

Oklahoma State Department of Health Health Facilities Systems

PO Box 268823, Oklahoma City, OK 73126-8823

p. (405) 426-8175

HealthResources@health.ok.gov

## ADULT DAY CARE LICENSE APPLICATION

### REQUIREMENT FOR LICENSURE

Title O.S. 63 Section 1-873(B) Centers to be licensed shall include all adult day care centers...It shall be unlawful to operate a center without first obtaining a license for such operation as required by the Adult Day Care Act, regardless of other licenses held by the operator. Organizations operating more than one center shall obtain a license for each site.

<u>FEE</u> (63 2011 O.S. § 1-874) A. An applicant for a license to operate an adult day care center must file an application on a form approved by the State Department of Health and pay an initial license fee which shall be determined by the Department. Effective November 1, 2021, adult day care facility licenses will be renewed every three years. The total cost for an initial 180 day license is \$75.00. For a license renewal, the total cost is \$225.00. The renewal total = (\$75.00) x (3 years). Your fee should accompany this form. Make checks payable to the Oklahoma State Department of Health.

### **DEADLINES FOR FILING APPLICATION FOR LICENSE** [OAC 310:605-5-2]

**Initial license or change of ownership or operation:** Application for initial license must be filed, and a license must be obtained, before operation begins.

**Renewal:** Application for renewal must be filed forty-five (45) days before the expiration date specified on the license.

This application is submitted for the following review (check one):							
	Initial license	Renewal lice	nse	Other, plea	se exp	olain.	
Fa	cility ID Number (as	ssigned by OSDH):					
1.	Name of Licensee:			_			
2.	Name of Center: _			_			
3.	Location of Center:	Street	City/State	Z		County	Telephone Number
4.	Name of Director:					·	•
5.	Provide the name, a			ber, and e-m	ail add	dress of the fac	cility's contact person. (This
	is the individual with whom the Department should communicate.)						
	Name of Facility Contact Person		Telephone N	Number			
	Email Address		Fax Number				
	Street	City/State		Zip			
6.	Total number of par	rticipants to be served.		_			

7.	Does the Center advertise, market, or otherwise parallel Alzheimer's disease or related disorders in a special	romote itself as providing care or treatment to persons with ial unit or under a special program?   Yes   No						
	If "yes," submit the <i>Alzheimer's Disease or Related Disorders Special Care Disclosure Form</i> (ODH Form 613). [OAC 310:673-3-1]							
<b>Notice to Applicant:</b> Any person who has been determined by the State Department of Health to have violated any provision of the Adult Day Care Act, or any rule or order issued pursuant thereto, may be liable for an administrative penalty of not more than Five Hundred Dollars (\$500.00) for each day that such violation continues.								
	ertify the information provided in this application a owledge and belief.	nd attachments are true and complete to the best of my						
Tyj	pe or Print Name of Person Signing for Applicant	Signature of Applicant						
Nai	me of Corporation, Partnership or Association	Official Title or Position						
Sta	te of County	of						
Sig	ned and sworn to (or affirmed) before me on this_	day of, 20						
Na	nme(s) of person(s) making statement.							
		Signature of Notary Public  My Commission Expires://						
	Seal or Stamp							
		My Commission Number is:						

#### ADULT DAY CARE LICENSE APPLICATION INSTRUCTIONS

# PART I INITIAL LICENSE APPLICATION

If the applicant has not been previously licensed or the center is not in operation, complete and submit the following:

- 1. \$75.00 for an initial 180 day license. For a license renewal: \$75.00 fee every year for a three year license; \$225.00 total. Total fee = (\$75.00 a year) x (3 years)
- 2. Adult Day Care License Application (ODH Form 712). All information requested on this form must be complete and accurate before your license can be issued. Form must be signed and notarized.
- 3. Disclosure Statement (ODH Form 953-B); Detail Attachment to the Disclosure Statement (ODH Form 953-C); Affirmation Attachment to the Disclosure Statement (ODH Form 953-D); and Staffing Projection and Professional Certification for a Nursing or Long-term Care Facility (ODH Form 953-E). The operating entity must complete the ODH Form 953-D.
- 4. Attach a statement from city or local zoning authority, which states that, the address of the center's location is zoned appropriately for licensure as an adult day care center. The letter must include the center's maximum participant capacity (occupancy load).
- 5. Attach a drawing of the floor plan of the center. If the center is to be located in a building that is occupied by other programs, entities, or services, the drawing must include details that demonstrates compliance with the following:

If the center is to be located in a building that is located in conjunction with another program that is also licensed by the Department, both programs must meet its own license requirements. Additionally, 63 O.S. 1-872.1 provides: "Adult Day Care Center" or "center" means a facility which provides basic day care services to unrelated impaired adults for more than four (4) hours in a twenty-four-hour period. A center shall be a distinct entity, either freestanding or a separate program of a larger organization. A center shall have a separately verifiable staff, space, budget, and participant record system. The term "adult day care center" or "center" shall not include retirement centers and senior citizens center.

- 6. Attach a complete description of programs and services.
- 7. Attach a copy of the applicant's financial statement and the facility's projected budget of revenues and expenses for the first month of operation.
- 8. Attach a copy of the local building and fire inspector's report or the State Fire Marshal's Inspection form.
- 9. If ODH Form 712, item 6 is marked "yes," submit the *Alzheimer's Disease or Related Disorders Special Care Disclosure Form* (ODH Form 613). [OAC 310:673-3-1]
- 10. Submit application, fee, and attachments to:

  Oklahoma State Department of Health
  Health Facility System

P.O. Box 268823

Oklahoma City, OK 73126-8823

# PART II RENEWAL APPLICATION

Complete and submit the following:

- 1. For an initial 180 day license, submit a \$75.00 fee. For a license renewal, submit a \$225.00 fee. Renewal Total Fee = (\$75.00 per year) x (3 years)
- 2. Adult Day Care License Application (ODH Form 712); and Disclosure Statement (ODH Form 953-B).
- 3. Attach a copy of the applicant's most recent financial statement.
- 4. If ODH Form 712, item 6 is marked "yes," submit *Alzheimer's Disease or Related Disorders Special Care Disclosure Form* (ODH Form 613). [OAC 310:673-3-1]
- 5. Submit application, fee, and attachments to:

Oklahoma State Department of Health Health Facility System P.O. Box 268823 Oklahoma City, OK 73126-8823

PART III OTHER

Complete and submit as applicable.

- 1. For an increase in the number of participants the center is licensed to serve, complete and return *Adult Day Care License Application* (ODH Form 712); *Disclosure Statement* (ODH Form 953-B); *Detail Attachment to the Disclosure Statement* (ODH Form 953-C); *Affirmation Attachment to the Disclosure Statement* (ODH Form 953-D); *Staffing Projection and Professional Certification for a Nursing or Long-term Care Facility* (ODH Form 953-E); and provide a copy of the local building and fire inspector's report or the State Fire Marshal's Inspection form stating the approved occupancy load. If the center undergoes design or construction changes, attach a drawing of the floor plan.
- 2. For a decrease in the number of participants the center is licensed to serve, complete and return *Adult Day Care License Application* (ODH Form 712) and *Staffing Projection and Professional Certification for a Nursing or Long-term Care Facility* (ODH Form 953-E). If the center undergoes design or construction changes, attach a drawing of the floor plan.
- 3. For a center that undergoes design or construction changes, attach a drawing of the floor plan.
- 4. If Adult Day Care License Application (ODH Form 712), item 6 is marked "yes," submit Alzheimer's Disease or Related Disorders Special Care Disclosure Form (ODH Form 613). [OAC 310:673-3-1]
- 5. Submit application and attachments only to:

Note: Do not send fees to this address.

Oklahoma State Department of Health Health Facility System 123 Robert S Kerr Ave, Suite 1702 Oklahoma City, OK 73102-6406