


State  of Iowa

CERTIFICATE OF APPROVAL

For a _____ facility is hereby granted to _____ to care for a maximum number of _____ at any one time on the premises located at _____ for the period beginning _____ as provided by Chapter 232 of the Code of Iowa.

This facility complies with the standards established by the Department of Human Services and the sanitary provisions prescribed by the State Department of Health.



DEPARTMENT OF HUMAN SERVICES

*Issued by the authority of the Department of Human Services
this _____ day of _____,*

Administrator, Division of Adult, Children & Family Services