



Serving Jefferson County Since 1917

Checklist for Proposed Boarding Homes & Rooming Home

Listed below are the necessary steps or actions that must be taken according to Regulations Governing Boarding and Rooming Homes in order for the facility to qualify for a permit to be operated as a boarding & rooming home.

Documents Required to be Completed

1. Provide Application & Applicant Fingerprint Card with fee for criminal background check through the Alabama Law Enforcement Agency.
2. Provide a copy of zoning approval from the City in which the facility is located.
3. Provide a copy of housing approval from the City in which the facility is located.
4. Provide a copy of approval by the Fire Marshal having jurisdiction.
5. Provide a scale drawing of the facility.
6. Complete an application for permit.

Jefferson County Department of
Health Environmental Health Services
Food & Lodging Protection

APPLICATION FOR PERMIT
COMMUNAL LIVING FACILITY

FACILITY NAME _____

FACILITY ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

OWNER NAME _____

OWNER ENTITY _____ OWNER ENTITY EIN _____

OWNER ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER PHONE _____ OWNER EMAIL _____

CLF TYPE ☐ Boarding Home ☐ Rooming Home

Proposed # of Residents _____

Attachments:

☐ Zoning approval

☐ Fire Dept approval

☐ Criminal Background (ALEA)

☐ JCDH Permission to Use

Septic System (if Applicable)

☐ Proof of Ownership or ☐ Leasehold *requires property
owner's written authorization for use of property as a CLF*

☐ Housing approval

☐ Floor plan w/ proposed # residents: _____

I hereby acknowledge that the Regulations require all residents to be treated with dignity and respect and are to be provided an environment which is free from abuse, neglect, and exploitation. Any incident of abuse neglect and/or exploitation will be reported to the Health Officer immediately. The Health Officer or his representatives shall be allowed to enter at all reasonable times to perform their assigned duties. **The Health Department may require an updated background investigation to determine suitability to own/operate or work in a Communal Living Facility.**

Signature _____

Date _____

OFFICIAL USE ONLY:

Maximum Residency: _____

Approved by _____ Date _____



JEFFERSON COUNTY DEPARTMENT OF HEALTH

1400 SIXTH AVENUE, SOUTH • P.O. BOX 2648 • BIRMINGHAM, AL 35202-2648 • 205.933.9110 • WWW.JCDH.ORG

ENVIRONMENTAL HEALTH SERVICES

The Jefferson County Board of Health *Regulations Governing Minimum Standards for Communal Living Facilities* require all new owners, operators, staff/replacement staff to provide a criminal history report to the Jefferson County Department of Health.

A fee of \$25.00 (money order or cashier's check only) must be submitted with Appendix A (Application to Review Alabama Criminal History Record Information). The money order or cashier's check must be made payable to "ALEA" and not Jefferson County Department of Health. The application and Criminal History Information Release Form must be signed by the applicant and witnessed by two individuals or notarized.

The completed application, valid photo identification, classifiable copy of applicant fingerprints taken by an authorized law enforcement agency, along with appropriate fee of \$25.00 (must be in the form of a money or cashier's check made payable to the ALEA Records and Identification Division), must be mailed to or brought to the Jefferson County Department of Health, 1400 6th Avenue South, 2nd Floor Food and Lodging Protection Division, Birmingham, AL 35233.

Contact Jefferson County Department of Health at (205) 930-1260 if you have any further questions.

ALABAMA LAW ENFORCEMENT AGENCY

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: ☐ Male ☐ Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: ☐ White ☐ Black ☐ Asian ☐ Indian ☐ Other (please specify) _____

Home Phone: () _____ Mobile Phone: () _____ Work Phone: () _____

WORK INFORMATION

Employer Name: _____ Employer Phone: () _____

Contractor Name: _____ Contractor Phone: () _____

State Agency: _____ Agency Phone: () _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- ☐ Completed Application signed by applicant and two witnesses OR notarized.
- ☐ The required copy of my valid photo identification.
- ☐ A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- ☐ **If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**
- ☐ **PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Jannese Covington, Food & Lodging Protection, Jefferson County Department of Health, PO Box 2648, Birmingham, AL 35202 2648

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Signature _____ My Commission Expires _____, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____

Received By (Initials): _____/Date: ____/____/____ Processed By (Initials): _____/Date: ____/____/____

Walk-in/Hand Delivered ☐ Mailed ☐ Status: _____ Initials: _____ Date: ____/____/____

Billed: _____ Paid: _____ No Charge: _____

Check#: _____

Background Check Qty: Total: \$ _____

Certified Letter Qty: Total: \$ _____

APPLICATION TO CHALLENGE

Alabama Criminal History Record Information

**Appendix A**

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Criminal Records and Identification Unit that he or she believes to be **inaccurate**. To submit a challenge regarding criminal history record information (CHRI) provided by the Alabama Law Enforcement Agency, Criminal Records and Identification Unit. Please complete the steps described below and mail this form and all supporting documentation to:

ALEA Criminal Records and Identification Unit – P.O. Box 1511 – Montgomery, AL 36102-1511 – ATTN: Record Challenge.

