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DATE 07-20-2010 BY 60322 UCBAW/STP/STP

1525 SHESS - SB 650 SB 651

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ADDENDUM TO STANDARD BY STANDARD  
Anchorage Boarding Home

DESCRIPTION OF FACILITY:

Anchorage Boarding Home Incorporated, a family owned business, opened it's doors approximately three years ago with Margaret Pappas as its owner-operator. Housed originally in a large home located on West 26th Street in the Spenard area, the facility directed its services to primarily mentally retarded or mentally ill persons. Most referrals came from Alaska Psychiatric Institute.

Within the past year the facility has expanded to include two separate buildings across the street from the main unit and, as well, has expanded its scope of services. While API (and other mental health facilities) has continued to be the primary referral source, residents have been referred by the Department of Vocational Rehabilitation as well as by Hope Cottage Inc., a program for the developmentally disabled. Clientele referred by Vocational Rehabilitation have usually been in residence for short periods of time, approximately three to four weeks, while vocational evaluation is in process. Those individuals referred through the Hope Cottage Program have been in residence for a longer period of time awaiting vacancy in one of Hope Cottages adult facilities.

The residency rate at Anchorage Boarding Home has consistently been in the twenties. Although the facility has been licensed to house 35 residents, the population has not exceeded 30 as yet. (The main unit, which contains the kitchen and dining area used by all residents, can accommodate 14 residents. Across the street, the unit on the left can accommodate 16 residents. The building on the right can accommodate the remaining individuals.) Even though the two buildings are separated from the main unit by a side short street, Anchorage Boarding Home has been licensed as one facility. This decision was based upon the fact that Anchorage Boarding Home, Inc. has one shared program with staff available to fulfill that program.

Anchorage Boarding Home Inc. is a well maintained, comfortable appearing facility. Its reputation in the community is a very positive one. References for the Director describe the facility as one in which tender loving care is given to dependent adults. Mrs. Pappas seems very proud of her reputation and that of the facility and seems to strive hard to maintain a staff that is willing to continue to work toward the betterment of residents placed in their care.

REQUIRED REPORTS AND FORMS:

Of those documents required to be on file, the following are not: Written personnel policies, Certificate of Insurance and Discharge, Admission and Discharge Policies, and the staffing plan for the facility. These items will be addressed individually later in the licensing addendum. It is to be noted that for the most part Mrs. Pappas has chosen to use formats developed by the Division of Family and

Facility has been granted waivers Yes \_\_\_\_\_ No N/A  
If yes, was the waiver reviewed for continued appropriateness?

If facility currently has a provisional license, were violations corrected?  
YES \_\_\_\_\_ NO N/A

If not, explain: \_\_\_\_\_

RECOMMENDATION

I recommend issuance of a(n) Provisional Adult Residential Care  
(Provisional or Annual)  
Facility license:

Permitting the care of 35 adults.

Specify any limitations: \_\_\_\_\_

This license is effective from 1/5/82 to 6/30/82  
(Month, Day, Year) (Month, Day, Year)

Reason(s) for a provisional license: (1) Compliance with 7 AAC 55.140 (d) (e);  
(2) Evidence of in-house equipment and supplies for recreation; (3) Appropriate  
storage and work areas for office functions; (4) written personnel policies; (5) Written  
master personnel plan; (6) Written criteria for admission & discharge; (7) Verification  
of Bodily Injury Liability Insurance with proper endorsement clause; (8) Record checks;  
(9) Staff records reflecting compliance with regulations; (10) Organized recreation  
program.

Submitted by: [Signature]  
(Licensing Specialist)

Date: 1/8/82

Approved by: [Signature]  
(Supervisor, if other than a  
Family Services Regional Manager  
or a licensing supervisor)

Date: 1/25/82

Youth Services for the adult residential care program. Mrs. Pappas is aware that compliance with requirements will be necessary in all of these areas prior to conversion to an annual license.

.160 GENERAL ENVIRONMENTAL REQUIREMENTS:

As mentioned briefly earlier, Anchorage Boarding Home Inc. exudes a "homey", warm atmosphere. Housekeeping standards are good with daily upkeep and monitoring by staff. Furniture in individual rooms is adequate and serviceable. Beds appear comfortable; regulations in terms of mattress, mattress covers, linens and so forth are met. Individual rooms reflect to some degree the individual interests and personalities of their occupants. The dining room, which is used by all the residents, is large enough and is equipped to seat all residents at one time. Given the relatively high occupancy, the facility continues to maintain an uncramped feeling about it.

With some adjustments and arrangements, the facility has ample space for recreational activities. However, it appears that most of the recreational activity of the residents occurs outside the facility. There is little evidence of in-house recreation, either individually or group.

The impression that in-house recreation was limited was verified by conversation with DFYS staff and interviews with Anchorage Boarding Home staff. Prior to conversion to an annual license confirmation of in-house recreational activities will need to be made. A list of suggested activities will be provided to Mrs. Pappas and her staff. A beginning could be made by acquiring jigsaw puzzles, craft kits, board games, needlework and books for persons of different interests and abilities.

At Anchorage Boarding Home there appears to be appropriate storage and work areas for all functions excepting that of the office function and record storage. At the present time the office is housed in a bedroom shared by two residents. The two individuals whose bedroom this is are two persons whom Mrs. Pappas feels needs closer supervision than do other residents. Since the private quarters of Mrs. Pappas is next door to the office, she expresses her feeling that she is much more able to supervise these individuals.

Recognizing the need for such supervision, it is not appropriate for office functions to be carried out in the bedroom of any resident. These two individuals do not have the privacy or the availability of privacy provided to the other residents in care. There are at least two possible solutions to this problem. The office function and record storage for Anchorage Boarding Home could be removed to the office across the street vacated by the mental health annex. Or as an alternate, but not a satisfactory solution, office records and supplies could be maintained in Mrs. Pappas' own room. (This would, however, remove the privacy Mrs. Pappas currently has by keeping her room off limits.) By setting up an office in the unit across the street, two purposes could be served. One, the total office functioning would be

separate from the on-going activity of the facility and two, staff would have an entirely separate rest area and meeting space which it currently does not have.

.170 ORGANIZATION AND ADMINISTRATION:

Written personnel policies have not yet been established for Anchorage Boarding Home Inc. Ms. Pappas is again aware of the requirement for such policies and will be establishing same prior to the expiration of the provisional license. It might be noted, however, that in interviews with staff, particularly the newer staff, it was evident that staff members were clear as to their job expectations.

Similarly, a written master personnel plan (GEN 186), was not provided by Mrs. Pappas. Again, however, it can be noted that sufficient staff were available to meet the resident-staff ratio at all times. This form, too, will be on file prior to the expiration of the provisional license.

Acceptable criteria for admission and discharge of residents had not been developed. Comments about on this area are addressed in the body of the Standard By Standard Evaluation Form.

Verification of bodily injury liability insurance with proper endorsement clause was not on record at the time of licensure. However, conversation with an agent of Alexander and Alexander Insurance Company confirmed verbally that Mrs. Pappas had insured her facility and occupants as required by regulation. One certificate of insurance, policy number 35-29-06, for property was received by this office. Certificates of insurance as required by regulation 7AAC 55.170(e) must be on file prior to conversion to an annual license.

.180 DIRECTOR OR ADMINISTRATOR:

As noted earlier, Mrs. Pappas has operated the Anchorage Boarding Home Inc. for three years. Prior to opening business in the Anchorage area, Mrs. Pappas operated a facility in the Fairbanks area for a period of 15 years.

Mrs. Pappas has established a solid working relationship with helping agencies in the Anchorage area. Of the three personal references on file, one reference came from a former employee of the Division of Mental Health and two references came from current employees with Alaska Psychiatric Institute. All three personal references were (two still are) actively involved in the referring process and in providing on-going services. All three personal references spoke highly of Mrs. Pappas. They described her as a compassionate, loving person who went out of her way to do little things for residents which often times made the difference between a successful or unsuccessful placement. They also described her as a person who was unwilling to give up on any individual until all avenues of help had been explored.

In watching Mrs. Pappas interact with residents and staff alike, she needs to have the ability to express care and concern for each

individual even while administering a reprimand or cautionary note. It is obvious that residents love her and it is equally obvious that she returns the feeling. By act and by word, Mrs. Pappas is able to express her regard and respect for the individuals in her care.

Of all the responsibilities carried by Mrs. Pappas, it seems that she likes least the record keeping necessary for the functioning of the facility. Therefore, much of this responsibility is given over to her attorney and to hired staff. With respect to staff, Mrs. Pappas supervises and monitors their work and seems to have the expectation that all necessary requirements will be met.

#### .190 CARE PROVIDER QUALIFICATIONS:

Mrs. Pappas has had the good fortune to have been able to maintain a reliable and stable staff. Her administrative assistant is her daughter, Angel Pappas, age 19, who has been reared in the business. Doris Campbell, the cook, has been with Mrs. Pappas for four years. Her experience prior to that included employment for 2 years as a homemaker for the Division of Family and Youth Services and six and a half years employment in Florida State Hospital. Loretta Powell has been employed at Anchorage Boarding Home for approximately one year. Prior to that she worked at the Cascade Convalescent Home as a nurses aide. The work was primarily with geriatric patients. Vivian Kiernan has been employed for approximately a year. Vivian has the responsibility of maintaining office records and acting as liaison between social service agencies and the boarding home. Likewise she has some responsibilities for transporting individuals. Gary Salva has been employed for approximately four months. He serves as a jack of all trades at the Boarding Home. These staff members advise that they meet informally approximately two times a week to discuss problems, concerns and any other issue that might need addressing. Several of the staff members indicate that their input is sought and is listened to when given.

At the present time Mrs. Pappas has hired two night persons. These individuals circulate between the three buildings throughout the night. A log is kept on each shift with events of the evening noted. At night, there is only one person on duty, but Mrs. Pappas is prepared to have an additional night person available and on duty should occupancy exceed 30 individuals. Neither of the two night persons was interviewed.

Staff records had not been developed at the time of this study. Mrs. Pappas is aware that records will need to be developed and will need to contain the following information: An application for employment, three personal references, tuberculin clearances, verification of any training received by the staff person, and any other pertinent information relative to employment at Anchorage Boarding Home. (Some of this information was available. For example, tuberculin clearances were available on all staff excepting the two night persons.)

Staff persons interviewed seemed enthused about their jobs and seemed very interested in obtaining additional training in the area of dependent care. All parties interviewed expressed a desire to be involved in the first aide and CPR training.

.200 EMERGENCY PROVISIONS:

It is required under this section of the regulations that all new residents be oriented to emergency procedures including basic first aid and emergency fire evacuation. Given the population at Anchorage Boarding Home, such "orientation" would need to be provided on a routine basis if it is to be at all effective. This is particularly important in the area of emergency evacuation. Likewise, it is particularly important that all staff be thoroughly aware of their responsibilities in evacuating residents in case of emergency.

Posters of first aid procedures were made available to Mrs. Pappas. It is required that first aid procedures be posted; as recommended in the body of the licensing study, such posters should be placed in each of the buildings.

.240 SUPPORT AND PERSONAL SERVICES:

As much as possible staff at this facility tries to involve each resident in various community activities and likewise tries to maintain family contacts. As noted earlier in this addendum, several of the residents at Anchorage Boarding Home are DVR or Hope Cottage Inc. clients. Thus, these individuals are able to participate in the services provided by those respective organizations. In addition, all residents are able to go to the mental health annex on a daily basis to participate in arts and crafts, cooking, sewing, and outdoor activities on a half day basis. Additionally, residents are encouraged to attend movies and programs within the community on Saturdays and are encouraged to attend church services on Sunday. Some of the residents at the facility enjoy bingo. Those who wish to attend are provided or are assisted in arranging transportation. It does appear, and conversation with DFYS caseworkers would tend to confirm, that residents at the facility are quite active in the community.

As addressed earlier, it did appear that most of the recreational activities occurred outside the facility. One staff member indicated that mornings were quite busy for the residents. However, he noted that afternoons tended to be slower and that residents spent a lot of time sitting around watching television and smoking. This inactivity as described by the staff member was observed by the licensing specialist. Attention must be given to the development of an organized recreational program, including individual, group, and independent activities for the residents both in and out of the facility. Such an organized program must be developed prior to conversion to an annual license. With input from staff members and with the kinds of outside recreational activities already in place, this should not be a difficult task to complete.

When the licensing study first began, it appeared, and one staff person so indicated, that most of the light housekeeping tasks in the facility was the exclusive responsibility of staff persons. Residents did very little in the way of housekeeping and were not encouraged to do for themselves those things that could be done. However, as the licensing study progressed an emphasis began to be placed on the resident doing for himself, particularly those things that had to do with maintaining

living quarters, personal hygiene, maintaining clothing and personal effects. To this end much praise and small cash incentives were given to residents. This beginning is recognized and is strongly encouraged as an appropriate action.

While it was very evident in talking with Mrs. Pappas and her staff that the condition of the residents was being observed and assessed on a daily basis, documentation in the resident's files did not support that fact. It is required that on an as-needed basis such written documentation be kept. Similarly, any information which would be useful in knowing how to handle a particular client should be made available to all staff members having direct involvement with that client. Such information could be appropriately shared and related issues discussed during the staff meetings.

By regulation every facility must provide to the residents an opportunity for religious worship and counseling both inside and outside the facility. As expressed earlier an effort is made to involve the residents in church participation. Assistance is given in making contact with the church of their choice and in obtaining or providing transportation to and from church. However, there is currently no in-house opportunity for religious worship. Mrs. Pappas advises that she would provide the opportunity for such religious involvement if a resident expressed a wish to have that service available. As part of the social activities provided by the facility, it is suggested that this might be one area to explore.

