

**ADULT DAY CARE CENTER
Checklist for State Licensure**

FACILITY NAME: _____

CITY: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Please mail or E-mail the following items to Healthcare Licensing and Surveys:

CHECK OFF	ITEM
	1. A completed license application form and required fee.
	2. Copy of organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down.
	3. Copy of Admission policies.
	4. Copy of Discharge policies.
	5. Evidence of public liability insurance for bodily injury with a minimum limit of \$500,000 each occurrence/\$500,000 aggregate.
	6. Policies regarding hiring of staff (including evidence of DFS central registry checks and State Board of Nursing registry check).
	7. Policies regarding employee health, including tuberculosis screening.
	8. Qualifications of the Program Director.
	9. Policy regarding staffing (ratio of staff to participant).

	10. Policy on medication management.
	11. Copy of participant rights.
	12. List of mealtimes and/or snack time.
	13. Emergency plans/procedures.
	14. Written plan for internal evaluation of the program (formal evaluation to be completed annually).
	15. Monthly schedule of activities.
	16. Evidence at least one staff person with current CPR and first aid certification will be on premises at all times during hours of operation.

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY

Date:

Surveyor Assigned to Review:

Surveyor Recommendation Review Summary/Comments:

Date

Surveyor Signature:

State Survey Agency Director/Administrator (or designee) Comments:

Additional Information Needed: ☐ **Approved:** ☐ **Denied:** ☐

Date:

Signature: