FOSTER GROUP CARE LICENSING

APPENDIX

FOSTER GROUP CARE LICENSING

CONTENTS

Page

APPLICATION FOR LICENSE AND/OR CERTIFICATE OF APPROVAL, FORM SS-3105-0. 1

CERTIFICATE OF INSPECTION FIRE SAFETY RULES, REGULATIONS AND STANDARDS, FORM H-9757. 2

ANNUAL EVALUATION AND RECOMMENDATION FOR FOSTER GROUP CARE LICENSE, FORM SS-3208-3. 3

EVALUATION AND RECOMMENDATION TO OPERATE A CONTROL ROOM, FORM SS-2209-3. 4

EVALUATION AND RECOMMENDATION TO OPERATE A LOCKED COTTAGE, FORM SS-2210-3. 5

EVALUATION AND RECOMMENDATION TO UTILIZE CHEMICAL RESTRAINTS, FORM SS-2211-3. 6

EVALUATION AND RECOMMENDATION TO UTILIZE MECHANICAL RESTRAINTS, FORM SS-2212-3. 7

FOSTER CARE PRIVATE WATER SUPPLY SURVEY, FORM SS-2202 8

UNSAFE WATER SAMPLE APPROVAL, FORM SS-2208. 9

DEPARTMENT OF PUBLIC SAFETY CHECK, FORM SS-2203 10

REQUEST FOR CHILD ABUSE INFORMATION, FORM SS-1606-0 11

RECOMMENDATION FOR A PROVISIONAL LICENSE, FORM SS-2207. 12

RECOMMENDATION FOR DENIAL OR REVOCATION OF A FOSTER GROUP CARE FACILITY LICENSE, FORM SS-2308-3 13

RECOMMENDATION FOR SUSPENSION OF A LICENSE, FORM SS-2307-3. 14

FOSTER GROUP CARE LICENSING

CONTENTS

Page

APPEAL PROCESS REGARDING DENIAL, REVOCATION OR SUSPENSION OF A FOSTER GROUP CARE APPLICATION OR LICENSE. 15

ADVERSE ACTION CHART. 17

APPROVED POTABLE WATER TESTING LABORATORIES IN IOWA 18

CERTIFICATE OF LICENSE, SS-2305-3 22

NOTIFICATION OF ACTION, FORM SS-3307. 23

Iowa Department of Human Services

APPLICATION FOR LICENSE OR CERTIFICATE OF APPROVAL

Agency Name		Phone
Address	City	Zip

Complete a separate block for each facility included in this application. Choose the facility type from the following list:

1. License to operate a child-placing agency (Chapter 238, Code and IAC 498--108)
   - 1a Foster care only
   - 1b Adoption only
   - 1c Foster care and adoption
2. Certificate of approval (Chapter 232, Code and IAC 498--105)
   - 2a Shelter care home (county or multicounty operated)
   - 2b Detention home (county or multicounty operated)
3. License to operate a group foster care facility (Chapter 237, Code and IAC 498--112, 114, 115 and 116)
   - 3a Community residential facility
   - 3b Comprehensive residential facility
   - 3c Community residential facility for mentally retarded children
   - 3d Comprehensive residential facility for mentally retarded children
   - 3e Private shelter care home
   - 3f Private detention home

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Facility Name	Phone	County	
Address	City	Zip	Type

Signature of Agency Representative	
Title	
Phone	Date

Send white and yellow copies to:

Bureau of Adult, Children and Family Services
Program Support Unit
Hoover State Office Building, Fifth Floor
Des Moines, Iowa 50319-0114

Retain pink copy for your records.

FOSTER GROUP CARE LICENSING

APPLICATION FOR LICENSE OR CERTIFICATE OF APPROVAL, FORM SS-3105-0

This form is to be used in making application for a license to operate a foster group care facility.

When Prepared

If the applicant has never had a license, the application should be made out as soon as a definite decision is reached to operate a foster group care facility. If an applicant wishes to renew a license, the application should be submitted between 30 and 90 days prior to expiration of present certificate.

By Whom Prepared

Person or persons applying for a license.

Number of Copies

Three.

Specific Instructions

The application form is sent to the facility upon request. The application is to be signed by the chairman of the Board of Directors or designated person, or by the owner or co-owners of the facility.

Disposition

The white and yellow copies of the completed application are sent to the Bureau of Adult, Children and Family Services. The white copy will be forwarded to the licensing manager by the Bureau of Adult, Children and Family Services. The applicant retains the pink copy for the facility's records.

FOSTER GROUP CARE LICENSING

CERTIFICATE OF INSPECTION FIRE SAFETY RULES, REGULATIONS AND STANDARDS, H-9757

This form is used by the Fire Marshal when the application or reapplication for a license to operate a foster group care facility has been made.

When Prepared

At the time of application and annually thereafter.

By Whom Prepared

The State Fire Marshal or designee.

Number of Copies

Three

Specific Instructions

The inspection is to be signed by the State Fire Marshal or designated person, noting any difficulties on an attached sheet of paper.

Disposition

The inspection is sent to the Bureau of Children's Services, Department of Social Services. The applicant retains a copy for the facility's records, as may the State Fire Marshal or his designee.

CERTIFICATE OF INSPECTION

FIRE SAFETY RULES, REGULATIONS AND STANDARDS

(Promulgated and adopted pursuant to 680-5.800(100) 1 thru 14 and 5.801(6) and Chapter 237, Code of Iowa)

TO: STATE DEPARTMENT OF SOCIAL SERVICES
Hoover State Office Building
Des Moines, Iowa 50319

RE: _____
(NAME)

_____
(ADDRESS)

I, _____, being the State Fire Marshal, Deputy State Fire Marshal, or duly appointed State Fire Marshal's representative for _____ (Name of Municipality) have caused an inspection to be made of the above named premises, and certify that it:

(Check One) ☐ DOES COMPLY ☐ DOES NOT COMPLY

with the fire hazard policies, rules, regulations and standards promulgated by the State Fire Marshal, pursuant to the authority granted by the Code of Iowa for the center as defined in Section 237 of the Code of Iowa, indicated below.

AMBULATORY ☐ NON-AMBULATORY ☐

COMMENTS:

DATE OF INSPECTION _____

_____
*(Signature)

_____
(Title)

*State Fire Marshal, Deputy State Fire Marshal or State Fire Marshal's appointed representative ONLY.

White - Facility copy
Green - State Fire Marshal
Yellow - Local Fire Dept.
Pink - State Dept. of Social Services

H-9757

Iowa Department of Human Services

ANNUAL EVALUATION AND RECOMMENDATION FOR FOSTER GROUP CARE LICENSE

Agency Name	Phone #
Agency Address	
Facility Name	Phone #
Facility Address	

	PHYSICAL STANDARDS	Yes	No
114.3(1)	Meets local building and zoning ordinance's grounds	____	____
(1)a	75 sq. ft. play area per child	____	____
b	Play area identified and free from hazards	____	____
c	Rubbish & trash separated from play area	____	____
c	Adequate drainage	____	____
114.3(2)	Buildings		
(2)a	Living areas		
(1)	Screened windows for ventilation	____	____
(2)	Clean, sanitary, free from vermin, rodents, dampness, gases and odors	____	____
(3)	Safe repair	____	____
(4)	Adequate light	____	____
(5)	Heating & storage areas separate from sleeping and play areas	____	____
(6)	Walls and ceiling asbestos-free	____	____
b	Sleeping rooms		
(1)	60 sq. ft. multiple occupancy	____	____
(2)	80 sq. ft. single occupancy	____	____
(3)	No more than 4 children per room	____	____
(4)	Finished construction	____	____
c	Above ground rooms		
(1)	7'6" ceilings	____	____
(2)	Window area 8% of floor area, unless there is adequate mechanical ventilation	____	____
d	Below ground rooms		
(1)	6'8" ceilings	____	____
(2)	Window area 2% of floor area, unless there is adequate mechanical ventilation	____	____
(3)	Floor and walls have impervious finish, are free from ground water leakage	____	____

			Yes	No
114.3(3)		Bedrooms		
	a	Solidly constructed bed	____	____
	b	Sheets, pillow cases, blankets clean and in good repair	____	____
	c	Adequate storage space	____	____
	d	No child over 5 shares bedroom with opposite sex	____	____
114.3(4)		Heating		
	a	65°F day and 55°F night minimum temperature	____	____
	b	Space heaters, etc. vented to outside	____	____
	c	No rubber or plastic tubing for gas heater lines	____	____
	d	Heating or cooling plant checked at least annually; in safe condition at all times	____	____
		SANITATION, WATER AND WASTE DISPOSAL		
114.4(1)		Bathrooms		
	a	Adequate hot and cold running water	____	____
	b	Properly equipped	____	____
	c	Toilets, bath, showers provide privacy	____	____
	d	Shower or tub for each 10 children	____	____
	e	Showers and tubs have slip-proof surfaces	____	____
	f	1 toilet and 1 lavatory for each 6 children	____	____
	g	Toilet facilities vented to remove odors and moisture	____	____
	h	Toilet facilities completely separated from adjacent food preparation areas by solid door	____	____
	i	Toilet facilities kept clean	____	____
	j	Partition if more than one stool	____	____
	k	Toilets, wash basins, other plumbing and sanitary facilities in good operating condition	____	____
114.4(2)		Food Preparation and Storage		
	a	No cracked dishes or utensils	____	____
	b	45°F storage area for perishable foods	____	____
	c	0°F storage area for frozen foods	____	____
	d	Hot food maintained at 140°F or above	____	____
	e	Cold food maintained 45°F or below	____	____
	g	No food stored on floor	____	____
	h	Floors & walls of smooth construction and good repair	____	____
114.4(3)		Personnel Handling Food		
	a	Free of infection	____	____
	b	Clean and neatly groomed	____	____
	c	Wearing clean clothes	____	____
	d	No tobacco use during preparation or serving	____	____
114.4(4)		Dishwashing Facilities		
	b	Commercial dishwasher if over 15 people	____	____
		If commercial dishwasher:		
	(1)	Chemicals added for sanitation are automatically added	____	____
	(2)	Single temperature machine at least 165°F	____	____
	(2)	150°F washwater and 180°F rinse	____	____
	(3)	Cleaned at least daily and as needed	____	____
	c	Dish table space available to separate soiled from clean dishes for a meal	____	____

		Yes	No
114.4(4)d	All hand-held food equipment cleaned and sanitized each meal	____	____
d	Dispensers, urns, etc. cleaned and sanitized daily	____	____
114.4(5)	Food Not Prepared at Site of Serving		
a	Preparation site meets standards for on-site preparation	____	____
b	Food transported in covered containers, completely wrapped to avoid contamination	____	____
c	During transportation and until serving 145°F for hot foods and 45°F for cold food	____	____
114.4(6)	Milk Supply		
	If fluid milk, it is pasteurized Grade "A"	____	____
114.4(8)	Water Supply		
	Public water supply or private supply annually checked for deficiencies (including NO_3 content); multiple sources analyzed	____	____
		____	____
	OR		
	Written statement regarding how potable water will be obtained, transported and stored	____	____
114.4(9)	Heating and Storage of Hot Water		
	Pressure and temperature relief valve	____	____
114.4(10)	Sewage Treatment		
	Public system (if available) or private system designed, constructed and maintained so that no unsanitary or nuisance conditions exist	____	____
114.4(11)	Garbage Storage and Disposal		
a	Sufficient # garbage & rubbish containers	____	____
b	Fly-tight, leak-proof, rodent-proof and maintained in sanitary condition	____	____
	SAFETY		
114.5(1)	Sufficient measures taken to ensure safety of children	____	____
a	Stairways, halls and aisles in good state of repair, adequately lighted, and kept free of obstructions;	____	____
	Handrail on stairways	____	____
b	Radiators, registers and steam and hot water pipes have protective coverings	____	____
c	Electrical outlets and switches have wall plates	____	____
d	Fuse boxes are inaccessible to children	____	____
e	Written procedures exist for the handling and storage of hazardous materials	____	____
f	Any firearms and ammunition are under lock and key and inaccessible to children	____	____
	Have written policies regarding purpose, use and storage	____	____
g	All swimming pools:		
	Conform to state and local health and safety regulations	____	____
	Have adult supervisors when children use the pool	____	____

