Regulatory Compliance Highlights
PRI Summer Conference 2022

GEORGIA DEPARTMENT OF DRIVER SERVICES

GOALS AND OBJECTIVES

Goal:

This session is designed to provide attendees with an overview of DDS requirements and compliance related topics.

Learning Objectives:

- Describe the role DDS plays with respect to the Risk Reduction Program in Georgia
- Identify key rules and regulations that foster an atmosphere of compliance
- Discuss methods for enforcement of DDS Rules and Regulations
- Explain how to utilize the Regulatory Compliance staff support system

DDS WEBSITE & SERVICES

www.dds.georgia.gov

DDS History

Georgia Department of Driver Services is the agency statutorily responsible for regulating the Georgia DUI/Drug Risk Reduction Program.

The DUI/RR program was transferred to DDS from the Department of Human Resources.

DDS is also statutorily responsible for regulating the following:

*Driver Improvement

*Driver Training

*Third Party Testing

*Ignition Interlock Providers

*For-Hire Driver Endorsements

*Commercial Driver's License Program

*Motorcycle Safety Program

*Alcohol and Drug Awareness Program (ADAP)

DDS Online Services & DDS 2 GO

Complete your online form before visiting any of our Customer Service Centers

Applicants can upgrade their Class D License to a Class C License

SCHEDULE ROAD TEST APPOINTMENTS

DDS MOBILE APP>>

Available on the App Store

GET IT ON Google Play

Download DDS 2 GO

CONTACTING REGULATORY COMPLIANCE

Phone
(678) 413-8745

Mailing Address
Georgia Department of Driver Services
Regulatory Compliance
2206 Eastview Parkway
Conyers, GA 30013

Email
reginfo@dds.ga.gov

Website
www.dds.georgia.gov/regulatedprograms

PROGRAM ADMINISTRATION UNIT

Name	Email	Phone
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Rosemond Jno Charles Operations Analyst	rosemond.jnocharles@dds.ga.gov	678-413-8869
Sheronda Wheeler Operations Analyst	swheeler@dds.ga.gov	770-929-3205
Elizabeth Nelson Operations Analyst	enelson@dds.ga.gov	678-413-8536
Arimenta Werner Operations Analyst	arimenta.werner@dds.ga.gov	678-413-8827
Shemeika Freeman Operations Analyst	sfreeman@dds.ga.gov	678-413-8746
(Vacant) Administrative Assistant		678-413-8745
Yessenia 'Jessie' Daggs ADAP Coordinator	ADAPinquiries@dds.ga.gov	678-413-8747

FIELD OPERATIONS

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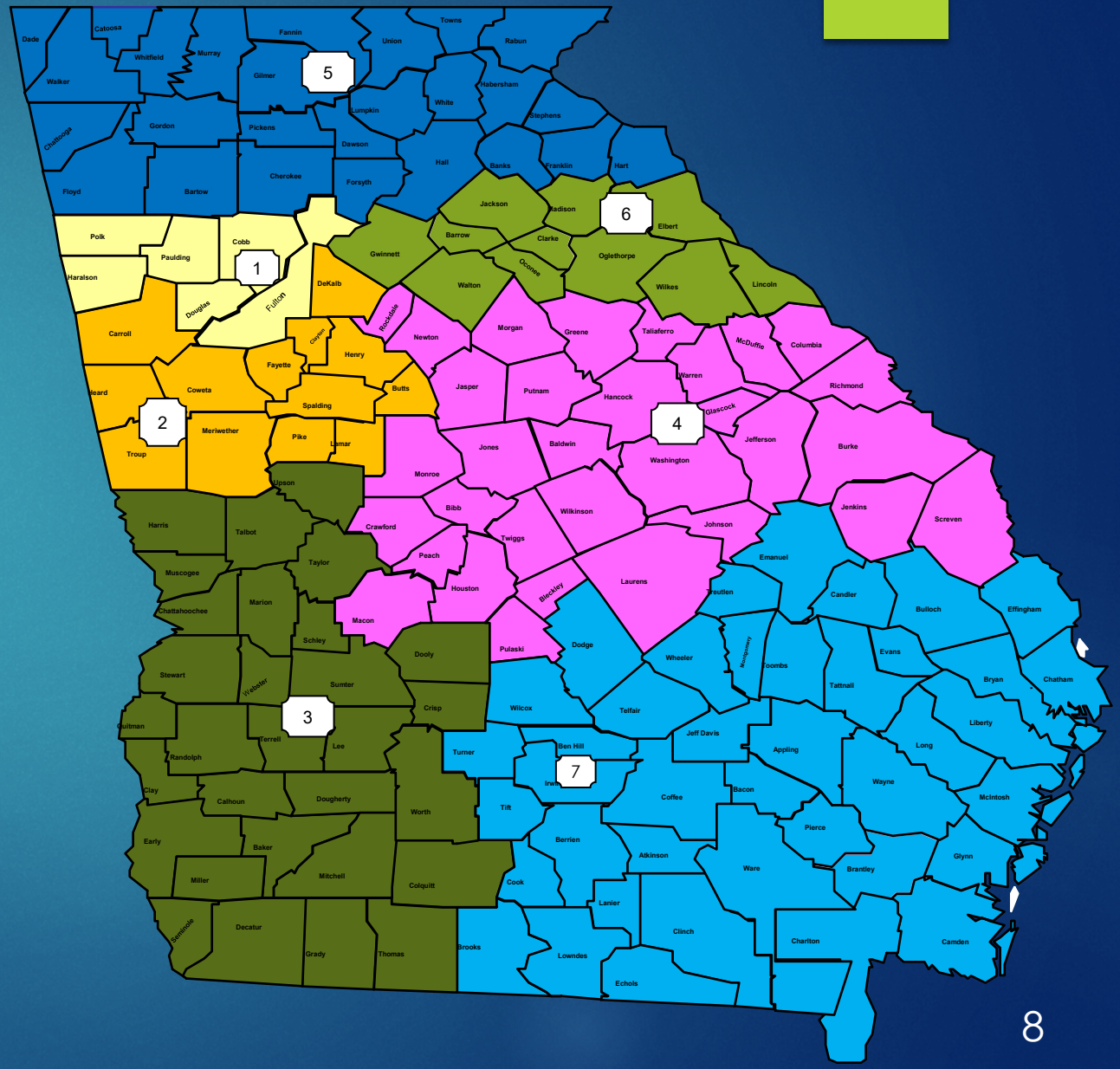


