

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

APPENDIX

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

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APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

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

This form is to be used in making application for a certificate of approval to operate a juvenile detention or shelter care facility.

When Prepared

If the applicant has never had a certificate of approval, the application should be made out as soon as a definite decision is reached to operate a juvenile detention or shelter care facility. If an applicant wishes to renew an approval, 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 certificate of approval.

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.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

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

This form is used by the Fire Marshal when the application for certificate of approval or renewal to operate a detention or shelter 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 deficiencies 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.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

ANNUAL EVALUATION AND RECOMMENDATION FOR CERTIFICATE OF APPROVAL OR LICENSE FOR JUVENILE SHELTER CARE AND DETENTION HOMES, FORM SS-0703

This form is to be used in making the initial and annual evaluation for the recommendation of a certificate of approval or license to operate a juvenile shelter care or detention facility.

When Prepared

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

By Whom Prepared

Licensing Manager

Number of Copies

One

Specific Instructions

The recommendation is to be signed by the Licensing Manager and reviewed and approved or disapproved by the Chief of the Bureau of Adult, Children and Family Services or his 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 facility. A copy is sent to the licensing manager and district office. The Bureau of Adult, Children and Family Services retains a copy for the records.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESNOTIFICATION OF ACTION, FORM SS-3307

This Notification of Action is mailed out on completion of the approval.

When Prepared

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

By Whom Prepared

Bureau of Adult, Children and Family Services

Number of Copies

Four (minimum)

Specific Instructions

Only the juvenile detention homes may be approved for the use of a control room.

The notification is to be signed by the Chief of the Bureau of Adult, Children and Family Services.

Disposition

The original is sent to the facility (or 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 license/certification/approval.
2. The Purchase of Service Manager for the district(s) involved. (Shelter care only).
3. Facility record retained in the Bureau of Adult, Children and Family Services.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

Form SS-2208, *Unsafe Water Sample Approval*,  
has been moved to [12-B-Appendix](#).

Form SS-2208 has been renumbered to 470-0699 and  
renamed to *Provisions for Alternate Water Supply*.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

Form SS-2202, *Foster Care Private Water Supply Survey*,  
has been moved to [12-B-Appendix](#).

Form SS-2202 has been renumbered to 470-0693.



APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESDEPARTMENT OF PUBLIC SAFETY CHECK, FORM SS-2203

This form and a statement acknowledging that a Public Safety Check will be conducted which is signed and dated by the applicant are sent to the Bureau of Children's Services on all new applications for employment at these public facilities. (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

**Note:** County and Multicounty facilities currently do not have access to this information and therefore shall not use this form until the law is changed to allow access.

Number of Copies

Two

Specific Instructions

The form is self-explanatory. Since this is confidential information, only D.S.S. licensing staff and the juvenile detention or shelter 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 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.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

CERTIFICATE OF APPROVAL, FORM SS-1205-0

This approval to operate a juvenile detention or shelter care home is awarded upon completion of requirements for same.

When Prepared

The certificate of approval is completed only after the application has been approved by the Chief of the Bureau of Children's Services.

By Whom Prepared

Bureau of Children's Services

Number of Copies

One

Specific Instructions

For juvenile shelter care homes, enter "N/A" for each special provision. These facilities are not allowed to utilize these forms of restraint.

For juvenile detention homes, enter a "Yes" or "No" depending on whether or not the special form of restraint has been approved.

The certificate of approval is to be signed by the Chief of the Bureau of Children's Services and a gold seal affixed indicating (1) date of expiration and (2) provisional status if any.

