GROUP/RESIDENTIAL CHILD CARE FACILITIES (RCCF)
ANNUAL STATEMENT OF COMPLIANCE

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 205 (1-2013)

Clear Fields

Name of Group/Residential Child Care Facility:			Business Office Address:		
Facility Address:			City:	State:	ZIP Code:
City:	State:	ZIP Code:	Telephone Number:	Fax Number:	
Telephone Number:	Fax Number:		E-Mail Address:		
E-Mail Address:			Contact Person:		
Director:			Title:		

Number of Children:	Ages: From To	Number of Males:	Number of Females:
Number of Children:	Ages: From To	Number of Males:	Number of Females:
Total Licensed Number Requested:			

Attach the following:

1. Names and address of members of governing body.
2. Copies of written policy changes since last licensing review.
3. Projected twelve (12) month budget of the group/residential child care facility.
4. Independent audit report.
5. General comprehensive liability insurance coverage.

Carrier:	Policy Number:	Term:

6. Vehicular liability insurance:

Carrier:	Policy Number:	Term:

7. Inspection reports:
   Fire
   Sanitation
   Heating System
   Other _____

8. Copy of all annual C/AN employee checks and new employee CBCU checks.

9. Completed checklist: Building and Grounds only.

10. Attach any other documentation related to your facility which is required by NDCC ch. 50-11 or N.D. Admin. Code ch. 75-03-16.

INDICATE ANY NATIONAL ACCREDITATION/DATES:

JCAHO		COA		OTHER	
Dates: (From)	(To)	Dates: (From)	(To)	Dates: (From)	(To)

CERTIFICATION:

I hereby certify that:

a. This facility is currently licensed by the North Dakota Department of Human Services pursuant to NDCC, Chapter 50-11, "Foster Care Homes for Children & Adults", and NDAC 75-03-16 "Licensing of Group Homes and Residential Child Care Facilities" for the two year period from _____ to _____. I understand that in intervening years, the facility is required to certify to licensure compliance.

b. I have read and have a copy of the North Dakota Administrative Code, Chapter 75-03-16, "Licensing of Group Homes and Residential Child Care Facilities", North Dakota Administrative Code, Chapter 75-03-15, "Rate setting for Providers of Services to Foster Children-Group Homes and Residential Child Care Facilities", and NDCC, Chapter 50-11, "Foster Care Homes for Children and Adults", and this facility is in compliance.

c. The information contained in this application is true to the best of my knowledge and I grant permission for this information to be verified with the appropriate persons or agencies.

d. This facility, in accordance with Federal Executive Order #125490, is not presently debarred, suspended, proposed for department, declared ineligible, or voluntarily excluded by any Federal department or agency from participating in covered transactions. A covered transaction means a contract, oral or written agreement, grant, or any other arrangement where a contractor receives federal money from the State or other agency.

Agency Signature:	Title:	Date:
Notary Signature:	Date:	Stamp:

Licensing Review Period: From: To:	Facility Name:

Agency Personnel: Include all those working **directly** and **indirectly** with residents and employed within the dates of the Licensing Review Period.

LAST NAME, FIRST ** List in alphabetical order by last name	BIRTHDATE	DEGREE AND FIELD	PROFESSIONAL LICENSURE STATUS	POSITION	INDICATE IF FT OR PT (PT-LIST HRS/WK)	DATE OF HIRE	DATE OF TERMIN-ATION	APPROVAL DATE OF FINGERPRINT BASED CRIMINAL BACKGROUND CHECK	DATE OF ANNUAL C/AN (SFN 433)

State Office Use Only:

(Attach additional sheets as needed)

Employee List C/AN (annual) and CB Checks (once upon hire) Verified in Licensing File By (Signature)

Licensing Review Period:	Facility Name:
From: 1/1/1970 To: 1/1/1970	

Agency Personnel: Include all those working **directly** and **indirectly** with residents and employed within the dates of the Licensing Review Period.

LAST NAME, FIRST ** List in alphabetical order by last name	BIRTHDATE	DEGREE AND FIELD	PROFESSIONAL LICENSURE STATUS	POSITION	INDICATE IF FT OR PT (PT-LIST HRS/WK)	DATE OF HIRE	DATE OF TERMIN-ATION	APPROVAL DATE OF FINGERPRINT BASED CRIMINAL BACKGROUND CHECK	DATE OF ANNUAL C/AN (SFN 433)

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