



STATE OF MARYLAND

DHMH

**Maryland Department of Health and Mental Hygiene**

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein M.D., Secretary

**INITIAL- PRE-LICENSURE CHECKLIST FOR ADULT DAY CARE  
(NEW FACILITY)**

**THE CENTER DIRECTOR SHALL VERIFY COMPLIANCE**

**with**

**EACH ITEM by INITIALING AND NOTING DATE OF REVIEW**

**THIS LIST MUST ACCOMPANY YOUR APPLICATION PACKET**

- \_\_\_\_\_ All required **furniture and supplies are present; grab rails; protective devices in place.**
- \_\_\_\_\_ Participant records including required current physicals are on-site for RN review.
- \_\_\_\_\_ Written signed Consultant Agreements specifying names, hours, duties for each.
- \_\_\_\_\_ Staff physicals, background and reference checks are completed and on-site.
- \_\_\_\_\_ A rest area and bed are provided as required.
- \_\_\_\_\_ Policy and Procedures Manual including: personnel policies, hiring, and firing responsibility, termination procedures, written position descriptions for each job specifying qualifications required and duties.
- \_\_\_\_\_ Nutrition Services: Kitchen/food preparation areas must be functional, sanitary and adequate to serve the participant population. Please *forward* a copy of *food service contract* if meals are to be catered, include copy of meal and snack menus with time of serving.
- \_\_\_\_\_ Fiscal documents, including a written annual budget.
- \_\_\_\_\_ Pharmacy Policies including administration and medication recording and secure storage.
- \_\_\_\_\_ Scheduling and topics and documentation of ongoing required in-service training.

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**ALL starred (\*) items required a signed copy of the document noted to be forwarded**

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- \* \_\_\_\_\_ 1) Physician and 2) Substitute physician written agreements staffing names and terms of agreements.
- \* \_\_\_\_\_ Written Transportation Agreement setting hours of transport, back-up arrangements.
- \* \_\_\_\_\_ Contract listing name of Activities Coordinator and a copy of person's resume must be forwarded. A written Activities program noting each day of week shall also be forwarded.
- \* \_\_\_\_\_ Written daily staffing pattern: A 1:7 staff ratio is required for Adult Day Care, *exclusive* of the center's director. **You will need to forward a written, complete list of each paid *direct patient care* staff position having direct care contact by noting the position title, and days and hours of work as follows:**

**(EXAMPLE)**

- 1) Registered Nurse – Full time – (works Monday-Friday, 8:00 am – 4:30 pm)
- 2) Activities Coordinator – Part time – ( works Monday, Tuesday, and Friday, 10:00 am – 2:00 pm Wednesday and Thursday 9:30 am – 1:30 pm)
- 3) Program Assistant #1 – Full time: (works Monday – Friday, 8:00 am – 4:30 pm)
- 4) Program Assistant #2 – Part time: (works Tuesday and Thursday, 8:00 am – 4:00 pm)
- 5) Program Assistant #3 – Part time: (works Monday, Wednesday and Friday, 8:00 am – 4:00 pm)

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Web Site: [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov)

(A monthly calendar of scheduled staffing for existing center is acceptable)

**Printed name of Center Director**

**Signature**

**Date**

This checklist is to be used as a guideline. (Consult state COMAR Regulations 10.12.04 for a **complete** listing of all requirements).

- **Simply put, an Adult Day Care Center must be COMPLETE IN EVERY DETAIL and READY TO BEGIN PROVIDING CARE FOR PARTICIPANTS *AT THE TIME OF YOUR INSPECTION.***
- **All starred (\*) documents must be completed and *forwarded together in ONE* packet along with this checklist, your completed, notarized application and ownership.**

**We will not schedule a site survey until we have received all required documentation.**

Should you have any questions regarding the requirements, please feel free to contact Ms. Stella Odunukwe, Adult Medical Day Care Coordinator, at 410-402-8142.