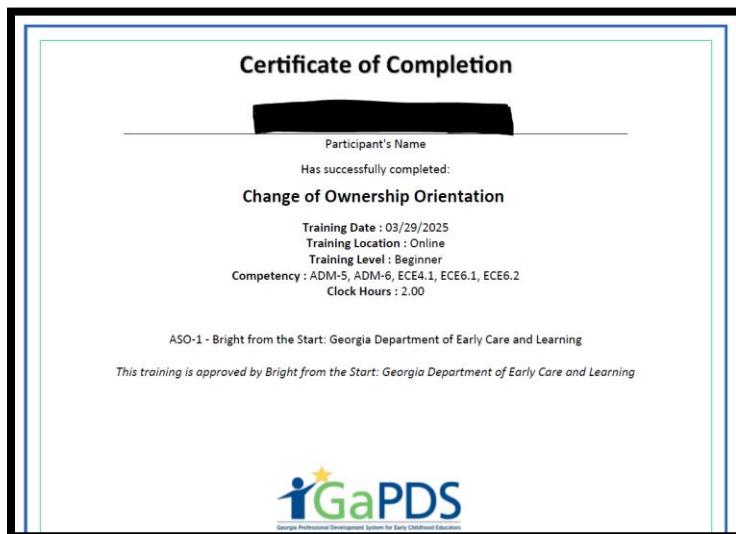
All operational functions of _____ Facility Name (as shown on existing license)
CCLC-_____ (number on existing license) were sold/transferred on _____ OR
will sell/transfer on: _____

Please note that the seller retains ultimate responsibility for the program until the sale of the business is final and the permit has been issued to the new owner by the Applicant Services Unit. Once a permit is issued the buyer assumes responsibility for the program.

Is the current owner changing the type of ownership? (example – Individual owner to LLC) YES or NO (If yes, the Buyer information should be the new ownership type information.)		
Buyer Name of Owner (as it appears on the Georgia Secretary of State Certification of Formation) Facility Name (Doing Business as Name) Name – Authorized Representative (Print or Type) _____ Signature – Authorized Representative _____ Date _____		
Seller Name of Seller (as it appears on existing license) Name – Authorized Representative (Print or Type) _____ Signature – Authorized Representative _____ Date _____		
Affirmation – Seller Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and who being duly sworn by me, state(s) that the above and foregoing information supplied in this instrument is complete, true and correct. Subscribed and sworn before me _____, a notary public for this state on the _____ day of _____, 20_____ (Notary Seal) _____ Notary Public _____		
Affirmation – Buyer Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and who being duly sworn by me, state(s) that the above and foregoing information supplied in this instrument is complete, true and correct. Subscribed and sworn before me _____, a notary public for this state on the _____ day of _____, 20_____ (Notary Seal) _____ Notary Public _____		

Change of Ownership Orientation Certificate

The person filling out the application should take the course. It's best to take the course before starting the application. After you finish the Change of Ownership course, you will get a certificate showing you have completed the orientation.



COO Statement of Understanding

DECAL document, new owner should complete and sign.

 Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

COO Statement of Understanding

Facility Name : _____
Owner/Director Name: _____
Date : _____

Initials: _____ Reviewed licensing law and procedures
Initials: _____ Reviewed fingerprinting and employee criminal records check requirements

All child care learning centers must comply with all state rules and regulations and all appropriate local ordinances. If there is a conflict between state requirements and local requirements, the stricter requirements will apply.

Signature: _____

I understand that all child care learning centers must by law be licensed. I further understand that all rules and regulations governing child care learning centers must be met in order for the center to be licensed.

Signature: _____

I further understand that rules not previously met before my ownership may be my responsibility unless determined not applicable or waived at my request.

Signature: _____

I understand that I may not operate a child care learning center until after the program has been issued permission to operate.

Signature: _____

Criminal Record Check Acknowledgement

DECAL document, the new owner or director should complete and sign.

 Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Criminal Record Check Acknowledgment Form

O.C.G.A. §20-1A-30 prohibits persons who have committed certain crimes from living in or being employed in family day care homes, group day care homes, or child care learning centers. The crimes are:

- any felony (in the state of Georgia, or any other state);
- all sexual offenses found in chapter six (6) of title 16;
- certain misdemeanors including:
 - A) simple battery, when the victim is a minor;
 - B) contributing to the delinquency of a minor;
- criminal attempt to commit any of the above listed crimes in accordance with O.C.G.A. §16-4-1.

A person must have been convicted of or entered a plea of guilty or nolo contendere to or have been adjudicated for any of the above crimes. A person that has been arrested for any of the above crimes may not live or be employed in family day care homes, group day care homes, or child care learning centers until such time a court of proper jurisdiction dismisses the charges or a not guilty verdict is rendered.

O.C.G.A. §16-12-1.1(b)(c) makes it a misdemeanor for any operator of a facility to knowingly have any person reside at, be domiciled at, or be employed at any such facility if such person has been convicted of or has entered a plea of guilty or nolo contendere to or has been adjudicated a delinquent for certain offenses.

The Department may deny or revoke the license, commission, or registration of any facility in violation of these requirements.

To my knowledge, no person lives at or is employed at the child care facility listed below who has been convicted of, has entered a plea of guilty or nolo contendere to, or has been adjudicated delinquent for any of the above listed crimes.

Director's Signature _____ Date _____

Director's Name (print legibly)

Name of Facility (print legibly)

Address of Facility

Corporate Organizational Documents (Operating Agreement and/or bylaws, partnership agreement)

This is needed for all INCS/LLCS. If you don't have one, you need to create it. This is not the certificate or articles from the Secretary of State's website.

You can hide any private information, but the list of members and their roles must be clearly visible. We can only communicate with members of the ownership or people allowed to act for them. These people must be listed in the document, or you need to submit a letter from a member of the ownership giving permission.

The document must show the legal name registered with the Georgia Secretary of State and listed on the application. It must be signed and/or sealed by the members.