PROGRAM STATISTICS

217 Certified Risk Reduction Programs
May - 2022

256 Certified Program Directors
May - 2022

523 Certified Risk Reduction Instructors
May - 2022

APPLICATIONS

APPLICATIONS

New

- New Program
- New Owners/Corporate Officers
- Instructor/Director

Recertification

- Renewal of Program, Director, and Instructor
- All Owners/Corporate Officers

Relocation

- Change of Program Location

Name Change

- Change of Program's Legal or D/B/A Name(s)

APPLICATIONS

Program, Director and Instructor Recertification:

- Certification is valid for 4 years
- If certification expires, cannot operate, direct or instruct until recertification has been completed
- If the certification has expired over 1 year, a new application is required
- Apply 30 - 90 days prior to expiration

Background Check:

- Must register with Gemalto for fingerprinting; cannot be fingerprinted prior to submitting the application to DDS
- If a background check has been completed within the previous 6 months for another certification, new fingerprints are not required

APPLICATIONS

Continuing Education Units:

- Director must complete 16 hours of continuing education courses
- Instructor must complete 32 hours of continuing education courses
- Instructor must have taught 4 classes during the 4-year certification period

Surety Bond:

- Proof of a continuous Surety Bond in the principal sum of $10,000 per Program location from a company authorized to conduct business in the State of Georgia indicating the Georgia Department of Driver Services as the Obligee.

APPLICATIONS

Program Relocation:

- A Relocation Application is required
- Minimum 30-day notice to the Department
- All documents for the new program location are required
- May not operate until relocation is approved, and certification is received

Program Name Change:

- Application required
- Documentation of registration of business name
- Surety Bond Rider amending the program's name
- Copies of student contracts and materials reflecting the new program name

APPLICATIONS

Common Application Issues

- Insufficient Work Experience and/or Inapplicable Education
- Continuing Education Requirement Not Satisfied
- Applying to Recertify Within 30 days of Expiring
- Incomplete Application
- Non-responsiveness
- Not registering for fingerprinting

