

## Iowa Department of Human Services

## **Recommendation for Suspension of a License**

Licensee Name			
Address			
A.	Deficiencies requiring suspension.		
	☐ The licensee fails to meet licensing requirements. 441 IAC 112.9(2)"a"		
	There are sufficient grounds for revocation on denial of the license. 441 IAC 112.9(2)"b"		
	The health, safety, and welfare of any child placed requires immediate action. 441 IAC 112.9(2)"c"		
	☐ The condition requiring suspension can be corrected by the licensee. 441 IAC 112.9(2)"c"		
B.	Type of suspension requested (check one).		
	☐ Emergency 441 IAC 112.9(2) ☐ Time limited 441 IAC 1	112.9(3)	
C.	If "emergency," what type of adverse action is being sought (check one).		
	☐ Revocation of license ☐ Denial of reapplication		
For all time-limited suspensions, complete sections D and E.			
D.	Method of correction and anticipated completion date for "time limited" suspension.		
E.	We agree to correct the deficiencies identified in Item A according to the plan and time frames identified in Item D.		
	Licensee 1 Signature	Date	
	Licensee 2 Signature	Date	
	Licensing Worker's Signature	Date	
F.	Suspension Recommendation		
	☐ I recommend that the foster family home license be suspended.		
	Service Area Manager's Signature	Date	
G.	. Suspension Decision		
	I ☐ approve ☐ disapprove this request for a suspension.		
	Adult, Children and Family Services Administrator's Signature	Date	

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