

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

Intermediate Care Facility for the Mentally Retarded

Paperwork Requirements for State Licensure

Facility Name: _____ City: _____

- _____ 1. A completed license application form and appropriate fee.
- _____ 2. Proof of a fidelity bond of no less than \$2500 augmented in relation to the number of employees.
- _____ 3. Verification of Department of Family Services central registry check on self and/or manager, and all employees hired.
- _____ 4. Copy of organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down to the patient care level.
- _____ 5. Copy of policy and procedure on the quality improvement program.
- _____ 6. Copy of policy and procedure indicating there shall be one person designated responsible for maintaining the confidentiality of personnel records.
- _____ 7. Copies of any agreements or contracted services.