		Yes	No
114.5(1)h	Written policies regarding any fishing grounds, lakes or other bodies of water on or near institution's grounds and accessible to children	____	____
114.5(2)	Emergency evacuation		
	All units have posted plan for evacuation of children in case of fire or disaster	____	____
	Practice drills are held at least every 6 months	____	____
	ORGANIZATION AND ADMINISTRATION		
114.6	Any change in name of facility, address, executive or capacity has been reported to licensing manager within 30 days of change, capacity change requires prior approval	____	____
114.6(1)	A table of organization identifies the lines of responsibility and authority for policy making	____	____
114.6(2)	The purpose and function of the organization are clearly defined in writing and include description of children to be accepted and services to be offered	____	____
114.6(3)a	The organization has a governing body which is accountable for and has authority over the policies and activities of organization	____	____
b	Department has been provided names, addresses, phone numbers of governing body	____	____
c	Organization has adequate insurance covering fire and liability	____	____
d	Organizations based outside of Iowa have designated authorized representatives with decision making abilities within Iowa	____	____
114.6(4)	The governing body has selected and appointed an executive director with full administrative responsibility	____	____
114.6(5)	Organization has sufficient financial resources, predictable income, or both for three months of operation	____	____
	PERSONNEL POLICIES		
114.7(1)	Current written personnel policies and practices of the specific facility accessible to staff include:	____	____
a	Affirmative action and equal employment	____	____
b	Job descriptions	____	____
c	Provisions for vacation, holidays and sick leave	____	____
d	Effective, time-limited grievance procedures	____	____
e	Authorized procedures for suspension and dismissal for just cause	____	____
f	Written procedures for annual evaluations	____	____

		Yes	No
114.7(2)	Staff with direct contact with clients or who are involved in the preparation of food shall:		
	Be medically free of serious infectious communicable diseases and able to perform job duties	____	____
	Obtain a statement by a physician at the time of employment and every 3 years verifying the above conditions	____	____
114.7(3)	The following information is maintained in a personnel record for each employee:	____	____
a	Name, address and social security number	____	____
b	Job application & justification of initial and current employment	____	____
c	Certified copy of transcript, diploma or written statement for educational requirements	____	____
d	Written verification of any required licensure	____	____
e	At least two written or documented oral references and with documentation of further investigation if negative references involved	____	____
f	Documentation of criminal records check if hired after 11/1/81	____	____
g	A written, signed and dated statement furnished by a new applicant which discloses any verified reports of child abuse, neglect or sexual abuse that may exist (If hired after 11/1/81)	____	____
h	Documentation, prior to permanently hiring, of Child Abuse Registry check (If hired after 11/1/81)	____	____
i	Current information relative to work performance evaluation	____	____
j	Records of pre-employment health exam or health report plus written record of health services rendered to the employee to ensure employee able to do the job	____	____
k	Information on written reprimands or commendations	____	____
l	Information on position in agency and date of employment	____	____
112.10(5)a	Documentation of the content and amount of child abuse identification and reporting training.	____	____
	<u>STAFF QUALIFICATIONS</u> <u>Community and Comprehensive Residential Facilities</u>		
114.8(1)a	*Caseworkers have a BA or BS degree in social work, psychology or a related behavioral science, plus two years of supervised experience; or a BSW with one year of supervised experience; or six years of supervised child welfare experience in residential care; or a combination of advanced education in the behavioral sciences and experience equal to six years.	____	____
b	*Casework supervisors have either an MSW with one year of supervised experience beyond the master's degree or a master's degree in psychology or counseling with two years of experience beyond the master's degree, one of which was under supervision. The experience is in the area of child welfare services.	____	____

		Yes	No
114.8(1)c	*Child care workers are at least 18 years of age *Any licensed facility having persons in employement in positions for which rules effective up to 11/1/81 required lower standards, shall be considered to meet current requirements. All new staff and promoted staff must meet the new requirements (114.8(1)d)	____	____
	Community and Comprehensive Residential Facilities for Mentally Retarded Children only		
116.3(1)	Direct Service Providers Direct service providers are paraprofessionals or professionals meeting all of the following criteria:		
a	Paraprofessionals		
	(1) Are at least eighteen years of age	____	____
	(2) Have graduated from high school or earned a high school equivalency degree	____	____
	(3) Have completed the prescribed agency training program	____	____
	(4) Are appropriate to the specific job description of the employing agency.	____	____
b	Professionals in the direct-service provider category:		
	(1) Are at least eighteen years of age	____	____
	(2) Have a BA degree in a related field; or an AA degree in a related field and two years experience specific to the job responsibilities; or two years of higher education in a related field and two years experience specific to job responsibilities; or four years experience in programming specific to job responsibilities.	____	____
	(3) Have completed the prescribed agency training program	____	____
	(4) Are appropriate to the specific job description of the employing agency.	____	____
116.3(2)	Indirect-service providers meet one of the following education and experience criteria: a. Have an MSW or an MA degree in a related field and one year of experience specific to job responsibilities b. Have a BA degree in a related field and two years experience specific to job responsibilities c. Have an AA degree in a related field and four years experience specific to job responsibilities d. Have five years of specific treatment program experience relating to the job responsibilities.	____	____
	NUMBER OF STAFF		
	All Facilities		
114.8(2)a	There is at least one readily accessible staff person on duty for each currently occupied living unit.	____	____
b	Each facility has the services of a casework supervisor and a caseworker adequate to fulfill the staff duties. (These are indirect service providers for MR)	____	____

		Yes	No
114.8(2)c	There is an on-call system operational twenty-four hours a day to provide supervisory consultation. There is a written plan documenting this system.	____	____
d	There is at least a one-to-eight staff-to-client ratio during prime programming time.. During prime programming time staff-to-child ratio is _____ to _____. Prime programming time is _____ _____		
	Comprehensive Residential Facilities		
115.4(1)a	There is at least a one-to-five staff-to-child ratio during prime programming time.	____	____
b	There are a minimum of three checks between the hours of 12:00 midnight and 6:00 a.m. These checks are logged. Policies for nighttime checks are in writing.	____	____
116.4	Community and Comprehensive Residential Facilities for Mentally Retarded Children Only		
	There is at least a one to four staff to client ratio during prime programming times.	____	____
	STAFF DUTIES		
	All Facilities		
114.8(3)a	The casework supervisor (or indirect service provider) provides in-person case-specific supervision at the site of the facility for one hour per month per caseworker and is available for consultation in case of emergency.	____	____
b	Caseworkers (or indirect service providers): (1) Develop a care plan for each child containing goals and objectives with projected dates of accomplishment and involve the client, referral agency, and family whenever possible.	____	____
	(2) Develop a specific plan relating to the involvement of the child's parents, unless documented by the caseworker that their involvement would be counterproductive.		
c	The facility defines in writing who is responsible for the following staff duties:		
	(1) Documenting case reassessments quarterly, involving the same personnel as previously involved in care plan development.	____	____
	(2) Documenting the implementation of the care plan	____	____
	(3) Providing for scheduled in-person conferences with each child	____	____
	(4) Providing a supportive atmosphere for the child	____	____
	(5) Providing for co-ordination of internal and external activities of the child	____	____
	(6) Providing for liaison with the referring agency	____	____

		Yes	No
	(7) Providing leadership and guidance to the children	____	____
	(8) Providing a mechanism for dealing with day-to-day program operations	____	____
	(9) Being responsible for overseeing and maintaining general health and well-being of children	____	____
	(10) Supervising the living activities of the children.	____	____
	(11) Monitoring and recording behavior on a daily basis	____	____
	(12) Knowing where the children are supposed to be at all times.	____	____
	<u>Comprehensive Residential Facilities and Comprehensive Residential Facilities for Mentally Retarded Children Only</u>		
115.4(2)a	A casework supervisor (or indirect service provider) provides:		
	(1) One hour per week per caseworker of in-person case-specific supervision.	____	____
	(2) On-site supervision at least monthly.	____	____
	(3) At least one additional hour per week per caseworker in other related duties including case intake discussions, staffing of cases, evaluations of caseworkers, teaching and administrative duties	____	____
b	Casework (or indirect service provider) staff:		
	(1) provides at least weekly group or individually scheduled in-person conferences with each child for whom the caseworker is responsible. More frequent in-person contact is provided if required in the care plan.	____	____
	(2) Provides a supportive and therapeutic atmosphere for the child.	____	____
	(3) Selects and employs appropriate treatment approaches to different types of children.	____	____
	<u>STAFF DEVELOPMENT</u>		
	Staff development is appropriate to the size and nature of the facility. There is a written format for staff training that includes:		
114.8(4)a	Orientation for all new employees to acquaint them with the philosophy, organization, program practices, and goals of the facility.	____	____
b	Training of new employees in areas related to their job assignments.	____	____
c	Provisions for all staff members to improve their competency. This may be accomplished through such means as attending staff meetings; attending seminars, conferences, workshops and institutes; visiting other facilities; access to consultants; access to current literature, including books, monographs, and journals relevant to the facility's services	____	____
d	A person designated responsible for staff development and training, who completes a written staff development plan which is updated annually	____	____

		Yes	No
112.10(3)	The agency provides the required training in child abuse identification and reporting	____	____
	INTAKE PROCEDURES		
114.9(1)	Agency has written intake policies	____	____
114.9(2)	Children are accepted for care only after an assessment of the child's need for service indicates the care offered by the facility meets these needs	____	____
114.9(3)	The agency has the following information prior to making an acceptance decision: current social history, copy of child's physical assessment, any psychological testing done within a year of referral, current educational data, any psychiatric reports done within a year of referral, referring agency's case plan, and documentation of legal status of child	____	____
114.9(4)a	The following information is secured upon admission of the child to the facility: placement agreement (within 48 hours) and emergency medical authorization	____	____
b	The following items are provided to the child, the child's family or guardian and the referring worker at the time of placement: a description of services provided; written policies regarding children's rights; and written policies regarding religion, work or vocational experiences, family involvement, grievance procedures and discipline	____	____
114.9(5)	At time of intake, individual needs are identified by staff based on written and verbal information from referral sources, observable behavior at intake and initial interview with youth or family, school contacts, physical examinations and other relevant material. This assessment is the basis for the development of the child's care plan.	____	____
114.9(6)	An educational assessment is developed by the staff and referring worker. Parents or guardian, area education agencies and public school are involved as appropriate	____	____
114.9(7)	The agency has designated a person or persons to have authority to do intake	____	____
114.9(8)	An intake sheet is completed on each child	____	____

