



FOR OFFICE USE ONLY
Check Amount
Check Number
License Expiration

State of Delaware
Office of Health Facilities Licensing and Certification
License Renewal Application for 3360 Adult Day Care (ADC)

(Please type) License ID ADC –

Provider Legal Name

Doing Business As (DBA)

Facility Address

City	State DE	Zip Code
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Facility Phone	Facility Fax
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Director	Email
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Nurse	Email
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Delaware Registered Nursing License Number	Expiration Date
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Activities Director	Email
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Emergency Contact Name

Emergency Contact Phone	Email
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(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 | For-Profit |

Office Hours

Licensure Survey

All Adult Day Cares providing skilled services are required to meet the Delaware Department of Health and Social Services Adult Day Care Regulations (3360).

1. List the number of unduplicated intermittent patients admitted in the previous 12 months.

Census	Capacity			
Support Services	Speech	PT	OT	Other

2. Has there been a change of ownership since the last survey? Yes No
If Yes, give date
3. Do all the aides/assistants/technicians meet the minimum criteria that reflects Reg. 13.13.
Yes No

Explain "No" Response

Attach a list of ongoing staff development conducted in the previous year that reflects Reg. 13.14.

4. All individuals who are responsible for direct care of participants have received at least twelve (12) hours annually of staff development that reflects Reg. 13.14.
Yes No
Explain No

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 - List of governing body members

Exhibit F - Evidence such as Quality Assurance/Improvement minutes that shows

F.1) An internal monitoring process that tracks performance measures Reg. 14.1.1.

F.2) review of programs, goals and objectives annually Reg. 14.1.2.

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

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