Gwen McAlpin  
Community Care Licensing Specialist

GMc/ca

FACILITIES MANAGEMENT SYSTEM INFORMATION

Anchorage Boarding Home, Inc  
 Facility Name

1037 W. 26<sup>th</sup>  
 Mailing Address

Is use of this home restricted to the supervising agency? YES NO

Anchorage AL 99503  
 City, State Zip

1037 1030 & 1030 W 26<sup>th</sup> 276-2623  
 Location, if different Telephone

- Specialization Codes
- 
- 01 Emergency Shelter
  - 02 Prematernal and/or Postmaternal
  - 03 Mentally Retarded
  - 04 Orthopedically Handicapped
  - 05 Multiple Handicapped
  - 06 Emotionally Disturbed
  - 07 Delinquency
  - 08 Health Impaired
  - 09 Visually Impaired (Including Blind)
  - 10 Hearing Impaired (Including Deaf)
  - 11 Communicative Disordered (Including Mute)
  - 12 Specific Learning Disabled
  - 13 Gifted

- Foster Parent Race Codes
- / Father  / Mother
- A Aleut
  - B Eskimo
  - C Tlingit
  - D Haida
  - E Tsimshian
  - F Athabascan
  - G Non-Alaskan Indian
  - H Black
  - J Korean
  - K Filipino
  - L Vietnamese
  - M Chinese
  - N Japanese
  - P Mexican American
  - S Caucasian
  - Y Other
  - Z Unknown

LICENSE INFORMATION

License Type

Provisional

Annual

35 N/A  
 Licensed Capacity Related Children

18 90  
 Begin Age Thru End Age

1/5/82 6/30/82  
 Begin Date To End Date

LICENSE PROVIDORS/CONDITIONS:

P. Compliance with regulations as detailed in the licensing study + letter to provider

RECEIVED  
1980 01012  
Alaska Department of Health  
Social and Behavioral Sciences Division

APPLICATION FOR AN ADULT RESIDENTIAL  
CARE FACILITY LICENSE

Check one only: <input checked="" type="checkbox"/> Application for a Level I Adult Residential Care Facility License <input type="checkbox"/> Application for a Level II Adult Residential Care Facility License	Licensing Record: <input checked="" type="checkbox"/> First <input type="checkbox"/> Renewal <input type="checkbox"/> Location Change
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I. IDENTIFYING INFORMATION

Facility Name Anchorage Boarding Home Inc.	Telephone 276 2623
Mailing Address 1037 W. 26th Street	City Anchorage
	State Alaska
Location Address (if different) same	Zip 276 2623
Individual or Entity Ultimately Responsible Margaret R. Pappas	Telephone
Mailing Address 1037 W. 26th Street	City Anchorage
	State Alaska
	Zip

Board or Governing Body

Name	Position	Address	Telephone
Margaret Pappas	Manager, Director	see above	see above
Angel Pappas	Supervisor, Director	"	"

-Add a page for additional names, if needed-

Describe the ownership of the land and building in which the facility is located.

All property is leased

Does the facility have endorsements from any recognized organizations? presumably

L. I. "Annex" - A.P.I.

The facility is:  Profit  Non-Profit, including IRS tax exempt status.

II. DIRECTOR OR ADMINISTRATOR

Name Margaret R. Pappas

Has the director or administrator been convicted of a felony or a misdemeanor involving alcohol, drugs, or physical or sexual abuse within the last three years?

NO  YES, attach a statement of explanation and evidence of rehabilitation.

References (Include at least one supervisor from previous work experience)

Name	Address (Include Zip Code)	Telephone
1  Veronica Duke	ALS-58-81. my Alaska Psychiatric Institute	277 6551
2  Richard Lawrence	"	"
3  Nana Daggett	Anchorage Community Health Center Annex	276 5400
4  Natalie Gottstein	Alaska Mental Health Assoc.	276 1705

III. FACILITY STAFF

Name	Title or Job Description	Recent Continuing Education	Tuberculin Clearance Date
1  Doris Campbell	Senior Care Officer	G. Pierce Woods, Arcadia, Fla.	in process
2  Loretta Powell	housekeeper		"
3  Angel Pappas	Supervisor	A.P.I.	"
4			
5			
6			
7			
8			
9			
10			

-add a page for additional names and information if needed-

Name of employee(s) with a current first aid certificate (including CPR training) \_\_\_\_\_

IV. Applicant SELF CHECK LIST

This is a check list of reminders, required attachments, and required facility documents that will be reviewed during the licensing study process.

- /x/ The applicant has read or reviewed the adult residential care facility regulations.
- /x/ The applicant is aware that regulatory non-compliances reported by the fire prevention authority must be corrected as a condition of licensure.
- /x/ The applicant is aware that regulatory non-compliances reported by the sanitation authority must be corrected as a condition of licensure.

Done      In Process

- |           |            |   |
|-----------|------------|---|
| <u>1/</u> | <u>/x/</u> | Personnel policies which address all required items have been adopted.  |
| <u>1/</u> | <u>/x/</u> | A written master plan as required by 7AAC 55.170 (a)(5) has been adopted.   |
| <u>1/</u> | <u>/x/</u> | Verification of the required bodily injury liability insurance is attached.   |
| <u>1/</u> | <u>/x/</u> | Written admission policies which meet the requirements have been adopted and printed in a form which may be given to applicants and residents. (attached).  |
| <u>1/</u> | <u>/x/</u> | An application for resident admissions has been adopted. (attached).  |
| <u>1/</u> | <u>/x/</u> | An admission and services agreement form has been adopted. (attached).  |
| <u>1/</u> | <u>/x/</u> | Sample menus are attached.  |
| <u>1/</u> | <u>/x/</u> | While not required, an attached diagram showing size and arrangement of rooms would be helpful to the licensing representative. This need not be to scale, but should include accurate figures of room measurements. The use(s) of each room, including work and storage areas should be labeled. |

Margaret Dappone  
 Authorized Signature  
 Manager - Director  
 Title  
 April 27, 1981  
 Date

Information

This application is a statement of intent and may be withdrawn by you at any time.

To implement the adult residential care facility requirements, a facility may submit a plan of correction one time. The plan must specify a reasonable period of time to meet the requirements and must be acceptable to the Division. A plan of correction is generally preferable to so seeking a waiver during the implementation of regulations. Technical assistance, as the Division determines appropriate, is available from the Division to assist applicants to comply with the requirements.

NAME AND ADDRESS OF AGENCY  
 Alexander & Alexander  
 310 K St., Suite 600  
 Anchorage, AK 99501

**RECEIVED**  
 DEC 30 1981

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER <b>A</b>	Atlas Assurance Company
COMPANY LETTER <b>B</b>	
COMPANY LETTER <b>C</b>	
COMPANY LETTER <b>D</b>	
COMPANY LETTER <b>E</b>	

NAME AND ADDRESS OF INSURED  
 Anchorage Boarding Home, Inc.  
 Margaret Pappas DBA:  
 1037 West 26th  
 Anchorage, AK 99503

Division of Family & Youth Services

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)	
				EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY			BODILY INJURY \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ PERSONAL INJURY \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON) \$ BODILY INJURY (EACH ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED \$	
	<b>WORKERS' COMPENSATION and EMPLOYERS' LIABILITY</b>			STATUTORY \$	
<b>A</b>	<b>OTHER</b> Property	35 29 06	11-11-82	Bldg. 1- 1020 26th - 100,500. Bldg. 2- 1030 26th - 97,500.	

DESCRIPTION OF OPERATIONS, LOCATIONS, ACTIVITIES

**Cancellation:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail \_\_\_\_\_ days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company

NAME AND ADDRESS OF CERTIFICATE HOLDER  
 Division of Social Services, Juneau, AK  
 c/o Division of Family & Youth Services  
 Room 222, McKay Bldg.  
 338 Denali St.  
 Anchorage, AK  
 ATTN: Gwen McGowan

DATE ISSUED: December 28, 1981  
 Katherine E. Martin  
 AUTHORIZED REPRESENTATIVE  
 Donna Farnsworth

# STATE OF ALASKA

## DEPARTMENT OF PUBLIC SAFETY

DIVISION OF FIRE PREVENTION

May 7, 1981

JAY S. HAMMOND, GOVERNOR

William Nix  
Commissioner

P. O. BOX 6188, ANNEX  
ANCHORAGE, ALASKA 99502

Notification to Remove or Remedy Fire Hazards and Improve Fire Safety

CERTIFIED MAIL #6059128  
RETURN RECEIPT REQUESTED

TO: Ms. Marge Pappas  
1037 West 26th Avenue  
Anchorage, Alaska 99503

OCCUPANCY: Anchorage Boarding Home  
SURVEY DATE: May 1, 1981  
UBC CLASSIFICATION: R-1  
SURVEYORS: Deputy Fire Marshal Roy C. Isenberg,  
Inspector Don Barlow, Anchorage Fire Department

The following deficiencies which are in violation of Alaska Fire Safety Code were noted and are required to be corrected as indicated:

1. Smoke detectors are required in each unit - AS 18.70.095.
2. Portable fire extinguishers required. Install 5 lb. ABC extinguishers in each unit. (National Fire Protection Association Standard #10)
3. Remove all combustible storage from crawl space below units and seal opening with 5/8" gypsum wallboard. (13 AAC 50.070(a)(i))
4. Unprotected openings(holes) in boiler room, 5/8" gypsum wallboard. Seal holes in boiler room with 5/8" gypsum wallboard to maintain separation integrity. (13AAC 50.070(a)(6))

The above listed deficiencies constitute a violation of the Alaska Fire Safety Code. Those deficiencies not having a specific compliance date shall be corrected by June 15, 1981.

It is requested that a letter certifying that items #1 through 4 have been corrected, be sent to this office by June 20, 1981.

If additional time is required to correct any of the items listed, a letter must be sent to this office requesting additional time and the reason for such a request.

The listed required corrections are considered minimum requirements of the Alaska Fire Safety Code. It must be understood that compliance with state fire safety regulations does not preclude the necessity of complying with the requirements of local codes, regulations and ordinances.

STANLEY B. PLENINGER  
ATTORNEY AT LAW  
330 "J." Street  
ANCHORAGE, ALASKA 99501

July 10, 1984

Mr. Ronald A. Hendrie  
Department of Public Safety  
P.O. Box 6188, Annex  
Anchorage, Alaska 99502

Subject:  
Anchorage Boarding Home

Dear Mr. Hendrie:

This is to advise you, with respect to various deficiencies under the Alaska Fire Safety Code cited in your letter to me of May 7, 1981, that I have corrected all deficiencies and that your people are quite welcome to confirm this by inspection at their convenience.

My very best personal regards to you remembering our visits when I was living in Fairbanks.

Sincerely,



Margaret Pappas

MP:gh

# MEMORANDUM

# State of Alaska

TO: Gwen McAlpin  
Adult Residential Care Specialist  
338 Denali Street, Room 222  
Anchorage, Alaska 99501

DATE: April 14, 1981

FILE NO:

TELEPHONE NO:

*JCA*  
FROM: James C. Allen  
Anchorage/Western  
District Supervisor

SUBJECT: Mary Pappas Facility  
1037 W. 26th Avenue  
Anchorage, Alaska

On Thursday morning I visited the above facility which consisted of three structures - two across the street. The main building has three floors. The second floor has three bedrooms and a bathroom (7 occupancy). The ground floor has a kitchen, dining, living room, bedroom (owners) and bathroom. The basement had three bedrooms (7 occupancy) bathroom, laundry and two storage rooms. The home style kitchen does not meet code however, the kitchen was clean and the food in preparation was appetizing. I would consider a variance until the planned new kitchen is completed across the street. Plans should be submitted.

The building on the left is satisfactory and each unit is large enough for 4 for a total of 16. The building on the right has three units: an office, private living quarters and one unit for 6 persons.

In summary, I found the facility orderly and clean and the physical structure in good repair. Occupancy of the three structures should not exceed 36.

cc: Ms. Mary Pappas

JCA/wlh

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPT. OF HEALTH AND SOCIAL SERVICES DIVISION OF FAMILY AND YOUTH SERVICES

NATALIE GOTTSTEIN

Date: May 8, 1981

Subject Personal Reference Request

Concerning:

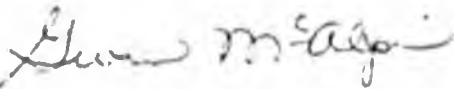
MARGE PAPPAS

Persons responsible for directing or administering an adult residential care facility for the care of dependent adults are required to supply names and addresses of individuals who will act as personal references to the Alaska Department of Health and Social Services, Division of Family and Youth Services licensing branch.

The person named above has given your name as a personal reference. Some information about the adult residential care program this person will be responsible for can be found at the bottom of this page.

These "Personal References" must be completed before a decision can be made regarding this person. Your prompt completion of this form is appreciated. A stamped self-addressed envelope is enclosed for your convenience. Thank you for your assistance.

Sincerely,



Facility Name:

ANCHORAGE BOARDING HOME, INC.

Individual or Organization Ultimately Responsible for the operation of the Facility:

MARGARET PAPPAS, OWNER

Facility Specialization, if applicable:

Facility provides care to mentally retarded adults.

Number of Adults |>

in care: |> 36

Number of Staff under this |>

person's supervision |> 3

Please answer each of the following questions, giving your opinion to the best of your ability. If you feel you have insufficient information about the person to answer a particular question, please indicate this on the form. You may attach any additional comments you would like to make to this form.

1. How long have you known this person? Two or three years.

2. What is the nature of your association with this person? (friend, employee, neighbor, etc.) I had previously come in contact with Ms. Pappas through my work with the

Alaska Mental Health Association. For the past several months, she has

06-3397 Gen. 184 4/81

been our landlord.