		Yes	No
	PROGRAM SERVICES		
114.10(1)a	When evaluation services are provided by staff of the facility, the services are clearly defined so that referral sources are clear about the components of the service.	____	____
b	Evaluations are based on behavioral observations, social history, and educational assessments, and shall include an assessment of vocational needs, recreational skills, and physical therapy, speech, language, vision and hearing needs to assist in planning and placement for the child. The need for providing all of these evaluative services is determined on the basis of the specific child being referred.	____	____
114.10(2)	There is a written care plan for each child. The care plan is based on the individual needs determined through the assessment of the child, provides for consultation with the family, and includes the following: identification of special needs, description of planned services which indicates the staff person who is responsible for each service, and indication of where the services are to occur and the frequency of activities or services.	____	____
114.10(3)	The facility provides a daily routine for the children in residence which is directed toward developing healthful habits in eating, sleeping, exercising, personal care, hygiene, and grooming according to the needs of the individual child and the living group.	____	____
114.10(4)	The facility maintains a daily log. The log is used to note general progress in regard to the care plan and any problem areas or unusal behavior for each child.	____	____
114.10(5)	An educational program is available for each child in accordance with abilities and needs. The educational and teaching standards established by the state Department of Public Instruction shall be met when an educational program is provided within an institution.	____	____
114.10(6)a	There are twenty-four-hour emergency and routine medical and dental services available and provided when prescribed. Provisions for these services are documented.	____	____
b	The facility arranges a physical assessment including vision and hearing tests for each child in care within one week of admission, unless the child has received an examination within the past year and the results of this examination are available to the facility.	____	____

		Yes	No
c	The facility does not require medical treatment when the parents or guardian of the child or the child objects to treatment on the grounds that is conflicts with the tenets and practices of a recognized church or religious denomination of which the parents, guardian or child is an adherent. In potentially life-threatening situations, the facility refers the child's care to medical and legal authorities.	____	____
d	The facility has written procedures for staff members to follow in case of medical emergency.	____	____
e	The facility schedules a dental examination for each child within fourteen days of admission, unless the child has been examined within six months prior to admission and the facility has the results of that examination.	____	____
114.10(7)	The facility provides properly planned, nutritious and inviting food and takes into consideration the special food needs and tastes of children.	____	____
114.10(8)	The facility provides the opportunity for recreation and leisure activities for children in care. Opportunities are based on both the individual interests and needs of the children in care and the composition of the living group. The facility uses the recreational resources of the community whenever appropriate.	____	____
114.10(9)	The facility provides or obtains casework services in accordance with the needs of each child's individual care plan. Casework services include crisis intervention, daily living skills, interpersonal relationships, future planning and preparation for placement as required by the child.	____	____
114.10(10)a	When the diagnostic evaluation of a child indicates need for care by a psychiatrist or under psychiatric guidance, the specialized treatment or consultation is provided or arranged by the facility.	____	____
b	Psychologists whose services are used in behalf of children are licensed as psychologists in Iowa or certified by the Department of Public Instruction.	____	____
114.10(11)	If the facility uses volunteers to work directly with a particular child or group of children, there is a written plan for using volunteers. This plan is given to all volunteers. The plan indicates that all volunteers are directly supervised by a paid staff member; oriented and trained in the philosophy of the facility, the needs of children in care, and methods of meeting those needs; and subject to character and reference checks required of employment applicants.	____	____

		Yes	No
	Comprehensive Residential Facilities and Comprehensive Residential Facilities for Mentally Retarded Children Only		
115.5(1)	Recreation program.		
a	The facility provides adequately designed and maintained indoor and outdoor activity areas, equipment and equipment storage facilities appropriate for the age group it serves. There is a variety of activity areas and equipment so that all children can be active participants in different types of individual and group sports and other motor activities.	____	____
b	Games, toys, equipment, and arts and crafts material are selected according to the age and number of children with consideration to the needs of the children to engage in active and quiet play.	____	____
c	The facility works with community recreational resources, so these resources may provide opportunities for children to participate in community recreational activities	____	____
115.5(2)	The facility has the internal capacity to provide individual, family and group counseling, including, but not limited to, casework dealing with crisis intervention, daily living skills, peer relationships, future planning and preparation for discharge.		
	Community and Comprehensive Residential Facilities for Mentally Retarded only		
116.5	The facility has defined in writing who is responsible for overseeing personal hygiene of children and maintaining general orderliness in the facility	____	____
	CASE FILES		
114.11(1)	Facility maintains a case file on each child	____	____
	Case files include the following		
(2)	Face sheet	____	____
(3)	Referral packet information	____	____
(4)	Legal documents (court orders, placement agreements, etc.)	____	____
(5)	Psychiatric and psychological reports (if available)	____	____
(6)	Correspondence	____	____
(7)	Medical and surgical information and authorizations	____	____
(8)	School information	____	____
(9)	Care plan	____	____
(10)	Dictation (notes, contacts with parents, workers, etc., staff counseling and behavior notation, information on release of child, including name, address and relationship of person or agency to whom child was released)	____	____

		Yes	No
	DRUG USE AND CONTROL **General**		
	For Information of Pharmacy Board		
620-8.16(1)	Approved medication administration course completed by staff administering controlled substances.	____	____
114.12	Agency has written policies and procedures governing methods of handling prescription and over-the-counter drugs.	____	____
	No prescription or narcotic drugs are allowed without authorization of licensed physician.	____	____
114.12(1)	Only drugs approved by Federal Food and Drug Administration for use in U.S. are used. No experimental drugs are used.	____	____
114.12(2)	Such drugs are prescribed by a physician licensed to practice in the state in which the physician is currently practicing and are prescribed for use in accordance with the dosage ranges and indication approved by Federal Food and Drug Administration.	____	____
114.12(3)	Drugs provided to residents are dispensed from a licensed pharmacy or by a licensed physician	____	____
114.12(11)	Prescriptions are refilled only with the permission of the attending physician	____	____
114.12(13)	No prescribed medications are administered to a resident without the order of a licensed physician	____	____
114.12(15)	Dilution or reconstitution of drugs and their labeling is done only by a licensed pharmacist	____	____
	Storage of Drugs		
114.12(4)	All drugs are maintained in a locked cabinet	____	____
	Controlled substances are maintained in a locked box within the locked cabinet	____	____
	The cabinet key is always in the possession of a staff person	____	____
	Bathrooms are not used for drug storage	____	____
	Exceptions to these policies for self-administration of drugs are documented by a physician	____	____
114.12(5)	All medications requiring refrigeration are kept in a locked box in the refrigerator and separated from food and other items	____	____

		Yes	No
114.12(6)	All potent poisonous or caustic drugs are plainly labeled, stored separately from other drugs in a specific well-illuminated cabinet, closet or storeroom and only accessible to authorized persons	____	____
114.12(7)	All prescribed medications are clearly labeled indicating the child's full name, physician's name, prescription number, name and strength of the drug, dosage, directions for use and date of issuance. Medications are packaged and labeled according to state and federal guidelines	____	____
114.12(8)	Medication containers having soiled, damaged, illegible or makeshift labels are returned to the issuing pharmacist	____	____
	<u>Administration of Drugs</u>		
114.12(12)	No prescription medication prescribed for one resident is administered to or allowed to be in the possession of another resident	____	____
114.12(14)	Any unusual patient reaction to a drug is reported to the attending physician immediately	____	____
114.12(16)	Medications are administered only in accordance with the instructions of the attending physician	____	____
	Controlled substances are administered only by qualified personnel	____	____
	The type and amount of the medication, the time and date, and the staff member administering the medication are entered in the child's record	____	____
114.12(17)	Self-administration of prescription medications by children is covered by written policies and procedures and occurs only when: a. Medications are prescribed by a physician b. The physician agrees that the child can self-administer the medication c. What is being taken and when is documented in the record of the child	____	____
	<u>Unused Medication</u>		
114.12(9)	When a resident is discharged or leaves the facility, any unused prescriptions are sent with the resident or with a responsible agent, and with the approval of the physician	____	____
114.12(10)	Unused controlled prescription drugs are returned to the issuing pharmacist or physician for credit or destruction according to state law	____	____
	Other unused prescription drugs are destroyed by staff in the presence of a witness and this destruction is documented	____	____

		Yes	No
	CHILDREN'S RIGHTS		
114.13(1)	All policies and procedures covered in this section are in writing and are provided to the child and parents or guardian upon the child's admission to the facility.	____	____
	The rationale and circumstances of any deviation from these policies is discussed with the child's parents or guardian and the referring worker, and documented in the child's case record.	____	____
114.13(2)	Information regarding children and their families is kept confidential and released only with proper authorization	____	____
114.13(3)a	Visits are allowed with members of the child's immediate family unless otherwise regulated by the court	____	____
b	Visits are allowed with other significant persons	____	____
c	Consideration is given to privacy for family visits	____	____
d	The child is permitted to communicate with legal counsel and referring worker	____	____
e	The child is allowed to conduct private telephone conversations with family members. Incoming calls may be screened by staff to verify the identity of the caller before approval is given	____	____
f	The child is allowed to send and receive mail. The facility may require the child to open incoming mail in the presence of a staff member when it is suspected to contain contraband articles, or when there is money that should be receipted and deposited.	____	____
g	When limits on visits, calls or other communications are indicated, they are determined with the participation or knowledge of the child, family or guardian, and the referring worker. All restrictions have specific bases which are made explicit to the child and family and entered in the child's case record.	____	____
114.13(4)	Reasonable provisions are made for the privacy of residents	____	____
	PERSONAL POSSESSIONS		
114.14(1)	The facility allows the child in care to bring personal belongings and to acquire belongings in accordance with the child's service plan. However, the facility does, as necessary, limit or supervise the use of these items while the child is in care.	____	____

		Yes	No
114.14(2)	The facility ensures that each child in care has adequate, clean, well-fitting, attractive, and seasonable clothing as required for health, comfort, and physical well-being. The clothes are appropriate to age, sex, and individual needs.	____	____
	RELIGION		
114.15(1)	The facility has a written description of its religious orientation, particular religious practices that are observed, and any religious restrictions. This description is provided to the child, parents or guardian, and the placing agency at the time of admission.	____	____
114.15(2)	The child does have the opportunity to participate in religious activities and services of the child's own faith or that the child's parents or guardian. The facility, when necessary and reasonable, arranges transportation for religious activities. Where feasible, the child is permitted to attend religious activities and services in the community.	____	____
	WORK OR VOCATIONAL EXPERIENCES		
114.16(1)	The facility has a written statement of any work and vocational experiences available to children.	____	____
114.16(2&3)	Work as part of the program is identified in the child's case plan. Ordinary self-care and self-sufficiency tasks are not considered work.	____	____
114.16(4)	Work is in the child's interest, within the child's ability, with payment where appropriate, and never solely in the interest of the facility's goals or needs.	____	____
	FAMILY INVOLVEMENT		
114.17	Written policies and procedures encourage continued involvement of the family with the child	____	____
	CHILDREN'S MONEY		
114.18(1)	Money earned, received as a gift, or as an allowance by a child in care is deemed to be that child's personal property.	____	____
114.18(2)	The facility has a written policy on limits on the child's use of funds.	____	____
114.18(3)	The facility has a separate accounting system for children's money.	____	____

		Yes	No
	CHILD ABUSE		
114.19	The facility has written policies prohibiting mistreatment, neglect, or abuse of children and specifying reporting and enforcement procedures. Alleged violations are reported immediately to the director of the facility and DHS personnel. Any employee found to have abused a child as substantiated by DHS investigation is subject to the agency's policies concerning dismissal.	____	____
	DISCIPLINE		
114.20(1)	The facility has written policies regarding methods used for control and discipline of children which are available to all staff and to the child's family. Agency staff are in control of and responsible for discipline at all times. Discipline does not include the withholding of basic necessities such as food, clothing or sleep.	____	____
114.20(2)	The facility has a policy that clearly prohibits staff or the children from using corporal punishment as a method of disciplining or correcting children. This policy is communicated in writing to all staff of the facility.	____	____
114.20(3)	The use of physical restraint is employed only to prevent behavior extremely disruptive to others or to prevent the child from injury to self, to others, or to property. The rationale and authorization for the use of restraint and staff action and procedures carried out to protect the child's rights and to ensure safety are set forth clearly in the child's record by responsible professional staff.	____	____
114.20(4)	Only comprehensive residential facilities may use a control room, locked cottages, mechanical restraints or chemical restraint.	____	____
114.20(5)	The facility provides the child and the child's parents or guardian written policies regarding the following areas: a. The general expectation of behavior including the facility's rules and practices. b. The range of reasonable consequences that may be used to deal with inappropriate behavior.	____	____
	ILLNESS, ACCIDENT, DEATH OR ABSENCE FROM THE FACILITY		
114.21(1)	The child's parents or guardian and responsible agency are notified of any serious illness, incidents involving serious bodily injury or circumstances causing removal of the child from the facility	____	____

