

**RECOMMENDATION FOR PROVISIONAL LICENSE**

Applicant Names
-----------------

**A. Deficiencies:**

- 1.
- 2.
- 3.
- 4.

**B. Method of correction and date of anticipated completion:**

**C. We agree to correct the deficiencies identified in Item A and according to the plan and time frames identified in Item B.**

Applicant 1	Date
Applicant 2	Date

**D. Do the deficiencies present an immediate danger to a foster child's physical or mental health?**

- Yes       No       Unsure

**E. Do the deficiencies directly affect the quality of care to be provided to a foster child?**

- Yes       No       Unsure

**F. I request that a provisional license be issued to this foster home.**

Licensing Worker's Signature
------------------------------

**Decision of Service Area Manager**

I  approve or  disapprove the provisional license as requested above.

Signature of Service Area Manager	Date
-----------------------------------	------