



FOR OFFICE USE ONLY

Check Amount
Check Number
License Expiration

State of Delaware

Office of Health Facilities Licensing and Certification

License Renewal Application for 3375 Prescribed Pediatric Extended Care Center (PPECC)

(Please type)

License ID PPECC –

Provider Legal Name

Doing Business As (DBA)

Facility Address

City

State DE

Zip Code

Facility Phone

Facility Fax

Administrator

Email

Alt. Administrator

Email

Director of Nursing

Email

Delaware Registered Nursing License Number

Expiration Date

Alt. Director of Nursing

Email

Delaware Registered Nursing License Number

Expiration Date

Emergency Contact Name

Emergency Contact Phone

Email

(EMERGENCY CONTACT MUST BE AVAILABLE AT ALL TIMES IN CASE OF EMERGENCY, NATURAL DISASTER, ETC.)

Facility Type (Check all that apply)

- | | |
|---------------|-------------|
| 1. Private | Public |
| 2. Non-Profit | Proprietary |

Office Hours

License Survey

1. Current Enrollment Capacity
2. Dept. of Services for Children Youth, and their Families (DSCYF) License Expiration Date
3. Date of last policy and procedure manual review
4. Has there been a change of ownership since the last survey? Yes No
If Yes, give date
5. Do all the aides/assistants/technicians meet the minimum criteria that reflects Reg. 8.7.4 and 10.0.
i. Yes No Explain "No" Response
6. Attach a list of ongoing staff development conducted in the previous year that reflects Reg. 10.1.
7. All individuals who are responsible for direct care of participants have received at least twelve (12) hours annually of staff development that reflects Reg. 10.1.
Yes No Explain "No" Response

Attach the following documents regarding the organization and services of the State licensed Hospice Documents should be labeled with the noted Exhibit identifier. For example, the "List of Services" should be labeled "Exhibit B."

Exhibit A – Delaware Business License (and city/town business license if applicable)

Exhibit B - List of Services

Exhibit C - Organizational Chart(s)

Exhibit D - Changes in organization (if applicable)

Exhibit E – Child Care Licensing Survey Report. Evidence such as meeting minutes that the Advisory Board has reviewed the policies and procedures of the PPECC to assure conformance with the standards for licensing and certification Reg. 3.7.1.

Exhibit F - List showing the names, addresses and percent of interest of each officer, Administrator and owners having an interest in the Facility (complete "Ownership Interest" included).

Exhibit G – List of names and addresses of advisory board members if different from the preceding group.

Exhibit H - Resumes of staff mentioned above.

**Please Email the following as two (2) separate attachments to
DHSS_DHCQ_OHFLCFAX@DELAWARE.GOV**

Exhibit I – Your Emergency Preparedness Plan (including reviewed/revised date).

Exhibit J – Delaware State Fire Marshal Inspection Letter

Prescribed Pediatric Extended Care Center Services and Employee Information

Services Provided	Does your facility provide these services?		Are the services provided by employees of the facility?		Number of persons employed in each service	Are the services provided by contractors?		Number of contractors providing each service	Are services provided by both employees and contractors?		Total number of caregivers in each service
	Yes	No	Yes	No		Yes	No		Yes	No	
Registered Nurse											
Licensed Practical Nurse											
Physical Therapy											
Speech Therapy											
Audiology Services											
Occupational Therapy											
Nutritional Services											
Social Services											
Aide											
Child Life Specialist											
Developmentalist											
Physician											
Other (please list):											

Ownership Interest

Name	Address	% Ownership Interest
		Total = 100%

Application is made to operate a Prescribed Pediatric Extended Care Center in accordance with 16 Del. C. Code §122(3)(q) and the Department of Health and Social Services Prescribed Pediatric Extended Care Center Regulations (3375).

I attest that all employees/contractors have had

- A criminal background check and drug testing (16 Del.C. §1190 and §1191)
- Child and adult abuse check (11 Del.C. §8563 and §8564)
- Services letter(s) (19 Del.C. §708)

I affirm that all the information provided herein is complete and true. I further agree to conduct said Facility in accordance with laws of the State of Delaware and with the rules and regulations of the Delaware Division of Health Care Quality.

Name of the person completing the form	Title
Email	Phone
Signature	Date

Check or money order should be made payable to **State of Delaware**

Initial Licensure Fee \$100 Annual Licensure Fee \$50.00
 Please type and return the application with the licensure fee to
Office of Health Facilities Licensing and Certification
263 Chapman Road, Suite 200
Newark, DE 19702

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Application Reviewed & Approved By				Date
Administrator/Designee				Date
Type of License	Initial	Annual	Probationary	Provisional
Licensure Period		To		
License Sent Date		Initials		

Rev. 10-31-2022