		Yes	No
114.21(2)	The child's parents or guardian, the placing agency and the appropriate state authority are notified immediately in the event of a child's death. The agency cooperates in arrangements made for examination, autopsy and burial	____	____
	UNANNOUNCED VISIT		
114.23	At least one unannounced visit was conducted in last year (for license renewals only; for initial licensure mark NA in No column).	____	____
	Date of unannounced visit: _____		

ADDITIONAL STUDY REPORT:

SUMMARY:

RECOMMENDATION

Time Frames of License _____

Licensed Capacity	Occupancy	Financial Type	Date of Visit

☐ Denial ☐ Provisional ☐ Full

Rationale for Recommendation:

☐ Community residential facility

☐ Community residential facility for mentally retarded children

☐ Comprehensive residential facility

☐ Comprehensive residential facility for mentally retarded children

- ☐ Control room (Attach SS-2209-3)
- ☐ Locked cottage (Attach SS-2210-3)
- ☐ Mechanical restraint (Attach SS-2212-3)
- ☐ Chemical restraint (Attach SS-2211-3)

Prepared by _____ Date _____

Decision Maker _____ Date _____

FOSTER GROUP CARE LICENSING

ANNUAL EVALUATION AND RECOMMENDATION FOR FOSTER GROUP CARE LICENSE, FORM SS-3208-3

Form SS-3208-3 is used in making the initial and annual evaluation for the recommendation of a license to operate a community residential facility, a comprehensive residential facility, a community residential facility for mentally retarded children, or a comprehensive residential facility for mentally retarded children.

When Prepared

When all information has been submitted to the Bureau of Adult, Children and Family Services for an original license or a renewal.

By Whom Prepared

Licensing manager.

Number of Copies

One.

Specific Instructions

The recommendation shall be signed by the licensing manager of the Iowa Department of Inspections and Appeals and reviewed and approved or disapproved by the chief of the DHS Bureau of Adult, Children and Family Services or the chief's designee.

Disposition

The completed form is sent to the Bureau of Adult, Children and Family Services, which makes photocopies. The original is returned to the agency. A copy is sent to the licensing manager and the district office for the district in which the facility is located. The Bureau of Adult, Children and Family Services retains a copy for the records.

FOSTER GROUP CARE LICENSING

EVALUATION AND RECOMMENDATION TO OPERATE A CONTROL ROOM, FORM SS-2209-3

Form SS-2209-3 is used to evaluate a foster group care facility's request to operate a control room.

When Prepared

When an applicant for a comprehensive residential facility, comprehensive residential facility for mentally retarded children or detention home wishes to operate a control room, and at each subsequent licensing renewal.

By Whom Prepared

The licensing worker and the executive director of the facility.

Number of Copies

One.

Specific Instructions

The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form.

Disposition

The completed form is sent with form SS-3208, Annual Evaluation and Recommendation for Foster Group Care License, to the Bureau of Adult, Children and Family Services, which makes photocopies. One copy is returned to the agency. A copy is sent to the licensing manager and the district office for the district in which the facility is located. The Bureau of Adult, Children and Family Services retains the original copy for the records.

Iowa Department of Human Services

EVALUATION AND RECOMMENDATION FOR APPROVAL TO OPERATE A CONTROL ROOM

Name of Agency_____

Address_____

Phone #_____Date of Evaluation_____

		Yes	No	NA but Policy in Place
115.7(1) (only)	The control room is used for treatment purposes only	____	____	____
115.7(1) (only)	The facility was approved for use of a control room before the room was used	____	____	____
115.7(2) or 105.10	The facility has written policies which:			
115.7(2)a or 105.10(1)a	Specify the types of behavior which may result in control room placement	____	____	____
115.7(2)b or 105.10(1)b	Delineate the staff members who may authorize its use as well as procedures for notification of supervisory personnel.	____	____	____
115.7(2)c or 105.10(1)c	Require documentation in writing of the types of behaviors leading to control room placement and the conditions that will allow the child to return to the living unit. The child is informed of these conditions.	____	____	____
115.7(2)d (only)	Limit the use of the control room to one of the following circumstances: The child's care plan includes and explains how this use of the control room fits into the treatment plan for the child. A one-time placement in an emergency without a care plan outlining the rationale for its use. (The second placement of a child in the control room must be outlined in the case plan.)	____	____	____
115.7(3) or 105.10(2)	The control room is designed to ensure a physically safe environment with:			
115.7(3)a or 105.10(2)a	All switches controlling lights and ventilation outside the room.	____	____	
115.7(3)b or 105.10(2)b	Allowance for observation of the child at all times.	____	____	

		Yes	No	NA but policy in place
115.7(3)c or 105.10(2)c	Protected recessed ceiling lights	____	____	
115.7(3)d or 105.10(2)e	No electrical outlets in the room.	____	____	
115.7(3)f or 105.10(2)g	Any window secured and protected in a manner to prevent harm to the child.	____	____	____
105.10(2)f (only)	All doors, ceilings and walls constructed of such strength and materials as to prevent damage to the extent that no harm could come to the child.	____	____	____
115.7(3)g (only)	A minimum of fifty-four square feet in floor space with at least a seven-foot ceiling.	____	____	____
105.10(2)h (only)	A minimum of 6 feet by 9 feet with at least a 7½-foot ceiling.	____	____	____
115.7(4) or 105.10(3)	The control room is used only when a less restrictive alternative to quiet or allow the child to gain control has failed and, for comprehensive residential facilities only, when it is in the care plan.	____	____	____
115.7(4)a or 105.10(3)a	No more than one child is in the control room at any one time.	____	____	____
115.7(4)b or 105.10(3)b	There are provisions for visual observation of the child at all times, regardless of the child's position in the room.	____	____	____
115.7(4)c or 105.10(3)c	The control room is checked thoroughly for safety and the absence of contraband prior to placing the child in the room.	____	____	____
115.7(4)d or 105.10(3)d	The child is thoroughly checked before placement in the control room and all potentially injurious objects removed including shoes, belts and pocket items.	____	____	____
115.7(4)d or 105.10(3)d	The staff member placing the child in the room documents each check.	____	____	____
115.7(4)e or 105.10(3)e	The child is provided sufficient clothing to meet seasonal needs. All clothing and underwear is not removed.	____	____	____
115.7(4)f or 105.10(3)f	A staff member is always within hearing distance of the control room, the child is usually checked by staff at least every 15 minutes and the check is recorded.	____	____	____

		Yes	No	NA but policy in place
115.7(4)g or 105.10(3)g	A child remains in the control room longer than one hour only with consultation and approval from the supervisor.	____	____	____
115.7(4)g or 105.10(3)g	The time in the control room, the reasons for the control and the reasons for the extension of time are entered in the child's case record	____	____	____
	Use of the control room for a total of more than 12 hours in any 24 hour period occurs only after authorization of the psychiatrist or upon court order (for comprehensive residential facilities) or the referring worker or court (for juvenile detention and shelter homes)	____	____	____
115.7(4)g or 105.10(3)g	No child remains in the control room for a period longer than 24 hours.	____	____	____
115.7(4)h (Only)	The child's parent or guardian and the referring worker are made aware of the control room as part of the treatment program.	____	____	____
105.10(3)h (only)	The child's parents, referring worker and child's attorney are notified when the control room is used for more than a total of 30 minutes in a 24-hour period.	____	____	____

I, _____, as executive director of _____ commit myself and the staff of this agency to adhere to the standards for use of a control room as found in Iowa Administrative Code 498--115.7(237) or 498--105.10(232) and specified in agency policies. Any change in these will be approved by the licensing authority prior to its enactment.

Signature of Executive Director	Date

RECOMMENDATION

☐ Approve the use of control room

☐ Disapprove use of control room

Prepared by
Date

DECISION

☐ Use of control room approved

☐ Not approved

Decision maker
Date
Effective period of approval

State of Iowa
Department of Social Services
Bureau of Children's Services

EVALUATION AND RECOMMENDATION FOR APPROVAL TO OPERATE A LOCKED COTTAGE

Name of Agency _____

Name of Locked Cottage _____

Address of Locked Cottage _____

Phone # _____ Date of Evaluation _____

		Yes	No
115.2(2)	Only youth adjudicated to have committed a delinquent act or placed pursuant to Chapter 229, The Code, are placed in a locked cottage.	____	____
115.8(1)	The locked cottage has not been operated without approval of licensing authority.	____	____
115.8(2)	The locked cottage has awake night staff.	____	____
	IF ONE UNIT OF TREATMENT PROGRAM OF AGENCY		
115.8(3)	If a facility utilizes a locked cottage as one unit of its treatment program it has written policies which are provided to the child, the child's parents or guardian and, when the child has an attorney, the child's attorney at the time of admission.	____	____
	These policies include:		
115.8(3)a	The type of behavior which may result in locked cottage placement.	____	____
(3)b	The staff members who may authorize placement in the locked cottage as well as procedures for notification of supervisory personnel.	____	____
(3)c	Requirement for documentation in writing of particular behaviors of a particular child that led to the locked cottage in placement.	____	____
(3)d	Requirement for documentation of the conditions that will allow the child to return to an unlocked cottage. These conditions are shared with the child.	____	____
(3)e	Requirement for documentation of the use of the locked cottage as a part of the treatment plan for a specific child.	____	____

(3)f	Specific policies as to length of stay in the locked cottage.	____	____
(3)g	Requirements for notification of the child's parents or guardian, the court, and the referring agency of a child's placement in the locked cottage.	____	____
(3)h	Requirement for written documentation of placements in the locked cottage in the child's case record.	____	____

I, _____, as Executive Director of _____ do hereby commit myself and the staff of this agency to adhere to the standards for locked cottages as found in Iowa Administrative Code 770--Chapter 115.2(2) and 115.8 and specified in agency policies. Any change in these policies will be approved by the licensing authority prior to their enactment.

_____ _____

Signature of Executive Director Date

RECOMMENDATION

Approval to operate locked cottage Prepared by_____

Disapproval Date_____

DECISION

Locked cottage approved Decision maker_____

Locked cottage disapproved Date_____

Effective period of approval_____

FOSTER GROUP CARE LICENSING

EVALUATION AND RECOMMENDATION TO OPERATE A LOCKED COTTAGE, FORM SS-2210-3

Form SS-2210-3 is used to evaluate a foster group care facility's request to operate a locked cottage.

When Prepared

When an applicant for a comprehensive residential facility, comprehensive residential facility for mentally retarded children or detention home wishes to operate a locked cottage; and at each subsequent licensing renewal.

By Whom Prepared

The licensing worker and the executive director of the facility.

Number of Copies

One.

Specific Instructions

The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form.

Disposition

The completed form is sent with SS-3208, Annual Evaluation and Recommendation for Foster Group Care License, to the Bureau of Adult, Children and Family Services which makes photocopies. One copy is returned to the agency. Copies are also sent to the licensing manager and the district office for the district in which the facility is located. The Bureau of Adult, Children and Family Services retains the original for the records.