OPERATING AGREEMENT OF

This Operating Agreement (this "Agreement") of _____, a limited liability company (the "Company"), is adopted and entered into by and among _____, _____, _____, _____, _____, and _____, as members (the "Members"), which term includes any other persons who may become members of the Company in accordance with the terms of this Agreement and the Act) and the Company pursuant to and in accordance with the _____ Limited Liability Company Act, as amended from time to time (the "Act"). Terms used in this Agreement which are not otherwise defined shall have the respective meanings given those terms in the Act.

The parties agree as follows:

SECTION ONE
NAME

The name of the limited liability company under which it was formed is _____. The Certificate of Formation which was filed with the Secretary of State of the State of _____ on the ____ day of _____, _____, a copy of which is attached hereto as Exhibit 1A is hereby ratified, confirmed, approved, and adopted.

SECTION TWO

OPERATING AGREEMENT
FOR
A LIMITED LIABILITY COMPANY

ARTICLE I
Company Formation

- 1.1. **FORMATION.** The Members have formed a Limited Liability Company ("Company") according to the laws of the state in which the Company was formed. This operating agreement is entered into and effective as of the date it is adopted by the members.
- 1.2. **REGISTERED AGENT.** The name and location of the Company's registered agent will be stated in the company's formation documents.
- 1.3. **TERM.** The Company will continue perpetually unless, (a) Members whose capital interest as defined in Article 2.2 exceeds 50 percent vote for dissolution; or (b) Any event which causes the Company's business to become unlawful; or (c) The death, resignation, expulsion, bankruptcy, retirement of a Member or the occurrence of any other event that terminates the continued membership of a Member of the Company; or (d) Any other event causing dissolution of the Company under applicable state laws.
- 1.4. **CONTINUANCE OF COMPANY.** In the event of an occurrence described in ARTICLE 1.3(c), if there are at least two remaining Members, those Members have the right to continue the business of the Company. This right can be exercised only by the unanimous vote of the remaining Members within ninety (90) days after the occurrence of an event described in ARTICLE 1.3(c). If not exercised, the right of the Members to continue the business of the Company will expire.
- 1.5. **BUSINESS PURPOSE.** The Company will conduct any lawful business deemed appropriate in carrying out the company's objectives.
- 1.6. **PRINCIPAL PLACE OF BUSINESS.** The Company's principal place of business will be stated in the formation documents, or as selected by the Managers.
- 1.7. **THE MEMBERS.** The name and residential address of each member are listed in Exhibit 2 attached to this Agreement.

Letter of Permission from Official Corporate Members

Legally we can only communicate with those members listed within the ownership or those permitted on their behalf.

A letter from an official member of the owning entity allowing communication as well as responsibility for the application for someone on their behalf would be needed.

Director Credential and employment application showing 10-year work history

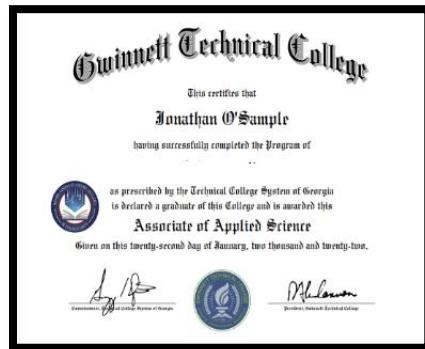
One person cannot be the Director at more than one licensed center. Each center must have its own Director. The Director **must have** one of the education credentials listed in rule - 591.-1.1-31(1) (b)(2). Qualifications of Director to be approved. Additionally, the director's 10-year work history showing their childcare experience and the 40-hour Director Training Certificate should be uploaded as one document. If the Director's GaPDS is current the GaPDS profile may be used for credential and work history.

Credential Type	Additional Requirements
CDA or equivalent diploma with practicum	6 months of qualifying child care experience
TCC in Early Childhood Education or Child Development	6 months of qualifying child care experience
TCC in Infant and Toddler	6 months of qualifying child care experience
TCC in Program Administration	6 months of qualifying child care experience
TCC in School Age and Youth Care	6 months of qualifying child care experience
TCD in Early Childhood Education or Child Development	6 months of qualifying child care experience
40-hour director training course	5 years as an on-site Child Care Learning Center Director
Associate's degree in Early Childhood Education or Child Development	6 months of qualifying child care experience
Paraprofessional Certificate (Georgia PSC)	6 months of qualifying child care experience
25 quarter or 15 semester hours in ECE or Child Development	6 months of qualifying child care experience
Bachelor's in unrelated field	3 months of qualifying child care experience
Bachelor's in Early Childhood Education or Child Development	No additional experience required
Master's in Early Childhood Education or Child Development	No additional experience required

 Georgia Dept of Early Care and Learning
Bringing Out the Best in Every Child

10 YEAR WORK HISTORY

Name _____	Address _____		
Social Security Number _____			
Record of Employment: Past 10 Years			
Month/Day/Year	Name and Address of Employee	Position	Reason for Leaving
Employer From: _____ To: _____			
Employer From: _____ To: _____			
Employer From: _____ To: _____			
Employer From: _____ To: _____			
Employer From: _____ To: _____			
Employer From: _____ To: _____			



Professional Development System Profile

PDS# [REDACTED]
Qualifies for GA Pre-K Lead

Status: Active	Username: [REDACTED]	County: Lowndes
Career Level: 10	Email: [REDACTED]	

PSC Certifications Information

Certificate ID: [REDACTED]	Certification Level: 5
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PSC National Board Certifications :
No PSC National Board Certifications Found

PSC Field Issue Data :

Type	Category	Field	Current Issue Date	End Valid Date
1	T	Std Professional	FLD808 ELEMENTARY EDUCATION (P-5)	04/20/2021 06/30/2026

PSC Level Data :

Level	Degree	Institution	Major	Effective Date
1	5	Valdosta State University	Instructional Technology	07/01/2015

Education Information

Secondary Education :
High School Diploma/GED: Yes

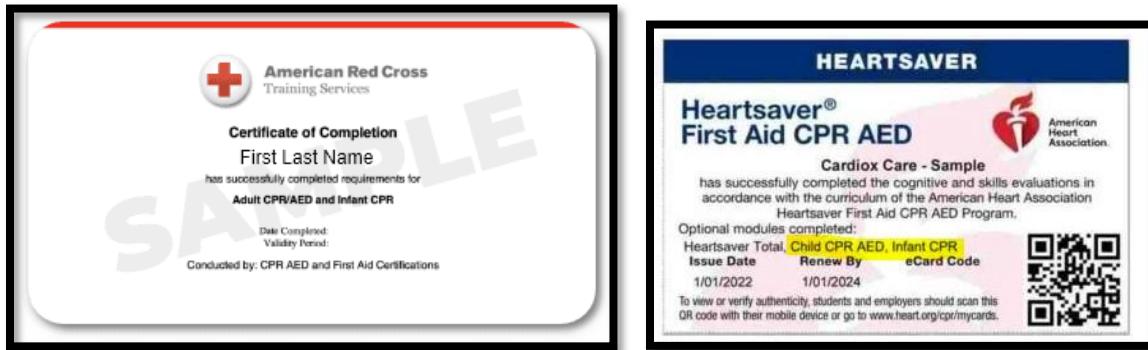
Post-Secondary Education :
[REDACTED] N/A

Training Information

Training Type	Verified Status	Training Information	Date Completed	Clock Hours
1	State Approved	Verifiable Training: TO-GET-TO-YOU: Strengthening Business Practices Module A	06/28/2013	3.00

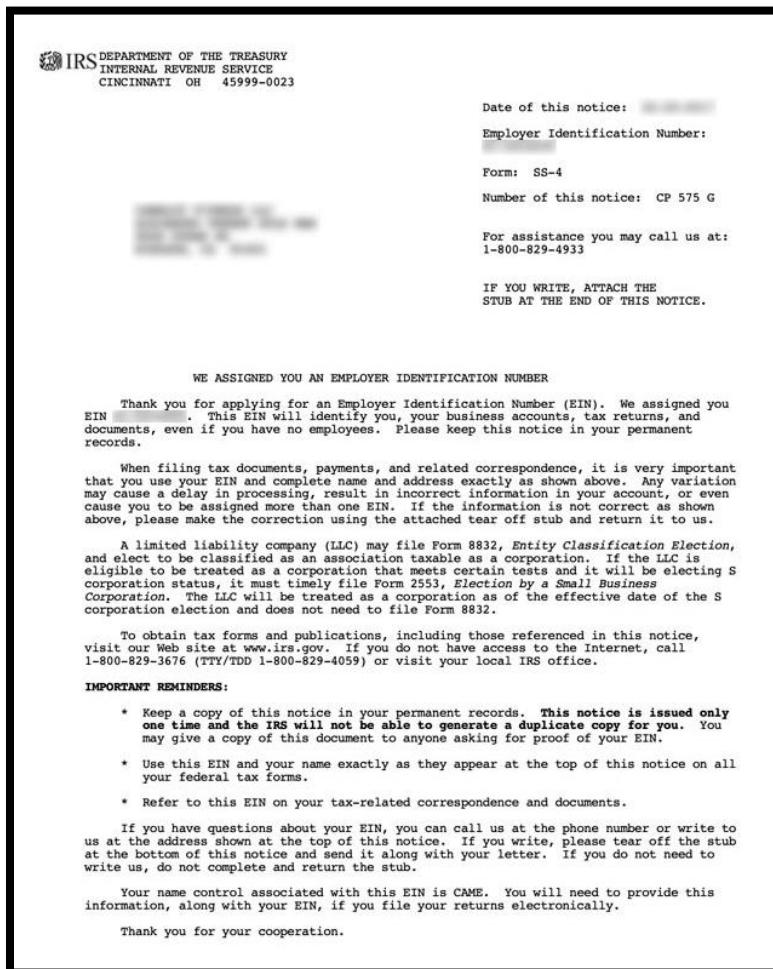
Director First Aid and CPR – *Document required before final licensure*

No online training accepted. Must include a hands-on skills assessment and modules for Infant and Child CPR.



EIN Documents from the IRS

This is the letter from the IRS with the employer identification number (EIN). It must show the current EIN as listed on the application.



Fire Certificate of Occupancy

The Fire Certificate of Occupancy is issued by the local or state's Fire Marshal office. It confirms a building, or structure meets fire and safety code requirements and is safe for occupants.

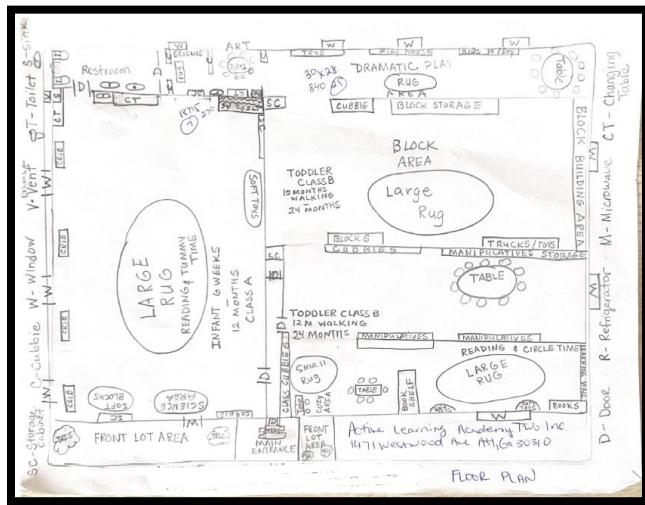
GWINNETT COUNTY		CERTIFICATE OF OCCUPANCY	
		PERMIT NUMBER: COMBLD2021-01803	
BUILDING ADDRESS: 3841 PLEASANT HILL RD	CITY: Duluth	BUILDING NUMBER:	SUITE NUMBER:
PARCEL NUMBER: 4208-907	ZIP CODE: 30094	BUILDING/INTERIOR AREA: 1138	
OFFICE OF THE FIRE MARSHAL Department of Fire and Emergency Services Community Risk Reduction Division, Prevention and Enforcement		DEPARTMENT OF PLANNING AND DEVELOPMENT Building Construction Section	
NFPA OCCUPANCY CLASSIFICATION: Mercantile - Class C Mercantile OCCUPANT LOAD: 17		ICC OCCUPANCY CLASSIFICATION: Mercantile - Class C Mercantile IRC TYPE OF CONSTRUCTION: IBC TYPE 6B UNSPRINKLERED	
This certificate that the premises described herein conforms adequately to the approved plans and specifications and to the requirements of the applicable laws, codes and regulations, rules, standards and ordinances for the safe and occupancy requirements. This certificate is issued on the understanding that the building or structure is to be used for the purpose and address, mentioned, or a fit or satisfactory device of service convenience, or other reasonable demand. This document shall be available for inspection at the building or structure described.		NUMBER OF STOREYS: 1 USE OF CONSTRUCTION: RETAIL TYPE OF WORK: Interior Finish ZONING: E2	
This Fire Marshal is authorized to, writing, sealing or marking this Certificate of Occupancy under the provisions of the General Code of Georgia, Title 36, Chapter 10, Article 1, Section 36-10-20, to require that any building or structure to be used in its erection or in addition to any applicable law, rules and regulations, codes, standards, and ordinances or one provision thereof.		This inspection or permitting of any building, structure or plan, under the requirements of the rules, shall not be construed as any kind or a warranty of the physical condition of such building or the adequacy of such plan. No guarantee or any express or implied shall be made in case of damages for any defect or inadequacy of legal condition or inadequacy in such building or structure, nor for any failure of any component of such building, which may occur subsequent to such inspection or permitting.	
ISSUED BY: Mylee	TITLE: Inspector	ISSUED BY: Blakely	TITLE: Inspector
DATE: 10/10/2021	SIGNATURE: Mylee	DATE: 10/10/2021	SIGNATURE: Blakely
400 Hurricane Shores Road, Lawrenceville, Ga 30046-2475 PHONE: 678-519-4800 www.gwinnettfiremarshal.com		One Justice Square, 448 West Cragin Street, Ste. 100, Lawrenceville, Ga 30046-2475 PHONE: 678-519-4800 www.gwinnettcounty.com	
POST IN A CONSPICUOUS PLACE AT THE MAIN ENTRANCE TO THE PREMISES			

Floor Plan

You need to provide a drawing of the inside of the center with all classrooms and areas labeled. The drawing must be updated to show all classrooms with age groups, restrooms, changing areas, etc. Can be hand drawn or computer generated.

For the floor plan:

- Restrooms and changing areas must be shown for each age group.
- What is the distance from the classroom to the restroom?
- Children 2 and under must have restrooms within or right next to the classroom.
- Children 3 and up cannot have restrooms more than 40 feet away.



Floor Plan checklist

You need to complete and upload all pages of the checklist. Make sure to check off all items on the checklist to show you acknowledge them, and then add them to the plan as needed.

Georgia Dept of Early Care and Learning BUILDING FROM THE STRENGTH			Floor Plan Checklist		
Office Use Only	Office Use Only	Office Use Only	<ul style="list-style-type: none">Please draw clearly and indicate the following information marked with a "D" on your floor plan drawing.Answer questions noted on each item.Do not skip any item on this checklist. Write N/A if it does not apply.		
Review Date	Review Date	Review Date	<p>1. <input type="checkbox"/> Label each child care room with a letter and specify the age group to be housed in each room. (i.e. Room A- 6 weeks to 12 months) Please draw the entrance to the facility. (Account for all ages that will be served)</p> <p>2. Are there any partial walls (those not from ceiling)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please draw partial walls with a broken line (---). Give dimensions (height and length) of these walls. Write N/A if there are no partial walls.</p> <p>3. <input type="checkbox"/> Draw the location of all doors (interior and exterior).</p> <p>4. <input type="checkbox"/> Draw in the measurements of each child care room. Calculate and show the total square footage in each room. Measurements are determined baseboard to baseboard. Measurements must also be shown for deductions in the room such as restrooms, closets, wall partition(s), wall inserts, heaters with protective barriers, etc.). Use the directions in the Applicant's Guide. (Example: 16'2" x 9'7" = 155 sq. ft.) CCLC #591-1-1-19(1)</p> <p>5. Are there any parts of the building or residence that will not be used for the child care program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the use of the other areas and draw in on your plan. Child Care Licensees located in a private residence should show child care room(s) in relation to the private residence. Church or school centers should show child care rooms in relation to other rooms within the building and in relation to other buildings/offices on the grounds. If none, write N/A.</p> <p>6. <input type="checkbox"/> Draw the location of each bathroom in relation to the child care areas. The rules require that children's bathrooms be adjacent to the child care rooms. Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom, i.e., door is in classroom). Note: Bathrooms for children aged 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or less from classroom door.</p>		

Form W-9

Form should be completed with the legal owner's information and tax ID.

W-9
Request for Taxpayer Identification Number and Certification

For the Month of _____
Deposited by _____
Internal Revenue Service

Before sending this form, attach a copy of the address listed in the bottom of Form W-9, and attach a copy of the business name or name of the individual to whom the form is addressed.

Photo of filer
Social Security number or other I.D. number

1. Name of entity/individual. An entity is a partnership, corporation, estate, or trust. If an entity, enter the name of the entity on line 1, and enter the business name/individual entity of someone else on line 2.

2. Business name or individual name of the entity.

3. Check the box if the organization for which you have a classification of the entity (individual or entity) is listed on line 1. Check only one of the following boxes.

4. Business classification of entity.

5. Check the box if you are a corporation, a partnership, a limited liability company, or a limited liability partnership.

Note: Check the "LLC" box above and, in the empty space, write the appropriate code (E, L, or P) for the classification of the entity.

6. Check the box if you are a corporation, a partnership, a limited liability company, or a limited liability partnership.

7. Check the box if you are a corporation, a partnership, a limited liability company, or a limited liability partnership.

8. Address (number, street, and city or business name). See instructions.

9. Day writer's name and address (optional).

10. Use account number (if new account).

Part I - Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid having your TIN rejected. If you do not have a TIN, enter your Social Security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, enter your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Part II - Certification
Under penalties of perjury, I certify that:

- The number shown on line 1 is my Social Security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, enter your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.
- I am a U.S. citizen or other U.S. person (please check).
- The FAIR Act (except for those at this home if including that line) has not been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, amortization, or escrow amounts, see the instructions for Part II, later.
- I am not a foreign partner, owner, or shareholder of a partnership that has been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you are not a partner, owner, or shareholder of a partnership, go to www.irs.gov/backup.
- I am not a U.S. citizen or other U.S. person (please check).