Failure to properly complete the form or provide the appropriate documentation, may cause a delay in processing your request.

I, _____, wish to challenge my Alabama CHRI provided to me by the Alabama Law Enforcement Agency Criminal Records and Identification Unit on ____/____/____.

- I understand that I must return this challenge form, along with the documentation required below, to the ALEA Criminal Records and Identification Unit no later than one year in order to challenge this information under this request. I further agree and understand that I must submit a new Request to Review or Challenge my criminal history record information in accordance with the procedure established by the Alabama Justice Information (AJI) Commission should I wish to challenge my Alabama criminal history after that date.
- I understand that I must provide below or ATTACH IN WRITING TO THIS FORM the following information regarding EACH arrest and/or disposition I am challenging before my challenge can be reviewed or processed by the ALEA Criminal Records and Identification Unit. I also understand that I should attach copies of the official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- I understand that my challenge will be reviewed by an ALEA Criminal Records and Identification Unit official, along with the documentation provided. I also understand that my challenge may also be sent to the originating criminal justice agency with custody over the challenged information for their review, and that this process may take several weeks or longer to complete.

Please list the SPECIFIC charge, date, and Arresting Agency/Court for each arrest or disposition being challenged:		
DATE	AGENCY	ARREST CHARGE/DISPOSITION CHALLENGED
1.		
2.		
3.		
4.		
5.		

Please also provide the following details:

A. The details related to why each specific arrest or disposition listed above is inaccurate:

B. The information believed to be correct information for each arrest or disposition being challenged:

C. The agency and/or court where I obtained what I believe to be the correct supporting information (if applicable) from is:

Signature: _____ **Date:** _____

Applicant Instructions

For completing the ALEA Application to Review Alabama Criminal History Record Information or to Challenge Alabama Criminal History Record Information



Appendix B

In order for your request to review, challenge or appeal your Alabama Criminal History Record Information to be processed by the Alabama Law Enforcement Agency (ALEA), **you must complete the ALEA Application to Review (SBI Form 46) or to Challenge Alabama Criminal History Record Information (SBI Form 46 Appendix A) in accordance with the following instructions:**

- 1. Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
 - a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
 - b. A valid unexpired United States Citizenship and Immigration Service Document, which may include either:
 - i. Certificate of Naturalization N-550
 - ii. Replacement Certificate of Naturalization N-570
 - iii. Special Certificate of Naturalization N-578
 - iv. Certificate of Citizenship N-560
 - v. Replacement Certificate of Citizenship N-561
 - vi. Certificate of Citizenship (Posthumous) N-645, N-645A
 - c. A valid unexpired United States Passport; or
 - d. A valid unexpired Foreign Passport which meets the following requirements:
 - i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
 - ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.
- 2. Your application must include the required \$25.00 administrative fee in the form of only a cashier's check or a money order made payable to the "Criminal Records & Identification Unit" (sorry – personal and/or business checks are not accepted).; and**
- 3. Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency with an FBI-issued Originating Agency Number (ORI).**
 - a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card). This ensures positive identification and insures that the proper criminal record is reviewed.
 - b. Details for the fingerprinting agency may be found in APPENDIX C.
- 4. Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511
- 5. If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:**
 - a. A copy of the Alabama Criminal History Record being challenged;
 - b. The charge and DATE of each specific arrest or disposition being challenged;
 - c. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
 - d. A listing of each specific arrest or disposition being challenged;
 - e. The details related to why each specific arrest is inaccurate;
 - f. What the applicant believes to be the correct information for each arrest or disposition being challenged;
 - g. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
 - h. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- 6. Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Record Challenge
P.O. Box 1511
Montgomery, Alabama 36102-1511

Please allow a minimum of 4-5 weeks from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling 334-353-4340 or 1-866-740-4762.

Instructions for Law Enforcement Official

Taking the applicant's fingerprints on FBI "Applicant" Fingerprint Card

FD-258 (Rev 12-10-07)



Appendix C

In accordance with Alabama law and the procedures established in Section 265-X-2 of the *Alabama Administrative Code*, individual citizens may request and may be provided with classifiable sets of their own fingerprints to accompany a request for his/her own Alabama Criminal History Record Information (CHRI) from the Alabama Law Enforcement Agency (ALEA).

