



Georgia Department  
of Human Services

**Nathan Deal, Governor**

**Robyn A. Crittenden, Commissioner**

Georgia Department of Human Services • Office of Inspector General • Residential Child Care Licensing  
Two Peachtree Street, NW • Suite 30.246 • Atlanta, GA 30303 • 404-657-9651 • 404-657-5091 (Fax)

### Initial State Licensure Maternity Home Application Checklist

Submit application six (6) to eight (8) weeks prior to targeted opening date to the Application Unit of Residential Child Care Licensing (RCC) the following:

	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, by-laws and articles of incorporation	
4	Operating budget for the first year	
5	Written request to RCC to conduct an initial licensure survey—include date that Maternity Home will be ready for the survey (to be ready for survey means that the maternity home must have all policies and procedures in place, be furnished and staffed so 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 department indicating all requirements are met and provide a copy of the Certificate of Occupancy	
8	Statement from the local (city or county) zoning authority identifying approval to operate a Maternity Home	
9	Submit a copy of the local (city or county) business license (if applicable)	

**For More Information, please call or write:**

Residential Child Care  
Department of Human Services  
Two Peachtree Street, NW Suite 30-246  
Atlanta, GA 30303  
(404) 657-9651  
(404) 651-5091 (Fax)  
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**PREPARATION CHECKLIST FOR MATERNITY HOME INITIAL STATE LICENSURE SURVEY**

#	Item	Ready
1	Organizational chart	
2	Governing Body by-laws	
3	List of governing board members	
4	Operating budget for the first year	
5	Policies and Procedures	
6	Director's job description and credentials (copy of resume and degree and/or transcript)	
7	Name of the Physician, Pediatrician (if applicable) and the registered nurse who will be on call and who will be providing care; with his/her 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)	