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Penalty developments. For the information about developments related to Part II and its instructions, such as legislation enacted after the date of this form, go to www.irs.gov/penalty.

What's New
Listed below are the changes that have been made to this form. For a description of why companies use this form, an LLC that is a disregarded entity should check the instructions for Part I, later. For other entities, see the instructions for Part II, later. If you are not sure if your entity is an LLC, you should check the "LLC" box and enter its appropriate tax classification.

Purpose of Form
As indicated on line 9, this form is requested when you are required to file an information return with the IRS or giving you a W-9.

Form W-9 (Rev. 3-2004)

Most Recent Fire Inspection – *Document required before final licensure*

Inspection must have a passing score and be completed within the last 12 months from the inspection date. The inspection must be completed by the local or state's Fire Marshal office.

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
John F. King, Commissioner
Safety Fire Division
2 MLK, JR. DR., 920 WEST TOWER, ATLANTA, GA 30334
WWW.GAINSPURANCE.ORG

Safety Fire Inspection Report

Name of Building: ELEMENTARY SCHOOL
Name of Building: ELEMENTARY SCHOOL

File No.: 21-060974
Name of Facility: SCHOOL
Serial No.:
Address: 1
City, State, Zip: WADLEY, GA 30477
Company Name: Owner: Savanna Page
Owner Address: City, State, Zip: Stateboro, GA 30459
Owner Phone: Email:

Type of Inspection: Final Inspection
Standard Used: 2018 NFPA 101 Life Safety Code New

Admin. Information

C.F. No.:	Date Issued:	C.O. No.: 100756	<input type="checkbox"/> Variance
# of Current Violations: 0	# of Violations: Last Inspection: 0	Last Inspected By:	Date Last Inspection:

Description of Facility

Type of Occupancy:	Occupant Load:	# of beds: 0	Condition Used:
	Square Ft. Area: 60671	# of stories: 1	
Construction Type: II(000) - IIB	Sprinkler: Total NFPA 13	Basement: No	

Deficiency Type	Compliance	Deficiency Type	Compliance
1. Number of exits	Compliant	8. Detection, alarm, communication systems	Compliant
2. Means of egress of approved type	Compliant	9. Extinguishment systems	Compliant
3. Travel distances to exits	Compliant	10. Construction type requirements	Compliant
4. Exit signs	Compliant	11. Compartmentation requirements	Compliant
5. Emergency lighting	Compliant	12. Electrical system	Compliant
6. Vertical openings protection	Compliant	13. HVAC system	Compliant
7. Interior finish	Compliant	14. Other:	Compliant

Accompanied by: _____

My signature, below, acknowledges that I accompanied the Fire Safety Compliance Officer making this report.
Name: _____
Title: _____ Date: September 31, 2024

Notice: All deficiencies and/or violations noted above and on the attached pages shall be corrected immediately in order for this facility to comply with O.C.G.A. Title 25, Chapter 2. This report shall be returned to the Safety Fire Division Office within 30 days indicating the deficiencies and/or violations noted have been corrected by installing and testing each item. If all items are not corrected, a plan of correction shall be attached and submitted to the office within 30 days stating what corrective measures will be

Operation Plan (Polices and Procedures)

Make sure everything on the checklist is included in the operation plan. You need to create and include the following documents:

- Employee Handbook
- Emergency Plans
- Parent Handbook
- Menu Sample
- Daily Schedules for each age group
- Lesson Plans for each age group

Operation Plan Checklist

Each page of the checklist should be completed and uploaded.

			Policies and Procedures Required Information
Office Use Only	Office Use Only	Office Use Only	The information listed below must be included in the center's Policies and Procedures
Review Date	Review Date	Review Date	
			Ages of children served; should match information on Application A PG:
			Months of operation; should match Application A PG:
			Days of operation; should match Application A PG:
			Hours/time of operation; should match Application A PG:
			Days/times center is closed; including holidays PG:
			Description of enrollment and admission requirements specifying parents' responsibilities for: <ul style="list-style-type: none">Supplying & updating needed information to the centerEscorting the child to and from the center; PG:
			Fee and payment schedule that specifies <ul style="list-style-type: none">Standard feesFees related to absences and vacationsOther charges and fees, such as transportation and late fees; PG:
			Description of the facility's transportation and field trip services. <ul style="list-style-type: none">If transportation/field trips are not provided, clearly state in the document what forms of transportation will not be provided at the programIf a public school bus picks up and delivers to the facility, state itIf transportation is provided to or from school or home, include the details and procedures to be followed if no one is at drop-off site to receive childIf program offers field trips, tell parents what vehicle their child will ride in such as parent cars or center van PG:
			Description of behavior management and discipline actions used by the center. PG:

Secretary of State Articles

The LLC or INC must be listed as Active/Compliant on the Georgia Secretary of State's website. You need to upload a copy of the LLC or INC certificate and the articles from the Secretary of State website.

Control Number : .

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

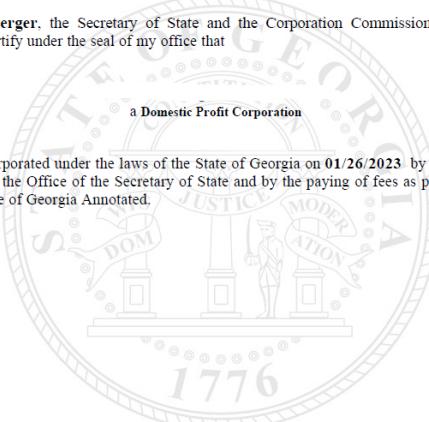
CERTIFICATE OF INCORPORATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on **01/26/2023** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **02/02/2023**.



