

**Wyoming Department of Health
Office of Healthcare Licensing and Surveys**

Assisted Living Facility

Paperwork Requirements for State Licensure

Facility Name: _____ City: _____

- _____ 1. A completed license application form and appropriate fee.
 - _____ 2. A State of Wyoming Division of Criminal Investigation (DCI) fingerprint background check and a Department of Family Services Central Registry Screening on all employees.
 - _____ 3. A qualified registered professional nurse. Provide name and professional license number.
 - _____ 4. Qualifications of manager/administrator including documentation of successful completion of examination administered by Aging Division.
 - _____ 5. Qualifications of Dietary Manager.
 - _____ 6. Copy of contract with Registered Dietitian.
 - _____ 7. Copy of policy and procedure for the quality improvement program.
 - _____ 8. Copy of policy and procedure on employee health, including tuberculin testing and communicable disease information.
 - _____ 9. Copy of resident rights.
 - _____ 10. Copy of written grievance procedure.
 - _____ 11. Copy of policy and procedure on disaster and emergency preparedness.
 - _____ 12. Copy of policy for Level 1 Admission and Discharge Criteria.
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Are you applying for Level 2 Care? Yes No If yes, please also submit the following items:

- _____ 13. Submit copies of additional qualification requirements of manager/administrator to meet Level 2 Core Management requirements.
- _____ 14. Copy of policy ensuring Administrator will meet the continuing education requirements.
- _____ 15. Copy of policy for Level 2 additional core services.
- _____ 16. Copy of policy for Level 2 Resident Assessments.
- _____ 17. Copy of policy for Level 2 Staffing Requirements.
- _____ 18. Copy of policy for the Level 2 Direct Care Staff Requirements.
- _____ 19. Copy of policy for Level 2 Admission and Discharge Criteria.