4. Does this person have a good reputation and acceptance in the community in which he/she lives? Would he/she be able to obtain needed community support and services?  
I believe Ms. Pappas has a very fine reputation in both Fairbanks and Anchorage. I can think of no reason for her to have any difficulty in obtaining community support and/or services. She is both knowledgeable and personable.

5. What are the persons management capabilities with regard to records and finances?  
I would have no personal knowledge of this.

6. How would you describe this persons ability to get along with and supervise adult personnel?  
Since I have not been in a position to judge Ms. Pappas' ability to get along with and supervise her adult personnel, I can only make witness to the fact that at least two of the individuals now working for her have been with her for several years and seem satisfied. And since her home, and the home she has made for her clients, is clean and pleasant she must be a good manager.

7. Does the applicant have any serious health problems, either mental or physical, or alcohol or drug problems, which might interfere with his ability to manage an adult care facility or to supervise other personnel? If yes, please explain.  
Not to my knowledge.

8. If a member of your family was a dependent adult, would you entrust his care to the applicant?  
With assurance.

9. Overall, how would you assess the person's ability to plan and to carry out a program for dependent adults?  
I would say she can and does carry out a program for dependent adults in a most satisfactory manner.

10. Other comments: One of Ms. Pappas' greatest assets is her caring for and about the individuals who make their home with her. She is, in my opinion, MOTHER. Her understanding of and compassion for the disabled puts her a cut above most of us.  
She is a dear person and I consider it a privilege to know her.

Reference Signature: Nathan Gustafson

Date: 5/12/81

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF FAMILY AND YOUTH SERVICES

RICHARD LAWRENCE

Date: May 8, 1981

Subject Personal Reference Request

Concerning:

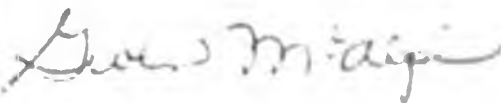
MARGE PAPPAS

Persons responsible for directing or administering an adult residential care facility for the care of dependent adults are required to supply names and addresses of individuals who will act as personal references to the Alaska Department of Health and Social Services, Division of Family and Youth Services licensing branch.

The person named above has given your name as a personal reference. Some information about the adult residential care program this person will be responsible for can be found at the bottom of this page.

These "Personal References" must be completed before a decision can be made regarding this person. Your prompt completion of this form is appreciated. A stamped self-addressed envelope is enclosed for your convenience. Thank you for your assistance.

Sincerely,



Facility Name:

ANCHORAGE BOARDING HOME, INC.

Individual or Organization Ultimately Responsible for the Operation of the Facility:

MARGARET PAPPAS, OWNER

Facility Specialization, if applicable:

Facility provides care to mentally retarded adults.

Number of Adults

>

36

in care:

>

Number of Staff under this

>

person's supervision

>

3

Please answer each of the following questions, giving your opinion to the best of your ability. If you feel you have insufficient information about the person to answer a particular question, please indicate this on the form. You may attach any additional information you would like to make to this form.

1. How long have you known this person?

2 Yrs

2. What is the nature of your association with this person? (Friend, employee, neighbor, etc.)

4. What training, employment or life experiences has the applicant had that would enable him or her to work successfully with dependent adults and their families? (A dependent adult is "a handicapped adult who requires assistance or supervision with the activities of daily living.")

Has run a successful group boarding home both in Anchorage & Fairbanks for several years.

4. Does this person have a good reputation and acceptance in the community in which he/she lives? Would he/she be able to obtain needed community support and services?

Yes! Yes!

5. What are the persons management capabilities with regard to records and finances?

Unknown

6. How would you describe this persons ability to get along with and supervise adult personnel?

Unknown

7. Does the applicant have any serious health problems, either mental or physical, or alcohol or drug problems, which might interfere with his ability to manage an adult care facility or to supervise other personnel? If yes, please explain.

None to my knowledge.

8. If a member of your family was a dependent adult, would you entrust his care to the applicant?

most definitely

9. Overall, how would you assess the person's ability to plan and to carry out a program for dependent adults?

Excellently.

10. Other comments:

Marge gives a home-like mothering to all of the residents I have seen her with. Wish we had more like her.

Reference Signature:

Richard A. Lawrence

Date:

5-12-81

# STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

## DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF FAMILY AND YOUTH SERVICES

VERONICA DUKE

Date: May 8, 1981

Subject Personal Reference Request

Concerning:

MARGE PAPPAS

Persons responsible for directing or administering an adult residential care facility for the care of dependent adults are required to supply names and addresses of individuals who will act as personal references to the Alaska Department of Health and Social Services, Division of Family and Youth Services licensing branch.

The person named above has given your name as a personal reference. Some information about the adult residential care program this person will be responsible for can be found at the bottom of this page.

These "Personal References" must be completed before a decision can be made regarding this person. Your prompt completion of this form is appreciated. A stamped self-addressed envelope is enclosed for your convenience. Thank you for your assistance.

Sincerely,

Facility Name:		ANCHORAGE BOARDING HOME, INC.	
Individual or Organization Ultimately Responsible for the Operation of the Facility:		MARGARET PAPPAS, OWNER	
Facility Specialization, if applicable:		Facility provides care to mentally retarded adults.	
Number of Adults in care:	> 36	Number of Staff under this person's supervision	> 3

Please answer each of the following questions, giving your opinion to the best of your ability. If you feel you have insufficient information about the person to answer a particular question, please indicate this on the form. You may attach any additional comments you would like to make to this form.

- How long have you known this person? *Approx 100 years she was married. Have*
- What is the nature of your association with this person? (friend, employee, neighbor, etc.) *As the Chief Social Worker at the facility she has been with me as*

3. What training, employment or life experience has the applicant had that would enable him or her to work successfully with dependent adults and their families? (A dependent adult is "a handicapped adult who requires assistance or supervision with the activities of daily living.")  
*She has the experience of running their excellent center. She has attended meetings of groups of teachers and operators. She has used a lot of I:1 with my workers and health & social service workers.*

4. Does this person have a good reputation and acceptance in the community in which he/she lives? Would he/she be able to obtain needed community support and services?

*Is her reputation good? She has been in the community for a long time. The reputation for being a "good person" - she has been there for years while they have the facility and when they have the hospital.*

5. What are the persons management capabilities with regard to records and finances?

*I really have not seen her books.*

6. How would you describe this persons ability to get along with and supervise adult personnel?

*Helpful - she has taken care of the cases that people thought would never leave. She has helped them make it. She has also helped people make it from state to home.*

7. Does the applicant have any serious health problems, either mental or physical, or alcohol or drug problems, which might interfere with his ability to manage an adult care facility or to supervise other personnel? If yes, please explain.

*None known to me*

8. If a member of your family was a dependent adult, would you entrust his care to the applicant?

*Yes. I feel he/she would have a clean home, things to eat, the chance to get into the community and lots of L.C.*

9. Overall, how would you assess the person's ability to plan and to carry out a program for dependent adults?

*I think she is doing good and certainly willing to try.*

10. Other comments:

*Therapy teacher Chante had at least - she often said the "little things" - taking people to the home for dinner when they have no place else to go. It was a great help for the staff.*

Reference Signature: *Barbara Linda Allen* Date: *May 10, 81*

# STATE OF ALASKA

JAY S. PALMORO, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES  
DIVISION OF FAMILY AND YOUTH SERVICES

ANCHORAGE SERVICE UNIT  
400 GAMBELL STREET, SUITE 201  
ANCHORAGE, ALASKA 99501  
PHONE: (907) 276-1450

June 22, 1981

*Names have been removed.*

Thank you for your cooperation during the licensing process. Your license will be mailed from Juneau under separate cover. This letter confirms that you are licensed and authorized to operate.

Your license will serve 2 children in the age range from 0 through 8. The effective dates are from June 22, 1981 through August 21, 1981.

Your license is provisional pending compliance with regulations:

1. 2 more references.

This license is being issued to you for the specific ages, location and number of children described on the license and it cannot be transferred to other people or to a different location. Any change in your program or facility must be reported to the Division of Family and Youth Services at least 30 days in advance of the proposed change.

Please call on me if you have any questions about your license or if there is any way in which I can be of assistance to you.

Sincerely,

*Bettye J. Davis*

Bettye J. Davis  
Child Care Licensing/Program  
Specialist

KJD:cr

CHILD FOSTER HOME  
STANDARD BY STANDARD EVALUATION  
7 AAC 50.310-620

NAME(S) OF FOSTER PARENT(S)	
LICENSING REPRESENTATIVE Bettye J. Davis	PRIMARY AGENCY Division of Family and Youth Services
DATE(S) OF HOME VISIT(S)	#CHILDREN IN CARE + RELATED  0 + 0
HOUSEHOLD MEMBERS INTERVIEWED	HOUSEHOLD RELATIONSHIP Husband
	Wife

Rating Responses:

- X - Standard Compliance
- NC - Non-Compliance
- N/A - Not Applicable
- D - Discussed - Applicant is Informed and Agrees to Comply
- Leave Blank if not Evaluated
- B - Boarding Home Exemption

REQUIRED REPORTS AND FORMS ON FILE AT REGIONAL OFFICE:

	Code	Notes and/or Observations
Positive References	NC	
Fire Safety Inspection, if Applicable	N/A	
Sanitation Inspection, if Applicable	N/A	
Water Test Results, if Applicable	N/A	
Notification/Waiver Approved, if Applicable	N/A	
Child Protection Clearance, if Applicable	X	
Criminal Record Clearance, if Applicable	N/A	
Health References, if Applicable	N/A	
<u>EFFECT OF LICENSE (.350)</u>		
Home operates within the license conditions	X	
Marriage (death, divorce, marriages) or location changes have been reported, if applicable	D	
<u>DELEGATION OF AUTHORITY (.370)</u>		
Access to home provided	X	

QUALIFICATIONS OF FOSTER PARENTS AND OTHERS (.410)	Code	Notes and/or Observations
applicant(s) demonstrate evidence of responsibility	X	Evidences:
evidence of maturity	X	7 were licensed foster parents in the past. During the time that they were licensed they provided excellent care to all the children that were placed in their home. 1 reference was received by our office, and in the reference letter the : were spoke very highly of. (Excellent reference). They have always cooperated with the agency.
evidence of reputable character	X	
evidence of sound judgement	X	
evidence of capacity to provide good care for children.	X	
There is evidence that the family maintains an adequate standard of living.		<input checked="" type="checkbox"/> Over \$25,000 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> Below \$10,000 - Comments:
absence of problems detrimental to children in care including	X	
communicable disease	X	
physical problems	X	
mental health problems	X	
alcoholism	X	
drug abuse	X	
tuberculin clearance for all over age 16	X	
infant under 12 mos. not in care prior to TB clearance	X	
health record acceptable, if reviewed	N/A	Record Results:
child protection record clearance in communities of 50,000 or more and when considered necessary for individual applicant(s).	X	
criminal record clearance, when considered necessary for individual applicant(s).	N/A	
collateral contacts positive, if necessary and made.	N/A	
<b>RESPONSIBILITIES OF FOSTER PARENTS (.420)</b>		
significant changes re: employment, housing, serious illness, or other significant changes were reported to the licensing representative.	D	
operation re: treatment plan verified by foster parents	D	
verified by placement worker	D	
personal child records maintained	D	Documented By:
records went with child who has left the home	D	<input type="checkbox"/> Photos:
foster child(ren) not required to acknowledge attitude, destitution, or neglect	D	<input type="checkbox"/> School Records:
child personal possessions allowed	D	<input type="checkbox"/> Other Mementos
no money borrowed or taken from foster child(ren)	D	
<b>NUMBER OF FOSTER CHILDREN PERMITTED (.430)</b>		
no more than 8 under age 18 in the home	D	
no more than 2 total under age 2	D	
no more than 5 under age 18 unrelated to foster parents	D	

SUPERVISION OF CHILDREN (.440)

No adult care, boarders, or child day care unless prior DSS regional approval granted.

Code

Notes and/or Observations

Justification for Combined Care:

D

Care plan provides responsible supervision. Foster parents demonstrate ability to accurately assess child's stage of maturity.

D

Assessment Example: The Sullivans have a good understanding of child growth and development and have been able to assess a child's stage of maturity in the past. Limit Example:

Foster parents establish appropriate limits comparable to that which would be provided by a prudent parent.

X

SEE DISCIPLINE

Emergency plan and substitute adult verified. Emergency absences reported to placement person. Trips out of state approved by placement person. Thirty days advance notice on out of state trips. In-state trips or more than three days approved in advance by placement person.

X

Name: [redacted] and Marc [redacted] days  
Address: 5901 [redacted] avenue  
Phone: [redacted]

D

D

D

D

DISCIPLINE (.450)

Foster parents demonstrate a positive approach.

X

Discipline is appropriate to age and developmental level of child(ren).

Describe: Discipline was discussed at great lengths. I feel they can be positive towards young children (they have in the past) Children with severe acting out behavior should not be placed in this home. They are warm and caring people and like young children. They will be Examples: able to handle normal type behavior in a positive manner and if any problems arise will contact the agency. They have used behavior modification techniques in the past, such as time out, isolation, rewarding appropriate behavior, and withholding privileges.

X

no observation or reports of prohibited discipline techniques, i.e.,  
no severe, humiliating unnecessary punishment  
no verbal abuse, derogatory remarks about child or his family, or threats to expel  
no deprivation of meals, mail, family contact  
no placement in locked room  
no shaking, forceful blow, no weapon  
spankings limited to three buttock slaps and appropriate to age, incident & treatment plan  
no physical restraints except safety straps  
no unequal treatment to related children  
no forced or denied religious activities.