ARTICLES OF INCORPORATION

Electronically Filed
Secretary of State
Filing Date: 1/26/2023 7:30:02 PM

BUSINESS INFORMATION

CONTROL NUMBER	
BUSINESS NAME	
BUSINESS TYPE	Domestic Profit Corporation
EFFECTIVE DATE	01/26/2023
SHARES	100

PRINCIPAL OFFICE ADDRESS

ADDRESS	Atlanta, GA, 30035, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
	DECATUR, GA, 30035, USA	Dekalb

INCORPORATOR(S)

NAME	TITLE	ADDRESS
INCORPORATOR		Decatur, GA, 30035, USA
INCORPORATOR		DECATUR, GA, 30035, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	
AUTHORIZER TITLE	Incorporator

Secure and Verifiable Identification (Driver's License, Passport, etc.)

The ID of the Corporation Officer who completed the Verification of Lawful Presence Affidavit should be uploaded. Please include the front and back of the ID.

Signed Lease Agreement

Commercial lease agreement signed by tenant and landlord with landlord's contact information (name, phone number, and address) visible. The tenant's name must match the owner's information listed in the CoO application.

Georgia Commercial Lease Agreement

This Lease Agreement made the _____ day of _____, 20_____, by and between _____ [name of lessor], of _____ [street address], State of _____, hereinafter referred to as "Lessor", and _____ [name of lessee], of _____ [street address], State of _____, hereinafter referred to as "Lessee", collectively referred to herein as the "Parties", agree as follows:

I. **Property Description:** The Lessor agrees to lease to the Lessee the following described _____ square feet (SF) of _____ [type of space] located at _____ [street address], State of Georgia.

Additional Description: _____
Hereinafter known as the "Premises".

II. **Lease Duration Length:** The term of this Lease shall be for a period of _____ year(s) _____ month(s) commencing on the _____ day of _____, 20_____, and expiring at Midnight on the _____ day of _____, 20_____. ("Initial Term")

III. **Base Rent:** The net monthly payment shall be _____ dollars (\$_____), payable monthly with the first payment due upon the commencement of the Lease and each monthly installment payable thereafter on the _____ day of each month. Said net monthly payment is hereafter referred to as the "Base Rent". Rent for any period during the term hereon, which is for less than 1 month shall be a pro-rata portion of the monthly rent.

IV. **Premises Use:** The Lessor is leasing the Premises to the Lessee and the Lessee is hereby agreeing to lease the Premises for the following use and purpose:

Signed Purchase Agreement

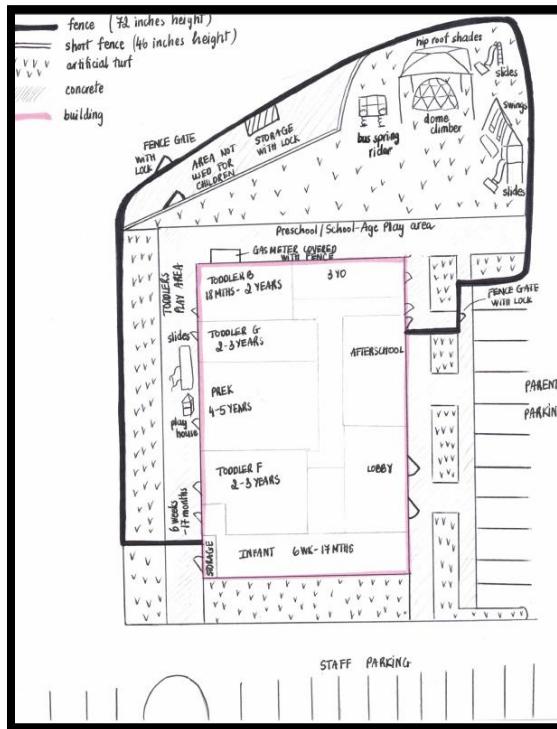
Legal closing documents with the signatures of both the seller and buyer. The sale date must also be listed.

Closing Settlement Statement		
Seller:	Buyer:	
Seller:	Buyer:	
Property Address:		
City:	State: Georgia	Zip:
Seller(s) Column		Buyer(s) Column
1a. Sales Price	1b. Sales Price	
2a. Down-payment	2b. Down-payment	
3a. Balance	3b. Balance	
4a. Expenses	4b. Expenses	
5a. Title Search	5b. Title Search	
6a. Recording Fees	6b. Recording Fees	
7a. Title Insurance	7b. Title Insurance	
8a. Attorney Fees	8b. Attorney Fees	
9a. Notary Fee	9b. Notary Fee	
10a. Survey	10b. Survey	
11a. Commission to	11b. Commission to	
12a	12b	

BILL OF SALE	
This Bill of Sale (the "Agreement") is made and effective [DATE].	
BETWEEN:	[YOUR COMPANY NAME] (the "Seller"), a corporation organized and existing under the laws of the [State/Province] of [STATE/PROVINCE], with its head office located at: [YOUR COMPLETE ADDRESS]
AND:	[BUYER NAME] (the "Buyer"), an individual with his main address located at OR a corporation organized and existing under the laws of the [State/Province] of [STATE/PROVINCE], with its head office located at: [COMPLETE ADDRESS]
FOR GOOD AND VALUABLE CONSIDERATION, the Seller hereby sells and transfers possession of the following goods in their present condition and location to the Buyer, and its successors and assigns forever, the following described goods	
[DETAILED LIST OF GOODS].	
Seller warrants and represents that he/she has good title to said property, full authority to sell and transfer same and that said goods and chattels are being sold free and clear of all liens, encumbrances, liabilities and adverse claims, of every nature and description.	
Seller further warrants that it shall sully defend, protect, indemnify and save harmless the Buyer and its lawful successors and assigns from any and all adverse claim, that may be made by any party against said goods.	
The Buyer acknowledges examining the goods and buying them "as and where is" completely at the Buyer's risk and promises not to make any claims against the Seller based upon alleged express or implied representations, warranties or collateral agreements as to the merchantability of the goods or as to their fitness for any particular purpose or as to their safe use.	
It is provided, however, that Seller disclaims any implied warranty of condition, merchantability or fitness for a particular purpose. Said goods being in their present condition "as is" and "where is."	
IN WITNESS WHEREOF, this Bill of Sale is executed in duplicate under seal on [DATE].	
Signed, sealed and delivered to the Buyer in the presence of:	
BUYER	SELLER
Authorized Signature	Authorized Signature
Print Name and Title	Print Name and Title

Site Plan

You need to complete the plan drawing and checklist. The drawing must be labeled according to the checklist and include all details. Make sure to label playgrounds, entrances, exits, etc. The drawing can be hand-drawn or computer-generated.



