



Department use only

Date received:

____/____/____

**Children's Residential Care Facility
Application for License Renewal
IDAPA 16.06.02 Idaho Statutes 39-1203, 39-1204**

Program Site Information

Site Name-Name to appear on license

Site Street Address of license City State Zip

Site Mailing Address if different than site address

Site Telephone Number Site Email Address

Site Contact Name Contact Telephone Number

Site Contact Email Address Program Website Address

Note: Information in this application is available to the public upon request.

Please list the name of the Chief Administrator to be immediately available at all times that the program is in operation: When not available, a designee must be assigned and available.

Is this application an annual license renewal request? Yes No

*Is this application in regards to a request for changed capacity prior to the annual renewal? Yes No
If yes, please submit all applicable safety inspections, certificates of occupancy and a floorplan outlining designated space and measurements for capacity determination. Proposed Capacity: males females

*Is this application in regards to a change in terms/services prior to the annual renewal? Yes No
If yes, please attach revised policies that relate to rules 528 and 529.

Has any person, corporation, or partnership with a ten percent or more interest in the program had an Idaho Department of Health and Welfare license revoked within the past 5 years? Yes No
If yes, please attach an explanation with names, dates and circumstances.

***Submit the above requested information and proceed to the signature page.**

Have there been any Division of Licensing and Certification variances at this site over the course of the previous licensing year? Yes No If yes, are they being sought for continuance? Yes No If yes, please complete the variance request form and attach it to this application.

Division of Behavioral Health Certificate for Substance Abuse Treatment: N/A Yes No
Does the facility provide shelter care services? Yes No

Program Affiliations

- None Idaho Department of Juvenile Corrections
- Idaho Division of Behavioral Health AdvancED
- Idaho Division of Family and Community Services Other

Please answer the following questions as they pertain to current practices

Does the facility use Time-Out? Yes No
Does the facility use unlocked seclusion? Yes No
Does the facility use locked seclusion? Yes No
Does the facility use mechanical restraint? Yes No
Does the facility use alternative forms of restraint (chemical)? Yes No N/A

Name of Nationally Recognized physical intervention program.

Are all animals and pets free from disease and cared for in a safe and clean manner? Yes No N/A

Are pat down searches conducted? Yes No

Are portable heaters used at the facility? Yes No

Are all vehicles used to transport children maintained in a clean and safe condition? Yes No

Will the Department's representative have access to all records? Yes No

In addition to all Child and Staff Records, please assure the following are readily available for review by the Department Representative during the on-site survey:

- Fire and Disaster Drill Logs/Reports (Rule 720).
- Rabies Certificates and health records for animals.(Rule 756).
- Proof of Radon testing every two years. (Rule 726).
- A copy of an annual audit, an auditor's report, or a current tax return. (Rule 536).
- Search logs, Visitation logs, Large Muscle Activity Documentation, Medication Administration Records, First Aid Kit Monthly Inventories, Permanent Register (Rules 760, 577, 747, 752, 754, 560).
- All incident reports this licensing year including documentation of all restraints, seclusions and time-outs.(Rules 573, 762, 763, 764, 765, 766, 767).
- Documentation of any grievances, complaints, or allegations of abuse or neglect (Rules 570, 574).
- If the facility premises contain an above-ground or in-ground pool, pond, or other body of water, for use by children, attach verification of compliance with applicable federal, state, county and municipal laws regulations and ordinances. (annual city permit, water quality analysis, health district inspection, etc.)(Rule 749).
- All vehicles used by the facility to transport children (Rule 758).

Please submit the following attachments with this application

- Attach a copy of all policies related to IDAPA 16.06.02 that have been changed, deleted, revised, updated since the last licensing survey. (Rule 105) (please highlight all changes)
- Attach a roster of all children served since the last licensing survey including Name, DOB, Date of Placement, Date of Discharge. (Rule 561)
- Attach a roster of all currently placed children including Name, DOB and Date of Placement. (Rule 561)
- Attach a staff roster of all employees that worked during the last licensing year. This would include employees that were hired and terminated this review period: Name, Date of Hire, Date of Termination, Job Title, Degree/Diploma (Rule 546)
- Attach a staff roster of all current employees including Name, Date of Hire and Job Title. (Rule 546)
- Attach the Employee Background Check Form for New Hires. This applies only to those agencies contracting with the Department of Health and Welfare for placement of children. (Rules 109, 546)
- Attach the current roster for the Board of Directors. (Rule 521)
- Attach organizational chart identifying job positions, individuals in each position and lines of authority within the organization. (Rule 523)
- Attach a copy of the current program description rule 528 including a current description of the fees the organization charges. (Rule 528)
- Attach a realistic budget projecting income and expenditures. (Rule 535)
- If there is a body of water on facility premises that is not fenced, please attach a current written description of how access to the body of water is prevented and/or other safeguards to prevent accidental drownings. (Rule 749)
- A letter from a registered dietitian showing the facility menus are in accordance with the recommended dietary allowances of the National Research Council or equivalent. (Rule 755)
- The annual fire safety inspection and proof of corrections. (Rule 718)
- The annual fire extinguisher inspection by a Fire Extinguisher Service Agency. (Rule 718)
- The appropriate Fire Suppression (sprinkler) system inspection(s). (Rule 718)
- The Fire Alarm System inspection if the facility has an alarm system. (Rule 718)
- Idaho Public Health District annual inspection and food permit. (Rule 721)
- If facility is on well water, attach proof of water testing. (Rule 721)
- Annual heating and ventilation inspection indicating equipment is properly installed and in good repair. (Rule 728)
- Current Certificate of Insurance for vehicles, comprehensive general liability, fire, professional liability. (Rule 524)

Application Declarations

I hereby swear and affirm that the foregoing information is substantially true and correct based upon good information and belief, the source of which is my diligent good faith efforts to provide accurate and complete answers to each of the application questions. It is my understanding and I hereby agree that any false information supplied by me in this application or in support of this application shall be sufficient grounds to deny this application.

I further understand and agree that I will cooperate in good faith with the Idaho Department of Health and Welfare in allowing authorized Department representatives to visit this facility at any reasonable time, announced or unannounced, to interview such staff, employees, volunteers or other personnel as may be determined necessary by the Department in conducting its licensing study/investigation.

It is also my understanding and agreement that an authorized representative from the Idaho Department of Health and Welfare may interview any child placed in care of this facility in the course of the Department's licensing investigation/study. Such interviews may be conducted in private solely between the Department's representative and child or children.

I also understand and agree that the Department may conduct collateral interviews with any source of information regarding this facility in the course of the licensing investigation/study.

I understand and agree that a refusal by this facility to allow interviews with any child, employee or staff member shall be grounds to deny this application.

I further understand and agree that the burden and responsibility to supply all required information and documents rests with the applicant and failure or refusal to supply such information and/or documents at the time of application shall be grounds to deny this application.

I further declare that I am an authorized representative of this program and I have reviewed and understand the Licensing rules applicable to a Children's Residential Care Facility License. (IDAPA 16.06.02)

Name of Applicant

Applicant Title

Date of Application

Signature of Applicant