FOSTER GROUP CARE LICENSING

EVALUATION AND RECOMMENDATION TO UTILIZE CHEMICAL RESTRAINTS, FORM SS-2211-3

Form SS-2211-3 is used to evaluate a foster group care facility's request to use chemical restraints.

When Prepared

When an applicant for a comprehensive residential facility or comprehensive residential facility for mentally retarded children wishes to use chemical restraints; and at each subsequent licensing renewal.

By Whom Prepared

The licensing worker and the executive director of the facility.

Number of Copies

One.

Specific Instructions

The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form.

Disposition

The completed form is sent with form SS-3208, Annual Evaluation and Recommendation for Foster Group Care License, to the Bureau of Adult, Children and Family which makes photocopies. One copy is returned to the agency. Copies are also sent to the licensing manager and the district office for the district in which the facility is located. The Bureau of Adult, Children and Family Services retains the original for the records.

State of Iowa
Department of Social Services
Bureau of Children's Services

EVALUATION AND RECOMMENDATION FOR APPROVAL TO USE CHEMICAL RESTRAINT

Name of Agency _____

Address _____

Phone _____ Date of Evaluation _____

		Yes	No	NA but Policy in Place
115.10	The secure facility has written policies regarding the use of chemical restraint.	____	____	
	These policies were approved by licensor prior to the use of chemical restraint.	____	____	
	These policies are posted in the facility and understood by all staff.	____	____	
	These policies are explained to all parents or guardians, children and referring agencies at the time of admission.	____	____	____
115.10(1)	Each administration of chemical restraint is specifically ordered by a physician who has personally examined the child. There are no standing orders for the use of chemical restraint.	____	____	____
115.10(2)	The child is continously monitored by a person trained and qualified to observe potentially adverse side effects.	____	____	____
115.10(3)	The administrator of the facility or a person designated by that officer authorizes the request for the use of chemical restraint.	____	____	____
115.10(4)	When a child requires chemical restraint on more than 4 occasions during a 30 day period, the secure facility holds an immediate meeting to discuss the appropriateness of the child's continued placement at the facility.	____	____	____

I, _____, as Executive Director of _____ do hereby commit myself and the staff of this agency to adhere to the standards for the use of chemical restraint as found in the Iowa Administrative Code 770--Chapter 115.10 and specified in agency policies. Any change in these policies will be approved by the licensing authority prior to their enactment.

_____ _____

Signature of Executive Director Date

RECOMMENDATION

Approve the use of chemical restraint Prepared by_____

Not approved Date_____

Effective period of approval_____

DECISION

Use of chemical restraint approved Decision maker_____

Disapproved Date_____

Effective period of approval_____

State of Iowa
Department of Human Services
Bureau of Adult, Children and Familiy Services

EVALUATION AND RECOMMENDATION FOR APPROVAL TO USE MECHANICAL RESTRAINTS

Name of Agency _____

Address _____

Phone # _____ Date of Evaluation _____

		Yes	No	NA but Policy in Place
115.9 or 105.21	Facility has written policies regarding the use of mechanical restraints.	____	____	
	The use of mechanical restraint was approved by the licensing authority prior to use.	____	____	
	The written policies are made available to clients, parents or guardian and referral sources at the time of admission.	____	____	____
	Policies are also made available to staff.	____	____	____
115.9(1)a or 105.21(1)	Mechanical restraints have not inflicted physical injury.	____	____	____
105.9(1)b (only)	Each use of mechanical restraint was authorized by administrator or case supervisor.	____	____	____
115.9(1)c (only)	Each authorization of mechanical restraint did not exceed one hour in duration.	____	____	____
115.9(1)d (only)	No child is kept in mechanical restraint for more than two hours in a 12 hour period.	____	____	____
105.21(1)b (only)	Each use of mechanical restraint was authorized by executive director or staff with: -BA in social work, psychology or related behavioral science and one year in shelter care, detention or foster group care, or -Five years supervised experience in shelter care, detention or foster group care, or -Some combination advance education and experience equal to five years.	____	____	____
105.21(1)b (only)	Written list of all staff qualified and designated to authorize mechanical restraint (105)	____	____	____

SS-2212-3 (Rev. 10/83)

		Yes	No	NA but Policy in Place
105.21(1)c (only)	When emergency mechanical restraint is necessary and utilized without prior authorization, a person designated to provide authorization was contacted immediately, visited the child and either authorized continued use of the restraint or immediately released the child	___	___	___
105.21(1)d (only)	Each authorization of mechanical restraint did not exceed one hour in duration without visit by and written authorization from a licensed psychologist, psychiatrist or physician or psychologist employed by a local mental health center.	___	___	___
105.21(1)e (only)	No child is kept in mechanical restraint for more than one hour in a 12 hour period without a visit by and written authorization from a licensed psychologist, psychiatrist or physician or psychologist employed by a local mental health center.	___	___	___
115.9(1)e or 105.21(1)f	Any time that a child is placed in mechanical restraint a staff person is assigned to monitor the placement with no duties other than to ensure the child's physical needs are properly met. This staff person remains in continuous auditory and visual contact with the child.	___	___	___
115.9(1)f or 105.21(1)g	Each child is released from mechanical restraint as soon as the restraints are no longer needed.	___	___	___
105.21(2)a (only)	Each use of mechanical restraint is documented in the clients record and includes at least the following: (1) Date and time child was placed in restraint (2) Type of restraint (3) Reason for restraint (4) Signature of person authorizing and the time (5) Signature of person placing in restraint (6) Signature of person providing continuous auditory and visual contact (7) Signature of person releasing and time	___	___	___
105.21(2)b (only)	Each use of mechanical restraint is documented in a master file for restraint use and includes above information and child's name.			
105.21(2)c (only)	Facility provides quarterly reports to Department providing above information.			

		Yes	No	NA but Policy in Place
115.9(2) or 105.9(3)	When a child requires mechanical restraints on more than four occasions during any 30 day period, the facility holds immediate emergency meeting to discuss the appropriateness of the child's continued placement at the facility (for 105 within 3 days of 4th incident and have a licensed psychologist or psychiatrist or psychologist employed by a local mental health center at the staffing).	____	____	____
115.9(3) or 105.21(4)	When a facility provides transportation and an exception to rule 115.9(1)"d" or 105.21(1) "d" is made because of the serious risk of the child exiting the vehicle while the vehicle is in motion, the facility places a written report in the child's case record which documents the necessity for the use of the restraint.	____	____	____
105.21(3) (only)	Agency policies encourage the use of seat belts while transporting children.	____	____	____

I, _____, as Executive Director of _____ do hereby commit myself and the staff of this agency to adhere to the standards for the use of mechanical restraint as found in the Iowa Administrative Code 770--115.9(237) or 498--105.21(232) and specified in agency policies. Any change in these policies will be approved by the licensing authority prior to their enactment.

_____ _____

Signature of Executive Director Date

RECOMMENDATION

☐ Approval to use mechanical restraints Prepared by _____

☐ Disapproval Date _____

DECISION

☐ Use of mechanical restraints approved Decision maker _____

☐ Disapproved Date _____

Effective period of approval _____

FOSTER GROUP CARE LICENSING

EVALUATION AND RECOMMENDATION TO UTILIZE MECHANICAL RESTRAINTS, FORM SS-2212-3

Form SS-2212-3 is used to evaluate a foster group care facility's request to use mechanical restraints.

When Prepared

When an applicant for a comprehensive residential facility, comprehensive residential facility for mentally retarded children or detention home wishes to use mechanical restraints; and at each subsequent licensing renewal.

By Whom Prepared

The licensing worker and the executive director of the facility.

Number of Copies

One.

Specific Instructions

The licensing worker completes the checklist by placing an "X" in the appropriate column. The executive director of the facility completes the commitment section including signature and date. The licensing worker signs and dates the form.

Disposition

The completed form is sent with form SS-3208, Annual Evaluation and Recommendation for Foster Group Care License, to the Bureau of Adult, Children and Family Services which makes photocopies. One copy is returned to the agency. Copies are also sent to the licensing manager and the district office for the district in which the facility is located. The Bureau of Adult, Children and Family Services retains the original for the records.

FOSTER GROUP CARE LICENSING

FOSTER CARE PRIVATE WATER SUPPLY SURVEY, FORM SS-2202

This form is to give additional information on private water supplies.

When Prepared

At the time of initial evaluation, and reviewed and updated at the subsequent evaluations.

By Whom Prepared

Licensing worker

Number of Copies

Two

Specific Instructions

Items I through IX are completed for the initial evaluation and each re-evaluation. However, at the time of re-evaluation when there has been no change in the information, the worker can indicate for each item "No Change".

Sketch - The sketch showing location of house, well, garage, septic tank, roads, ponds, streams, and any other items considered relevant only at the time of initial evaluation or any change.

Disposition

The copy is sent to the Bureau of Children's Services. The original is kept in the licensing worker's record.

State of Iowa
Department of Social Services

FOSTER CARE PRIVATE WATER SUPPLY SURVEY

Applicant(s) Name(s)_____

I. WELL LOCATION

Distance From: House_____
Barnyard_____
Cesspool/Septic Tank/Privy_____
Abandoned Wells_____
Other_____

Drainage: Ground surface sloped away from well. ____ Yes ____ No

II. WELL CONSTRUCTION

Diameter of well casing:_____
Well Casing Material: Steel_____ Brick_____ Concrete_____ Other_____
Describe Well or Pit Cover:_____
_____

Is there a well pit? ____ Yes ____ No It is ____ dry or ____wet?

III. WATER STORAGE

Pressure Tank_____ Cistern_____

IV. WATER QUALITY

Any problem with taste____, odor____, color____.
Laboratory Report of Analysis Indicates: ____Satisfactory, ____Unsafe, ____Nitrate Level

V. If water is boiled or hauled, give specific reasons for doing so. Give source and describe means of transport:_____
_____
_____
_____

VI. REMARKS AND COMMENTS

_____
_____
_____
_____

Date:_____ Signature of Worker:_____

SKETCH OF PROPERTY

(On the back of this sheet, show locations of: house wells, garage, septic tank, roads, ponds, streams, and any other items considered relevant.

SS-2202 (10/82)

State of Iowa
Department of Social Services

UNSAFE WATER SAMPLE APPROVAL

I, _____, agree to supply safe drinking water to all foster children placed in my home. I also agree to assure that foster children drink only safe water.

I will obtain safe drinking water from _____.
(Place name where supply will be obtained)

This is ____a. Purchased bottled water
____b. A public water supply
____c. A private water supply (Attached Form SS-2202 and water analysis included)

The following storage procedures will be utilized to insure that the safe water supply identified above does not become contaminated: (briefly identify gathering and transportation process, storage containers, length of storage, location of storage, etc.)_____

_____

_____

_____

_____

The following steps will be taken to insure that foster care children don't drink unsafe water:_____

_____

_____

_____

_____

In case of purchased water, I will keep all the receipts for review by the licensing worker.

Signature of Applicant 1: _____ Date: _____

Signature of Applicant 2: _____ Date: _____

The above plan is to insure that any foster care child placed in this home will drink only safe water. I certify that I believe this to be an appropriate plan. I feel assured that the foster group care facility will honor this agreement. I agree to monitor compliance to this plan when visits are made to the facility.

Licensing Worker:_____ Date: _____

I approve the above conditions

_____ Date: _____
(Signature of Licensing Administrator)

SS-2208 (10/82)

FOSTER GROUP CARE LICENSING

UNSAFE WATER SAMPLE APPROVAL, FORM SS-2208

This form is a sample form which may be utilized by an applicant(s) whose private water supply is unsafe. Applicants may also choose to provide the same general information on another form.

