**Residential Care Center Continuation Application Document Checklist**

**Use of form:** Use of this form is voluntary. It is a supplement to the DCF-F-5015 License Continuation Application-Residential Care Center intended to help applicants ensure all required documents have been included.

**Instructions:** Submit the following supporting application materials / documentation in Word document or Adobe PDF format to the [Provider Information Exchange](https://share.dcf.wisconsin.gov/pie/default.aspx) (PIE) website. In the Applicant Use column, check the box indicating the corresponding material has been submitted. Submit the fees listed below via the [Electronic Payment Request](https://dcf.wisconsin.gov/cwlicensing/licensed-provider-payment), Child Welfare Licensing webpage.

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| **APPLICANT USE** | | **SUPPORTING MATERIALS / DOCUMENTATION** | **Dept.**  **Use** | |
|  | Included | Completed and signed application — **DCF Form DCF-F-5015** |  | |
|  | Included | **DCF** Background Information Disclosure (BID) (see section F1 of the application) — **DCF Form** [**DCF-F-2978**](https://dcf.wisconsin.gov/files/forms/doc/2978.docx) |  | |
|  | Included | Target Groups Form, fill in the page numbers and attach corresponding policies — **Form** [**DCF-F-5207**](https://dcf.wisconsin.gov/files/forms/doc/5207.docx) |  | |
|  | Included | **Current** Residential Care Center policy and procedure documents |  | |
|  | Included | Residential Care Center Policy / Procedure Checklist — **Form** [**DCF-F-CFS2168**](https://dcf.wisconsin.gov/files/forms/doc/2168.docx) |  | |
|  | Included | Annual inspection reports including:  heating inspection  fire safety inspection —**Form** [**DCF-F-CFS0357**](https://dcf.wisconsin.gov/files/forms/pdf/0357.pdf) (use of this form is optional, the inspection is not)  lead / bacteria water test (ONLY APPLICABLE IF YOU ANSWERED “YES” TO K1 on the application)  N/A (K1) |  | |
|  | Included  N/A | Documentation of efforts to maintain a community advisory committee — **Form** [**DCF-F-CFS0367**](https://dcf.wisconsin.gov/files/forms/doc/0367.docx)(ONLY APPLICABLE IF YOU ANSWERED “YES” IN SECTION L on the application) |  | |
|  | Included  N/A | Vehicle Inspection form for all vehicles older than 2 years used to transport children — **Form** [**DCF-F-4148**](https://dcf.wisconsin.gov/files/forms/doc/4148.docx)(ONLY APPLICABLE IF YOU ANSWERED “YES” TO M1 on the application) |  | |
|  | Included N/A | **Current** certificate of occupancy, if issued by city / municipality in which the RCC is located |  | |
|  | Included | Proof of Insurance including coverage of:  the Residential Care Center (address must be listed on the certificate)  the operation of the Residential Care Center  all vehicles used to transport youth |  | |
|  | Included | List of **current** staff members that identifies:  names  job title  weekly work schedule that documents proper staff to resident ratio  staff development and in-service training plan with the number of hours completed |  | |
|  | Included | Verification of authorization by the Department of Financial Institutions to do business in Wisconsin |  | |
|  | Included | Licensing Checklist, fill out the applicant section throughout the document, and sign — **Form** [**DCF-F-CFS0354**](https://dcf.wisconsin.gov/files/forms/doc/0354.docx) |  | |
|  | Included N/A | Any previously approved exception requests, if the exception should continue — **Form** [**DCF-F-5023**](https://dcf.wisconsin.gov/files/forms/doc/5023.docx) |  | |
|  | Included  N/A | Type 2 Designation Request — **Form DCF-F-CFS2020** |  | |
|  | Included | “How Are We Doing?” CWLS Evaluation Survey |  | |
|  | **INCLUDE THE FOLLOWING ONLY IF CHANGES HAVE BEEN MADE SINCE LAST CONTINUATION** | |  | |
|  | Included  N/A | Organization chart showing chain of command, and identifying all staff positions |  | |
|  | Included  N/A | Disaster Plan, indicate the date of review / revision on the document — **Form** [**DCF-F-5129**](https://dcf.wisconsin.gov/files/forms/doc/5129.docx) |  | |
|  | Included N/A | If the agency / business is **incorporated** provide a list of Board Members that includes each member’s:  telephone number  address  dates of office including position start dates |  | |
|  | Included N/A | If the agency / business is an **LLC** provide a list of owners and members of the LLC that includes each person’s:  telephone number  address  dates of office including position start dates  title |  | |
|  | Included  N/A | List of names and addresses of all external service providers |  | |
|  | Included N/A | Copy of the new Center Director’s resume |  | |
|  | Included N/A | Attach a diagram of the outdoor area surrounding the center, clearly indicate:  bodies of water  dimensions  location / names of all buildings  enclosures |  | |
|  | Included N/A | Attach a diagram of the floor plan of the total interior space for each building, clearly indicate:  dimensions and use of each room  exits  number and age of residents in each living area.  For each bathroom, indicate the number of:  toilets  tubs / showers  sinks |  | |
|  | **FEES**  Submit fee payments to the [Electronic Payment Request](https://dcf.wisconsin.gov/cwlicensing/licensed-provider-payment), Child Welfare Licensing webpage. If electronic payments are not administratively feasible, contact your licensing representative to request alternative payment arrangements. | |  | |
|  | Mailed | Licensing Continuation Fee — $121.00 + $18.15 for each resident the facility is licensed to serve. |  | |
|  | Mailed | Caregiver background check fee — $10.00 per individual listed in Section F1 of the application |  | |
| **QRTP CERTIFICATION** | | |  |
| 1. Included   N/A | | Continuation of QRTP Certification complete application with signature — Form [DCF-F-5475-E](https://dcf.wisconsin.gov/files/forms/doc/5475.docx) |  |