Disposition

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

Renewal

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

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
1. Municipal Water Plant Municipal Building Ames, 50010 (515)232-6210	Jim McDonald	1/29/81	Coliforms
2. Engineering Research Institute Analytical Services Laboratory 123 Town Engineering Building Iowa State University Ames, Iowa 50011 (515)294-8768	Jim Gaunt	8/21/80	Ba, Cd, Cr, Pb, Hg, F-, NO <sub>3</sub>
3. Veterinary Diagnostic Laboratory Iowa State University Ames, 50011	Lorraine Hoffman	4/03/81	Coliforms
4. Municipal Water Plant 500 North 3rd Street Box 768 Burlington, 52601 (319)752-7611	Carl Stonoff	6/10/81	Coliforms
5. Serco Laboratories 1922 Main Street Box 625 Cedar Falls, 50613 (319)277-2401	Kathy Smit	11/13/80	Coliforms, As, Ba, Cd, Cr, F-, Pb, Hg, Ag, NO <sub>3</sub>
6. Municipal Water Plant 761 J Avenue N.E. Cedar Rapids, 52402 (319)398-5357	Tom North	6/28/82	Coliforms, F-, NO <sub>3</sub>
7. Sanitation Laboratory No. 1 Twixt Town Road Cedar Rapids, 52402 (319)377-8285	Nadine Drennan	6/29/82	Coliforms, Cd, Cr, Pb, Ag, NO <sub>3</sub>
8. Linn Co. Health Department 751 Center Point Road N.E. Cedar Rapids, 52402 (319)398-3551	Sam Dronebarger	6/29/82	Coliforms, NO <sub>3</sub>
9. Rathbun Regional Water Asso. Rural Route 3 Centerville, 52544 (515)647-2416	Ron Wedlund	8/21/80	Coliforms, F-

## APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

IOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
10. Clinton Water Company 120 Fifth Avenue Clinton, 52732 (319)242-3041	Ed Stoltenberg	4/07/82	Coliforms
11. Municipal Water Plant 2000 North 25th Street Box 309 Council Bluffs, 51501 (712)328-5920	Jim Wilson	1/30/81	Coliforms
12. Davenport Water Company 130 East 2nd Street Davenport, 52801 (319)322-0161	Howard Thompson	6/09/81	Coliforms
13. Municipal WWTP 2606 South Concord Street Davenport, 52801 (319)326-7932	Bill Kenney	6/25/80	Coliforms, Ba Cd, Cr, Pb, Hg, NO <sub>3</sub>
14. Municipal Water Plant 1003 Locust Street Des Moines, 50307 (515)283-8761	Bill Boller	12/24/81	Coliforms, F-
15. Department of Agriculture H.A. Wallace Building Des Moines, 50319 (515)281-5861	Marie Barclay	12/29/80	Coliforms, NO <sub>3</sub>
16. Polk County Health Dept. 602 East 1st Street Des Moines, 50319 (515)286-3929	Jack Schoop	8/11/81	Coliforms, NO <sub>3</sub>
17. Municipal Water Plant City Hall 13th and Central Dubuque, 52001 (319)582-3111	Mort Wilke	7/16/82	Coliforms
18. Municipal Water Plant Phinney Park Drive Municipal Building Ft. Dodge, 50501 (515)576-6101	Ken Cunningham	9/23/80	Coliforms

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
19. University Hygienic Laboratory University of Iowa Oakdale Hospital Iowa City, 52242 (319)353-5990	R.C. Splinter	3/21/79	All SDWA parameters
20. Municipal Water Plant 415 Blondeau Street Keokuk, 52632 (319)524-2011	Joe Samuel	7/08/81	Coliforms
21. Unit Milk Laboratory 301 East Main Street Manchester, 52057 (319)927-3212	John Schechtman	8/04/81	Coliforms
22. Manchester Laboratories 105½ North Franklin Street Box 65 Manchester, 52057 (319)927-5115	Dianne Gehrke	11/20/81	As, Ba, Cd, Cr, Ag, F-, NO <sub>3</sub> , Se, Pb, Hg
23. Municipal Water Plant 23 North Center Street Marshalltown, 50158 (515)753-3997	Ralph Allen	8/19/81	Coliforms, F-
24. Municipal Health Dept. City Hall Mason City, 50401 (515)423-2614, ex.49	Tim Yezek	9/10/81	Coliforms
25. No. Central Professional Lab. 905 South Carolina Street Box 1554 Mason City, 50401 (515)423-3826	Lisa Hedrick	9/10/81	Coliforms, As Ba, Cd, Cr, Pb, Hg, Ag, F-, NO <sub>3</sub>
26. Iowa Army Ammunition Plant Middletown, 52638 (319)753-7884	Bill Layne	6/19/81	Coliforms
27. Power & Water Company 3205 Cedar Street Muscatine, 52761 (319)263-2631, ex. 348	Jerry Doering	7/09/81	Coliforms

