



DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services

RECOMMENDATION TO THE
CHILD WELFARE AGENCY REVIEW BOARD

Facility Name:
Address:
City: State: Zip Code:
County: Phone:
Director or Administrator:

TYPE OF AGENCY:

- Residential Facility
Emergency Shelter
Psychiatric Residential Treatment Facility
Sexual Offender Program

PLACEMENT AGENCY:

- Adoptive Placement
Foster care Placement
Residential Placement
Therapeutic Foster Care

TYPE OF RECOMMENDATION

- New Provisional License For children, ages to ; Opening Date
New Regular License For children, ages to ; Opening Date
C.O.E for children, ages to ; Opening Date
Provisional License # for children, ages to ; Opening Date
Closure of License #
Denial of Application
Suspension of License # for months
Revocation of License #
Alternative Compliance Requested
Change of Status

Effective Date of License: License #

Reason(s) for Recommendation(s):

**SIGNATURES**

**Licensing Specialist:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Licensing Supervisor:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_