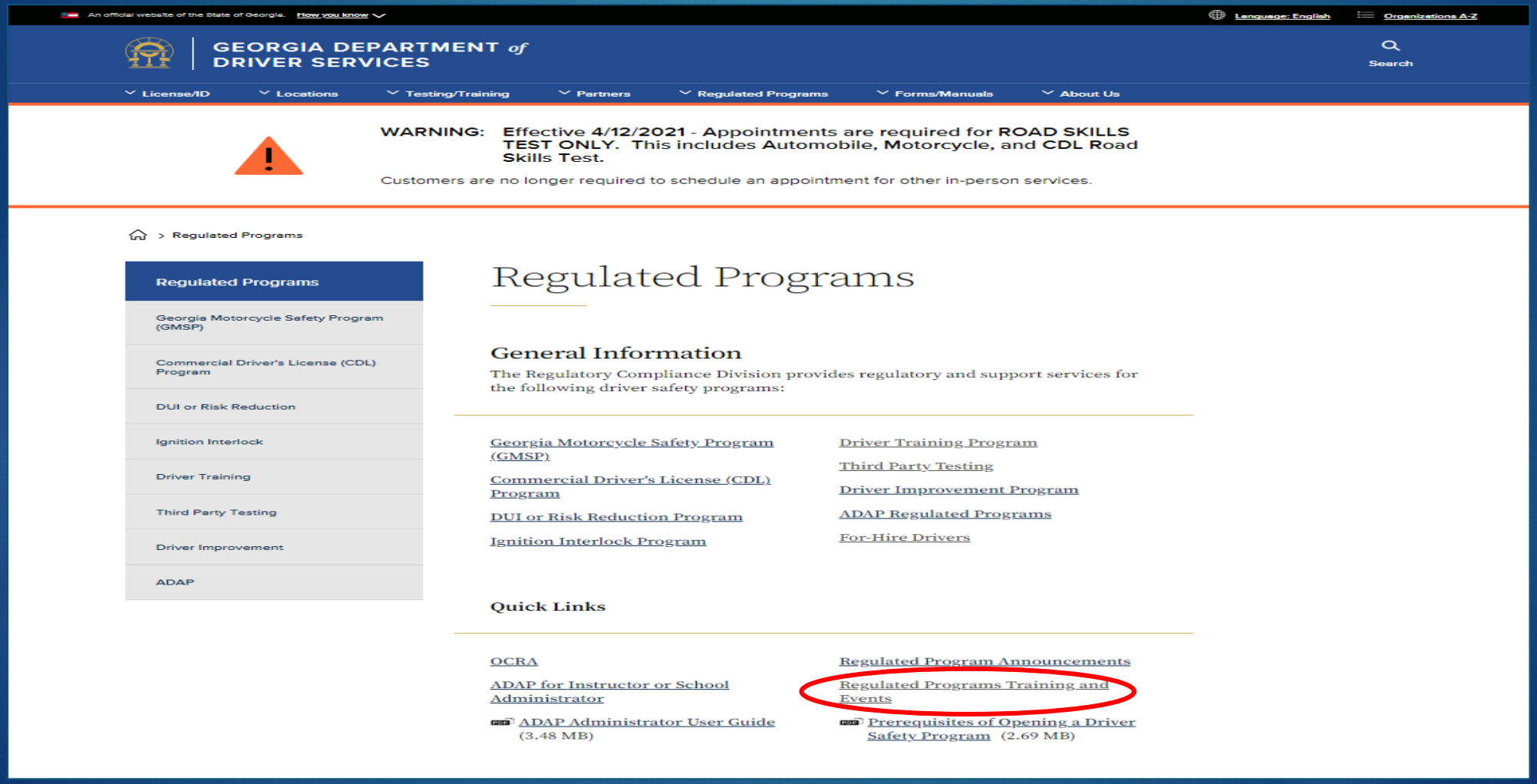
TRAINING OPPORTUNITIES

All trainings are virtually conducted via Microsoft Teams

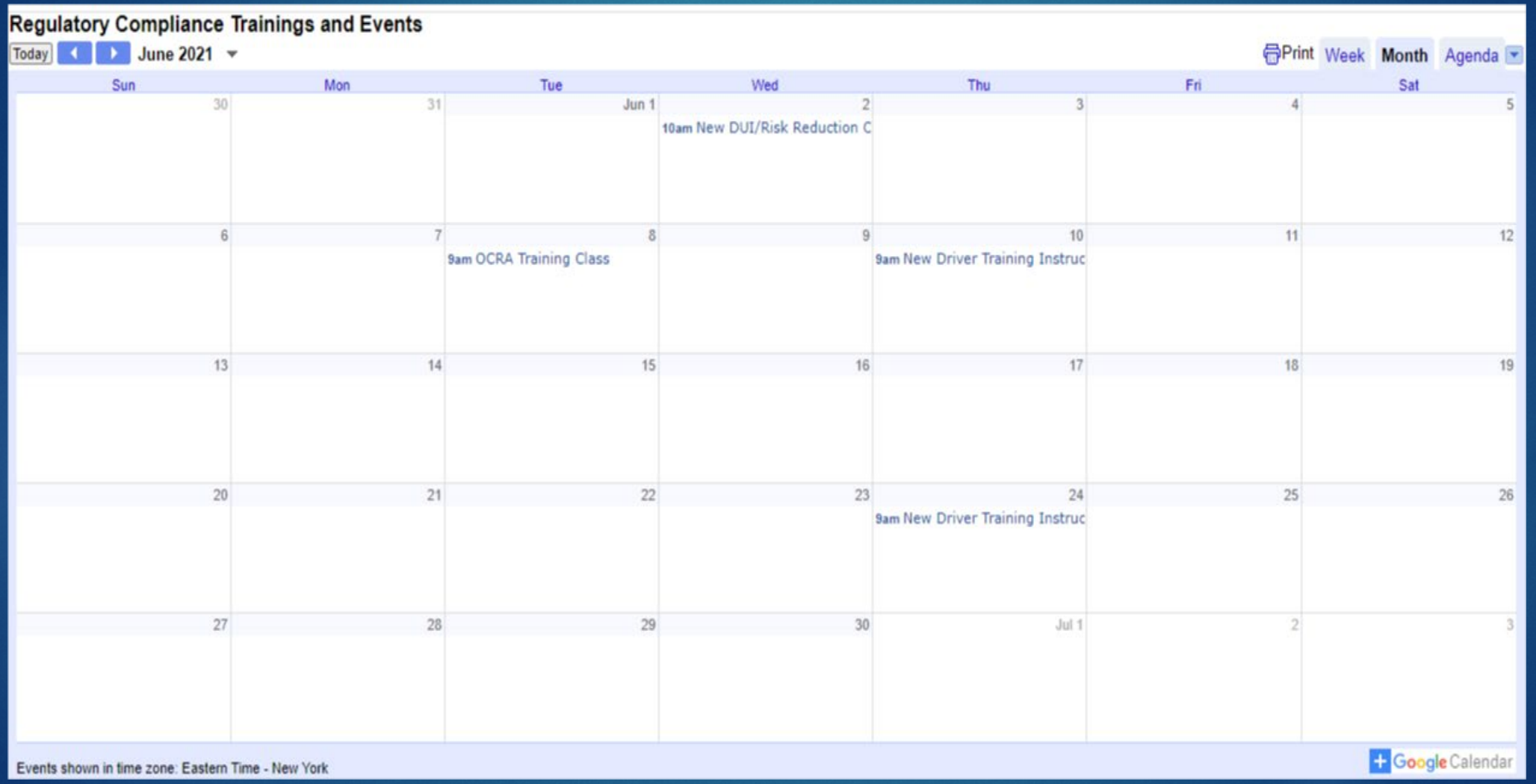
Upcoming Classes:

- You may attend any of these classes as a refresher to obtain CEU's if space is available; must be approved to attend.
  - New Driver Improvement Clinic
  - DUI New Owner/New Director
  - OCRA

Regulatory Compliance/Regulated Programs Training & Events



Regulated Programs Training & Events



ADE ASSESSMENT ROSTERS & REBATE FEES

NEEDS Assessment
PASS41 Development

DATE:	9/13/2011	**DOB:**	9/12/1982	**MARITAL STATUS:**	never married
NAME:	Survey M. Example	**AGE:**	29	**EMPLOYMENT:**	unemployed
ID NUMBER:	123-456-789	**SEX:**	male	**EDUCATION:**	12 years
		RACE:	white	**INCOME:**	$0-10,000

The following report should be viewed as a series of hypotheses which may require further investigation. Individuals interpreting this evaluation should be knowledgeable in substance abuse problems and possess screening and assessment skills.

For NEEDS Report summary, see sections J and K.

A: TEST TAKING ATTITUDE SCORE = (5)

This person's test taking attitude score suggests that he is inclined to be honest in his responses to the questions and to disclose information about himself. The lower the TTA score, the stronger the inclination to do so.

B: BASIC PROBLEM SOLVING AND READING ASSESSMENT = (0)

The NEEDS Survey was completed in 32 minutes.

C: EMOTIONAL STABILITY ASSESSMENT = (19)

This person has a history of emotional problems, and he is currently displaying strong feelings of emotional vulnerability.

- he reports having been treated for emotional problems
- he reports aggressive ideation, as well as, violent behavior while drinking

ASSESSMENT COMPONENT RULE

375-5-6-.14(3)(b) – Assessment component shall be processed at least thirty (30) minutes before the beginning of the first Intervention Component Session

- Gives the instructor an overview of students in the class to allow for preparation
- Allows time to address invalid assessment results
- A review of the NEEDS Assessment is conducted during the Intervention Component

ASSESSMENT REBATE PROCESS

- In accordance with O.C.G.A 40-5-83(e), approved programs are required to pay DDS a $30.00 rebate fee for each offender assessed
- Offenders assessed must be processed in ADE in the same month in which they took the assessment
- Rebate fees should be submitted directly to ADE
  - ADE must receive all fees no later than the 10th day of the month following the report month
- You may pay by credit card via the ADE website, or you can mail a check or money order made payable to ADE, Inc.
- Payment/Invoice questions should be directed to ADE at 1-800-334-1918 or via email at support@adeincorp.com

ASSESSMENT REBATE FEES

- Rebate fees are due on or before the 10th day of the month following the report month
- Late notices will be emailed from ADE on the 11th
- Programs will have 30 days from the date of the late notice to remit full payment
- Failure to remit full payment by 5:00 pm on the 30th day will result in an administrative fine of $250.00
- If you are assessed an administrative fine, only the fine amount should be paid to DDS. The past due assessment rebate fees must be paid to ADE

ADE SUPPORT

Call: 800-334-1918

OR

Send an Email to:
support@adeincorp.com

PRI WEBSITE

PRI certified instructors can go to primeforlife.org, log-in and select My Dashboard to access resources such as:

- **Version 9 Syllabus**
- **Version 9 Final Exam**

AUDITS

AUDITS - INSPECTIONS, INVESTIGATIONS, AND PROGRAM MONITORING – 375-5-6-.28

Department is authorized to:

- Inspect, monitor and investigate programs
- Determine compliance with the Rules and Regulations of each program

Program Owners, Directors, Instructors, and Staff shall:

- Cooperate with any inspection or investigation
- Provide without delay, any information reasonably requested by the Department

AUDITS

Preparing for the Program Audit:

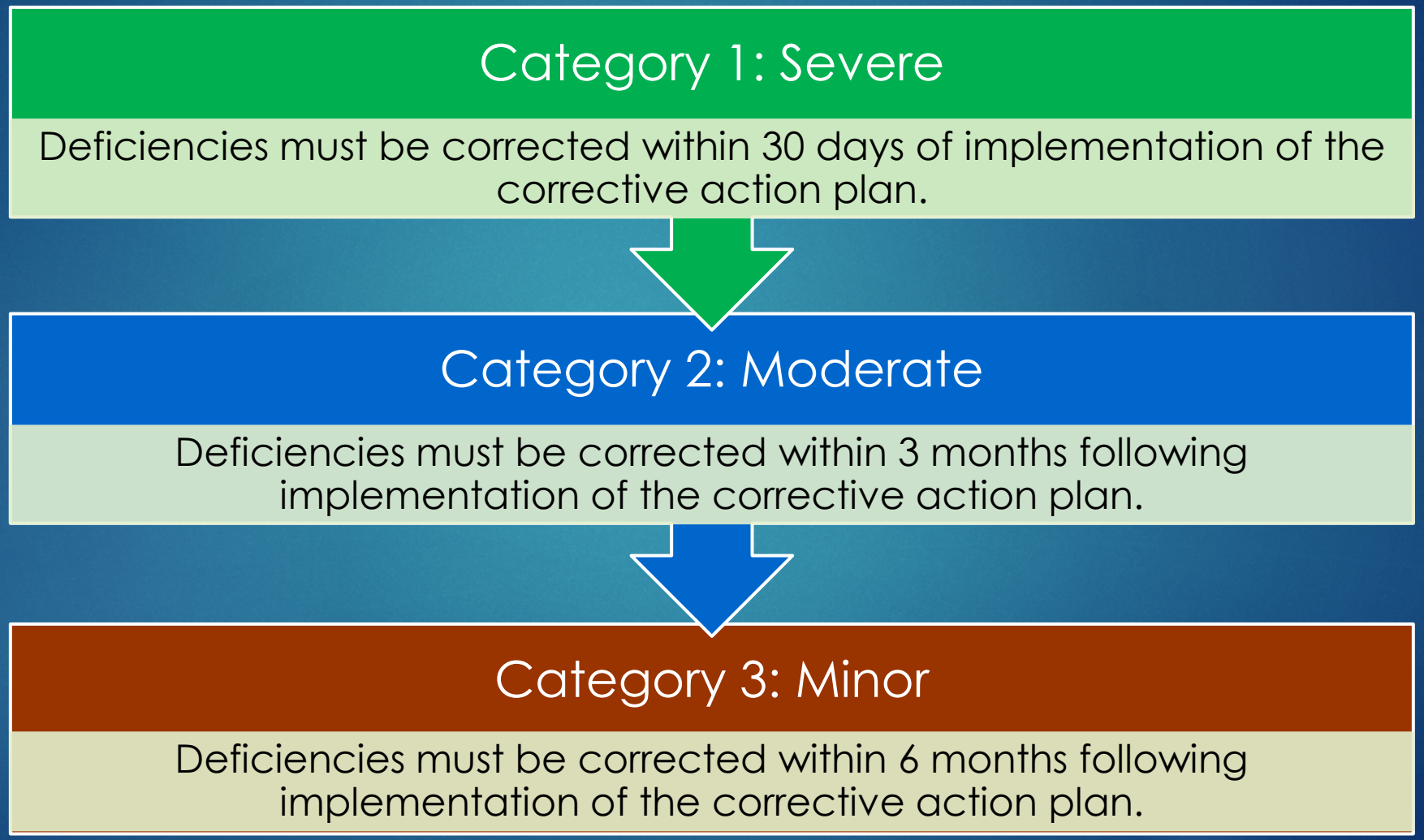
- Owner/Director and/or designated program staff should be available on the day of the scheduled program audit
- All files should be neat and organized
- Allow the analyst sufficient space with limited interruptions to conduct the audit
- Allow ample time for the audit to be completed

AUDITS

Purpose of the Program Audit:

- To establish consistency of all programs across the state
- To determine compliance of the Department's rules and regulations governing the program
- To gather data that may be used for statistical purposes

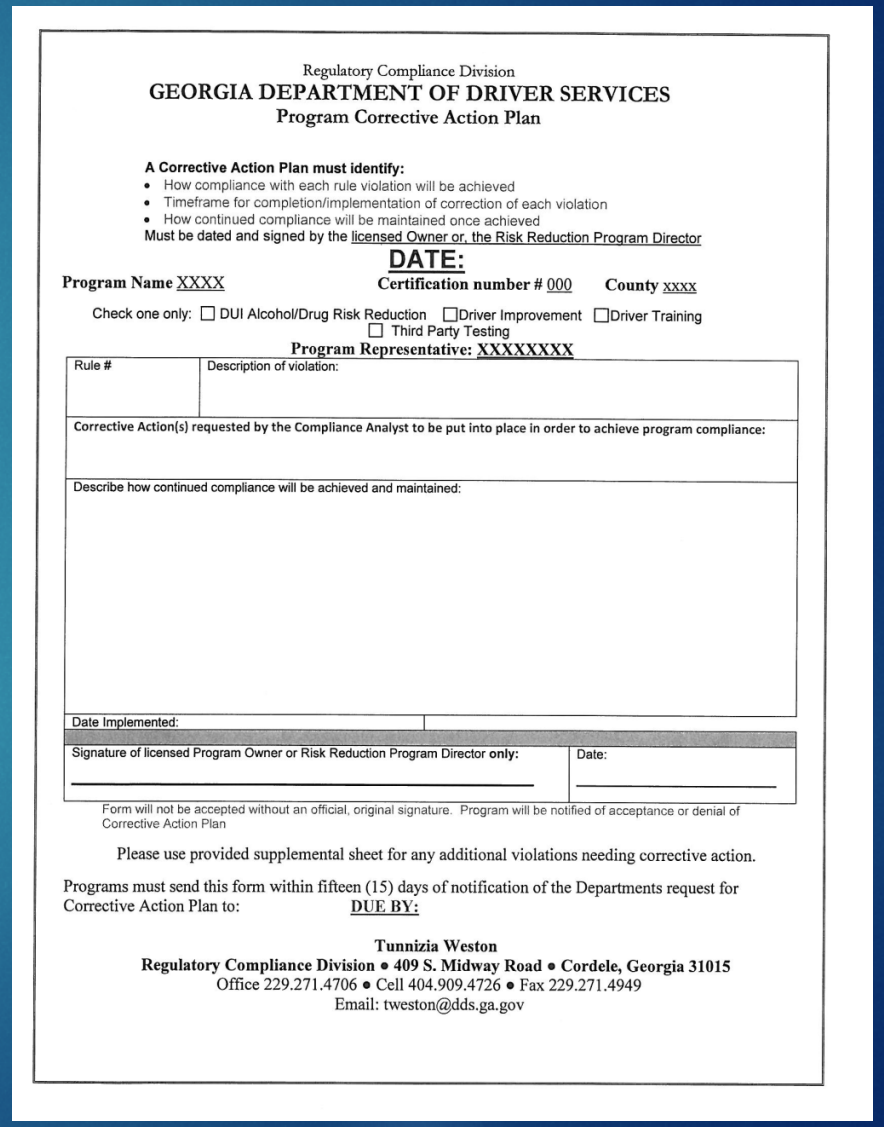
AUDIT CATEGORIES



CORRECTIVE ACTION PLAN (CAP)

Corrective Action Plan Must:

- Describe how continued compliance will be achieved and maintained
- Show the date the plan will be implemented
- Be signed and dated by the licensed Program Owner or Risk Reduction Program Director only
- Be returned to Field Analyst within (15) fifteen days of notification



Regulatory Compliance Division
GEORGIA DEPARTMENT OF DRIVER SERVICES
Program Corrective Action Plan

A Corrective Action Plan must identify:
- How compliance with each rule violation will be achieved
- Timeframe for completion/implementation of correction of each violation
- How continued compliance will be maintained once achieved

Must be dated and signed by the licensed Owner or, the Risk Reduction Program Director

DATE:

Program Name XXXX **Certification number #** 000 **County** xxxx

Check one only: ☐ DUI Alcohol/Drug Risk Reduction ☐ Driver Improvement ☐ Driver Training ☐ Third Party Testing

Program Representative: XXXXXXXX

Rule #	Description of violation:
Corrective Action(s) requested by the Compliance Analyst to be put into place in order to achieve program compliance:	
Describe how continued compliance will be achieved and maintained:	
Date Implemented:	
Signature of licensed Program Owner or Risk Reduction Program Director **only:**	Date:

Form will not be accepted without an official, original signature. Program will be notified of acceptance or denial of Corrective Action Plan

Please use provided supplemental sheet for any additional violations needing corrective action.

Programs must send this form within fifteen (15) days of notification of the Departments request for Corrective Action Plan to: **DUE BY:**

Tunnizia Weston
Regulatory Compliance Division • 409 S. Midway Road • Cordele, Georgia 31015
Office 229.271.4706 • Cell 404.909.4726 • Fax 229.271.4949
Email: tweston@dds.ga.gov

ADVERSE ACTIONS

Warning Letter

Administrative Fine

Suspension/Cancellation/Revocation

ADVERSE ACTIONS – HISTORY OF COMPLIANCE

Department may consider the Applicant's history of compliance when determining eligibility for Certification and Recertification.

Cancellation, Suspension, or Revocation of Certification(s) in another program may result in the same for this program.

ADVERSE ACTIONS – ENFORCEMENT OF PROGRAM REGULATIONS – 375-5-6-.29

Revocation, Cancellation, or Suspension:

- In considering which to impose the Department may consider:
  - The history of compliance
  - The seriousness of the violation(s)
  - Whether violation was voluntarily reported to the Department
  - Whether they exhibited good faith efforts to correct areas of non-compliance prior or subsequent to the discovery by the Department

ADVERSE ACTIONS – ENFORCEMENT OF PROGRAM REGULATIONS – 375-5-6-.29

Assess Administrative Fines:

- Fine not to exceed $1,000 per violation
- In determining the fine amount, the Department may consider:
  - The seriousness of the violation
  - Whether the same violation has previously occurred
  - Whether procedures designated to prevent the violation were in place and followed

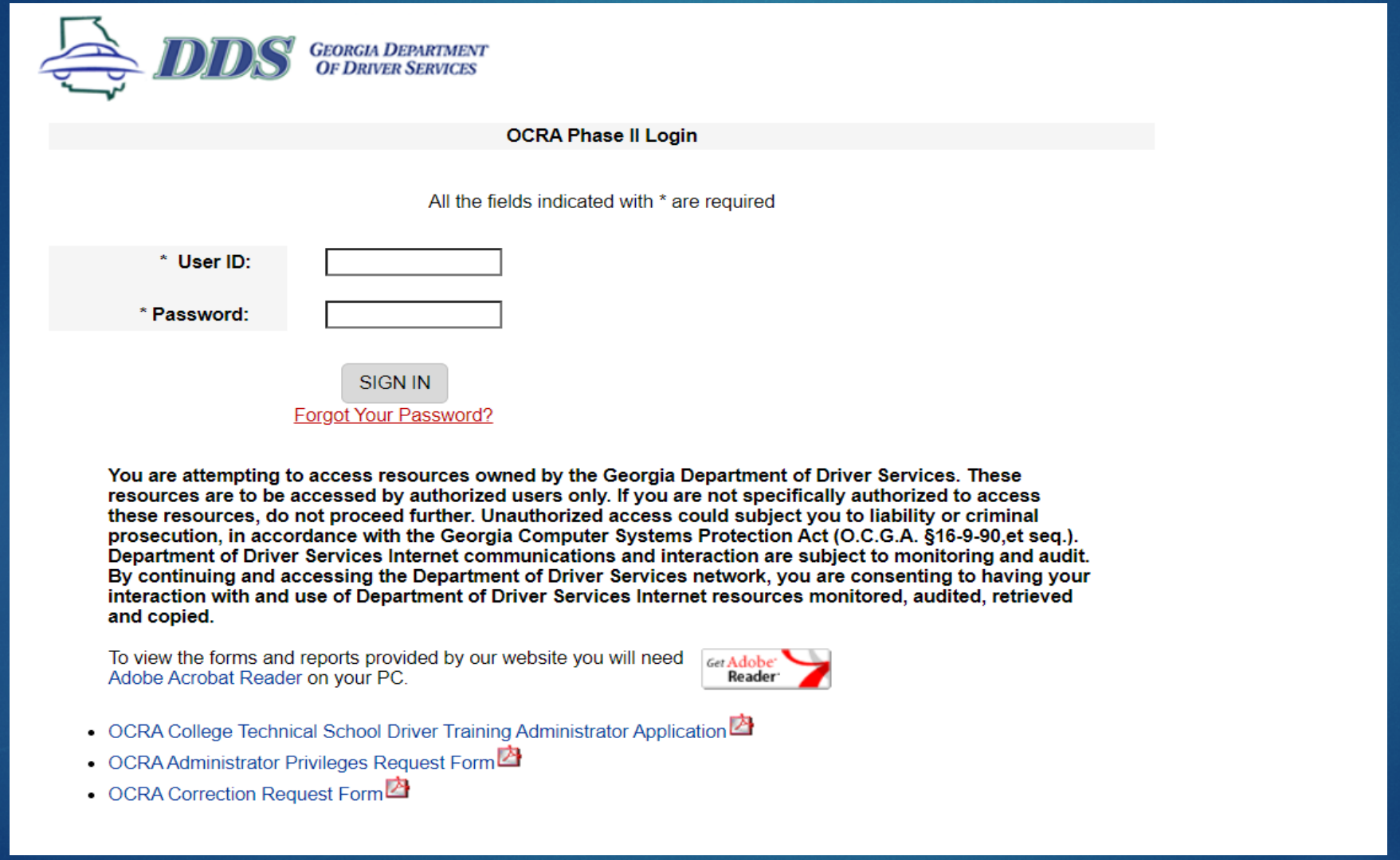
DDS Georgia Department Of Driver Services

ONLINE CERTIFICATION REPORTING APPLICATION (OCRA)

