



1 health of the employee, co-workers or the public, or whether the employee is unable to perform the  
2 normally assigned job duties; and

- 3 (13) ~~DSSDAAS~~-6205 (Adult Day Health Certification Report). This form must be submitted by the  
4 county department of social services with a copy to the program.

5 (d) The following forms and materials make up a certification package for the renewal of a certification and must be  
6 submitted through the county department of social services, no more than 60 days prior to the end of the current period  
7 of certification, to the state Division of Aging and Adult Services:

- 8 (1) Form ~~DSSDOA~~-1498 (Fire Inspection Report) or the equivalent completed and signed by the local  
9 fire inspector, indicating approval of the facility, no more than 12 months prior to submission with  
10 the certification package;

- 11 (2) Form ~~DSSDOA~~-1499 (Building Inspection Report for Day Care Services for Adults) or the  
12 equivalent when structural building modifications have been made during the previous 12 months,  
13 completed and signed by the local building inspector, or fire inspector or fire marshall if a building  
14 inspector is not available, indicating approval of the facility, within 30 days following completion  
15 of the structural building modifications;

- 16 (3) Form ~~DSSDOA~~-2386 (Sanitation Evaluation Report) or the equivalent completed and signed by a  
17 local sanitarian, indicating approval of the facility, no more than 12 months prior to submission with  
18 the certification package;

- 19 (4) A medical statement for each staff member certifying to freedom from communicable disease or  
20 condition and to good health signed by a licensed physician, physician assistant or nurse practitioner  
21 no more than 12 months prior to submission with the certification package. When such certification  
22 cannot be made, employment may commence, continue, terminate, or be reassigned based on an  
23 assessment on whether the employee's work tasks would pose a significant risk to the health of the  
24 employee, co-workers or the public, or whether the employee is unable to perform the normally  
25 assigned job duties;

- 26 (5) An updated copy of the policy statement, organizational diagram, job descriptions, names and  
27 addresses of board members if applicable, and a floor plan showing measurements, restrooms, and  
28 planned use of space, if any changes have been made since the previous certification package was  
29 submitted;

- 30 (6) Documentation showing planned expenditures and resources available to carry out the program of  
31 service for a 12 month period; and

- 32 (7) ~~DSSDAAS~~-6205 (Adult Day Health Certification Report). This form must be submitted with the  
33 certification package by the ~~county Department of Social Services~~ department of social services to  
34 the Division of Aging and Adult Services at least 30 days in advance of the expiration date of the  
35 certificate, with a copy to the program.

36 (e) If during the study of the program it does not appear that all standards can be met, the county department will so  
37 inform the applicant, indicating in writing the reasons, and give the applicant an opportunity to withdraw the

1 application. Upon the applicant's request, the application will be completed and submitted to the Division of Aging  
2 and Adult Services for consideration.

3 (f) Following review of the certification package, a pre-certification visit may be made by staff of state Division of  
4 Aging and Adult Services.

5 (g) The Division of Aging and Adult Services will promptly notify in writing to the applicant and the county  
6 department of social services of the action taken after a review of the certification package and visit, if made.

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8 *History Note: Authority G.S. 130A-148; 131D-6; 143B-153;*

9 *Eff. May 1, 1992;*

10 *Amended Eff. July 1, 2000; March 1, ~~1993-1993~~;*

11 *Readopted Eff. July 1, 2019.*

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