One of the requirements for an individual to request their own criminal history record information is that the individual to provide ALEA with a classifiable set of his or her own fingerprints (taken by an authorized law enforcement agency with an FBI-issued ORI) with his or her application to Review or Challenge his or her own Alabama criminal history. This ensures positive identification and insures that the proper criminal record is reviewed and/or challenged.

1. The individual you are fingerprinting should provide proper identification to your agency upon request.
2. The individual's fingerprints should be taken by law enforcement on an FBI "Applicant" Fingerprint Card (i.e. blue card). Please ensure that your agency's name and ORI, AND your name and telephone number, are included on the completed fingerprint card. A sample of the FBI "Applicant" Fingerprint Card FD-258 (Rev 12-10-07) for your reference purposes is provided below.

APPLICANT
FD-258 (REV. 5-15-17)

LEAVE BLANK

THIS CARD FOR PRINT ALL INFORMATION IN BLACK INK

LAST NAME FIRST MIDDLE

ALIEN REGISTRATION NO. (If applicable)

DATE OF BIRTH (MM/DD/YYYY)

DOB SEX

PLACE OF BIRTH (Country, State, City, County)

EDUCATION (High School, College, etc.)

UNIVERSAL CONTROL NO. (UCN)

CLASS ()

ARMED DANGEROUS NO. (ADN)

SOB ()

MILITARY SERVICE NO. (MSN)

REASON FOR FINGERPRINTING ()

LEFT FOUR FINGERPRINTS TAKEN SIMULTANEOUSLY

RIGHT FOUR FINGERPRINTS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN IDENTIFYING APPLICANTS FOR LAW ENFORCEMENT PURPOSES.
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND REGISTRATION, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY GOVERNMENTS, AND ARE SPECIFICALLY BASED ON ANY OTHER STATE STATUTES GOVERN THIS REQUIREMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS FOR PROMOTIC OR REGISTRATION PURPOSES.

Please ensure the following information is in the appropriate boxes of this card and is legible in order to ensure proper identification and to ensure the card is properly processed by the FBI.

1. **LOOP**

2. **WHORL**

3. **ARCH**

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

ARCHES HAVE NO DELTAS

FD-258 (REV. 5-15-17)

3. Please return the completed fingerprint card to the applicant, as it is the APPLICANT's responsibility to mail the completed CHRI Release Form (SBI Form 46), along with his/her own fingerprint card and the other required documents. See SBI Form 46 Appendix B for mailing instructions.
4. If you have any questions, please call ALEA at 334-353-4340 or 1-866-740-4762. To request blank FBI APPLICANT cards, your law enforcement agency may contact the FBI Customer Service Group, CJIS Division Biometric Section at (304) 625-5590 or by e-mail at identity@ic.fbi.gov.

Communal Living Facility Regulation Guidance

SAFETY

FIRE, BUILDING, AND ZONING REQUIREMENTS

Every Communal Living Facility (CLF) must meet the requirements for all applicable fire codes, city, county, and state building codes and zoning requirements and provide documentation for all prior to being issued the initial permit.

RESIDENCY

PLACEMENT OF RESIDENTS

The Jefferson County Department of Health does not make referrals nor place residents into Communal Living Facilities

RESIDENT AGREEMENT

The written resident agreement is to serve as a binding contract to explain terms and conditions of residency at the CLF. This document offers some protections for both owner and resident.

Each resident and owner must have a signed, current resident agreement detailing the rent amount, along with any additional fees, any services provided by the CLF as part of the agreement, terms & rules of residency, terms of admission and discharge to the CLF, and conditions for terminating the agreement by both the CLF and the resident.

The owner or operator of a CLF may not serve as the payee of any benefits on behalf of residents.

PERSONAL CARE REQUIREMENTS

No one who requires assistance with personal care, such as bathing, dressing, feeding or medicinal requirements shall be admitted to or allowed to stay in a communal living facility. Any questions regarding a person's eligibility under these guidelines shall be directed to the Department for clarification.

USE OF ASSISTIVE DEVICES REQUIREMENTS

If residents of a CLF shall use any assistive devices such as sign language, canes and walkers, they must be able to use them independently. Any person who requires the use of a wheel chair shall be able to exit the building to a safe area outside the facility in an orderly and timely manner. No person shall be admitted or allowed to remain as a resident of a CLF who is in need of assistance with their personal care.

