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		re License	
Therapeutic Foster Care (Private Child Placing Home)	Therapeutic Group Home	Emergency S	helter
Regular Group Home	Maternity Home	Adoption	
of Organization/Agency			
Administrator	Title		
Street or Box No.	City	State	Zip
nt			
Street Address	City	State	Zip
that any misrepresentation of i	nformation shall be groun	ds for denial of th	is application.
	D	ate	
or Authorized Agent*			
	т	elephone No.	
	Renewal Applic Please check box Therapeutic Foster Care (Private Child Placing Home) Regular Group Home  of Organization/Agency  Administrator  Street or Box No.  It Street Address  Il information submitted for thi that any misrepresentation of i	Renewal Application for a Congregate Car Please check box for the type of license  Therapeutic Foster Care (Private Child Placing Home)  Regular Group Home  Maternity Home  Of Organization/Agency  Administrator  Title  Street or Box No.  City  Il information submitted for this application is true and cothat any misrepresentation of information shall be groun  I //We agree to abide by the provisions therein as set fevices.  Dor Authorized Agent*	Renewal Application for a Congregate Care License Please check box for the type of license  Therapeutic Foster Care (Private Child Placing Home)  Regular Group Home  Maternity Home  Adoption  Of Organization/Agency  Title  Street or Box No.  City  State  Il information submitted for this application is true and correct to the best of that any misrepresentation of information shall be grounds for denial of the place.  July We agree to abide by the provisions therein as set forth by the Missis vices.  Date

<sup>\*</sup>Attach statement verifying that Authorized Agent has authority to submit application.



1. /	At least two (2) months before the license expires, the Department shall notify the agency and request
	completion of a license renewal application. (Rule 3.5A At least sixty (60) days before a congregate care
	license is set to expire, MDCPS should notify the provider and request completion of a license renewal
	application)
2.	When the agency submits a timely application for renewal, the current license shall remain in effect
	until the review is completed and the Department issues a license or denies the application. However,
	renewal must be accomplished prior to the expiration date of the current license. If the renewal
	application and all the required documents have notbeen received prior to the current license
	expiration date, the renewal license shall be denied. (Rule 3.5B When the provider submits a timely
	application for renewal, the current license will remain in effect until the review is completed and MDCPS either
	issues a congregate care license or denies the application. Renewal must be accomplished prior to the expiration
	date of the current license. If the renewal application and all the required documents have not been received
	prior to the current license expiration date, the renewal license will be denied.)
3.	A renewal application shall be sent with the following materials: Rule 3.5 C
	a. A copy of the annual report published since the last license was issued; : Rule 3.5 C1
	b. A list of names, addresses, occupations, and term expiration of all Board Members; and
	specify the officers of the Board; Rule 3.5 C2
	c. The budget for the current fiscal year, which shows capital necessary for a twelve (12)
	month period of operation. The agency should provide proof that twenty-five percent
	(25%) of the current operating budget is available in the name of the agency, which shall
	not include the Department board payment; Rule 3.5 C3
	d. The most recent financial audit review by a Certified Public Accountant (CPA) and IRS
	Form 990; Rule 3.5 C4
	e. The names, classifications and qualifications of current staff and work schedule; Rule 3.5 C5
	f. A copy of the current staff organizational table, if changed since the last license was issued; Rule 3.5
	C6
	g. A description of any program review and evaluation, and changes in program content and
	purpose which haveoccurred since the last license was issued; Rule 3.5 C7
	h. A copy of any revisions in personnel policies that have been made since the last license
	was issued; Rule 3.5 C8
	i. A copy of the current staff development and in-service training plan (see Section III.
	Personnel: Staff Developmentand In-Service Training); Rule 3.5 C9



j. A copy of program accreditations, license with other states, and the licensure certificate; Rule 3.5
C10
k. For-profit agencies must detail any changes in corporate structure, ownership or proprietary
interest since thelast license was issued; Rule 3.5 C11
I. A current copy of the required fire and health inspections performed in the last three (3) months;
Rule 3.5 C12
m. Any changes in the diagram or designated use of any structure or room or locations on the
campus/grounds ofeach agency; Rule 3.5 C13
n. A copy of current insurance policy coverage including, but not limited to, auto insurance for staff
that transportschildren, comprehensive general liability, and owner property insurance on the
facility; Rule 3.5 C14
o. A copy of policies regarding fees and charges for services to prospective adoptive parents (for
adoption agenciesonly). (MS Code 43-15-117 – See Appendix). Rule 3.5 C15
4. Please submit all of the above required documents to the Licensure Unit along with the Application
for Licensure and the Questions for Executive Director.



www.mdcps.ms.gov

### QUESTIONS FOR EXECUTIVE DIRECTOR

Facility	
Date	
Executive Director/Person Completing Form	
Complete and return to:  MDCPS  Department of Licensure  P.O. Box352  Jackson, MS 39205-0352	
1. Which, if any rooms have less square footage than required?	
2. Which, if any rooms are occupied by more than 2 residents?	
3. Is there at least one window to the outside in each room?	
4. What are the procedures to ensure water is available to essential areas when there is a loss of no supply?	ormal



5.	Which, if any, bedrooms are not at/or above ground level?
6.	Do all bedrooms have any access to an exit corridor?
7.	Number of licensed bedsNumber of beds set up _
8.	What is the source of the facility's water supply? (i.e. public; private; well; etc.)
9.	What is the source/type of sewage system at the facility? (i.e. public, individual onsite system, etc.)
10.	Please give the number of toilet facilities in your facility: # Toilets # Lavatories # Tubs/showers
11.	How does your facility dispose of garbage? How often is garbage picked up?
12.	What type of insect/rodent extermination program does your facility practice? How often?