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		tion Facility	
	License not				
					County
	Address				
BASIS	FOR DENIAL OF APPLICATIONS (OR REAPPLICATIO	ONS (1AC 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.	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 inci- dent preventing normal functioning (112.5(1)d).				
5.	5. Founded sexual abuse report on sole proprietor involved in operation of agency (1).				
	and 112.6(1)d).				
RACIC	FOR DENIAL OF REAPPLICATIONS	S OR REVOCATION	NS CLAC 498-	-112.5(2)	o and 112.6)
D/1010	TOTAL DESTRICTION OF THE PERSON OF THE PERSO				
Ma	ndatory (IAC 498112.6(1)				
6.	and the second s				
7.					
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				
	chlidren (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).				
0p	tional (IAC 498112.6(2))				
			*** ** * * * ***	ladlas:	bles on trability to spen for
	children (112.6(2)b).	as peen convic	Teu of a cri	me indica	ting an inability to care for
1 1	. The facility falls to mee	t a requiremen	t in the pla	cement ag	reement (112.6(2)c).
					(110 (10)-1
	The facility falls to con				ry (112.6(2)e). ensing requirements (112.692)f).
	 The staff of the facility 				
	1110 00010101				
LICENS	ING DECISION				
	License Denied				
	License Revoked		(Signature	- Direct	or, Division of Social Services)
			-		
	Recommendation Ref	used			
		•	(Date)		
Whits	and Yellow - ACES			P	lnk → Control

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