NOTIFICATION OF INCOMPLETE APPLICATION

DATE:		
FACILITY NAME:		
FACILITY FILE NUMBER:		
THOILIT I TEL HOMBER		

					FACILITY FILE NUMBER:
		incomplete application package is being returned to nitted as a total package.	you.	Items i	in Section A and B must be properly completed and
	inforr	application for a license remains incomplete as we have mation within 30 days, or bring the information to the face-ts information is not received, your application will be conside	o-face	intervie	w scheduled on
SEC	TION	A — LICENSING FORMS	SEC	TION E	3 — SUPPORTIVE DOCUMENTS
	A11. A12. A13. A14. A15. A16.	Application for Facility License (LIC 200 or LIC 200A) Applicant Information (LIC 215) For:		B2. B3. B4. B5. B6. B7. B8. B9. B10. B11. B12.	Partnership Agreement/Articles of Incorporation Verification of Administrator/Director Qualifications Verification Social Worker Qualifications Job Description — each position Personnel Policies Inservice Training for Staff Facility Program Description Rules of Discipline Admission Policies Sample Menu List of Indoor/Outdoor Play Equipment and Inventory of Furniture Control of Property Bacteriological Analysis of Private Water Supply (When Water for Human consumption is from a Private Source).
LICEN	BING EVAL	LUATOR'S SIGNATURE			PHONE NUMBER