STANDARDS FOR BASIC EQUIPMENT AND FACILITIES

BATHROOM FACILITIES AND REQUIREMENTS

CLF's shall have a bathroom with the following requirements:

- a doorway opening with two (2) feet by six (6) inches
- at least one (1) lavatory basin and bathtub or shower, properly connected to a water and sewer system and in good working condition for each eight (8) people in residency. Each basin and bathtub or shower shall be supplied with hot and cold water under pressure at all times. The hot water must be at least one hundred ten degrees Fahrenheit (110° F).
- all bathrooms shall be furnished and equipped with toilet tissue, soap and single-use towels at all times. **Residents are not allowed to share washcloths or towels.**
- all portions of the rooming units provided by the CLF shall be accessible to toilets and bathrooms.
- **Bathrooms and toilets cannot open directly into any room used for storage, preparation, or service of food. Access to the toilets and bathrooms through other sleeping rooms or food preparation rooms is prohibited.**

- all provided bathrooms and facilities shall be equipped with fixtures to provide safety and comfort for any physically handicapped residents residing there.

RUBBISH STORAGE/ TRASH DISPOSAL FACILITIES

Each CLF shall have garbage containers on the premises, as well as an approved garbage/rubbish disposal service.

EXITING THE BUILDING

Two (2), safe, unobstructed exits from each floor shall be provided for all residents, with each exit being at least six (6) feet six (6) inches tall. All exits shall lead to safe and open space at ground level.

All doors shall that open directly to the outside shall be equipped with a self-closing device and a screen. Any unenclosed structure over three (3) feet from the ground level, including any steps or stairs containing five (5) steps or more, shall have an attached handrail at each open side.

STANDARDS FOR ROOMING UNIT FURNISHINGS

Each rooming unit shall contain the following, all in good condition, and meet these requirements:

- one chest of drawers must be provided for each resident along with sufficient hanging space for clothes not stored in drawers
- one chair in each rooming unit
- one end table located next to the bed
- one bed for each resident at least six (6) feet long and thirty-six (36) inches wide with supportive mattress each bed shall have at least one pillow in good condition
- beds shall be made up with clean sheets with two (2) sheets per bed and pillows shall be covered with a clean pillowcase
- all linens, including sheets and pillowcases, must be replaced with clean linens at least weekly and more often if soiled.
- clean covers, blankets, quilts shall be available
- extra linens shall be available to replace linens during cleaning. Linens shall be on beds at all times

- every resident shall be provided with bath towels and a washcloth. Extra towels and washcloths shall be available to replace those being laundered.

COMMON AREA

Each CLF shall have a communal/ sitting / recreational area open for all residents to use. Where meals are served, there shall be a separate dining room. At least one (1) telephone shall be accessible for use by all residents.

WINDOWS AND SKYLIGHTS

Every room shall have at least one (1) window or skylight that faces directly to the outdoors. The total window area shall be equal at least 8% of the total floor area for the room. Any window or other device that opens to the outside in a room shall have a screen, if intended for ventilation purposes. If a skylight is the only means of light in the room, its area shall be equal at least 15% of the total floor area. The window or skylight within the room shall be easily opened and the opening shall be equal at least 50% of the total window/ skylight area.

Lighting and ventilation in bathrooms shall meet the requirements set forth in the building codes applicable to the establishment.

ELECTRICAL OUTLETS

All CLF's shall have electrical service (power) and fixtures that are properly installed, maintained, and connected to a power source. Each room shall have at least two (2) separate duplex (two-plug capacity) outlets that provide access to different parts of the room and have no more than 2 appliances connected to each outlet. All rooms shall have at least one electric light that provides a minimum of 30-foot candles of light. Adequate lighting (20-foot candles) shall be provided in all halls and stairways along with easily located light switches. Emergency lighting shall be available at all times. No temporary wiring or extension cords shall serve as permanent wiring and the total service supplied cannot exceed the load tolerances pre-set in the wiring.

HEATING

All CLF's shall have heating facilities that are properly installed, vented and maintained on regular-basis. The temperature in all living areas, including bathrooms, shall be at least sixty-eight degrees Fahrenheit (68 F) during normal winter conditions. The temperature in all rooms occupied by residents shall not exceed ninety-degrees Fahrenheit (90 F) at any time.

FLOORS, CEILINGS, ETC.

All rooms shall have floors and ceilings that provide privacy for the residents who use them. The walls shall be kept clean and free of cracks, holes, peeling paint, and any other loose or defective part. All the interior doors in the facility shall be hung properly and shall have locking mechanisms where necessary to provide adequate privacy and protection. All of the closets shall have an internal latch or handle so that it can be opened from the inside and every bathroom door or door lock shall allow the opening of the locked door in case of an emergency. All exterior doors and windows shall have locks provided on them that are easily opened from the inside.

