



Nathan Deal, Governor

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Initial State Licensure Maternity Home Application Checklist

Six (6) to eight (8) weeks prior to targeted opening date, to the Application Unit of the Residential Child Care the following except the record check application and the fingerprint card:

	Item	Done?
1	Completed Application for Permit to Operate a Maternity Home	
2	Completed Affidavit RE: Personal Identification FOR EACH OWNER	
3	Copy of the Maternity Home's Incorporation status, bylaws and articles of incorporation	
4	Operating budget for the first year	
5	Written request to ORCC to conduct an initial licensure survey—include date that Maternity will be Ready for survey (to be ready for survey means that the maternity home must have all policies and procedures in place, be furnished and staffed so that if there are no deficiencies, the home could admit its first client as soon as the surveyor leaves)	
6	The owner(s) and director must document a satisfactory fingerprint criminal records check.	
7	Statement from the local (city or county) fire inspection with all requirements met and copy of Certificate of Occupancy.	
8	Statement from the local (city or county) Zoning authority with approval to operate a Maternity Home	
9	Submit copy of local (city or county) business license (if applicable)	

For More Information, please call or write:

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PREPARATION CHECKLIST FOR MATERNITY HOME INITIAL STATE LICENSURE SURVEY

#	Item	Ready
1	Organizational Chart	
2	Governing Body Bylaws	
3	List of Governing Board Members	
4	Operating budget for the first year	
5	Policies and Procedures	
6	Director job description and credentials (copy of resume and degree and/or transcript	
7	Name of Physician, Pediatrician (if applicable) and registered nurse(who will be on call) who will be providing care; with proof of licensure.	
8	Agreement letters from the above providers	
9	Staffing schedule (24-hours of coverage)	
10	Training schedule for staff for next twelve(12) months to include a disaster preparedness plan	
11	Hospital Affiliation Agreement and/or evidence of admitting privileges of physician(s) or other acceptable documentation of arrangements in writing.	
12	Copy of Facility Floor plan (with rooms identified and measurements included)	