D

D

D

D

D

D

D

D

D

CARE OF CHILDREN (.460, .470, .480, .490, .520)

Child(ren) have age and ability appropriate responsibilities.

D

Responsibilities are shared equally with other children.

D

Responsibilities do not interfere with school, health and recreation.

D

Religious policy provided.

D

Opportunities for religious experience are comparable with the child's heritage or preference.

D

Comments: Both of the [redacted] are Catholic. Younger children will attend service with them, and an older child may attend the church of their choice.

E OF CHILDREN (.460, .470, .480, .490, .520)	Code	Notes and/or Observations
<u>CONTINUED</u>		
Is and snacks provide essential nutrition and ary requirements as determined by observa- n and/or discussion.	D	
Quantity and variety of clothing is appropriate		
Weather	D	
Comfort	D	Regulations have been discussed and the agree to comply.
The activity	D	
Child's age	D	
Community standards	D	
Individual needs.	D	
Life in the community.	D	
Children participate, as appropriate to their and development in the selection of clothing	D	
Child participates in social and recreational life in the community.	D	
<u>HEALTH (.500)</u>		
Prescription medication only on physician's order	D	
Prescription medication properly labeled for child.	D	
Child receives medical exams on an age appropri- ate schedule.	D	Records Located:
Annual dental exam after 3 years old.	D	
Foster child is fully immunized or exempt.	D	
Immunization certificate verified in the foster home child's record for each pre-school child.	D	
Foster parents attests to verifying valid immun- ization certificate is on file in the public school record for each school age child in care.	D	
Emergency medical consent for each child in care. Physical and dental exams are recorded (CWS #146 for each child).	D	
<u>AGENCY REPORTS (.510 and .530)</u>		
Child emergency incident (severe illness, seri- ous accident, pregnancy, death) reported immedi- ately.	D	
Abuse or neglect of a foster child reported.	D	
Foster parents obtain placement person permis- sion for child's absence of 48 hours or more.	D	
<u>FOSTER HOME (.540 and .550)</u>		
Efficient space		Describe: The _____ have a very nice home with adequate space for 2 foster child- ren. The home is well kept and nicely furnished. _____ Bedrooms furnished. Mrs.
Furnished comfortably	X	
Efficient play space in and out	X	Describe: is an antique dealer and has lots of antiques in the home. Mrs. _____ shared that many of the delicate items would be put away before a child is placed in the home.
Surrounding hazards or fenced	X	
Room and a place for each child's personal belongings	X	
Children have individual beds unless under age	X	2 Foster Care Beds. An infant will have a crib in the foster parents bedroom and an older child will have a private bed- room. There is a nice yard and little traffic in the sub-division.
Crib or crib and bedding adequate	X	
Child over one year does not sleep with foster parent unless that is within the community		
Childward or the child is handicapped or ill.	X	



Reference: Initial Foster Home Application-Part II

I. SUPPLEMENTAL INFORMATION & ANALYSIS

Section I - Motivation and Expectations

The motivations are good. They have been foster parents before and have stated that it was a very good experience for them. They stopped doing foster care when Mr. son came to live with them, they felt that they should devote more time to him. He is now out of the home and they now have the time to devote to foster children. Their expectations are realistic and they are willing to cooperate with the agency.

Section II - Family Background and Relationships

Both of the stated their early childhood years were happy ones. Mrs. 's parents divorced when she was 12 years old. She stated from that time on she felt torn between the two of them. She had no sisters and brothers. The 's feel they have a very good relationship. They enjoy just being out-doors. They both love antiques and spend lots of time looking for antique items to restore. They also spend time camping and fishing.

Section III - Financial and Employment Information

They own Service Station on Their income is more than adequate and they are able to meet all of their expenses. They own their own home and rental property as well as several antique cars worth over \$300,000 total.

## Section IV - Behavior Management and Natural Parents

The \_\_\_\_\_s have a very good understanding of young children and in the past they met the needs of the children in their care. The \_\_\_\_\_'s were able to work with Natural parents. They did not degrade a child's parents in the child's presence or try to turn a child against their parents. They feel very strongly that parents who abuse children need help and feel that the children may be better off with someone else. I have discussed this area with the \_\_\_\_\_'s telling them it is the agency's goal to return the children to their own homes if at all possible. They understand this and have cooperated well with the agency.

II. ANALYSIS & RECOMMENDATIONS (Include strengths and weaknesses)

This couple did very well in the past as foster parents. They have a very good understanding of young children, and are willing to give their time to parenting young children. I feel they can not handle a child with severe behavior problems. They are willing to seek help should the need arise. I am recommending that this couple be licensed for a total of 2 children, ages 0 - 8.

-They did an excellent job in the past with this age group.

III. FOLLOW-THROUGH AREAS (Where will they need support and what is the plan for follow through).

Monitor home by phone after initial placement is made. A home visit will be made before the next licensing study and contact with the caseworkers will be maintained.

Benjamin J. Davis

STATE OF ALASKA  
(DIVISION OF SOCIAL SERVICES REGIONAL OFFICE USE)  
FACILITY INFORMATION SUMMARY

Facility Name \_\_\_\_\_ License # 222298

Scheduled Visits 6-21-81 'Inscheduled Visits \_\_\_\_\_ New License / X / Specify Amendment  
 or License Renewal / / Owner Sullivan  
 Location Anchorage  
 Age Range 0 - 8  
 Capacity 2

/ X / Eval. Study    / X / License Typed  
/ X / Provider Letter    / X / Form I Blue

REQUIRED DOCUMENTS

<u>FOSTER HOME</u>	<u>FAMILY DAY CARE HOME</u>	<u>DAY CARE CENTER</u>	<u>RESIDENTIAL CHILD CARE FACILITY</u>
<u>Required</u> <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> TB Clearance  <u>As Applicable</u> <input type="checkbox"/> NC References (NA Review) <input type="checkbox"/> W/A Water Test <input type="checkbox"/> W/A Mod/Waiver Approved <input type="checkbox"/> B/A Courtesy Fire Inspection <input type="checkbox"/> B/A Courtesy Sanit. Inspection	<u>Required</u> <input type="checkbox"/> Application <input type="checkbox"/> References <input type="checkbox"/> TB Clearance  <u>As Applicable</u> <input type="checkbox"/> Courtesy Fire Inspection <input type="checkbox"/> Courtesy Sanit. Insp. <input type="checkbox"/> Loc. Gov. Clearance <input type="checkbox"/> Water Test <input type="checkbox"/> Alternate Emer. Cards <input type="checkbox"/> Mod/Waiver Approved	<u>Required</u> <input type="checkbox"/> Application <input type="checkbox"/> Licensing Info. <input type="checkbox"/> Staff Schedule <input type="checkbox"/> Operator Refs. <input type="checkbox"/> Sample Prog. Schedule <input type="checkbox"/> Parent Brochure <input type="checkbox"/> Sample Menus  <u>As Applicable</u> <input type="checkbox"/> Fire Safety and Sanitation or Local Gov. Clearance <input type="checkbox"/> Mod/Waiver App.  <u>Approved Alternate Forms</u> <input type="checkbox"/> Employment <input type="checkbox"/> Emergency (CS 35) <input type="checkbox"/> Child Attendance	<u>Required</u> <input type="checkbox"/> Application <input type="checkbox"/> Cert. of Ins. <input type="checkbox"/> Statement of Serv. <input type="checkbox"/> Copy Incorp. Papers <input type="checkbox"/> Copy Facility Forms  <u>As Applicable</u> <input type="checkbox"/> Fire Safety and Sanitation or Local Gov. Mod/Waiver Approved <input type="checkbox"/> Sample Menus

REMARKS:

This is a provisional license pending 2 date reference letters.  
 Effective dates: June 22, 1981 through August 21, 1981.  
 2 slots, age: 0 - 8.

I have reviewed the study and concur that the facility meets specified requirements.

Betty J. Davis                      6/22/81  
 RECOMMENDED BY:                      DATE

Robert J. ...                      6/22/81  
 REVISOR/DESIGNER                      DATE

SERIAL

FACILITY NUMB

EFFECTIVE DATE

6 S

222298

062781

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
DIVISION OF SOCIAL SERVICES / POUCH M 05 - JUNE 1991

## FACILITIES MANAGEMENT SYSTEM

REG/AGENCY PCN

C 2171 331614

FACILITY NAME

FACILITY IDENTIFICATION

[Blank]

MAILING ADDRESS

[Blank]

CITY, STATE

ZIP CODE

ANCHORAGE ALASKA 99501

LOCATION

Same

NAME OF RESPONSIBLE AGENCY PERSON

Same

PHONE

VILL

ORG

TYPE

OTHER NUMB

TYPE

2430214 K102 A C

CAPACITY RELATED

SER

SPCL

SPCL

ENDORSE

AVAILABLE

002 00 B . . . . . AA

USE UTILITY FIELD 1

USE UTILITY FIELD 2

K DAVIS

MESSAGES AND REMINDERS

Over ride - License Re-Issued

LICENSING SPECIALISTS NOTE FILE

### LICENSING PROCEDURE GUIDE

30	31	32
33	34	35
36	37	38

### CURRENT LICENSE

LICENSE	REGIN DATE	END DATE	NEXT REVIEW
P	06272781	09121181	08211181

### RATE TABLE

SERVICE NUMB.	DESCRIPTION	BEGIN AGE	END AGE	RATE	UNIT	EFFECTIVE
1	1,3	C	X	10.59	A	7
2	1,3	C	Y	11.66	B	8
3	1		X			8
4	1,4	C	Y	17.41	B	8

33 LINE NOTE TEXT

CIA P. Pending compliance with...

-22-81 BD

Alaska Department of Health and Social Services  
Division of Social Services



Application for a License  
To Operate a Foster Home

Last Name \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WE WERE LICENSED  
 New in 1979  
 Annual Renewal  
 Location Change  
 Foster Parent change  
For changes, complete only the changes and signature.

Location, if different \_\_\_\_\_ Phone \_\_\_\_\_

Number of children for which a license is requested...../ 2 / ages (check all that apply)  0 through 2 yrs.  2 yrs. through 4 yrs.  5 yrs. through 11 yrs.  12 yrs. and over.

	Age	Race	Religion	Education	Present Employment
Husband	42	CAUS.	CATHOLIC	HIGH SCHOOL	SAND LAKE CHEVON
Wife	36	"	"	"	HOUSEWIFE

Children: Indicate if adopted or stepchildren. Include children no longer at home.

INDS  
THRU  
1980  
1981  
1982

Name	Sex	Age	Current Address	Grade	School
	F	22	1811 MARINA - EDMONDUS WASH	N/A	N/A
	F	20	"	N/A	N/A
	M	18	"	12	EDMONDUS HIGH SCHOOL

Are there any others living in your home? If so, what relationship are they to you? N/A

Reason for becoming foster parents: for what we feel we have to share with a child

What experience or training have you had to help you deal with children or youth? Previously we were foster parents to one child. Have had 2 children. These children with us part of the time of our marriage - 2 of them were born with birth defects (sickle cell anemia)

Religious Affiliation: (if any) Roman Catholic  
Name of Church ST Active  Non-Active   
If child is not of your faith, would you have any objections to his attending another church or no church at all? No

References: (Non relatives, such as neighbors, employer, friend; list 4 names)

Name	Address	City	State	Zip	Phone number
		Greensboro	NC	27407	78-06
		"	"	27511	30
	16th	"	"	27502	27
		"	"	27502	19-30

would you consider short term or emergency placement? *yes*

Do you have experience in caring for children with special needs? *yes - 11th grade - a child defect of the skin - very disfiguring*

Child Preference:

Sex	Age	Race	Religion	Children With Special Needs
F	0-8	CAU.	CATHOLIC	

*THIS IS "PREFERENCE" ONLY - OTHERS FINE*  
Describe changes if currently licensed.

**Applicant self-check list:**

- We have read or reviewed the foster home regulations.
- The application for a license has been completed.
- We have reviewed our experience and qualifications to provide foster care.
- Evidence of tuberculosis clearance for each member of the household 16 years of age or older is attached.
- We have thought about or reviewed our plan for supervision and care of a foster child or youth.
- We have thought about our parenting skills and discipline techniques.
- We have planned or reviewed our plan for a place for a foster child to sleep and to keep his personal belongings.
- We have installed the required fire extinguisher and smoke detection device.
- We have reviewed our home for fire safety and have an emergency evacuation plan.
- Our water supply meets one of the following tests:
  - Community Water Supply
  - Drilled and cased well more than 20ft. deep with sanitary seal and sewage drain field more than 100ft. from well
  - Our transported water is dispensed by a faucet and disinfected.
  - If the well dimensions are not known the results of a water test are attached.
- We have reviewed our home for necessary storage of dangerous chemicals, fire arms and freedom from other hazards.

*[Signature]* \_\_\_\_\_ *8/11*  
Signature Date

*[Signature]* \_\_\_\_\_ *6-19-81*  
Signature Date

Call your licensing representative if you need assistance in completing this application or in meeting requirements.

Return this application with all attachments to your Licensing Representative.

HUSBAND:

DATE: 6-19-81

WIFE:

DATE: 6-19-81

SECTION A:

1. How and when did you first hear about the foster parent program?

*from a friend*

2. How long have you been thinking about becoming a foster parent?

*We were previously foster parents in 1979 + the we only had one child, it was a rewarding experience - husband's son came to live with us for a time*

SECTION B: FINANCIAL & EMPLOYMENT INFORMATION.

