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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-02106 (01/2022) | | | | | **STATE OF WISCONSIN**  Adult Day Care Center Certification  Page 1 of 3 | | | | | | |
| **ADULT DAY CARE CENTER (ADCC) — APPLICANT COMPLIANCE STATEMENT** | | | | | | | | | | | |
| Prior to a surveyor coming to the adult day care center to inspect the building, applicant must ensure that each item identified below is in compliance with Wisconsin Admin. Code § DHS 105.14. (See DQA form F-02106B, *Adult Day Care Center Certification Checklist*.)  **Disclaimer:** The statements in this document paraphrase the Adult Day Care Center Certification requirements. This list should not be considered all-inclusive. The applicant is responsible for knowing and meeting all requirements.  By submitting this signed and completed form, the applicant is attesting that this program is in substantial compliance and ready for an initial review of regulatory compliance. Applicants who are unsure as to the compliance status of their program are encouraged to consult an experienced professional to assist with the completion of this form. Failure to demonstrate substantial compliance within 48 hours of the initial visit may result in a denial of certification.  **The initial certification visit will not be scheduled until this signed and completed compliance document is received.**  Mail this fully completed form to: **Division of Quality Assurance**  **Attention: Licensing Associates**  **200 North Jefferson Street, Suite 501**  **Green Bay, WI 54301**  If you have questions regarding the completion of this form, call **608-266-8482** or email [dhsdqaballicensing@dhs.wisconsin.gov](mailto:dhsdqaballicensing@dhs.wisconsin.gov). | | | | | | | | | | | |
| **PROGRAM INFORMATION** | | | | | | | | | | | |
| *Provide the physical location of the program.* | | | | | | | | | | | |
| Name — Program | | | | | | | | | | | |
| Street Address — Program | | | City | | | State | Zip Code | | County | | |
| **DESIGNATED CONTACT** | | | | | | | | | | | |
| *The individual named below is authorized to schedule an initial visit for the program.* | | | | | | | | | | | |
| Name — Designated Contact | | | | | Title | | | | | | |
| Phone | | | | | Email | | | | | | |
| **COMPLIANCE STATUS** | | | | | | | | | | | |
| *Check each statement below when compliance is met.* | | | | | | | | | | | |
|  | 1. The premises and furnishings are clean, comfortable, and in good repair. *[Wis. Admin. Code § DHS 105.14(8)(a)7.]* | | | | | | | | | |
|  | 1. Toilet rooms and fixtures function properly and are maintained in a sanitary and odor-free condition.  *[Wis. Admin. Code § DHS 105.14(8)(a)6.]* | | | | | | | | | |
|  | 1. The center has a telephone on the premises, which is immediately accessible during hours of operation.  *[Wis. Admin. Code § DHS 105.14(8)(a)4.]* | | | | | | | | | |
|  | 1. Stairs, walks, and ramps are maintained in a safe condition. *[Wis. Admin. Code § DHS 105.14(8)(d)]* | | | | | | | | | |
|  | 1. Pets *(Check* ***only one*** *of the two following boxes.)*   I will not have any pets at the facility.  ***OR***  An animal will be on the premises that is tolerant of participants and staff and vaccinated against diseases including rabies, if indicated. *[Wis. Admin. Code § DHS 105.14(8)(a)8.]* | | | | | | | | | |
|  | 1. The temperature of all water heaters connected to sinks, showers and tubs used by participants is set to at least 140 degrees F. The temperature of hot water at plumbing fixtures used by participants does not exceed the range of 110 to 115 degrees F. *[Wis. Admin. Code § DHS 105.14(8)(b)3.]* | | | | | | | | | |
|  | 1. The ADCC has a written plan for responding to fires, tornadoes, missing participants, injuries, and staff absenteeism. The evacuation plan is posted. *[Wis. Admin. Code § DHS 105.14(9)(a)]* | | | | | | | | | |
|  | 1. There is at least one 2A, 10-B-C fire extinguisher per 1,500 sq. ft. of space. *[Wis. Admin. Code § DHS 105.14(9)(b)2.]* | | | | | | | | | |
|  | 1. If only one fire extinguisher is necessary in the building, it is to be located near the cooking area. *[Wis. Admin. Code § DHS 105.14(9)(b)2.]* | | | | | | | | | |
|  | 1. Each fire extinguisher has been inspected by a qualified person within the past year and bears a label indicating its condition and date of the last inspection. *[Wis. Admin. Code § DHS 105.14(9)(b)3.]* | | | | | | | | | |
|  | 1. The ADCC has working smoke detectors in each activity room and hallway which will be tested monthly, unless the fire department has indicated otherwise in writing. A copy of that document has been submitted with this compliance form. *[Wis. Admin. Code § DHS 105.14(9)(b)4.]* | | | | | | | | | |
|  | 1. The ADCC is designed in such a way that it is accessible and functional in meeting the identified needs of the participant group it serves. *[Wis. Admin. Code § DHS 105.14(8)(a)3.]* | | | | | | | | | |
|  | 1. The ADCC program provides at least 50 sq. ft. of usable floor space for each participant exclusive of passageways, bathrooms, lockers, office, storage areas, staff room, furnace rooms, and parts of rooms occupied by stationary equipment. *[Wis. Admin. Code § DHS 105.14(8)(a)2.]* | | | | | | | | | |
