



**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

Facility Phone Facility Fax

Director Email

Nurse Email

Delaware Registered Nursing License Number Expiration Date

Activities Director Email

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 For-Profit

Hours of Operation

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

## 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 ADC Documents should be labeled with the noted Exhibit identifier. For example, the "List of Services" should be labeled "Exhibit B."

Exhibit A – Delaware Div. of Revenue 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](mailto:DHSS_DHCQ_OHFLCFAX@DELAWARE.GOV)**

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

Exhibit J – Delaware State Fire Marshal Inspection Letter