1. Work History (for the past 5 years):

	EMPLOYER	POSITION	DATES: from/to
HUSBAND:		"UNC"	1974 to present
DOB: 6-24-38			
SSN: 534-34-4944			
WIFE:	2	NO BOOKKEEPING + OTHER HOUSEWORK AT OUR HOME	1974 to present
DOB: 7-23-44			
SSN: 571-60 1365			

2. Are you currently in the military? NO

When will you rotate? \_\_\_\_\_

SECTION C:

1. Are you or any member of your family now or ever been addicted to the use of habit-forming drugs, or drink intoxicating beverages habitually? NO Or to excess? NO
  
2. Have you or any member of your immediate family ever been convicted of an offense? Arrested? Yes  No   
If yes, what was the nature of the problem? (The answer to this question is relevant and a yes answer does not eliminate your consideration as a foster parent.)
  
3. Do you feel that emotional distress warrants counseling or therapy?  
NO
  
4. Have you or any member of your family ever had or are you presently receiving counseling? Yes  No

SECTION D:

1. What methods of discipline do you find most helpful?

*Restricting privileges*

SECTION D: (Continued)

2. How do you view your role in relation to the children's natural parents?

It would be their "substitutes" for the time they are not able to be with their child themselves.

3. How do you feel about people who neglect or abuse their children?

It's just they are in need of help - counseling.

4. What do you think the rewards of being a foster parent would be?

Knowing we may have helped a child through what could be a very difficult time in their life. Trying to make the time they are with us normal as family life as possible.

SECTION B:

Some foster children present some of the following problems. Please indicate by circling on a scale of 1-5 (1 is easiest and 5 is hardest) how difficult you would find these problems. Consider in light of the age child you wish placed in your home.

MOTHER

FATHER

1. <u>2</u> . . . 3 . . . 4 . . . 5 Hard	Silence . . . . . Easy	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5 Hard
1 . . . 2 . . . <u>3</u> . . . 4 . . . 5	Lying . . . . .	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5
1 . . . 2 . . . 3 . . . <u>4</u> . . . <u>5</u>	Bedwetting . . . . .	1 . . . 2 . . . 3 . . . <u>4</u> . . . 5
1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>	Truancy from school . . . . .	1 . . . 2 . . . <u>3</u> . . . <u>4</u> . . . 5
1 . . . 2 . . . 3 . . . <u>4</u> . . . 5	Stealing . . . . .	1 . . . 2 . . . 3 . . . <u>4</u> . . . 5
1 . . . 2 . . . <u>3</u> . . . 4 . . . 5	Sulkiness . . . . .	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5
1 . . . 2 . . . <u>3</u> . . . 4 . . . 5	Temper tantrums . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>	Running away . . . . .	1 . . . <u>2</u> . . . 3 . . . <u>4</u> . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Talking back . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . <u>3</u> . . . 4 . . . 5	Masturbation . . . . .	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Carelessness about appearance . . . . .	<u>2</u> . . . 3 . . . 4 . . . 5
1 . . . <u>2</u> . . . 3 . . . 4 . . . 5	Poor grades in school . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Quarreling with other child . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Fussy eating . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Over eating . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>	Sexual Misbehavior . . . . .	1 . . . 2 . . . 3 . . . <u>4</u> . . . 5
1 . . . <u>2</u> . . . 3 . . . 4 . . . 5	Crying . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
1 . . . 2 . . . 3 . . . <u>4</u> . . . 5	Soiling (daytime) . . . . .	1 . . . 2 . . . 3 . . . <u>4</u> . . . 5
1 . . . <u>2</u> . . . 3 . . . 4 . . . 5	Fighting with others . . . . .	1 . . . 2 . . . <u>4</u> . . . 4 . . . 5
1 . . . <u>2</u> . . . 3 . . . 4 . . . 5	Smoking . . . . .	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5
1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>	Drinking . . . . .	1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>
1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>	Drugs . . . . .	1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>
1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>	Running around in yard . . . . .	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5
1 . . . <u>2</u> . . . 3 . . . 4 . . . 5	Bring kinds of friends . . . . .	1 . . . 2 . . . 3 . . . 4 . . . <u>5</u>
1 . . . <u>2</u> . . . 3 . . . 4 . . . 5	Angry . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	A follower . . . . .	1 . . . <u>1</u> . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	A leader . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Rebelling . . . . .	1 . . . <u>1</u> . . . 3 . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Restlessness & nervousness . . . . .	1 . . . <u>1</u> . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Shy and timid . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Sneaky . . . . .	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Slow learner . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Exceptionally bright child . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Social maladjusted . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Withdrawn . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Injury prone . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Emotionally upset . . . . .	1 . . . 2 . . . <u>3</u> . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Consistently disobedient . . . . .	1 . . . 2 . . . 3 . . . <u>4</u> . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Aggressive . . . . .	1 . . . <u>1</u> . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Envious . . . . .	1 . . . <u>2</u> . . . 3 . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	Argumentative . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
1 . . . <u>1</u> . . . 3 . . . 4 . . . 5	High strung, nervous . . . . .	1 . . . <u>1</u> . . . 3 . . . 4 . . . 5
<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5	Fearful . . . . .	<u>1</u> . . . 2 . . . 3 . . . 4 . . . 5
1 . . . 2 . . . 3 . . . 4 . . . 5	Other (please specify) . . . . .	1 . . . 2 . . . 3 . . . 4 . . . 5
1 . . . 2 . . . 3 . . . 4 . . . 5		1 . . . 2 . . . 3 . . . 4 . . . 5

SECTION F: TO BE FILLED OUT BY PARENTS ABOUT EACH CHILD:

Describe each of your children. Please include each child's age, grade in school if applicable, hobbies, strengths, weaknesses, relationships with peers, siblings, parents and personality traits. Not any significant problems or information on the child's development.

" " is 22, recently married, attending college part time, working with handicapped people - she is a quiet, sensitive person - she relates well to the handicapped as she herself was born with ichthyosis - a disfiguring skin condition

" " is 20 - has a job - is attractive & vivacious - makes friends easily - a normal 20 year old woman

" " is 18 - he was also born with ichthyosis & a crossed eye which was corrected last year - He required special education (& was a slow learner) til last year. He suffered some emotional problems due to his severe ichthyosis. He is now doing very well. He is in his last year of high school & looking to a career in electronics.

All three get along with & enjoy each other.

SECTION G: TO BE FILLED OUT BY THE HUSBAND:

1. Where were you born and raised?

Born in Jantzen, Mass - raised in Seattle Wash.

2. List all previous marriages including the date of marriage, date of divorce, and reason the marriage was terminated. Indicate where any natural children of previous marriages are living, what amount of time they spend with you, and what financial support you provide.

! - GREW APART

3 CHILDREN - LIVE IN EDMONDS, WASH.  
OCCASIONAL VISITS

PROVIDE \$130'S MO SUPPORT FOR YOUNGEST - OTHER TWO ARE GROWN

3. Have you experienced death, separation or loss? Describe (explain, state the circumstances). How did you deal with this experience?

MOTHER DIED - 6 YRS AGO - KIDNEY FAILURE - EXPERIENCED NORMAL GRIEF  
FATHER DIED - 15 YRS AGO - STROKE "

4. Apart from what you have just written in item #3, what was the most difficult experience you have ever had to deal with? How did you deal with it?

DIVORCE & SEPARATION FROM CHILDREN -  
TRIED TO KEEP IN CONTACT & HAVE AS MANY VISITS AS POSSIBLE

5. What makes you angry?

IF PEOPLE LIE TO ME -  
IF PEOPLE DO ANYTHING AGAINST ME OR  
PEOPLE I CARE FOR

6. What do you do when you are angry?

LET PEOPLE KNOW WHAT MADE ME ANGRY

7. What do you like best about yourself?

MY STABILITY & DEPENDABILITY

8. If you could change something about yourself, what would you change?

I'D LIKE TO BE BETTER AT HANDLING DETAILS

9. What do you like best about your spouse?

HER VERY LOVING WAYS

10. If you could change one thing about your wife, what would you change?

I'D HAVE HER REACT MORE CALMLY IN TRYING SITUATIONS

11. Describe an experience which was meaningful to you. (Describe one of the most meaningful experiences you have had in your life.)

MARRIAGE ENCOUNTER - SPENDING A WEEKEND AT A CATHOLIC RETREAT HOUSE WITHOUT ANY OUTSIDE INTERFERENCES & REALLY GETTING TO KNOW MY WIFE

12. Describe your relationship with your wife.

IDEAL

SECTION II: TO BE FILLED OUT BY THE WIFE:

1. Where were you born and raised?

Seattle, Washington

2. List all previous marriages including the date of marriage, date of divorce, and reason the marriage was terminated. Indicate where any natural children of previous marriages are living, what amount of time they spend with you, and what financial support you provide.

N/A-

3. Have you experienced death, separation or loss? Describe (explain, state the circumstances). How did you deal with this experience?

MY PARENTS WERE DIVORCED WHEN I WAS 12 + MY MOTHER MOVED TO ANOTHER STATE FOR - I HAD A DIFFICULT TIME DEALING WITH IT + I GIVE MOST OF CREDIT TO THE NUNS AT THE SCHOOL I WAS ATTENDING FOR HELPING ME AT THIS TIME

4. Apart from what you have just written in item 3, what was the most difficult experience you have ever had to deal with? How did you deal with it?

~~MY GRANDMOTHER DIED + SHE + I WERE VERY CLOSE -~~  
I LOST A BABY - MISCARRIAGE - I CRIED ALOT BUT HAD HELPFUL SUPPORT OF FAMILY + FRIENDS

5. What makes you angry?

INCOMPETENCE IN OTHER PEOPLE AT AFFECTS MY LIFE

6. What do you do when you are angry?

TRY TO POSITIVELY CORRECT THE SITUATIONS

7. What do you like best about yourself?

*I HAVE ENTHUSIASM -*

8. If you could change something about yourself, what would you change?

*I WOULD LIKE TO TAKE PRESSURE  
SITUATIONS MORE CALMLY*

9. What do you like best about your spouse?

*His kindness + ability to try to understand  
my feelings*

10. If you could change one thing about husband, what would you change?

*I'D MAKE HIM QUIT SMOKING*

11. Describe an experience which was meaningful to you. (Describe one of the most meaningful experiences you have had in your life.)

*Being pregnant - the miracle of it all*

12. Describe your relationship with your husband.

*Very close - he's also my best friend*

Alaska Department of Health  
and Social Services  
Division of Social Services

Division Representative Return Address

To:

*Mr. ...  
Anchorage, Ak. 99503*

State of Alaska  
Division of Family & Youth Services  
403 Gambell Bldg., Suite 4201  
Anchorage, AK 99501

Subject: Personal Reference

Name of applicant(s) for a foster home license

Number of children for which license is requested / 2 / 8

Ages: 0 through 2 yrs. / 1-7 2 yrs. through 4 yrs. / ✓ 5 yrs. through 11 yrs. / 0,  
12 yrs. and over /   

Alaska law requires that foster homes for children and youth be licensed by the Division of Social Services. The person(s) named on this letter have applied for a foster home license and have given your name as a personal reference.

Your prompt completion of this "Personal Reference" is requested. Please return it to the address given at the top right of this page.

Your appraisal of the applicant's qualifications and ability to provide care for children will help us make a decision about licensing the applicant.

Thank you for your help in this important matter. Please feel free to call if you have any questions.

Sincerely,

*Betty G. Davis*

Division Licensing Representative

Personal Reference

How long have you known the applicant? <i>5 years</i>	What is the nature of your association with the applicant? <i>Friend</i>
--	---

What is your evaluation of the applicant's character and ability to exercise sound judgment?

*Sound Marriage - both are good people, good friends, very good with children, would make a great parent as well as a great grandchild. They are very good people. They are the same as I am. This is the same as I am. This is the same as I am.*

How would you describe the applicant's capacity to provide substitute parenting?

Can't accept the responsibility and they seem so much to give any child. Had their experience with one of their foster children

How would you describe the applicant's ability to show warmth, love and acceptance to children and youth?

Very easy as that is a great part of each of them with each other

How do the applicant's discipline children and youth and how do you feel about their method of discipline?

Very good. They are considerate of the young people feeling as they are with their own children

How would you describe the applicant's housekeeping skills?

Very clean, very well in trying to make a home for her husband

Is there anything about the home that you would consider dangerous or unhealthy for a child?

no

Does the applicant or any member of the family show any health, mental health, alcohol or drug problems? if yes, please explain.

no

How would you feel about leaving your child in their care?

Very good

Please provide the name of another person who may be able to assess the applicant's ability to provide foster home care:

Name

Address

Telephone

Reference Signature

Date

Telephone









Family Day Care Home has been granted waivers. [ ] Yes [ ] No  
If yes, was the waiver review for continued appropriateness?

If Family Day Care Home currently has a provisional license, were violations corrected?

[ ] Yes [ ] No If not, explain: \_\_\_\_\_

\*\*\*\*\*

RECOMMENDATION:

I recommend issuance of a(n) \_\_\_\_\_ Family Day Care Home  
(Provisional or Annual)  
license.

Permitting the care of \_\_\_\_\_ children in the age range of \_\_\_\_\_ through \_\_\_\_\_.

