



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Childrens Therapy Place	Region(s):	4
Agency Type:	DDA	Survey Dates:	20 Sept 2016 – 22 Sept 2016
Certificate(s):	DDA-5330	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
No deficiencies were cited over the course of the survey.	No deficiencies were cited during the course of the survey. The provider is not required to submit a Plan of Correction to the Department.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.	Click here to enter a date.

Agency Representative & Title: No signature required.	Date Submitted: n/a
<i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	
Department Representative & Title: Sandi Frelly, Licensing & Certification	Date Approved: 9/22/2016
<i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	