When Prepared

Whenever an applicant whose private water supply is unsafe chooses to use this form to make a commitment to supply safe water to foster children.

By Whom Prepared

Applicant and licensing worker

Number of Copies

Two

Specific Instructions

Applicants need to be informed that they have the option of utilizing Form SS-2208 or providing a similar written statement.

Disposition

The original is submitted to the Bureau of Children's Services and a copy retained by the licensing worker until the original is returned with the Licensing Administrator's decision.

FOSTER GROUP CARE LICENSING

DEPARTMENT OF PUBLIC SAFETY CHECK, FORM SS-2203

This form and a statement acknowledging that a Public Safety Check will be conducted which is signed by the applicant are sent to the Bureau of Children's Services on all new applications for employment at a foster group care facility. (Refer to XII-C-98 for a discussion of this type of check.) Current employees may be checked if there is reason to believe that the employee has been convicted of a crime involving the mistreatment or exploitation of a child. A signed statement of acknowledgement must also accompany requests for checks on current employees.

When Prepared

At the time of initial application for employment or, in special cases, during employment.

By Whom Prepared

Facility staff

Number of Copies

Two

Specific Instructions

The form is self-explanatory. Since this is confidential information, only D.S.S. licensing staff and the foster group care facility staff have access to this information. The facility submits the request to the Bureau of Children's Services who verifies that it is appropriate and forwards it to the Department of Public Safety. Public Safety returns the completed form to Children's Services who in turn sends it to the group care facility.

Disposition

The original of Form SS-2203 and the signed statement of acknowledgement are sent to the Bureau of Children's Services and a copy of SS-2203 is maintained by the facility until the original is returned by the Bureau of Children's Services. The signed original is placed in the applicant's record and the copy is destroyed.

STATE OF IOWA
DEPARTMENT OF HUMAN SERVICES

IOWA DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION
WALLACE STATE OFFICE BUILDING
Des Moines, Iowa 50319

ATTN: BUREAU OF IDENTIFICATION

/____/ FOSTER FAMILY HOME PARENTS

/____/ STAFF OF FOSTER GROUP CARE FACILITY

/____/ FAMILY DAY CARE HOMES

/____/ GROUP DAY CARE HOMES

/____/ CHILD DAY CARE CENTERS AND PRESCHOOLS

Please check your records to determine if the following individual has been convicted of a crime involving the mistreatment or exploitation of a child, (or a crime of violence against a person for day care facilities).

_____ (Name of Person Last First Middle)

_____ (Birthdate)

_____ (Maiden Name - if any)

_____ (Social Security # if provided)

If records do not show that this person has been convicted of this type of crime, please check (x) this box /____/ or otherwise indicate.

If this individual has been convicted of a crime involving mistreatment or exploitation of a child, (or a crime of violence against a person for day care facilities) please attach information.

Thank you for your assistance.

Please return this form to:
(Print or Type Address)

SS-2203 (Rev. 8/83)

State of Iowa
Department of Human Services
REQUEST FOR CHILD ABUSE INFORMATION

This form must be used to request child abuse information from the Iowa Central Abuse Registry. A separate form must be completed for each family unit about which information is requested. Forms which are not fully completed will be returned to the requestor. Requests are approved only for persons who have lawful access to child abuse information. You need to be aware of certain legal provisions about the handling of child abuse information. These provisions appear on the reverse side of this form.

PART A: To be completed by the person requesting information

1. Name of person filing request: _____ Phone: _____

   Address to which response should be sent: _____

   _____

2. What information is requested?

3. The information requested concerns: (Provide as much of the following information as possible)

   a. Name of child(ren): _____

      County of Residence: _____

   b. Name(s) of parent(s): _____

      Parent's(s') SSN(s): _____

      County of Residence: _____

   c. Name(s) of Perpetrator(s): _____

      County of Residence: _____

4. What is your official or legal relationship to the person(s) named in item 3?

5. For what purposes will you use the requested information?

Date: _____ Signature _____

PART B: To be completed by the Department of Human Services

1. _____ To the best of my knowledge, the information contained in Part A of this form is correct. The validity of the requestor's identity has been verified by the following method:

2. _____ To the best of my knowledge, all or part of the information contained in Part A of this form is incorrect. Specifically:

Date: _____ Signature _____

SS-1606 (Rev. 8/84)

PART C: To be completed by the Central Abuse Registry

1. _____ This request for information is approved. The following information may be released to the requestor:

2. _____ This request for information is denied because:

Date: _____ Signature _____

LEGAL PROVISIONS ON THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (235A.17)

A person, agency or other recipient of child abuse information authorized to receive such information shall not redisseminate such information, except that redissemination shall be permitted when:

1. The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.

2. The person to whom such information would be redisseminated would have independent access to the same information under section 235A.15.

3. A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.

4. The written record is forwarded to the registry within thirty days of the redissemination.

Criminal Penalties (235A.21)

1. Any person who willfully requests, obtains or seeks to obtain child abuse information under false pretense, or who willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with sections 235A.15 and 235A.17, or any person connected with any research authorized pursuant to section 235A.15 who willfully falsifies child abuse information or any records relating thereto, is guilty of a criminal offense and upon conviction for each such offense shall be punished by a fine of not more than one thousand dollars or by imprisonment in the state penitentiary for not more than two years, or by both such fine and imprisonment. Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with sections 235A.15 and 235A.17 shall for each such offense be fined not more than one hundred dollars or be imprisoned not more than ten days.

2. Any reasonable grounds for belief that a person has violated any provision of this chapter shall be grounds for the immediate withdrawal of any authorized access such person might otherwise have to child abuse information.

FOSTER GROUP CARE LICENSING

REQUEST FOR CHILD ABUSE INFORMATION, FORM SS-1606-0

This form is provided for authorized persons to request information from the Central Abuse Registry.

When Prepared

When a licensed foster group care facility is checking with the Central Child Abuse Registry for all new temporary or probationary staff prior to permanent hiring. Refer to XII-C-99 for guidelines.

By Whom Prepared

Staff of the licensed foster group care facility; staff of local or district offices; staff of the Central Abuse Registry.

Number of Copies

Three

Specific Instructions

A separate form must be completed for each family about which information is requested.

Part A of the form is completed by the foster group care staff person filing the request. When Part A is completed, the form is sent to the local or district office of the Department.

Part B of the form is completed by the local or district office, indicating the method used to verify the requestor's identify, e.g., positive voice identification (when emergency Registry approval has been given by phone), positive visual identification, positive signature identification. When Part B is completed by the local or district office, it is sent to Central Abuse Registry, Hoover State Office Building, Fifth Floor, Des Moines, IA 50319.

Part C of the form is completed by Registry personnel and returned to the local or district office from which it originated.

Disposition

Upon approval or denial of the request, the Registry returns the form to the local or district office, keeping a copy when necessary to record the dissemination of information. The local or district office retains one copy for its records and sends one copy to the requestor. These copies are subject to expungement requirements.

FOSTER GROUP CARE LICENSING

RECOMMENDATION FOR A PROVISIONAL LICENSE, FORM SS-2207

This form is submitted to the Bureau of Children's Services whenever an applicant is being considered for a provisional license. (Refer to XII-C-15 for a discussion of provisional licenses.)

When Prepared

Whenever a provisional license is being considered.

By Whom Prepared

Licensing worker completes sections I, II, IV, V and VI. The applicant(s) complete section III. The Licensing Administrator completes section VII.

Number of Copies

Two

Specific Instructions

The licensing worker should be as specific as possible in describing the deficiencies in section I and the corrective action in section II. The licensing worker may need to attach additional information to explain sections IV, V and VI. The licensing worker needs to indicate whether the provisional license is being recommended or that the review is being requested by crossing out the inappropriate information found within the parenthesis in section VI and sign in the space provided.

Disposition

The original is submitted to the Bureau of Children's Services and a copy is retained by the licensing worker until the original is returned with the licensing decision.

State of Iowa
Department of Social Services

RECOMMENDATION FOR A PROVISIONAL LICENSE

Applicant Names_____

I. Deficiencies:

1.

2.

3.

4.

II. Method of Correction and Date of Anticipated Completion:

_____
_____
_____
_____
_____

III. We agree to correct the deficiencies identified in Item I and according to the plan and time frames identified in Item II.

_____ _____
(Applicant 1) (Date)

_____ _____
(Applicant 2) (Date)

IV. Do the deficiencies present an immediate danger to a foster child's physical or mental health? _____ Yes _____ No _____ Unsure

V. Do the deficiencies directly affect the quality of care to be provided to a foster child? _____ Yes _____ No _____ Unsure

VI. I _____ request that (a provisional license be
(Licensing Worker's Signature)
issued/the District Administrator consider whether a provisional license should be issued) to the above named applicant.

VII. Decision of Licensing Administrator

I _____ approve or _____ disapprove the provisional license as requested above.

_____ _____
(Signature of Licensing Administrator) (Date)

SS-2207 (10/82)

Iowa Department of Human Services

RECOMMENDATION FOR THE DENIAL OR REVOCATION OF A FOSTER GROUP CARE FACILITY LICENSE

TO: Director, Division of Social Services

FROM:

Licensing Manager		Date	Agency
License No.	Date of Application	Facility	
Address			County

BASIS FOR DENIAL OF APPLICATIONS OR REAPPLICATIONS (IAC 498--112.5(1) and 112.5(2))

____1. Minimum standards are not met and a provisional license is inappropriate or disapproved (112.5(1)a).
____2. Just cause (112.5(1)b).
____3. Applicant, as sole proprietor, has been convicted of a crime indicating an inability to operate a children's facility or care for children (112.5(1)c and 112.6(1)c).
____4. Applicant, as sole proprietor, has a history of founded child abuse or neglect or one incident preventing normal functioning (112.5(1)d).
____5. Founded sexual abuse report on sole proprietor involved in operation of agency (112.5(1)e and 112.6(1)d).

BASIS FOR DENIAL OF REAPPLICATIONS OR REVOCATIONS (IAC 498--112.5(2)b and 112.6)

Mandatory (IAC 498--112.6(1)

____6. The facility is misusing funds furnished by D.H.S. (112.6(1)a).
____7. The facility is operating without due regard to the health, sanitation, hygiene, comfort or well-being of foster children (112.6(1)b).
____8. The director (or sole proprietor) involved in the operation of the facility has been convicted of a crime indicating an inability to operate a children's facility or care for children (112.6(1)c).
____9. There is a founded sexual abuse report on the sole proprietor of an agency who is involved in the operation of the agency (112.6(1)d).

Optional (IAC 498--112.6(2))

____10. A facility staff member has been convicted of a crime indicating an inability to care for children (112.6(2)b).
____11. The facility fails to meet a requirement in the placement agreement (112.6(2)c).

____12. There is a founded child abuse report on staff of the facility (112.6(2)e).
____13. The facility fails to continue to comply with all of the licensing requirements (112.692)f).
____14. The staff of the facility refuses to cooperate with an unannounced visit (112.6(2)g).

LICENSING DECISION

☐ License Denied

☐ License Revoked

☐ Recommendation Refused

_____
(Signature - Director, Division of Social Services)

_____
(Date)

White and Yellow - ACFS

Pink - Control

FOSTER GROUP CARE LICENSING

RECOMMENDATION FOR DENIAL OR REVOCATION OF A FOSTER GROUP CARE FACILITY LICENSE, FORM SS-2308-3

This form is submitted to the Director of the Division of Community Programs whenever a licensing worker is recommending denial of an application or reapplication or revocation of a license. (Refer to XII-C-17-21 for a discussion of denial of a license and XII-C-21-26 for revocation of a license).

When Prepared

Whenever a denial or revocation of a license is being recommended.