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Supervisor</u>	<u>Last Survey Date</u>	<u>Approved Tests</u>
28. Minnesota Valley Testing Lab. 35 West Lincoln Way Nevada, 50201 (515)382-5486	Neil Schreyer	10/19/81	Coliforms, As, Ba, Cd, Cr, F-, Pb, Hg, NO <sub>3</sub> , Se, Ag
29. Municipal Water Plant 310 South Wapello Street Ottumwa, 52501 (515)684-4606	Virlyn Robinson	8/26/81	Coliforms
30. Sioux-Preme Packing Company Highway 75 South Sioux Center, 51250 (712)722-2555	Gordon Brand	7/30/81	Coliforms, NO <sub>3</sub>
31. Siouxland District Health Dept. 411 Seventh Street Sioux City, 51101 (712)279-6116	Dan Weakly	6/03/81	Coliforms
32. MCL Laboratory 1171 North Lake Avenue Storm Lake, 50588 (712)732-6718	Brent Mangold	6/18/82	Coliforms, NO <sub>3</sub>
33. Milk & Sanitation Laboratory City Hall Box 27 Waterloo, 50705 (319)291-4394	Ralph Sander	7/16/82	Coliforms, NO <sub>3</sub>

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESIOWA APPROVED NON-RESIDENT SDWA LABORATORIES JULY 20, 1982

<u>Name/Address</u>	<u>Last Approval Date</u>	<u>Approved Tests</u>
1. Davy Water Laboratory 421 South Third Street LaCrosse, Wisconsin 54601	6/30/82	Coliforms
2. Woodson-Tenet 345 Adams Memphis, Tennessee 38191	1/11/82	Inorganics, Organics
3. Utility Consultants 1621 Grant Street Box 206 Unionville, Missouri 63563	8/28/80	Coliforms
4. U.S. Army Environmental Hyg. Ag. Aberdeen Proving Ground Maryland, 21010	4/10/81	Inorganics, Organics, Radiation
5. Water Department Thirty 18th Street Moline, Illinois 61265	4/05/81	Coliforms
6. Aqua-Tech Environmental Consultants, Inc. State Route 100 Box 76 Melmore, Ohio 44845	1/27/82	Coliforms, Inorganics

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

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

This form is used when a juvenile detention facility wishes to operate a control room.

When Prepared

When an applicant or reapplicant for a license or approval as a juvenile detention facility wishes to operate a control room.

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 and sends it to the Bureau of Adult, Children and Family Services.

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 district office. The Bureau of Adult, Children and Family Services retains a copy for the records.



APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMES

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

This form is used when a juvenile detention facility wishes to utilize mechanical restraints.

When Prepared

When an applicant or reapplicant for a license or approval as a juvenile detention facility wishes to utilize mechanical restraints.

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 and sends it to the Bureau of Adult, Children and Family Services.

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 district office. The Bureau of Adult, Children and Family Services retains a copy for the records.

APPROVAL OF JUVENILE DETENTION AND SHELTER CARE HOMESREQUEST 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 Abuse Registry for all new staff prior to permanent hiring.

By Whom Prepared

Staff of the juvenile detention and shelter care homes; 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 shelter or detention 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

All forms which are completed by the Registry and returned to the local or district office shall be transmitted to the requestor.

The local or district office retains one copy of the completed form for its records. This reproduced copy is subject to this Chapter's expungement requirements. The Registry retains a completed form when necessary to record the dissemination of information. The third copy is to be retained by the requestor.