PLUMBING

All of the plumbing fixtures and waste pipes shall be properly installed and maintained in good sanitary working order. The potable (drinking) water line shall be properly connected to be an approved water supply under positive pressure and all plumbing shall be connected to an approved sewage disposal system. All bathroom floors shall be maintained so that they are reasonably impervious to water and to permit it to easily be kept clean and sanitary.

MAINTENANCE

All exterior wood surfaces shall be protected from the elements and decay by painting or by some other protective treatment.

FIRE DETECTION AND PROTECTION

Fire safety approval is required from the fire marshal / inspector/ department having jurisdiction of the CLF location. Each CLF in a fire district or volunteer fire jurisdiction must be a

member of the fire district or volunteer fire jurisdiction and shall keep current all required fees and dues.

A written fire and evacuation plan posted in a conspicuous place is required and shall establish responsibilities and steps to be taken by staff and residents in case of fire or another emergency. Fire drills are to be conducted, along with records of the drill, as required by local fire jurisdictions.

SPECIFIC ROOM GUIDELINES

- Excluding closet area, each rooming unit shall have at least seventy-two (72) square feet of floor space for single occupancy.
- No basement space shall be used as a habitable room or rooming unit unless it has been approved by the Health Department.
- At least half of every habitable room in a facility shall have a ceiling at least seven (7) feet high and any floor area with a ceiling height of less than five (5) feet shall not be considered as part of the floor area when computing the total floor area of the room.
- The dining room shall have tables and chairs to seat 100% of the residents in facilities with 12 or less residents.
- All CLF's that launder linens or clothing on site shall have a washer and dryer. These appliances cannot be located within a kitchen area and the dryer shall be properly vented to the outside.

OTHER REQUIREMENTS

FOOD SERVICE REQUIREMENTS

In any facility serving twelve (12) or fewer residents, any type of dishwashing machine shall be approved by the Health Officer for cleaning and sanitizing equipment or utensils if it can be readily established that the equipment will render all utensils clean to sight or touch and provide a bactericidal treatment. Where automatic dishwashers are not available, a three-compartment sink shall be installed and used. In any case, a sink dedicated solely to handwashing is required.

Any facility serving more than twelve (12) residents shall abide by all provisions outlined in

Rules of Food Establishment Sanitation. If a facility is serving thirteen (13) or more persons, the CLF shall have a commercial dishwasher.

If food service is catered in, it shall be purchased from a Board of Health permitted food establishment.

PERMITS, APPLICATION

Every owner/operator shall provide any and all criminal history during the application process. An ABI criminal history shall be reported to the Jefferson County Department of Health as part of the application before a permit will be issued. All convictions of the owner/operator shall be reported within thirty (30) days after the occurrence. Owners, operators, and staff shall be considered unsuitable to own, operate or work in a CLF who have a history of founded abuse, neglect, or exploitation of a CLF or resident history of habitual non-compliance with regulations of CLF's in any county or state, or a criminal conviction at any time which: involves a sex related crime, involve serious intentional reckless or negligent physical injury, danger or death of any person or other crimes which will be evaluated on an individual basis.

For every application submitted, the owner/ operator of the facility shall submit payment of the applicable permit fee that is determined under the most current version of the "Environmental Health Services Fee Schedule." Failure to pay fee will result in denial or of the revocation of the permit.

ZONING/ LAND USE

All facilities shall be located within an area that permits the operation of a CLF and shall submit written verification of the above before it shall be approved. Any ownership or operation outside of these bounds shall be deemed unlawful. Before a permit for operation is considered, all zoning, building, fire, county and city requirements shall be satisfied.

DOCUMENTS & STEPS REQUIRED FOR PERMIT APPLICATION

- completed JCDH CLF permit application
- criminal background report demonstrating suitability to own/ operate a CLF
- proof of ownership or leasehold on location of facility
 - owner permission to operate CLF if applicant is not property owner
- approval by any other agency having jurisdiction (zoning, fire, housing, building, etc.)
- floor plan or sketch of structure(s) used for CLF

Helpful phone numbers:

City of Birmingham:

- Housing Department 205.254.2179
- Fire Prevention 205.250.7540
- Revenue (Business License) 205.254.2312
- Zoning Division 205.254.2478

Jefferson County:

for property in unincorporated Jefferson County

- [Development Services Department](#) (Planning, Buiding, Zoning) 205.325.5321
- [Revenue \(Business License\)](#) 205.731.2965