Specify any limitations: \_\_\_\_\_

This license is effective from \_\_\_\_\_ to \_\_\_\_\_  
(Month, Day, Year) (Month, Day, Year)

Reason(s) for a provisional license: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_  
(Licensing Specialist)

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(Supervisor, if other than a Family  
Services Regional Manager or a  
Community Care Licensing Supervisor)

DATE: \_\_\_\_\_

CHILD DAY CARE CENTERS  
STANDARD BY STANDARD EVALUATION  
7 AAC 50.120-275

NAME OF FACILITY	AGENCY
LICENSING REPRESENTATIVE	NUMBER OF CHILDREN IN CARE
DATE(S) OF SCHEDULED VISIT(S)	DATE(S) OF UNSCHEDULED VISIT(S)
PERSONS INTERVIEWED	ROLE IN FACILITY

Rating Responses:

- Standard Compliance
- Non-Compliance
- Not Applicable
- Discussed - Applicant is Informed and Agrees to Comply
- Leave Blank if not Evaluated

REQUIRED REPORTS AND FORMS ON FILE AT REGIONAL OFFICE:

	Code	Notes and/or Observations
1. Application Form		
2. Licensing Information		
3. Staff Schedule		
4. Three Positive Operator References		
5. Sample Program Schedule		
6. Policy Brochure		
7. Sample Menus		
8. Fire Safety and		
9. Sanitation or		
10. Local Government Clearance		
11. Certificate of Insurance with 30 Days Notice		
12. Approved Alternate For is, if Applicable		
Employment		
Emergency CWS 35		
Child Attendance		
13. Modification/Waiver Approval, if Applicable		

SPECIAL PROVISIONS REGARDING LICENSE (.175)

- (d) Access provided to facilities, records, and staff.
- (e) Substantial program/facility changes within the previous year were reported 30 days before change.
- (f) License displayed in a prominent place.

ADMINISTRATION REQUIREMENTS (.195)

- (1) The operator has read the requirements and made them available to staff (copy posted or in staff meeting area).
- (2) Enrollment policies, access to services and activities are non-discriminatory.
- (3) Confidentiality of records and information on children and parents is maintained.
- (4) Current required records are maintained.  
Minimum sample 25%.

- Child Emergency Records
- Child Attendance
- Caregiver Employment
- Caregiver Attendance

(5) Child emergency, child attendance, and caregiver employment records are maintained on Division forms unless prior Division approval for alternate forms.

(6) An adult caregiver is in charge of the facility in the operator's absence.

(7) Liability insurance limits meet requirements.

- Insurance Dates are Valid.
- Copy of Indorsement(s) on File.
- Transporting Coverage, if Applicable.

(8) Copy of parent policy brochure contains:

- Non-Discrimination Statement
- Services Offered
- Special Needs, if Applicable
- Enrollment Requirements and Procedures
- Fees and Payment Arrangements
- Insurance Coverage
- Rules Concerning Personal Belongings
- Transportation Arrangements
- Parent's Permission for Trips and Related Activities

(9) Children

Disclosure of Information (Confidentiality)

(10) Age of Administrator is Over 19

ENSURING CARE IN EMERGENCIES (.197)

(a) Written plan for evacuation.

- Plan Posted.
- Evacuation Drills Held Every Two Months.

(b) Emergency Lighting

(c) Telephone and radio phone

Emergency Numbers Conspicuously Posted

(d) First aid supplies appropriate for facility size.

Supply is Maintained.

Supply is Readily Available.

(f) Child abuse or neglect is reported.

(g) 14 hours without parental contact is reported.

Code

Notes and/or Observations

Enrollment: \_\_\_\_\_ #Records Checked: \_\_\_\_\_  
 Child Records Located: \_\_\_\_\_  
 Personnel Records Located: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Describe:  
 Location:





GENERAL PROGRAM (.240) - Continued

Code

Notes and/or Observations

(B) Materials and equipment.

A. Are there opportunities for children to express success with a variety of materials? Are there enough materials for the licensed capacity so that children avoid excessive competition and long waits? Are there materials in each of the following categories to support the program?

- Indoor Vigorous Play
- Outdoor Vigorous Play
- Quiet Play
- Imaginative Play
- Creative Expression
- Intellectual Development
- Social Development

B. Are there individual storage areas available for each child's belongings?

C. Furniture is child size.

(b) Infant care criteria in (a) appropriate for infants and toddlers.

(1) Separate sleeping area for infants & toddlers.

A play or crawl area.

Free of cribs. Older children's Play

(2) Children not left routinely in cribs without direct adult contact (45 minute periods).

(3) Opportunities under supervision to explore & learn on their own.

(4) Rest available for (each at least (3) for compliance)

Feeding Feeding Feeding

Feeding Feeding

(5) Requirements for interaction between children & caregiver.

(6) Physical isolation not through

Feeding Feeding Dressing

Feeding Feeding

ENVIRONMENTAL REQUIREMENTS (.247)

Outdoor coverage requirements met (3) sq. ft. used per child

Adequate outside play area.

Alternate play for outdoor space.

Storage and work space consistent to use.

Describe  
Describe:

SAFETY (.248)

Satisfactory Fire Safety Report.

Date:

VENTILATION AND ENVIRONMENTAL PROTECTION (.249)

Satisfactory Ventilation Report.

Date:

DRUGS IN PROGRAM (.250)

(a) Written permission to administer medicine or drugs unless properly labeled as follows:

Labeled Doctor's Name Date

Labeled Child's Name Dosage

Medicines are inaccessible to children.

(b) Is there an isolation area, separate, but supervised?

Describe:



PLEASE NOTE: THE PRECEDING PAGES WERE TREATED  
AS A UNIT IN THE ORIGINAL DOCUMENT.

alaska  
state  
hospital  
association

*copies members  
packets*

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790  
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board  
Tom Mingen  
Fairbanks Memorial  
Hospital  
Fairbanks

January 26, 1982

Chairman Elect  
Ronald A. Pavellas  
Alaska Hospital and  
Medical Center  
Anchorage

The Honorable Charles H. Parr  
State Capitol  
Pouch V  
Juneau, AK 99811

Secretary/Treasurer  
Mark Hawkins  
Sitka Community Hospital  
Sitka

Immediate Past Chairman  
Sister Barbara Haase  
Ketchikan General Hospital  
Ketchikan

Dear Senator Parr:

Delegate to the American  
Hospital Association  
Al M. Camusso  
Petersburg Hospital  
Anchorage

SUBJECT: Senate Bill 650

Alternate Delegate to the  
American Hospital Assoc  
Elsa and Zena  
Kodiak Community  
Hospital  
Kodiak


Hope Cottages has called to our attention several problems they have had with licensure in the areas covered by this bill. They suggest that in the legislation there be included a requirement that the various agencies develop interpretative guidelines in addition to the regulations such as is done in Medicaid certification. This would assist the facility in responding to the regulations and limit the changes in interpretations caused by the constant turn over in staff of the licensing agencies.

Delegate to the American  
Health Care Association  
John Buck  
St. Ann's Nursing Home  
Juneau

Mike Saville from Hope Cottages or I would be pleased to discuss this issue with you in more detail.

Alternate (alternate to the  
American Health Care  
Association  
Emma Laing  
Wrangell General Hospital  
Wrangell

Sincerely

  
Dennis L. DeWitt  
President

Delegate to the Association  
of Western Hospitals  
Marian Harding  
Ketchikan Memorial Hospital  
Ketchikan

DLD:jp

Alternate Delegate to the  
Association of Western  
Hospitals  
Dorothy W. Wierman  
Ketchikan Memorial Hospital  
Ketchikan

cc: Mike Saville  
Phoebe Lindzey

Trustee Delegate to the  
Association of Hospital & Health  
Care  
Mike Smith  
Trustee, Providence  
Hospital  
Anchorage

Alternate Trustee Delegate  
to American Hospital  
Association  
Richard Johnson  
Central Peninsula Hospital  
Sitka

Trustee  
Dennis L. DeWitt  
Juneau

## § 47.35.020 WELFARE, SOCIAL SERVICES AND INSTITUTIONS § 47.35.040

and following "department" in paragraph (4), and inserted "and foster homes, group homes and institutions caring for dependent adults" in paragraph (4).

The second 1977 amendment inserted "within 90 days after receiving a written request that it do so" and "under home rule powers or" in the first sentence of subsection (b), substituted "a municipality which has" for "municipalities which have" in that sentence, and inserted "under the

authority of §§ 10 — 80 of this chapter as it applies to nurseries." "such" preceding "regulation or standard," and "day care" preceding "licensee" in the second sentence of that subsection.

**Legislative history report.** — For report on ch. 98, SLA 1977 (HB 193), see 1977 House Journal, p. 25.

Cited in *J.M.A. v. State*, Sup. Ct. Op. No. 1201 (File No. 2391), 342 P.2d 170 (1975).

**Sec. 47.35.020. License or permit required.** No person may, without a license or permit to do so, (1) maintain or conduct a boarding home, foster home, group home, institution or other place for the regular reception or care of children under 16 years of age, or a foster home, group home or institution for the care of dependent adults, or (2) engage in the business of receiving or caring for children under 14 years of age, with or without compensation, in a nursery in which five or more children not related by blood or marriage, or legal adoption, to the owner, operator or manager of the business are lodged. (§ 3 ch 17 SLA 1951; am § 3 ch 42 SLA 1973; am § 3 ch 253 SLA 1976; am § 2 ch 45 SLA 1977)

**Effect of amendments.** — The 1976 amendment deleted "nursery" preceding "institution or other place" in clause (1) and in clause (2), substituted "14 years of age" for "16 years of age," "five or more children" for "a child," and "are lodged"

for "is lodged or boarded" and inserted "in a nursery."

The 1977 amendment inserted "or a foster home, group home or institution for the care of dependent adults" in item (1).

**Sec. 47.35.030. Authority to issue regulations.** The department may adopt regulations and standards consistent with other requirements of law. This authority does not deny a religious group from establishing and operating an institution solely because of the prior installation or operation of another religious group in the same area. The authority to adopt regulations and standards shall be exercised to insure compliance with the intent and purpose of AS 47.35.010 — 47.35.100. The department may inspect and examine an institution, home or place, or the performance of a service. (§ 4 ch 17 SLA 1951; am § 1 ch 77 SLA 1967)

**Legislative history report.** — For report on ch. 77, SLA 1967 (HB 201), see 1967 House Journal, p. 439.

**Sec. 47.35.040. Issuance of license or permit.** (a) The department shall issue a license or permit to conduct a boarding home, foster home, group home, nursery or institution if it determines that the boarding home, foster home, group home, nursery or institution meets the standards for operation set by the department.

(b) A license or permit may not be transferred. (§§ 5, 8 ch 17 SLA 1951; am § 4 ch 42 SLA 1973)

**Sec. 47.35.050. Duration of license or permit.** The license or permit remains in effect for a period of one year from the date of issuance unless revoked for cause. The department shall give written notice of revocation 30 days before the effective date of a revocation, except in a case when the health or well-being of children or dependent adults is in jeopardy. (§ 6 ch 17 SLA 1951; am § 5 ch 42 SLA 1973; am § 3 ch 45 SLA 1977)

**Effect of amendment.** — The 1977 amendment inserted "or dependent adults" in the second sentence.

**Sec. 47.35.060. Records required.** Each licensee or permit holder shall keep records regarding each child or adult in its control and care, or placed by it, which the department prescribes, and shall report to the department the facts which the department requires with reference to the children or adults. All records regarding individuals placed for care in an institution or home under this chapter are confidential and shall be safeguarded from improper disclosure by the agency or department. (§ 9 ch 17 SLA 1951; am § 4 ch 45 SLA 1977)

**Effect of amendment.** — The 1977 amendment inserted "or adult" in the first sentence, added "or adults" to the end of that sentence, and substituted "individuals placed for care in an institution or home under this chapter" for "children and their parents or relatives" in the second sentence.

**Sec. 47.35.070. Violations.** A person who violates a provision of AS 47.35.010 — 47.35.100 or a rule or regulation adopted under AS 47.35.010 — 47.35.100 is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than \$200. (§ 11 ch 17 SLA 1951; am § 2 ch 77 SLA 1967)

**Legislative history report.** — For report on ch 77, SLA 1967 (HB 201), see 1967 House Journal, p. 429

**Sec. 47.35.075. Licensure of providers of care for dependent adults by municipalities.** A first or second class borough or a first or second class city outside a first or second class borough may license and supervise institutions caring for dependent adults. If a borough or city chooses not to license care providers for dependent adults, the department shall be the licensing authority; if a borough or city chooses to license care providers for dependent adults, the borough or city may exercise any power or responsibility granted to the department under this chapter and shall enforce standards and regulations adopted by the department under AS 47.35.030 (§ 5 ch 45 SLA 1977)

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STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

The Honorable Jalmar Kerttula  
President of the Senate  
Alaska State Legislature  
Pouch V  
Juneau, Alaska 99811

Dear Mr. President:

Under the authority of Article III, sec. 18 of the Alaska Constitution, I am transmitting a bill relating to licensing of foster homes, group homes, nurseries, and institutions for children and dependent adults.

The bill has three major features: it amends licensing practices to provide for biennial rather than annual licensing; it authorizes the Department of Health and Social Services to waive compliance with regulatory standards where appropriate; and it establishes the conditions under which the department may issue provisional licenses.

This bill is a response to the substantially increased workload of the department's licensing staff in recent years (currently, 13 licensing specialists in seven locations do most licensing for over 1,100 facilities) and the concomitant drop in the department's ability to monitor the quality of care provided by licensed facilities. A number of factors have contributed to this. In the fall of 1980, the department implemented a statewide complaint investigation procedure, as a result of which numerous grave conditions were brought to the department's attention. Correction of these, including such conditions as physical and sexual abuse of children in care, mishandling of medication, and fire and sanitation hazards, is critical and requires a large amount of staff time.

Another factor is recent legislation which has greatly increased the number of facilities subject to licensing, without providing for additional staff to implement the licensing program. In 1977 the legislature added licensing requirements for facilities for dependent adults. Last session the legislature created a child care grant program for day care centers, family day care homes, and pre-schools, which requires licensing by the department in

order to qualify for a grant (ch. 112 SLA 81). Although many family day care homes and pre-schools are currently exempt from licensing requirements, a substantial number may now decide to apply for a license in order to qualify for a grant.

Biennial licensing would be a major step toward meeting the department's increasing volume of cases. Performance of annual reviews currently occupies a high percentage of staff time; biennial licensing would enable staff to concentrate on new and marginal facilities where the need for scrutiny is greatest, while performing full-scale reviews of all facilities every two years.

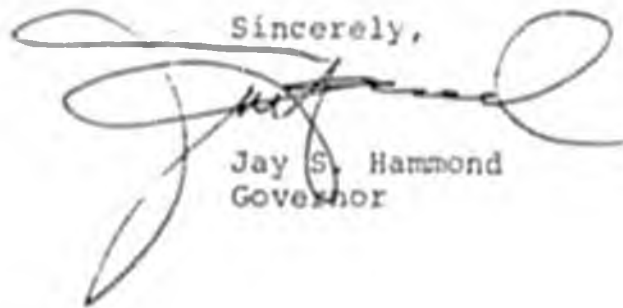
The department's waiver of requirements for operation in appropriate circumstances (AS 47.35.040(c)) is a recognition of the fact that in some instances urban and rural differences require flexibility to allow for alternatives which satisfy the purpose of the particular standard for which waiver is sought.

Section 2 of the bill establishes provisions for the issuance of provisional licenses and limits the maximum duration of a provisional license to two years. Provisional licenses would be issued to all new facilities and to facilities which are temporarily unable to conform to licensing requirements. New facilities would be issued a biennial license after the department has had time to inspect the facility and determine that standards are being met.

In addition to these features, the bill clarifies the provision prohibiting transfer of a license, and adds a definition of the term "facility".

Passage of this bill is essential in order for the department to promote a sound licensing program that will ensure quality care and protection of children and dependent adults in facilities that are required to be licensed.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Jay S. Hammond". The signature is written over the typed name and title.

Jay S. Hammond  
Governor



ALASKA FOSTER PARENTS ASSOCIATION

Box 8651

Anchorage, Alaska 99508

Dec. 11, 1981



Our association is calling on you for assistance. You have been willing in the past and we hope you will try now.

Three times in the past two years the Division of Family and Youth Services, for whom many of us care for children, has attempted to move our foster care licensing workers from the social services District office. There have been logical, if minor reasons for this change. There are major reasons for this not happening.

With those workers in the same office children are placed in better homes the first time around, thus avoiding multiple placements. This "foster home bounce" is extremely damaging to children as I'm sure you can imagine. The licensing workers also provide support and trouble shooting for foster parents as they go about the "business" of foster care. The social workers have neither the time or the sensitivity to do this. Without it foster parents quit. The state loses experienced homes and must recruit continuously. And the children must be moved and moved..

On the two prior occasions we have conveyed our feelings and reasons to D.F.Y.S., ourselves and with the help of childrens advocates such as yourself. And always they have found a way to return the licensing workers to the social service office-- to better serve foster children. We seem to continue to battle this issue however.

We feel very strongly about this issue. Foster Parents are volunteers who work 24 hours a day to provide care for those children in the custody of the State of Alaska. We have nothing personally to gain here, except to see children better served.

We will appreciate your looking into this matter and hope that we can work together to make sure that our state system is always looking out for the "best interests" of our children.

Respectfully,

Ann M. Spahnholz  
President, A.F.P.A.

345-2248

POSITION PAPER

SENATE BILL NO. 650

"An Act relating to licensing of foster homes, group homes, nurseries, and institutions; and providing for an effective date."

AMENDING LICENSING PRACTICES

This Bill would amend Chapter 35 in Title 47 of the Alaska Statutes governing the licensing of non-medical facilities in Alaska, including day care centers and family day care homes for children, and foster homes and residential facilities for children or dependent adults. The three proposed changes are: 1) amending licensing practices to provide for biennial rather than annual licensing; 2) authorizing waiver of Department regulatory standards when appropriate; and 3) establishing the parameters for provisional licensing.

INCREASED RESPONSIBILITY

The need for this amendment stems from a substantial increase in workload under this statute resulting both from efforts by the Department to fully implement the statute and from added responsibilities established by legislation without the authorization of additional staff. Thirteen (13) Community Care Licensing Specialists in seven (7) locations provide licensing for over 1,100 Alaskan facilities.

IMPLEMENTATION OF THE STATUTE

Though the Licensing Statute dates back to 1951, full implementation is still in process. The licensing of child placement agencies authorized in 1967 has not been implemented. In 1982 up to thirty (30) child placement agencies will be added to specialist's licensing assignments. The statutory requirement that the Department supervise licensed facilities also had not been adequately implemented. A statewide complaint investigation procedure was implemented in the Fall of 1980 to correct this deficiency, with the result that the Department has been able to correct very serious situations, including:

- physical and sexual abuse to children in care
- fire and sanitation hazards
- food of limited nutritional value or no food being served
- mishandling of medication
- negligent supervision
- humiliating treatment of minority groups
- operation without a license

While the new complaint investigation procedure has required much staff time, it is considered the most important consumer protection provided under the statute outside of licensing new programs.

NEW LEGISLATION

Two (2) bills have been signed into law in recent years which have added to the number of facilities falling under the authority of the licensing statute without accompanying authorization for additional staff needed to review these programs against standards. Licensing of facilities for dependent adults was added by the Legislature in 1977. In 1981 thirty-nine (39) adult residential care facilities were licensed using existing staff and the recruitment, and licensure for twenty (20)

adult foster homes will begin in February, 1982. The First Session of the Twelfth Legislature passed Senate CS for CS for House Bill No. 508 creating a child care grant program for day care centers, family day care homes, and pre-schools to be administered by the Department of Community and Regional Affairs. Programs applying for a grant must comply with licensing standards as a condition of funding. Of the two thousand five hundred (2,500) family day care homes and one hundred fifty (150) pre-schools exempt from the licensing statute, a substantial number may be attracted to apply in order to obtain a grant. The positions requested for the licensing reviews under this new legislation were not authorized by the Legislature. To prevent an excessive number of applications for licensing, the Department of Community and Regional Affairs has agreed not to publicize the new grant program until corrective licensing legislation could be achieved.

#### BIENNIAL LICENSING

The proposed change to biennial rather than annual licensing in Section 040(a) and (b) of the Bill offers a reasonable solution to the unmet need for additional staff. Performing annual reviews is currently absorbing a significant percentage of staff time. Changing to a mandatory review every two years would reduce that pressure, allowing staff to concentrate on new and marginal programs. Monitoring visits may still occur more frequently than every two years, but the full mandatory licensing reviews would only occur on a biennial basis. Biennial licensing is sound practice. Michigan and Texas, considered to have two of the finest licensing programs in the nation, have biennial licensing.

#### WAIVERS, PROVISIONAL LICENSES, AND OTHER CHANGES

Other minor but important changes are proposed.

Section 040 has been retitled, "LICENSING."

The former provisions of paragraph 040(a) have been retained in paragraph 040(a) of the amendment.

The Department is authorized to grant waivers in paragraph (c). A waiver provision is in the Department regulations for each facility type. Granting of waivers is treated as a serious matter conducted by a waiver committee within the Department. Authority for this process should be contained in the statute.

The provisions of paragraph 040(d) were formerly in paragraph 040(b) and have been clarified to prohibit transfer of a license to a different owner or to a different facility.

Revocation has been moved to paragraph 040(e), formerly in Section 050, with no change except that the Department will be required to give written notice when a license has been modified to provisional status.

Section 47.35.055 contains new statutory language. Provisional licensing has always been a practical and necessary practice in Alaska, but policy has varied. The language contained in this section establishes criteria for the issuance of provisional licenses and limits the maximum duration of a provisional license to two

POSITION PAPER

SENATE BILL NO. 650

PAGE 3

years. Provisional licenses would be issued to all new facilities and to facilities which are temporarily unable to conform to licensing requirements. New facilities would be issued a biennial license after the Department has inspected the facility and determined that standards are being met.

The term "facility" has been used and defined to prevent the need for repeated listings of each type of facility involved.

RECOMMENDATION

Licensing is intended to reduce predictable risk to children and dependent adults, and also to provide support services to those giving the care. A sound licensing program ensures a standard level of service below which programs are not allowed to operate. In recent years license expirations due to licensing staff overloads have increased to an unacceptable level. Passage of this Bill is essential to prevent further erosion of Alaska's licensing program and thereby, preventing increased risk to children and dependent adults, liability to the State, and a widespread decrease in the quality of care.

RECOMMENDED BY: J. R. Pugh  
John R. Pugh, Director  
Division of Family and  
Youth Services

DATE: 1/20/82

APPROVED BY: Helen O. Beirne  
Helen O. Beirne  
Commissioner

DATE: 1/20/82

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SENATE BILL NO. 650  
 Title "licensing of foster homes, group homes, nurseries, & institutions..."  
 Requested by The Rules Committee Date \_\_\_\_\_

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services  
 Program Category Affected \_\_\_\_\_  
 ERU, Program, Or Subprogram(s) Affected \_\_\_\_\_  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Source)	-0-	-0-	-0-	-0-	-0-	-0-
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POSITIONS

FULL TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-
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III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

Senate Bill No. 650 has no fiscal impact on the Department of Health and Social Services.

IV. DATE 1/25/82 PREPARED BY John R. Pugh John R. Pugh, Director  
 AGENCY Division of Family and Youth Services  
 PHONE 465-1170  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (First Legislator Named)  
 33-001 (Rev. 12/81)

JRC

THE FOLLOWING DOCUMENT(S) MAY NOT FILM  
LEGIBLY BECAUSE OF POOR QUALITY OF THE  
ORIGINAL.



Stephen Paul Teske  
Executive Director

2904 Estuary Street • Anchorage, Alaska 99503 • 907 253 3501

February 4, 1982

The Honorable Charles H. Parr  
State Capitol  
Pouch V  
Juneau, AK 99811

Dear Senator Parr,

SUBJECT: Senate Bill 650

Because items in the proposed regulations are subject to individual interpretation, interpretive guidelines appear to be a necessary addition to any proposed legislation. Such guidelines, as evidenced in the Medicaid regulations, have facilitated our understanding of and compliance with IC/MR licensing requirements. It is extremely difficult to work with regulations when they are subject to the changing interpretation of individual licensing specialists. Long range planning, particularly in respect to capital projects/improvements, further accentuates our concerns with the generalities of the proposed regulations.

Furthermore, there is no distinct accountability that we can find within the regulations that differentiates one program from another. Such an agency as Hope Cottages, based upon principles that are both normalized and normalizing, is unique in its scope of services. This same uniqueness does not appear to be properly addressed in the regulations. We also find extremely broad and nebulous parameters of authority given to the licensing division. The exact nature and extent of that authority, as general as it is written, appears to give a single individual enormous responsibility within the licensing process which may well be beyond the perview of their given expertise. Programs such as ours, serving the extensive and specialized needs of the developmentally disabled, rely on many professionals working together in an interdisciplinary effort to insure proper programming and services. It is not left to the discretion of one individual or one discipline. The present regulations, by the very nature of their intrinsic broadness, may well permit a licensing specialist unlimited control and authority over programs and services beyond the respective expertise that any one individual may possess. The regulations must intelligently preserve the best interests of all individuals in a given agency and must also preserve and afford that same agency its due share of operational and program integrity.

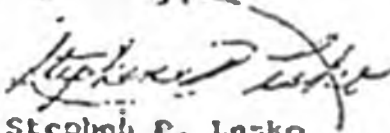
No program can exist as a viable service delivery system when regulations are subject to constant change and individualized interpretation. Regulations are necessary. In the long run they must allow an organization

to serve the best interests of its population in a reasonable, effective, consistent and dynamic manner.

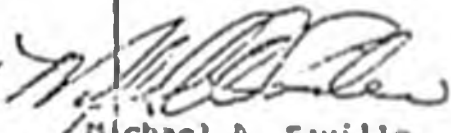
It would be an unnecessary tragedy to foster regulations that are unclear, based on changing interpretations with unlimited parameters of authority to subvert the integrity of a program and thus, limit the scope of services to which all individuals are entitled.

Thank you for your interest and concern.

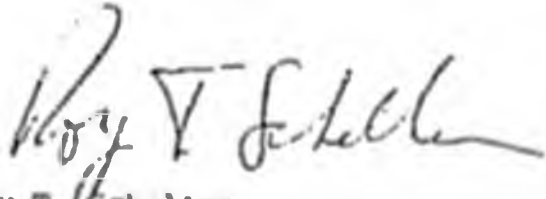
Sincerely,



Stephen P. Losko  
Executive Director



Michael A. Saville  
Controller



Roy T. Scheller  
Program Administrator

cc: Dennis DeWitt  
Floche Lindsey

THE PRECEDING DOCUMENT(S) MAY NOT FILM  
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ORIGINAL.

POSITION PAPER

SENATE BILL NO. 650

"An Act relating to licensing of foster homes, group homes, nurseries, and institutions; and providing for an effective date."

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POSITION PAPER

SENATE BILL NO. 650

PAGE 3

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RECOMMENDED BY: John R. Pugh  
John R. Pugh, Director  
Division of Family and  
Youth Services

DATE: 1/25/82

APPROVED BY: Helen G. Beirne  
Helen G. Beirne  
Commissioner

DATE: 1/25/82

THE LEGISLATURE OF THE STATE OF ALASKA  
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SENATE BILL NO. 650  
 Title "licensing of foster homes, group homes, nurseries, & institutions..."  
 Requested by The Rules Committee Date \_\_\_\_\_

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services  
 Program Category Affected \_\_\_\_\_  
 BRU, Program, Or Subprogram(s) Affected \_\_\_\_\_  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
<b>TOTAL</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>	<b>-0-</b>

FUNDING (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
GENERAL FUND	-0-	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER (Specify Source)	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
FULL TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-
	-0-	-0-	-0-	-0-	-0-	-0-

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

Senate Bill No. 650 has no fiscal impact on the Department of Health and Social Services.