Site Plan Checklist

Each page of the checklist should be completed and uploaded.

Site Plan Checklist		
Office Use Only	Office Use Only	Office Use Only
Instructions: Please draw/clearly indicate the following information marked with a <input type="checkbox"/> on your floor plan drawing. Answer questions noted on each item. Do not skip any item on this checklist. Write N/A if it does not apply.		
Review Date	Review Date	Review Date
<input type="checkbox"/> Draw the location of parking for parents and staff. Assure that there is enough to accommodate staff vehicles and the peak arrival and departure times for the safe pick-up and delivery of children.		
<input type="checkbox"/> Draw the measurements of each playground and the age range of children that will use each playground. (Ex. 120 feet x 90 feet = 10,800 sq. feet) If more than one playground is planned, show each playground, and designate each with a letter. Note: Facilities are not required to have separate play areas for all age groups. Refer to Applicant's Guide for additional information. Give dimensions of any heating/cooling equipment areas on the playground. These should be fenced off from children's access. Note: For child care learning centers with a capacity of 19 or more children, the total playground capacity must accommodate at least 1/3 of the center's overall capacity. For child care learning centers with a capacity of 7 to 18 children, the playground capacity must match or exceed the center's overall capacity.		
Are there any buildings or storage areas on the playground? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please draw the location on the plan and give measurements of the building. Are these buildings able to be locked? <input type="checkbox"/> Yes <input type="checkbox"/> No Is access blocked below beneath and behind the buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a swimming pool (in ground or above ground) on site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please draw the location on the plan and describe below the method used to make it inaccessible to children when not in use. (Example: Locked fence)		

Staff Profile Sheet

Anyone with a background check previously ported or not within the last 12 months will require a new CBC and fingerprint letter. A minimum of three staff must be listed.

Verification of Lawful Presence

It should be completed by the Corporation Officer, who is approved to act on behalf of the corporation.

Bright from the Start: Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 754 East Tower, Atlanta, Georgia 30334

O.C.G.A. § 50-36-1(e)(2) **Affidavit For Lawful Presence Verification**

License Number : _____

Facility Name : _____

Facility Address : _____

Facility Owner : _____

By completing this affidavit under oath, as an applicant for the license listed below, as referenced in O.C.G.A. Sec. 50-36-1, I

printed name of person

verify one of the following with respect to my application for a public benefit from Bright from the Start: Georgia Department of Early Care and Learning, as referenced in O.C.G.A. Sec. 50-36-1 :

1) _____ I am a United States citizen 18 years of age or older. Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.

2) _____ I am a legal permanent resident of the United States, 18 years of age or older. Submit a legible front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. Submit a legible front and back copy of secure and verifiable document from the list below that includes your alien number.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:
_____ (Required)

I also verify I have provided at least one secure and verifiable document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. The secure and verifiable document I have provided with this affidavit is: _____ (Identify the document, such as driver's license, Temporary Resident Card, passport, etc.)

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Georgia law, O.C.G.A. Sec. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Completed in _____ (city), _____ (state).

Signature of Applicant _____ Printed Name of Applicant _____

Mailing Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____

Contact Phone Number _____ E-mail Address _____

SUBSCRIBED AND SWEARN BEFORE ME ON THIS THE _____ DAY OF _____, 20 _____

My Commission Expires: _____ NOTARY PUBLIC

Water/sewer verification - *Document required before final licensure*

A recent water bill statement that matches the actual site address is needed. If the property uses a septic tank (no sewer charges listed on the water bill), you need a current inspection report (within the last 10 years) stating the number of children the septic tank will accommodate and when it was last serviced. If the property has a well, please contact your local Environmental Health Department for testing or a referral for testing. The report must state that the water is safe for consumption.

DPH		Georgia Department of Public Health On-Site Sewage Management System	
APPLICANT NAME		PROPERTY/LOT/ADDRESS	EVALUATOR
APPLICANT PHONE		1-800-460-1234	
APPLICANT EMAIL ADDRESS		EVALUATOR EMAIL ADDRESS	
SUBDIVISION/SUBBLOCK			
REASON FOR EVALUATION			
Business License			
Inspection Records			
Yes 1. Inspection records exist for this septic system.			
Yes 2. Inspection records indicate that all components of the septic system were properly constructed and approved at the time of original installation. A copy of the original inspection report is attached.			
Maintenance Records (if applicable, copies are attached)			
Yes 3. Maintenance or inspection records indicate that the tank has been pumped out or installed within the past 5 years. Note: It is recommended that septic tanks be pumped at least once every 5 years.			
N/A 4. Systems with aerobic treatment unit(s) (ATU). Records include the ATU has been serviced in accordance with the manufacturer's recommended maintenance schedule OR an authorized representative of the manufacturer has provided documentation that the system is in compliance.			
N/A 5. Systems with grease trap(s). Maintenance records indicate the grease trap(s) has been pumped out within the last 6 months OR documentation has been provided by a qualified individual confirming that the grease trap contains less than 75% of the projected grease holding capacity and is operating sufficiently.			
Initial System Assessment and Existing Conditions (check all that apply)			
N/A 6. The septic tank was uncovered at the time of this County Board of Health evaluation OR maintenance records exist and the tank appears to meet the required design, construction, and installation criteria. The appropriateness of the sizing, installation criteria of the absorption field cannot be verified since no initial assessment or design exists.			
N/A 7. A Georgia certified septic tank installer has provided written documentation of the system design, location, and components.			
Yes 8. This site evaluation by the County Board of Health revealed no evidence of system failure.			
Yes 9. This site evaluation by the County Board of Health revealed no evidence of adverse conditions which would affect the functioning of the system.			
N/A 10. This site evaluation as well as the provided information indicate that the proposed construction to the home or property should not adversely affect the functioning of the existing system.			
Relocation of Home or Change of Use			
N/A 11. This site evaluation as well as the provided information indicate that the system appears to meet the required design, construction, and installation criteria to accommodate the proposed relocation of the home or change of use for the facility should not adversely affect the functioning of the existing system.			

Zoning Verification Letter (issued within the last 12 months)

You must get an official letter on letterhead with a signature, or an email from a zoning official with their contact information. This document must be dated within the last 12 months and shows that the property is zoned for daycare or childcare services. It must include the full property address, not just the parcel number, and list any limitations if there are any. If you can't get an updated letter and nothing has changed, you need written confirmation from the department saying so.

Pre-K Documents, (if applicable)

GA Pre-K Online Access Agreement

Online Access Agreement for the Georgia Department of Early Care and Learning Georgia's Pre-K Online System (GAPREK)

This form is the user agreement (hereinafter "Agreement") governing the terms of access to the web-based Pre-K Online System (hereinafter "GAPREK") developed by the Georgia Department of Early Care and Learning (hereinafter "DECAL"). The Provider listed below agrees to abide by the terms and conditions stated herein.

The undersigned has read the Agreement carefully and understands its terms. The undersigned agrees to be the Primary Authorized User and to abide by all of the terms of the Agreement. Only the Primary Authorized User can create and manage user accounts for the organization, each with a unique ID and password. The Primary Authorized User is responsible for the acts of any authorized user created and agrees to ensure that all users abide by the terms and conditions of the Agreement.

Legal Name of Provider:

Contract Signatory:

Primary Authorized User (authorized by the Contract Signatory)
Name Title

Project Director Name

Your organization will be notified via e-mail of your user ID and password at the address you specify below.
All e-mail correspondence from the Georgia Department of Early Care and Learning to your organization will be sent to this email address. Please ensure it is the correct address for the Project Director of your organization, and that the e-mail account is current and checked on a regular basis.

Project Director's E-mail Address:

As the Primary Authorized User, I certify that I am authorized to use the GAPREK System on behalf of the above-named Provider.

I understand that I will be issued a user ID and password for accessing the GAPREK System. This user ID/password will allow me to enter, edit, and view information regarding my company and clients on the GAPREK System. The user ID and password will be unique to me and will not be shared with anyone else. I will not share my user ID and password with the GAPREK System for Pre-K related dues. I will create an ID/password for each authorized user. Each ID/password combination will be unique to that user. I will not share my user ID and password with anyone else. I understand and agree that, as the Primary Authorized User, it is my responsibility to protect the security of all user ID and password combinations that I create. I will immediately notify the Georgia Department of Early Care and Learning if my user ID or password is compromised. I will notify the website administrator immediately if (insert email address).

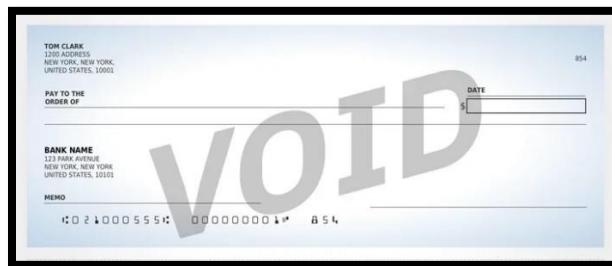
As the Primary Authorized User, I understand that I am liable for any entries, edits, additions, or changes made on the GAPREK System. I understand that I am responsible for the security and integrity of the information I enter. It is my responsibility to maintain the security and integrity of this information by limiting access to specifically identified users and by ensuring that the user ID and password used to access the GAPREK System, I understand that it is my responsibility to disconnect access when staff changes occur.

I agree, to the extent allowed by law, to indemnify, defend and hold harmless the State of Georgia and the Georgia Department of Early Care and Learning, for any claims, demands, losses, costs, damages, or expenses (including court costs and attorney's fees) arising out of or in connection with the use of the information contained in the GAPREK System and my use of and possession of or access to or created by

I grant permission to the Georgia Department of Early Care and Learning to use information entered in the GAPREK System for any and all purposes that the Department deems appropriate including, but not limited to, research and analysis.

Preprinted voided Check

Must have a printed address on top left-hand corner and VOID written across the check.



Vendor TIN Verification

VENDOR TIN VERIFICATION

Pursuant to Internal Revenue Service (IRS) Regulation, vendors must furnish their Taxpayer Identification Number (TIN) to the state for the purpose of reporting tax due. To ensure accurate tax information is reported to the IRS and the state, please use this form to provide this information.

Legal Name:
Doing Business As (DBA):
Address:
Telephone #: FAX #:
of years in Business:

New Due Date/Revision Number:
Social Security Number OR Fed ID:

Business Organization (Check One)

Governmental <input type="checkbox"/>	Business Firm (Check One) Minority Company <input type="checkbox"/> Small Company <input type="checkbox"/> Medium & Small Company <input type="checkbox"/> Other Company <input type="checkbox"/>
Self Proprietary <input type="checkbox"/>	
Partnership <input type="checkbox"/>	
Corporation <input type="checkbox"/>	
Limited Liability Company <input type="checkbox"/>	

Demographic Designation (Check One)
With the exception of the following categories, partners, or minority shareholders of the corporation:
Asian or Pacific Islander
Black or African American
Hispanic
Native American or Alaskan native
Multi-racial
(please specify:

Minority Company: A minority race is defined as an individual who is a member of a race that comprises less than 50 percent of the total population of the state of Georgia. This business must be: (a) owned by a member of a minority race or (b) a partnership of which one or more members are members of a minority race. Small Company: A business that is owned by one or more members of a minority race. Medium & Small Company: A business that has less than 1,000,000.00 in gross receipts per annum. Minority & Small Company: Business falls into both categories.

Other (Check One)
Other (please specify:

Business Status (Check One)
Profit
Nonprofit

TAX EXEMPT STATUS (Check One)
 This organization has been approved by IRS for tax-exempt status on:
 This organization submitted an application to IRS for tax-exempt status on:
 This organization is not tax-exempt.

What is the opening fiscal year of this organization? To From
Date purchased/created, I declare that I have examined this request and to the best of my knowledge and belief, it is true, correct, and complete.

Assumed signature: Date: