



Department use only
Date received:
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Children's Residential Care Facility
Application for Initial License
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.

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.

Program Affiliations

- None
Idaho Division of Behavioral Health
Idaho Division of Family and Community Services
Idaho Department of Juvenile Corrections
Other
Division of Behavioral Health Certificate for Substance Abuse Treatment: N/A Yes No

Please answer the following questions

Does the facility provide shelter care services? Yes No

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

**Please submit the following with this application**

A notebook with tabbed dividers corresponding to IDAPA sections 500 and 700. Include behind each tab all policies, forms, inspection reports, etc. related to the corresponding IDAPA rule.

Evidence the agency complies with applicable city and/or county ordinances (planning and zoning). (Rule 101, 715)

A copy of the floor plan with room dimensions and room uses identified. (729, 730, 735)

A staff roster of all employees: Name, Date of Hire, Job Title, Degree/Diploma (Rule 544, 546)

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)

The current roster for the Board of Directors. (Rule 521)

An organizational chart identifying job positions, individuals in each position and lines of authority within the organization. (Rule 523)

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)

A copy of an annual audit, an auditor's report, or a current tax return. (Rule 536)

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)

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)

Proof of compliance with National Electrical Code. (Rule 717)

A fire safety inspection and proof of corrections. ( Rule 718)

A 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)

Initial Sanitation Inspection from Idaho Public Health District (determines capacity of septic, sewer, water, etc. rule 715)

Idaho Public Health District inspection and food permit. (for the kitchen) (Rule 721)

If facility is on well water, attach proof of water testing. (Rule 721)

Proof of Radon testing. (Rule 726)

Proof of lead paint testing. (Rule 726)

Proof of asbestos testing. (Rule 726)

Heating and ventilation inspection indicating equipment is property 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