

Requested Survey Items- Provider Copy
Initial Licensure- Non-Skilled Agency

Requested Item	
Alternate Administrator written designation	
List of current direct care staff including job title/position, date of hire	
List of current contract staff including job title/position, date of hire	
Copy of admission packet	
Policy and Procedure Manuals, including policy for reporting abuse	
Copies of advertisements	
Contracts with any of the following: Medical Director, Assisted Living Facilities, Adult Family Care Homes, Health Care Services Pool for temporary staff	
Emergency Management plan if available	
ADRD written information provided to staff upon hire. Name of company or person providing ADRD training with evidence of an approved course	