IV. DATE 1/25/83 PREPARED BY [Signature] John P. Pugh, Director  
 AGENCY Division of Family and Youth Services  
 PHONE 465-3170  
 Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (first legislator named)  
 33-001 (Rev. 3/78)

Dr. Mike Saville

Hope Cottage

274-1581

Bill not specific enough:

- need an interpretive guideline
- vague in Administrative Code
- depends on person determining licensing.

Can't know when building or upgrading a facility what the specific requirements are for the structure

Asked him to telecopy info through L10 for tomorrow's Committee meeting since he cannot come down to testify.

Called Info Office & asked them to notify us a.p.a.p. on arrival.

John Joseph

S

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# MEMORANDUM


# State of Alaska

TO John Pugh, Director  
Division of Family & Youth Services  
Department of Health & Social Services

DATE March 24, 1982

FILE NO

TELEPHONE NO 465-3082

FROM  John Anderson, Director  
Division of Administrative Services  
Department of Health & Social Services

SUBJECT Private Contributions  
to Full Cost of Care  
Facilities

I am attaching an analysis of private contributions to the various Full Cost of Care facilities, as you requested, for FY 81 and for the first 6 months of FY 82.

The amounts in the analysis were taken from the cost reports submitted by the facilities for the periods shown. All the providers with material revenues from contributions have submitted cost reports through 12/31/82. However, as noted in footnote (A), Alaska Children's Service did not include data on revenue from contributions for the 6 months ended 12/31/81. This is their usual practice; they report the data on the cumulative report they submit for the entire fiscal year.

If there is anything else you need, please give me a call.

Department of Health and Social Services  
 Full Cost of Care Facilities  
 Contributions Received  
 Fiscal Year Ended 6/30/81 and Six Month Period Ended 12/31/81

Provider	FYE 6/30/81			6 Months Ended 12/31/81		
	Private Parties	Church-Mission Boards	Total	Private Parties	Church-Mission Boards	Total
Alaska Child. Svce.	\$ 80,092.47	\$ 63,003.53	\$143,096.00	(A)	(A)	(A)
Ak. Bapt. Fmly Svces.	50.00	17,239.00	17,289.00		\$ 12,240.00	\$ 12,240.00
Alaska Youth Village	73,154.85	-0-	73,154.85	(B)	(B)	(B)
Bethel Group Home	525.00	-0-	525.00	-0-	-0-	-0-
Bethel Receiving Home	-0-	-0-	-0-	(C)	(C)	(C)
Booth Memorial	2,527.37	-0-	2,527.37	672.80	-0-	672.80
Covenant High School (D)	71,768.54	109,000.00	180,768.54	\$ 35,523.53	49,500.00	85,023.53
Hilltop Home, Inc.	12,180.00	-0-	12,180.00	2,001.23	-0-	2,001.23
Juneau Receiving Home	550.40	-0-	550.40	125.00	-0-	125.00
Kennel Pen. Comm. Care Ctr	250.00	-0-	250.00	128.00	-0-	128.00
Ketchikan: Teen I	402.55	-0-	402.55	-0-	-0-	-0-
Ketchikan: Teen II	402.55	-0-	402.55	-0-	-0-	-0-
Kodiak Baptist Mission	54,000.00	113,572.89	167,572.89	-0-	30,392.35	30,392.35
Kome Receiving Home	-0-	-0-	-0-	-0-	-0-	-0-
North St. Boro Rec. Home	-0-	-0-	-0-	-0-	-0-	-0-
North Star Home, Inc.	-0-	-0-	-0-	-0-	-0-	-0-
Presbyt. Hosp. House	11,690.00	13,567.00	25,257.00	10,291.00	-0-	10,291.00
Sitka Receiving Home	119.00	-0-	119.00	-0-	-0-	-0-
Turning Pt. Boys Ranch	159,530.94	-0-	159,530.94	157,611.05	14,850.79	172,461.84
<b>TOTALS</b>	<b>\$467,242.67</b>	<b>\$316,182.42</b>	<b>\$783,425.09</b>	<b>\$206,352.61</b>	<b>\$106,983.14</b>	<b>\$313,335.75</b>

- (A) 12/31/81 Cost Report did not include data on contributions received
- (B) No DHSS children in 6 months ended 12/31/81
- (C) 12/31/81 Cost Report not yet received
- (D) DHSS utilization is insignificant



# ALASKA CHILDREN'S SERVICES, INC.

1200 East 27th Avenue  
Anchorage, Alaska 99508-3999  
(907) 276-4515

March 24, 1982

## MEMORANDUM

TO: Alaska State Legislators and Department of Health and Social Services Administrators

FROM: Thomas H. Dahl, President  
Alaska Children's Services Board of Directors

RE: Residential Child Care Rate Determination

The Alaska Children's Services, Inc., Board of Directors recognizes its responsibility to cooperate with legislators and the Department of Health and Social Services in addressing the important issues related to escalating cost of care rates. At its meeting in Anchorage on March 23, 1982, the Board unanimously passed the following resolution which strongly supports maintaining Alaska Statute 47.40 (Full Cost of Care Statute) and recommends amending the regulations based on AS 47.40 so that a limit is placed on State reimbursement for services rendered. The resolution is as follows:

The Board of Directors of Alaska Children's Services is in opposition to the repeal or major amendment to Alaska Statute 47.40; and furthermore, supports the following amendment to State Regulations, 7 AAC 50.106(h) by adding a new sub-paragraph (7) to read as follows: "all expenses which are in excess of the preceding fiscal year's established per person, per day cost of care rate for services"; so that 7 AAC 50.106 shall be as follows:

### 7 AAC 50.106. DETERMINATION OF RATES FOR SERVICES.

- (a) Rates for services shall be determined by the per person, per day cost, based upon or including
- (1) preceding fiscal year reimbursable costs;

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#### Serving Alaska's

Children and Families through:

- Residential Treatment Centers
- Group Homes
- Emergency Shelter Services

- American Baptist
- American Lutheran
- United Methodist Churches

#### Member

- United Way of Anchorage
- Child Welfare League of America
- Alaska Association of Homes for Children
- Alliance of the National Secretariat Association of the Christian Church (Disciples of Christ)

- (2) anticipated cost of living adjustment on costs in (1) above, other than salaries;
  - (3) staff salary increases.
- (b) But excluding
- (1) expenses, including salaries, related costs and fees incurred in fund raising;
  - (2) funds expended for construction, major equipment, and other capital expenditures, including leases for any of these categories wherein title reverts to the lessee;
  - (3) depreciation and replacement costs of, and costs of additions to, major property and equipment;
  - (4) religious training and education;
  - (5) medical and dental care;
  - (6) services provided which are sub-standard to, or exceed the requirements of the Department;
  - (7) ALL EXPENSES WHICH ARE IN EXCESS OF THE PRECEDING FISCAL YEAR'S ESTABLISHED PER PERSON, PER DAY COST OF CARE RATE FOR SERVICES.
- (c) Exceptions to sub-sections (b), (2) and (3) of this section, which are reimbursable are equipment costing less than \$2,000.00 and repairs to property costing less than \$2,500.00.
- (d) Rates will be further determined as the Department reviews proposed program expansion, requests for new positions, or other additional factors affecting basic rates.

NOTE: The effect of this resolution will be to remove from the rate determination procedure all costs, whether allowable or not, which are paid for by an institution's supplemental funding sources such as contributions, grants, contracts, interest earned on investments, etc., as well as those expenditures related to deficit spending.

Currently, expenses paid for by funds received from the above methods have the effect of escalating the cost of care payments from one year to the next in excess of the cost of living adjustments and salary increases granted by the Department under 7 AAC 50.106(a)(2) and (3). Additional rate adjustments could still occur under provisions in 7 AAC 50.106(d)

Privately raised funds could still be used for program enrichment, salaries and benefits, and other expenditures; however, they would not have the power to escalate the cost of care rates from one year to the next. Supplemental agency income now used to fund allowable costs has this escalating effect. Deficit spending is currently another means of escalating costs and would no longer apply, except in years when population was lower than normal.

So long as population remains constant from one year to the next, rates for service would only increase by the percentage granted by the Department for cost of living and salary increases.

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An agency's total income would still be related to the number of units of service provided (population) and by its ability to develop supplemental resources. This aspect is not attractive to agencies with substantial fund raising capability. It does, however, give the Department certain management controls that it now lacks over rate determination. Agencies would still have the ability to negotiate with the Department for rate adjustments related to program expansion and/or enhancement.

It is to be noted that the Department is currently in the process of revising its regulations related to Alaska Statute 47.40. Public hearings have already been held on proposed changes in the sections relating to program content. Those sections of the regulations pertaining to cost reimbursement have yet to be drafted. This, however, could proceed immediately and is the responsibility of the Department.

It is also to be noted that children generally placed in residential care and treatment programs are among the most vulnerable and abused, neglected and troubled persons in our society. Appended are excerpts from the agency's case records of the type of children requiring professional care and treatment.

Excerpts From: Case Records - Alaska Children's Services, Inc.

(Names have been changed to insure confidentiality.)

SHERRY

The Division of Social Services in Anchorage referred Sherry to Jesse Lee Home because of her chronic running away and alleged emotional abuse by the natural mother. There were also indications Sherry had been overworked in the parental home doing child care and housework.

Sherry was conceived as a result of her mother being raped. When Sherry was a year old, she was placed with the maternal grandparents. At five years of age, Sherry was returned to her mother's home. Her mother had married in the mean time and the stepfather subsequently adopted Sherry. There were reports of child abuse, neglect due to the grandparent's problems with alcoholism and the parents took her home. There is a suspicion that Sherry was sexually molested by the grandfather.

MARI

Mark is a slender, attractive 7-year-old Caucasian boy who has been a resident at Jesse Lee Home for 7 months. Mark was originally referred by The Division of Social Services, with the concurring recommendation of Alaska Psychiatric Institute, where he had been evaluated at the Children's Unit.

Presenting problems at the time of referral included severe anxiety and out-of-control behavior demonstrated by daily wetting and frequent soiling of himself, self injuring acts (biting nails, to the quick, burning himself, having many accidents resulting in bruises and cuts), destruction of property at home and school, lying, stealing, fire setting, almost continuous unmanageable temper tantrum behavior in the school setting, frequent fighting with peers in the community. Mother and siblings were emotionally worn down by the effort of trying to manage Mark. Tempers were frayed and relationships strained.

DARLENE

Darlene was born in Germany to an unwed German national and an American soldier. The first few years of her life were spent in Germany while her father served in Korea. He returned to Germany, married Darlene's mother and moved the family to the United States, when Darlene was about four. Darlene remembers being severely threatened and abused by her mother while they were living alone, relating one incident in which her mother was stopped only seconds before she pushed Darlene from the side of the bridge. It was at this time the father and mother separated, the mother leaving for Germany, and never returning.

Darlene  
Cont'd

Her father remarried approximately eight years ago and the family relocated to Fairbanks. Darlene relates that her stepmother was very abusive often spanking her with a chain. This marriage lasted only a short time, ending badly. According to Darlene, her father was hospitalized psychiatrically in the military hospital and she stayed with another family for several months. When Darlene and her father were reunited, he was no longer in the service and was able to find only erratic and poorly paying work. Often there was not enough food. Her father provided Darlene with little to no supervision and intervened only erratically. Intervention consisted of harsh spankings with a belt which left scratches, bruises, and welts. Darlene relates that she was never able to live up to her father's unrealistic expectations of her. Before Darlene came to Anchorage, her father had 'given' her to a friend's mother who is an alcoholic, so she might raise her in exchange for money from the Division of Social Services.

ROBERT

Robert is a 17-year-old Tlingit youth being evaluated for group home placement in Anchorage. Robert had been raised by various relatives since age 11. His mother had been killed, allegedly by the father, at age 7, and his father died of suicide after having killed a woman, when Robert was 11. He has had school and behavior problems and more recently, problems with theft although he apparently has not been charged with theft.

Robert complains of a pain in his head that accompanies an auditory hallucination which tells him to hurt people or destroy property. These hallucinations occur, primarily, when Robert is mad and out of control. Robert contradicts himself when he discusses how much control he has over this 'voice' inside his head. At times, Robert contends that the voice scares him because he can't control it. Other times, Robert has described his relationship with his 'little guy' in such a way as to make his counselors believe that he manipulates this voice to suit his own ends and purposes.

Introduced: 1/12/82  
Referred: Health, Education &  
Social Services and Finance

1 IN THE SENATE

BY THE RULES COMMITTEE BY  
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 651

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to state payment for child care costs  
7 for foster homes."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 \* Section 1. AS 47.40.040(a) is amended to read:

10 (a) In this chapter, "full cost" of services shall be determined  
11 by the per person, per day cost in the preceding fiscal year plus a  
12 proportionate share of anticipated cost of living and staff salary  
13 increment increases for the fiscal year for which the full cost of  
14 services, determined to be necessary by the department, is being deter-  
15 mined. [CHILD CARE COSTS FOR <sup>specialized</sup> FOSTER HOMES SHALL BE COMPUTED IN THE  
16 SAME MANNER AS FOR CHILD CARE AND NURSING HOME INSTITUTIONS, EXCEPT THAT  
17 ~~NO SALARY COSTS MAY BE CONSIDERED.~~