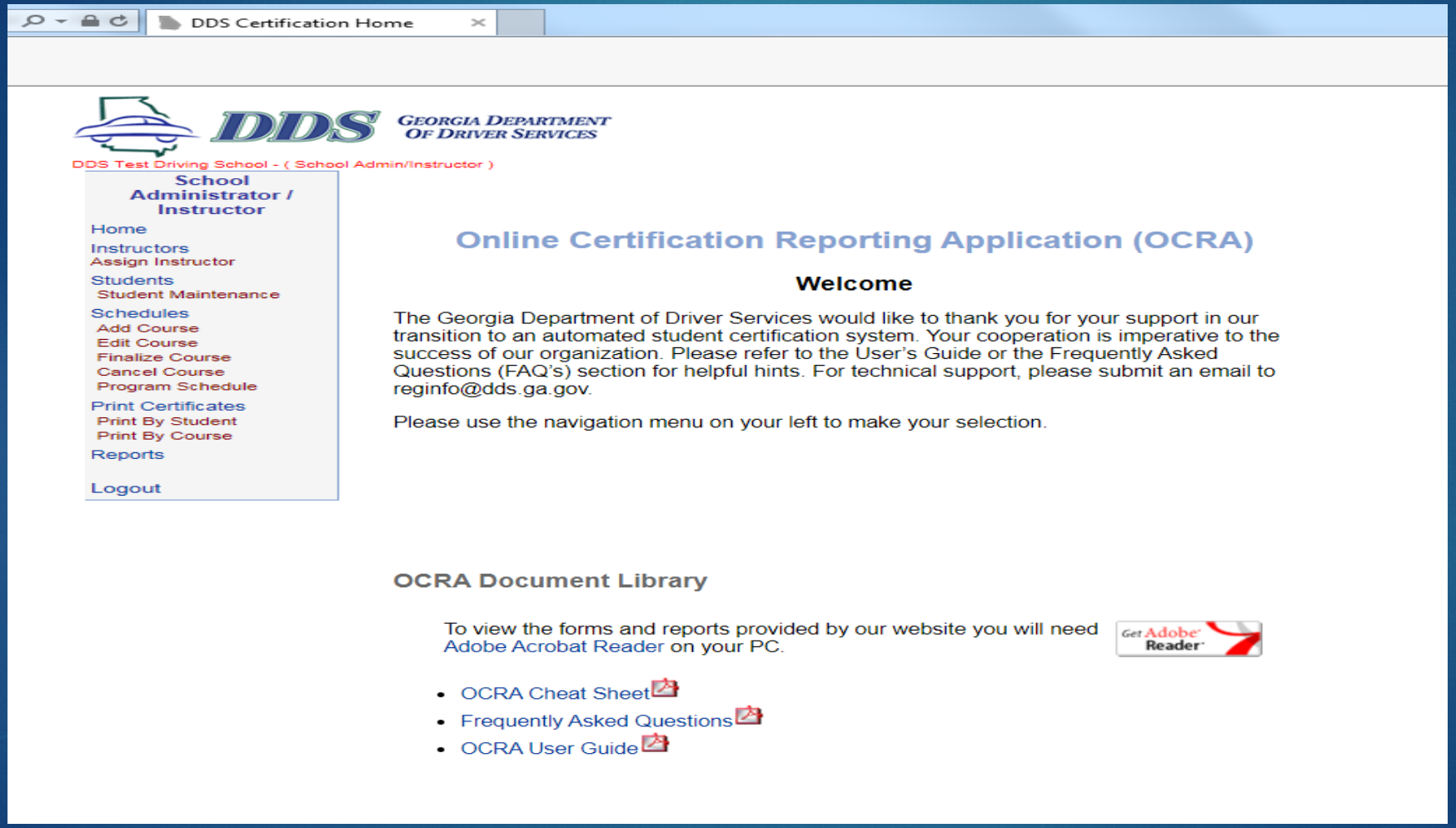
OCRA PASSWORD & SECURITY

- For security and liability reasons, OCRA users should NEVER allow someone else to use their OCRA username or password
- OCRA users should NEVER save their username and password on a shared computer
- Users may reset their password by sending a request from their personal email to reginfo@dds.ga.gov
- If an Administrator or Instructor leaves the employment of the program/school, email notification is required to remove OCRA privileges

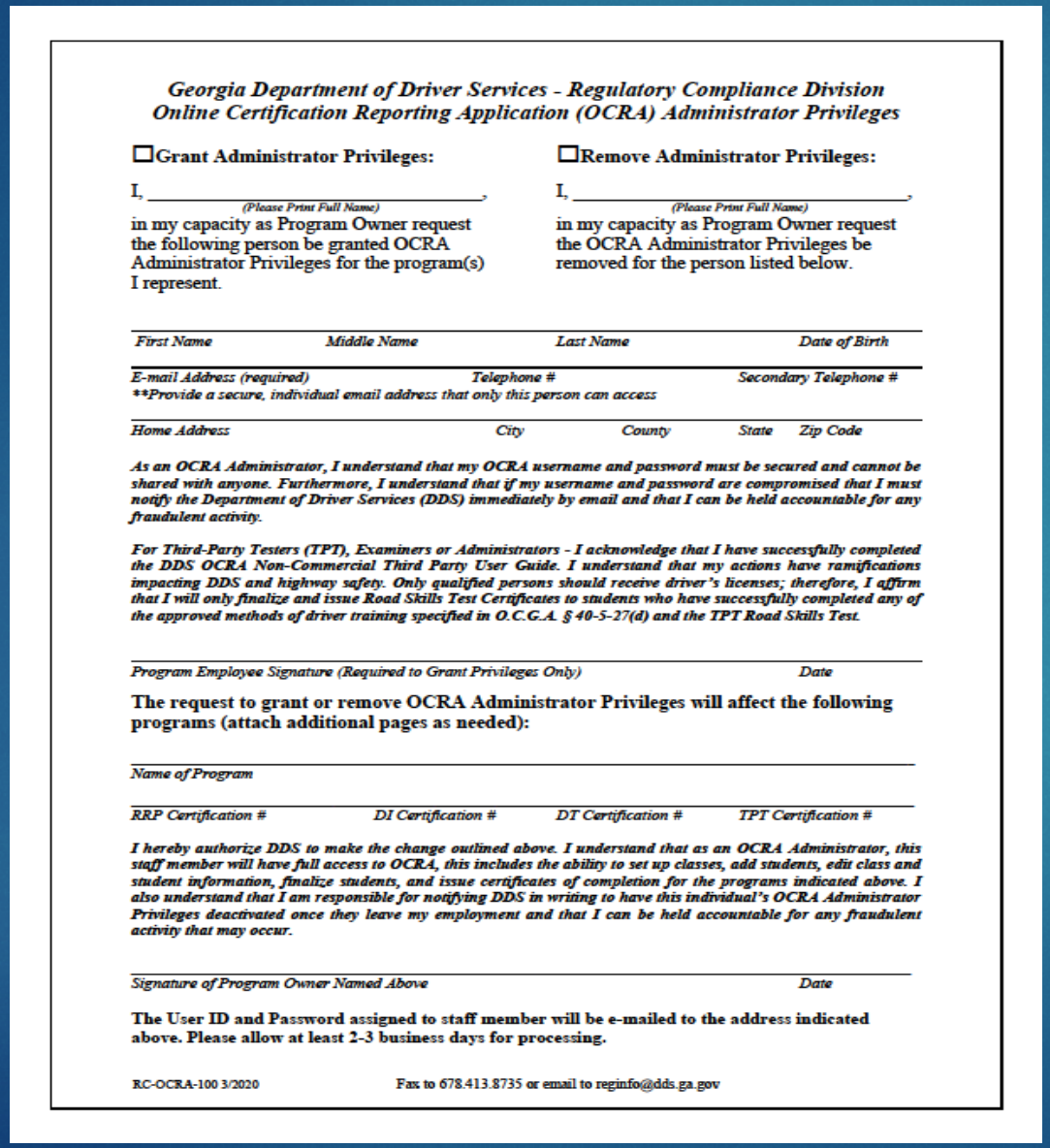
OCRA LOGIN


DDS
Georgia Department Of Driver Services
OCRA Phase II Login
All the fields indicated with * are required
* User ID:
* Password:
SIGN IN
Forgot Your Password?
You are attempting to access resources owned by the Georgia Department of Driver Services. These resources are to be accessed by authorized users only. If you are not specifically authorized to access these resources, do not proceed further. Unauthorized access could subject you to liability or criminal prosecution, in accordance with the Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90,et seq.). Department of Driver Services Internet communications and interaction are subject to monitoring and audit. By continuing and accessing the Department of Driver Services network, you are consenting to having your interaction with and use of Department of Driver Services Internet resources monitored, audited, retrieved and copied.
To view the forms and reports provided by our website you will need Adobe Acrobat Reader on your PC.
Get Adobe Reader
OCRA College Technical School Driver Training Administrator Application
OCRA Administrator Privileges Request Form
OCRA Correction Request Form

OCRA ACCESS


DDS Certification Home
DDS
Georgia Department of Driver Services
DDS Test Driving School - (School Admin/Instructor)
School Administrator / Instructor
Home
Instructors
Assign Instructor
Students
Student Maintenance
Schedules
Add Course
Edit Course
Finalize Course
Cancel Course
Program Schedule
Print Certificates
Print By Student
Print By Course
Reports
Logout
Online Certification Reporting Application (OCRA)
Welcome
The Georgia Department of Driver Services would like to thank you for your support in our transition to an automated student certification system. Your cooperation is imperative to the success of our organization. Please refer to the User's Guide or the Frequently Asked Questions (FAQ's) section for helpful hints. For technical support, please submit an email to reginfo@dds.ga.gov.
Please use the navigation menu on your left to make your selection.
OCRA Document Library
To view the forms and reports provided by our website you will need Adobe Acrobat Reader on your PC.
Get Adobe Reader
OCRA Cheat Sheet
Frequently Asked Questions
OCRA User Guide

OCRA PRIVILEGE & ACCESS



Georgia Department of Driver Services - Regulatory Compliance Division
Online Certification Reporting Application (OCRA) Administrator Privileges

☐ **Grant Administrator Privileges:**

I, _____,
(Please Print Full Name)
in my capacity as Program Owner request the following person be granted OCRA Administrator Privileges for the program(s) I represent.

☐ **Remove Administrator Privileges:**

I, _____,
(Please Print Full Name)
in my capacity as Program Owner request the OCRA Administrator Privileges be removed for the person listed below.

First Name *Middle Name* *Last Name* *Date of Birth*

E-mail Address (required) *Telephone #* *Secondary Telephone #*
***Provide a secure, individual email address that only this person can access*

Home Address *City* *County* *State* *Zip Code*

As an OCRA Administrator, I understand that my OCRA username and password must be secured and cannot be shared with anyone. Furthermore, I understand that if my username and password are compromised that I must notify the Department of Driver Services (DDS) immediately by email and that I can be held accountable for any fraudulent activity.

For Third-Party Testers (TPT), Examiners or Administrators - I acknowledge that I have successfully completed the DDS OCRA Non-Commercial Third Party User Guide. I understand that my actions have ramifications impacting DDS and highway safety. Only qualified persons should receive driver's licenses; therefore, I affirm that I will only finalize and issue Road Skills Test Certificates to students who have successfully completed any of the approved methods of driver training specified in O.C.G.A. § 40-5-27(d) and the TPT Road Skills Test.

Program Employee Signature (Required to Grant Privileges Only) *Date*

The request to grant or remove OCRA Administrator Privileges will affect the following programs (attach additional pages as needed):

Name of Program

RRP Certification # *DI Certification #* *DT Certification #* *TPT Certification #*

I hereby authorize DDS to make the change outlined above. I understand that as an OCRA Administrator, this staff member will have full access to OCRA, this includes the ability to set up classes, add students, edit class and student information, finalize students, and issue certificates of completion for the programs indicated above. I also understand that I am responsible for notifying DDS in writing to have this individual's OCRA Administrator Privileges deactivated once they leave my employment and that I can be held accountable for any fraudulent activity that may occur.

Signature of Program Owner Named Above *Date*

The User ID and Password assigned to staff member will be e-mailed to the address indicated above. Please allow at least 2-3 business days for processing.

RC-OCRA-100 3/2020 Fax to 678.413.8735 or email to reginfo@dds.ga.gov

Requests for OCRA Support

- **Please remember to include the following when requesting OCRA Support to correct errors:**
  - The OCRA Correction Request Form must be completed and emailed to reginfo@dds.ga.gov
    - This form provides most of the necessary details needed to research the request and complete once substantiated
    - Supporting documentation must be included (contract, roster, etc.)
  - Copy assigned Field Analyst on requests sent to reginfo
  - Please note OCRA Correction Request in the subject line

Questions

Review

QUESTION

When submitting an instructor or program recertification application, how early should they be submitted?

30 – 90 days before the expiration date of the current certification

QUESTION

Which application do I submit if my instructor certification expired two (2) years ago?

<u>New</u> Instructor Application

QUESTION

Will my application be processed if I fail to include all of the required documents?

No

QUESTION

I was fingerprinted when I initially became certified. Why do I need to be fingerprinted again for recertification?

Fingerprints that are used for non-criminal justice purposes are only retained by the Georgia and Federal Bureaus of Investigation for a matter of days and then purged, hence the need to be re-fingerprinted. In addition, the decision to recertify an individual or entity must be based on current criminal history results.

QUESTION

Monthly assessment rebate fees are due to ADE by ____.

The 10th of the following month

QUESTION

Program audits are normally conducted?

Once every 12 Months

TRUE OR FALSE

There are five audit categories for non-compliance.

False

YES OR NO

Can an instructor teach on an expired certification if the program certification is valid?

No

QUESTION

As the Program Owner or Director, can I designate a program official to sign the corrective action plan for me?

No

YES OR NO

The monthly assessment rebate fees are sent to my field analyst and/or Regulatory Compliance.

No

QUESTION

How do I obtain a username and password to OCRA?

The Program Owner or Director must submit the OCRA Administrative Privileges form to reginfo@dds.ga.gov

Questions

DDS
Georgia Department
Of Driver Services