By Whom Prepared

Licensing worker completes all but the "Licensing Decision". The Division Director completes this section.

Number of Copies

Two

Specific Instructions

The licensing worker should indicate all reasons for the denial of an application or reapplication or revocation of the license. Supporting data should be attached to this form when it is submitted.

Disposition

The original and a copy are submitted to the Bureau of Children's Services and a copy retained by the licensing worker until the original is returned with a licensing decision.

FOSTER GROUP CARE LICENSING

RECOMMENDATION FOR SUSPENSION OF A LICENSE, FORM SS-2307-3

This form is submitted to the Director of the Division of Community Programs when an emergency or time-limited suspension of a license is being requested.

When Prepared

When a suspension of a license is being recommended.

By Whom Prepared

Licensing worker completes section I thru V. For time-limited suspensions, the licensee(s) signs section VI. The Licensing Manager signs section VII. Section VIII is completed by the Director of the Division of Community Programs.

Number of Copies

Three

Specific Instructions

The licensing worker shall ensure that the deficiencies are clearly and completely identified in section I, the specific law(s) or rule(s) violated are accurately cited in section II and that section V clearly describes the plan for correcting the deficiencies including the completion date. The specific type of license shall be typed in the blank in section VII.

Disposition

The white and yellow copies are submitted to the Director of the Division of Community Programs by the licensing worker. The blue copy is retained by the licensing worker until the white copy is returned with a suspension decision. The blue is then destroyed and the white copy placed in the licensee's record.

State of Iowa
Department of Social Services
Bureau of Children's Services
Licensing Unit

RECOMMENDATION FOR SUSPENSION OF A LICENSE

Licensee's Name _____

Address _____

I. Deficiencies requiring suspension:

1.

2.

3.

4.

II. Specific law(s) or rule(s) violated

III. Type of suspension requested (check one)

☐ Emergency ☐ Time Limited

IV. If "emergency", what type of adverse action is being sought (check one)

☐ Revocation of license ☐ Denial of reapplication

V. If "time limited", method of correction and anticipated completion date.

_____

_____

_____

FOR ALL TIME-LIMITED SUSPENSIONS

VI. We agree to correct the deficiencies identified in Item I and II according to the plan and time frames identified in Item V.

_____ _____ _____
(Licensee 1) (Licensee 2) Date

VII. Suspension Recommendation

Decision of Licensing Administrator

I recommend that the _____ license be suspended.

_____ _____
District Administrator's Signature Date or Licensing Manager Date

VIII. Suspension decision
I _____ approve or _____ disapprove this request for a suspension.

_____ _____
Signature of Director, Division of Community Programs Date

SS-2307-3 (10/82)

FOSTER GROUP CARE LICENSING

APPEAL PROCESS REGARDING THE DENIAL, REVOCATION OR SUSPENSION OF A FOSTER GROUP CARE APPLICATION OR LICENSE (Numbered sections correspond to areas on "Adverse Action Chart")

1. Whenever a foster group care license is denied, revoked or suspended, the applicant or licensee has the right to appeal the decision if they believe the licensing decision was based on incorrect information or that the licensing rules were incorrectly applied to them.

Effective Period of the License

2. If an appeal is filed within thirty days of the date of notice of decision, the license remains in effect until the appeal process is completed for a denial of a reapplication or a revocation of a license. For the denial of a new application, the license was never in effect. For a suspension, the license is not in effect during the suspension.

3. If no appeal is filed within thirty days of the date of notice of decision, the license is considered denied or revoked effective thirty days after the notice of decision. For the denial of a new application, the license was never in effect. For suspensions, the license is not in effect during the suspension.

Decision to Hear Appeal

4. If an appeal is filed within thirty days of the date of the notice of decision, a hearing officer from the Department of Social Services Appeals and Fair Hearings Office decides whether or not the appeal is appropriate and should be heard. If the appeal is based on the appellant's belief that the information on which the licensing decision was based was incorrect or that the licensing rules were incorrectly applied to the appellant, the appeal is appropriate and shall be heard.

5. If the appeal is filed more than thirty days but less than ninety days after the date of the notice of decision, the Commissioner of the Department of Social Services has discretion in deciding whether or not to hear the appeal.

6. If an appeal is not filed within ninety days of the date of the notice of decision, the appeal is not heard.

Hearing of the Appeal

7. If the hearing officer decides the appeal is appropriate or the Commissioner decides the appeal should be heard, a hearing officer shall hear the appeal and formulate a proposed decision.

FOSTER GROUP CARE LICENSING

APPEAL PROCESS REGARDING THE DENIAL, REVOCATION OR SUSPENSION OF A FOSTER GROUP CARE APPLICATION OR LICENSE (Cont'd)

Hearing of the Appeal (Cont'd)

The hearing officer's proposed decision may:

Uphold the Department's decision
Modify the Department's decision
Reverse the Department's decision

Dissatisfaction with the Proposed Decision

8. If the appellant is dissatisfied with the proposed decision, the appellant may request a review of the proposed decision within ten days of the proposed decision to the Commissioner. Such appeals shall be reviewed by the Commissioner.

9. If the Department's Appeals Advisory Committee is dissatisfied with the proposed decision, this Committee may request a review within ten days of the date of the proposed decision to the Commissioner. The Commissioner has the option of choosing whether or not to review the proposed decision.

10. If a request for review is not made within ten days of the date of the proposed decision or if the Commissioner chooses not to review the proposed decision as requested by the Appeals Advisory Committee, the proposed decision becomes final and is effective ten days after the date of the proposed decision.

Commissioner's Review

11. If the appellant appeals the proposed decision or the Commissioner chooses to review at the request of the Appeals Advisory Committee, the Commissioner may deny, revoke, suspend, issue or continue the license. The effective date of such action is the date of the Commissioner's decision.

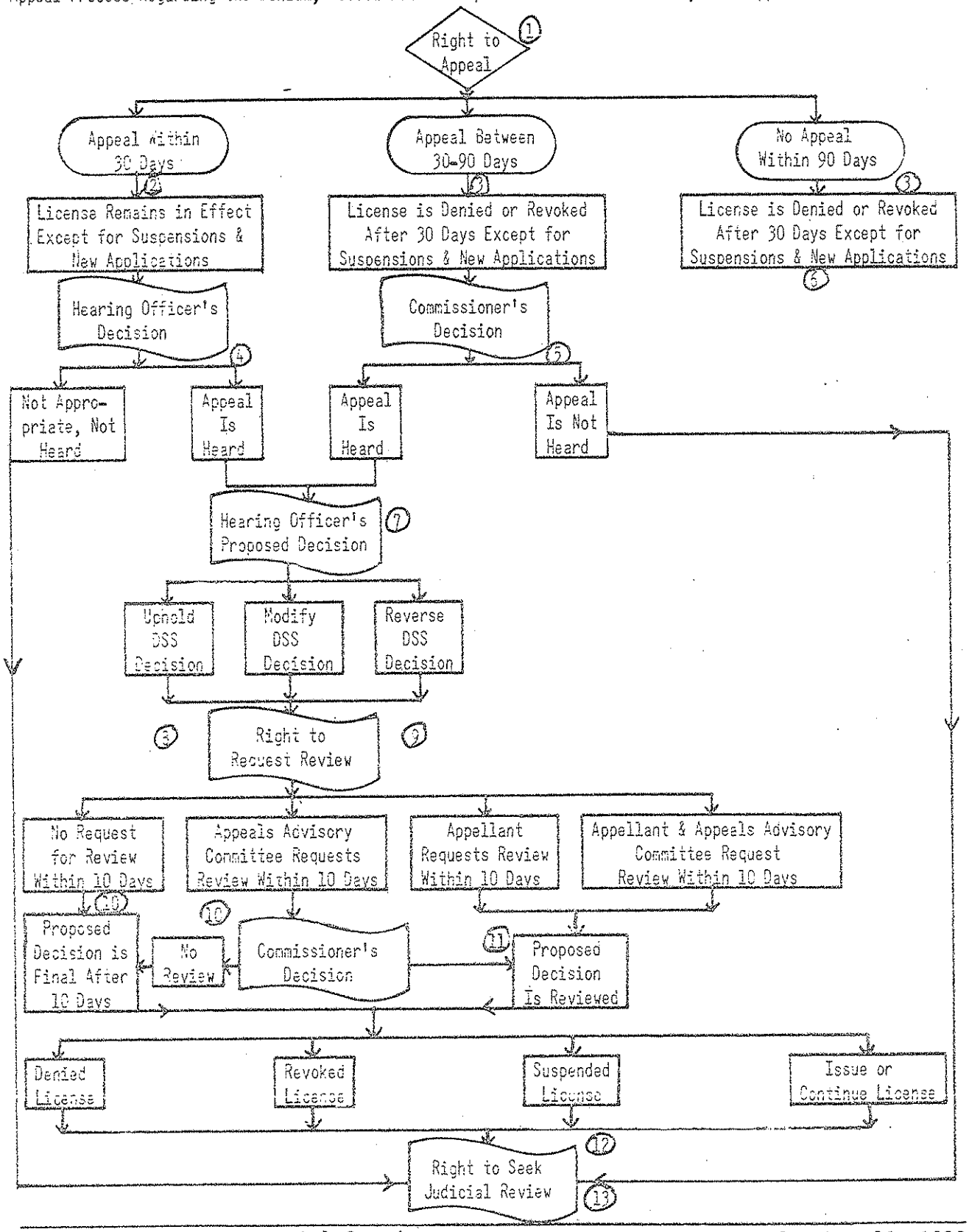
Additional Appeal Option - Judicial Review

12. When the appellant has exhausted the appeals options of the Department of Social Services, the appellant may request judicial review of the licensing decision.

13. If the client seeks judicial review, the licensing worker shall immediately notify the Appeals and Fair Hearings Office, the Attorney General's Office and the Bureau of Children's Service so that they may prepare for the judicial review.

ADVERSE ACTION CHART

Appeal Process Regarding the Denial, Revocation or Suspension of a Foster Family Home Application or License



FOSTER GROUP CARE LICENSING

Approved Potable Water Testing Laboratories in Iowa
(Revised - September 30, 1980)

LABORATORY	PERSONNEL APPROVED	APPROVED ANALYTICAL PARAMETERS	DATE OF LAST SURVEY
Municipal Water Plant 500 N. 3rd St., Box 786 Burlington 52601 Mgr. Greg Johnson 319/752-7611	Carl Stonoff Robin Bacher	MTF	5/79
Serco Laboratories Corning Division Box 625, 1922 Main St. Cedar Falls 50613 Pres. Robert George 319/277-2401	Cheryl Wilson Audrey Elsamiller Marge Kloster Robert George	inorganics MF MTF	10/78
Sanitation Labs No. 1 Twixt-Town Rd., NE Cedar Rapids 52401 Mgr. Nadin Drennan 319/377-8285	Beth Collins Roger Westercamp Carl Tipton Michael Blin	MTF NO_3	6/80
Linn County Health Dept. 751 Center Pt. Rd., NE Cedar Rapids 52402 Dir. Al Ahern 319/364-0532	Sam Dronebarger Dennie Hester Jeffrey Lake Charlene Wharton	MTF MF NO_3	6/80
Municipal Water Plant Box 309, 2000 N 25th St. Council Bluffs Supt. Jim Peters 712/328-5919	John Smith	MF	6/79
Municipal WWTP 2606 S Concord St. Davenport Supt. Jim Resnick 319/326-7932	Bill Kenney Julie Sievers Tammi Bednaric	MF, Barium Cadmium, Chromium NO_3, Lead, Mercury	6/80
Iowa Dept. of Agriculture Lab. Des Moines 50319 Supv. Marie Barclay 515/281-5861	James Nadig Sixto J. Paron Marie Barclay Pat Stezel Mary Wilson	MF NO_3	12/78

FOSTER GROUP CARE LICENSING

LABORATORY	PERSONNEL APPROVED	APPROVED ANALYTICAL PARAMETERS	DATE OF LAST SURVEY
Municipal Water Plant Box 386 Ft. Madison 52626 Supt. Dave Hotop 319/372-1062	Roger Higgins Doug Drummey Don Russell Scott & Allen Slee	MTF	10/79
University Hygienic Lab. University of Iowa Iowa City 52242 Dir. Dr. W.J. Haulser, Jr.	Gary Robertson John Kempf	MTF, MF, inorganic, organic, radiologicals	4/79
Municipal Water Plant 415 Blondeau St. Keokuk 52632 Mgr. Leon Lamer 319/524-5285	Joe Samuels Chester Star Greg Akers John Boyle	MTF	5/79
Manchester Sanitation Unit Milk Lab. Box 69, 310 E. Main St. Manchester 52057 Mgr. Dale Cooper 319/927-3212	John Schechtman Dorthy Lucas Marilyn Feldman Bea Beasley	MF	8/79
Manchester Labs., Inc. 105¼ North Franklin Manchester 52057 Lawrence Stookey, Suprv. 319/927-5115	Lawrence Stookey	Arsenic, Barium, Cadmium, Chromium, Silver Fluoride	11/79
North Central Professional Laboratories 520 S. Pierce, Box 1554 Mason City 50401 Dir. Fred Koelewyn 515/423-3826	Fred Koelewyn	MF, Cadmium, Chromium, Silver, Fluoride, Arsenic, Barium, Lead, Mercury, Nitrate	4/80
Minnesota Valley Testing Nevada 50201 Mgr. Neil Schreyer 515/382-5486	Neil Schreyer Marianne Michael Donna Baker Mary Weiland Esther Stowe Sharon Stowe	Barium, MF, Cadmium, NO_3 Chromium, Lead	9/79

FOSTER GROUP CARE LICENSING

LABORATORY	PERSONNEL APPROVED	APPROVED ANALYTICAL PARAMETERS	DATE OF LAST SURVEY
Municipal Water Plant 310 S. Wapello St. Ottumwa 52501 Mgr. Ernie Myers 515/684-4606	Clell Kirk LaVern Long	MTF	10/79
Municipal Health Dept. 411 - 7th St. Sioux City 51101 Dir. Tom Carrothers 712/279-6123	Den Weakly	MTF MF	5/79
CSL Labs. 1711 N. Lake Ave. Storm Lake 50588 712/732-6718	Brent Mangold Julie Mathews	MF	5/80
Waterloo Water Works Lab. Box 27 Waterloo 50705 Supt. Chuck Middleton 319/291-4394	Ralph Sander John Halbach Ann Hamman Roseann Cory	MTF	9/78
NON-RESIDENT LABORATORIES - RECIPROCALLY APPROVED			
Davy Water Quality Lab 419 S. 3rd St. LaCrosse, WI 54601 Dir. Paul Harris 608/782-2012	Paul Harris Dan Armstrong	MF MTF	7/80
Woodsen-Tenent Environmental Testing Lab 345 Adams Memphis, TN 38101 Dir. Dr. WC Hung 901/525-6333	Dr. George WC Hung Nicole S. Mochow David P. Cooper Thomas A. Kinard Richard Utley	inorganic, organics	4/79
Beling Labs. 16th St. & 10th Ave. Moline, IL 61265 309/762-5554	Paul A. Lang Rob Schab	MF	9/78

FOSTER GROUP CARE LICENSING

LABORATORY	PERSONNEL APPROVED	APPROVED ANALYTICAL PARAMETERS	DATE OF LAST SURVEY
Utility Consultants 1621 Grant St., Box 206 Unionville, MO 63565 Carol Irelan, Lab Suprv. 816/947-3316	Ed Moss Carol Irelan Diana Durbin	MF	11/77
Minnesota Valley Testing Labs. New Ulm, MN 56073 Dir. Thomas R. Berg, Lab Director 507/354-8517	Thomas R. Berg Dennis Gulden	Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Silver Selenium	10/79

Parameter Key

A. Bacteria
   1. MF = Membrane Filter
   2. MFT = Multiple Tube Fermentation
B. SPC = Standard Plate Count
C. F = Fluoride
D. NO_3 = Nitrate

FOSTER GROUP CARE LICENSING

CERTIFICATE OF LICENSE, FORM SS-2305-3

This license to operate a foster group care facility is awarded upon completion of the licensing requirements.

When Prepared

The license is completed only after the application has been approved by the chief of the Bureau of Adult, Children and Family Services.

By Whom Prepared

Bureau of Adult, Children and Family Services staff.

Number of Copies

One.

Specific Instructions

For community residential facilities, community residential facilities for mentally retarded children and private juvenile shelter care homes, enter "N/A" for each special provision. These facilities are not allowed to use these forms of restraint.

For comprehensive residential facilities, comprehensive residential facilities for mentally retarded children and juvenile detention homes, enter a "Yes" or "No" depending on whether the special form of restraint has been approved.

The license shall be signed by the chief of the Bureau of Adult, Children and Family Services. A gold seal is affixed indicating (1) the date of expiration and (2) provisional status, if any.

Disposition

The license is sent to the facility along with civil rights statement if this is a new license. The license shall be displayed in a conspicuous place on the premises of the facility.

Renewal

Only a gold seal is mailed out after the first year if there have been no changes in the license provisions.

State of Iowa

CERTIFICATE OF LICENSE

A License to operate as a _____
is hereby granted to _____
to care for a maximum number of _____ at any one time in the premises
located at _____ for the period
beginning _____ as provided by Chapter 237 of the Code of Iowa.

This facility complies with the standards established by the Department of Social Services.

SPECIAL PROVISIONS

_____ Control Room

_____ Locked Cottage

_____ Mechanical Restraint

_____ Chemical Restraint

DEPARTMENT OF SOCIAL SERVICES

Issued by the authority of the Department of Social Services

this _____ *day of* _____ , *19*____.

_____
Chief, Bureau of Children's Services

SS-2305-3 (10/82)

Iowa Department of Human Services

NOTICE OF ACTION

Date_____

Name of Facility_____

Address_____

County_____ Identification Number_____

This is to inform you that a (check one) full ☐ provisional ☐

(check one) certificate of license ☐ certificate of approval ☐

to operate a (check one)

- ☐ preschool
- ☐ day care center
- ☐ developmentally handicapped center
- ☐ child-placing agency ☐ adoption ☐ foster care
- ☐ child care facility
- ☐ community residential facility
- ☐ comprehensive residential facility
- ☐ community residential facility for mentally retarded children
- ☐ comprehensive residential facility for mentally retarded children
- ☐ shelter care facility
- ☐ detention facility

has been issued for the period from_____ to_____.

The maximum number of children to be cared for at one time in this facility is _____.

Special Provisions:

- ☐ Licensor_____
- ☐ POS manager_____D.O.
- ☐ Local Office_____
- ☐ POS manager Central Office
- ☐ Bureau file

_____
Chief, Bureau of Adult, Children and Family Services

SS-3307 (Rev. 7/86) 470-0728

FOSTER GROUP CARE LICENSING

NOTICE OF ACTION, FORM SS-3307

Form SS-3307 informs the facility and Purchase of Service staff of the action the Department has taken on the facility's application.

When Prepared

The notification is completed after the certificate of license is signed.

By Whom Prepared

Bureau of Adult, Children and Family Services staff.

Number of Copies

Four (minimum).

Specific Instructions

Special provisions may include approval to operate a control room, to operate a locked cottage or to use mechanical or chemical restraints. Only comprehensive residential facilities, comprehensive residential facilities for mentally retarded children and private juvenile detention homes may be approved for these special provisions.

The form shall be signed by the chief of the Bureau of Adult, Children and Family Services.

Disposition

The original is sent to the facility (or the parent agency if there is more than one facility).

Copies shall be sent to the following:

1. The licensing and certification manager who prepared the evaluation and recommendation for the license.

2. The purchase of service manager for the districts involved.

3. The facility record retained in the Bureau of Adult, Children and Family Services.

State of Iowa
Department of Human Services
Des Moines

November 5, 1985

GENERAL LETTER NO. 12-C-AP-9

SUBJECT: Employees' Manual, Title XII, Chapter C, Appendix, "Foster Group Care Licensing", page 1, revised; and Form SS-3105-0, Application for License or Certificate of Approval, revised.

This letter updates the application for a foster group care license to reflect changes in Department and bureau names, and Iowa Administrative Code references.

Effective Date

Immediately

Material Superseded

Employees' Manual, Title XII, Chapter C, Appendix, page 1, dated October 26, 1982, and Form SS-3105-0, Application for License and/or Certificate of Approval, dated 10/82, shall be removed from the Manual and destroyed.

Additional Information

Use up current supply of Form SS-3105-0. Questions concerning this material shall be directed to the District Office.

DEPARTMENT OF HUMAN SERVICES
Michael V. Reagen, Ph.D.
Commissioner

Ronald D. Stehl, Chief
Bureau of Adult, Children and
Family Services

Central Office
District Offices
Local Offices

State of Iowa
Department of Human Services
Des Moines

September 23, 1986

GENERAL LETTER NO. 12-C-AP-10

SUBJECT: Employees' Manual, Title XII, Chapter C, "Foster Group Care Licensing," Appendix, pages 3 through 7, 22 and 23, revised, and forms SS-3105-0, Application for License or Certificate of Approval; SS-3208-3, Annual Evaluation and Recommendation for Foster Group Care License; SS-2209-3, Evaluation and Recommendation to Operate a Control Room; SS-2308-3, Recommendation for the Denial or Revocation of a Foster Group Care Facility License; and SS-3307, Notice of Action, revised.

Manual pages and forms are revised to:

1. Reflect the change in licensing categories to delete "residential facilities for the mentally retarded" and add "community residential facilities for mentally retarded children" and "comprehensive residential facilities for mentally retarded children"; and

2. Add the requirement for an annual unannounced visit to form SS-3208-3, Annual Evaluation and Recommendation for Foster Group Care License; and

3. Add the requirement regarding child abuse identification and reporting training to form SS-3208-3, Annual Evaluation and Recommendation for Foster Group Care License; and

4. Delete "Over half the references recommend no license (112.5(1)f)" as a grounds for denial of a license. This reflects a recent change in administrative rules. References can still be used to build a case for denial, but the existence of four or more negative references, in and of itself, is no longer grounds for denial.

5. Reflect the change in rules regarding the use of a control room by a juvenile detention home. For more information regarding this change, see XII-A, Approval of Juvenile Detention and Shelter Care Homes.

Effective Date

This material is effective upon receipt.

Material Superseded

The following manual pages and forms shall be removed from the Employees' Manual Title XII, Chapter C, Appendix, and destroyed:

Form SS-3105-0	10/85
Form SS-3208-3	10/82
Pages 3-4	October 18, 1983
Form SS-2209-3	10/83
pages 5-7	October 18, 1983
Form SS-2308-3	10/82
Page 22	October 26, 1982
Form SS-3307	10/83
Page 28	October 18, 1983

Additional Information

Existing supplies of forms shall be destroyed and new forms ordered in the usual manner.

Questions concerning this material shall be directed to the district administrator.

DEPARTMENT OF HUMAN SERVICES
Michael V. Reagen, Ph.D.
Commissioner

Ronald D. Stehl

Ronald D. Stehl, Chief
Bureau of Adult, Children
and Family Services

Central Office
District Offices
Local Offices