|  | 1. The ADCC has provided sufficient furniture and equipment for use by participants that provides comfort and safety and is appropriate for the participant group it serves. *[Wis. Admin. Code § DHS 105.14(8)(c)1.]* | | | | | | | | | |
|  | 1. Heat is maintained at no less than 70° F. *[Wis. Admin. Code § DHS 105.14(8)(a)5.]* | | | | | | | | | |
|  | 1. The ADCC has obtained department approval for delayed egress locks. *[Wis. Admin. Code § DHS 105.14(8)(e)]*   Applicable  Not applicable | | | | | | | | | |
|  | 17.The ADCC has a written policy for medication management. The caregiver administering medications shall be 18 years of age or older. Medication administration by routes to include: injectable, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license, or may be delegated to a non−licensed caregiver pursuant to s. N 6.03 (3). *[Wis. Admin. Code § DHS 105.14(7)(d)].* | | | | | | | | | |
| **ADCC LOCATED IN A MULTI-USE FACILITY** (e.g., Nursing Home, Community-Based Residential Facility (CBRF), Residential Care Apartment Complex (RCAC), or pre-vocational program) | | | | | | | | | | |
|  | 1. Not applicable — the ADCC is not located in a multi-use facility.   ***OR***  Applicable — the ADCC is located in a multi-use facility. **If this section of the rule applies, the ADCC meets ALL the following requirements:** *[Wis. Admin. Code § DHS 105.14(10)(a)]* | | | | | | | | | |
|  | 1. ***Exterior*.**  a. Access to the ADCC shall be distinct and have separate entrance and exit doors so each participant and staff are not walking through the living or program areas of others. A multi-use facility may have a shared lobby leading to a distinct entrance door for the ADCC.  b. The ADCC shall have a separate door to the outside so each participant and staff are not walking through the living or program areas of others. | | | | | | | | | |
|  | 2. ***Interior.***  a. The ADCC shall be separate from living areas, shall be in addition to space required for other programs, and shall meet the requirements of Wis. Admin. Code*§ DHS 105.14(8)(a)2.*  b. Spaces designated for program activities, dining, toileting, exercise and ambulation are distinctly part of the adult day care area and limited to use by an ADCC participant. An ADCC participant may be provided personal care or therapy in space also used by residents or attendees of a multi-use facility provided that the ADCC services are scheduled at different times from any other occupants. | | | | | | | | | |
|  | 3. ***Staffing*.**  The ADCC shall have distinct and separate caregivers. No caregiver may be concurrently assigned to the ADCC and another program. All staff assigned to the ADCC shall meet requirements for orientation and training under  Wis. Admin. Code *§ DHS 105.14(4).* | | | | | | | | | |
|  | 4. ***Activities*.** The ADCC activity program shall be programmatically distinct from the weekly or monthly calendar of activities planned for residents or attendees of a multi-use facility, but may include special events provided on a non-routine basis. | | | | | | | | | |
|  |  | | | | | | | | |
| **ADCC LOCATED IN A PRIVATE FAMILY HOME** | | | | | | | | | | | |
|  | | 19.Not applicable — the ADCC is not located in a private family home.  ***OR***  Applicable — the ADCC is located in a private family home.  If ADCC participants and other occupants are intermixed in a private family home and the common dining and living space is available to ADCC participants and other occupants, the common dining and living space shall be determined by the total capacity of the building as described in Wis. Admin. Code§ DHS 105.14(8)(a)2. | | | | | | | | | | |
| **To be eligible to receive Medicaid waiver funding, facilities must demonstrate compliance with The Centers for Medicare & Medicaid Services (CMS) Home and Community-Based Services (HCBS) settings rule. Review the** [**HCBS Settings Rule: Compliance for Nonresidential Services Providers**](https://www.dhs.wisconsin.gov/hcbs/nonresidential.htm) **for more information.** | | | | | | | | | | | |
| **ATTESTATION** | | | | | | | | | | | |
| The signatory of this document is duly authorized by the applicant / certificate holder to sign this agreement on its behalf. The applicant / certificate holder hereby accepts responsibility for knowing and ensuring compliance with all certification and operational requirements for this program. **An ADCC may not be located on a parcel of land zoned for industrial or manufacturing use.** | | | | | | | | | | | |
| *I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge.*  *I understand that any misrepresentation of the facts may result in denial of certification,*  *a fine of up to $10,000 or imprisonment not to exceed 6 years, or both [Wis. Stat. § 946.32]* | | | | | | | | | | | |
| **SIGNATURE** (In full) — Applicant or Designee | | | | | | | | Date Signed | | | |
| Name — Applicant or Designee *(Print or type.)* | | | | Title / Position | | | | | | | |