

Change of Information Form for
 Child Placing Agency - Transitional Placing Program Providers

Name of Facility: _____ License # _____

Address: _____

Name change. Change is effective when the following are received by the Licensing Section:

- Signed, dated change of information form with new name requested: _____
and
- \$25 non-refundable change fee.

Age range change for youth. Change is effective when the following are received and approved by the Licensing Section:

- Signed, dated change of information form indicating the new age range requested: _____ ;
- \$25 non-refundable change fee; and
- inspection by Licensing noting compliance with regulations regarding the age of residents/youth to be served.

Change in program director. Change is effective when the following are received and approved by the Licensing Section:

- Signed, dated change of information form indicating your request to change program directors;
 - new program director name: _____
 - date of hire as program director: _____
 - date of hire with agency: _____
- documentation of program director's qualifications
- three signed letters of reference dated within twelve months prior to hire attesting affirmatively to his/her character, qualifications, and suitability to manage the program;
- satisfactory CANS clearance form:
 - if you currently reside in Louisiana and are newly hired, a clearance from Louisiana's DCFS-Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.
 - if you currently reside in Louisiana now but have also lived in one or more states in the past 5 years and are newly hired, a clearance from the Child Welfare Sections of all other states in which you have resided in the past 5 years dated no earlier than 120 days of the individual being present in the facility/hired.
 - if you currently reside in another state but work in Louisiana and are newly hired, a clearance from that state's Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.

Note: If you request an out-of-state state central registry check and that state advises that they are unable to process the request due to statutory limitations, documentation of such shall be submitted and kept on file.

- satisfactory fingerprint based criminal background check if newly hired through the Federal Bureau of Investigation (FBI) dated no earlier than 45 days of the individual being present in the facility/hired if hired effective June 1, 2020 or later. If hired prior to June 1, 2020, a previously obtained fingerprint based criminal background check through the FBI or documentation of submission of a fingerprint based criminal background check through the FBI no later than June 12, 2020.

Note: a currently hired staff, who will now assume the Program Director position, will need to submit their current CANS/satisfactory FBI criminal background clearance he/she has on file.

Change to add a transitional living program to your current child placing agency license. Change is effective when the following are received and approved by the licensing section:

- Signed, dated change of information form indicating your request to add transitional placing
- Age Range: _____ Years to _____ Years Gender Served: Male/ Female/ Both
- \$25 non-refundable change fee;
- Requesting to add a transitional placing program at the physical location(s) of housing unit(s) noted below and obtain the following information:
 - _____
 - current Office of the State Fire Marshal approval for new location (if providing care for four or more youth at this location);
 - current Office of Public Health approval for new location;
 - current zoning approval for new location (if applicable);
 - current city fire approval for new location (if applicable and providing care for four or more youth at this location);

- city or parish building permit approval for new construction or renovations;
- copy of property insurance or rental insurance coverage for each transitional placing location;
- satisfactory fingerprint based criminal background check through the FBI for all owners, board members, staff, volunteers, and contractors. For newly hired staff, they shall be dated no earlier than 45 days of the individual being present in the facility/hired if hired effective June 1, 2020 or later. If hired prior to June 1, 2020, a previously obtained fingerprint based criminal background check through the FBI or documentation of submission of a fingerprint based criminal background check through the FBI no later than June 12, 2020.
- satisfactory CANS clearance form for newly hired staff:
 - if you currently reside in Louisiana, a clearance from Louisiana's DCFS-Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.
 - if you currently reside in Louisiana now but have also lived in one or more states in the past 5 years, a clearance from the Child Welfare Sections of all other states in which you have resided in the past 5 years dated no earlier than 120 days of the individual being present in the facility/hired.
 - if you currently reside in another state but work in Louisiana, a clearance from that state's Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.

Note: If you request an out-of-state state central registry check and that state advises that they are unable to process the request due to statutory limitations, documentation of such shall be submitted and kept on file.

Note: currently hired staff will need to submit their current CANS/satisfactory FBI criminal background clearance he/she has on file.

- inspection and approval by Licensing noting compliance with transitional placing regulations

Change to remove/add a location under your current child placing agency-transitional placing license.

Change is effective when the following are received and approved by the licensing section:

- Signed, dated change of information form indicating your request to remove/add a location under your current child placing agency- transitional placing license;
- address of the transitional placing location to be removed (if applicable)_____;
- if adding a transitional placing location include the physical address(s) of housing units below and provide the following:

- current Office of the State Fire Marshal approval for new location (if providing care for four or more youth at this location);
- current Office of Public Health approval for new location;
- current zoning approval for new location (if applicable);
- current city fire approval for new location (if applicable and providing care for four or more youth at this location);
- \$25 non-refundable change fee
- city or parish building permit approval for new construction or renovations;
- copy of commercial general liability insurance;
- copy of property insurance or rental insurance coverage for each transitional placing location; and
- inspection and approval by Licensing noting compliance with regulations

Change to remove an individual from the existing ownership structure. Change is effective when the following are received and approved by the licensing section:

- Signed, dated change of information form indicating your request to remove an individual from the existing ownership structure;
- name of the individual(s) being removed _____
- Effective date of removal: _____

Change to add a new individual to the existing ownership structure. Change is effective when the following are received and approved by the licensing section:

- Signed, dated change of information form indicating your request to add an individual to the existing ownership structure;
- name of the individual(s) being added _____
- Effective date of addition: _____
- satisfactory CANS clearance form:
 - if you currently reside in Louisiana, a clearance from Louisiana's DCFS-Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.
 - if you currently reside in Louisiana now but have also lived in one or more states in the past 5 years, a clearance from the Child Welfare Sections of all other states in which you have resided in the past 5 years dated no earlier than 120 days of the individual being present in the facility/hired.
 - if you currently reside in another state but work in Louisiana, a clearance from that state's Child Welfare Section dated no earlier than 45 days of the individual being present in the facility/hired.

Note: If you request an out-of-state state central registry check and that state advises that they are unable to process the request due to statutory limitations, documentation of such shall be submitted and kept on file.

- satisfactory fingerprint based criminal background check through the FBI dated no earlier than 45 days prior to the initial change request received by the Licensing section, and the individual being present on the premises and/or having access to children/youth

Change to days/hours of operation for TP office. (CPA shall operate at least one day per week for at least four consecutive hours. This four hour timeframe shall occur Monday through Friday between the hours of 7:30 am and 5 pm.) Change is effective when the following are received by the Licensing Section:

- Signed, dated change of information form indicating new days/hours of operation

Office Days and Hours of Operation (check all days that apply and indicate hours of operation for each day)

<u>Day of the Week</u>	<u>Begin Time</u>			<u>End Time</u>			
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Thursday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Friday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Saturday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/> Sunday	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm	TO	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm

Signature: _____ Date: _____ Phone: _____