

## ADULT FAMILY HOME INITIAL LICENSURE CHECKLIST

Name – Facility	Reviewer	Date Form Completed
Street Address	City	County

**A. A completed application contains the following:**

<input type="checkbox"/>	1. Completed F-60945, AFH Initial License Application. Verify that the licensee is 21 years old.
<input type="checkbox"/>	2. Background check completed by Office of Caregiver Quality on the licensee and all non-residents age 10 and older
<input type="checkbox"/>	3. Floor plan with room measurements and showing the use of the rooms
<input type="checkbox"/>	4. License fee of \$171.00
<input type="checkbox"/>	5. Evidence of financial ability to operate for 60 days [DHS 88.04(3)]
<input type="checkbox"/>	6. Balance sheet
<input type="checkbox"/>	7. Copy of car and house insurance
<input type="checkbox"/>	8. Copy of an acceptable program statement [DHS 88.03(2)(b)2]
<input type="checkbox"/>	9. Certificate showing completion of viewing the “Starting an Adult Family Home” webcast (if you are a new provider)

**B. The following items will be requested for review prior to the licensing visit or reviewed on-site:**

<input type="checkbox"/>	1. Fire evacuation plan with meeting place [DHS 88.05(4)(d)1]
<input type="checkbox"/>	2. Resident rights policy [DHS 88.10(2)]
<input type="checkbox"/>	3. Admission/service agreement [DHS 88.06(2)(c)1 – 8]
<input type="checkbox"/>	4. House rules and responsibilities
<input type="checkbox"/>	5. Resident grievance procedure [DHS 88.10(2)]

**C. The following items will be reviewed during the on-site visit or tour of the facility:**

<input type="checkbox"/>	1. Review accessibility requirements. Note if facility has ramps to grade, grab bars, levered door handles, door widths according to requirements, and the proper turning radius in bathrooms. [DHS 88.05(2)]
<input type="checkbox"/>	2. Resident rooms – 60 square feet per resident for double, 80 square feet for single, 100 square feet for wheelchairs [DHS 88.05(3)(h)5]
<input type="checkbox"/>	3. Fire extinguishers with current tags are mounted at the proper height and in the proper locations [DHS 88.05(4)(a)]
<input type="checkbox"/>	4. Smoke detectors in each habitable room except the kitchen and bathroom, at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of each sleeping room, living room, and family room, and in the basement [DHS 88.05(4)(b)]
<input type="checkbox"/>	5. Two (2) exits from first floor – other exits, as needed [DHS 88.05(4)(c) and DHS 88.05(3)(m)]
<input type="checkbox"/>	6. Clothes dryer vented with rigid metal ducting
<input type="checkbox"/>	7. Water temperature at 120 degrees F. or less at all fixtures accessible to the residents
<input type="checkbox"/>	8. Medication storage area (locked) [DHS 88.07(3)(e)]
<input type="checkbox"/>	9. Well water test results [DHS 88.05(3)(d)]
<input type="checkbox"/>	10. Furnace and chimney inspection results [DHS 88.05(3)(e)]
<input type="checkbox"/>	11. Pet vaccinations [DHS 88.05(6)]

**D. Miscellaneous Review and Discussion Items**

<input type="checkbox"/>	1. Criminal background check on service providers; must be 18 years of age.
<input type="checkbox"/>	2. Licensee and employees screened for illness detrimental to residents, including TB, within 90 days [DHS 88.04(2)(g)1]
<input type="checkbox"/>	3. Training – 15 hours (including fire safety and first aid), within 6 months [DHS 88.04(5)(a)]
<input type="checkbox"/>	4. Eight (8) hours of training annually [DHS 88.04(5)(b)]
<input type="checkbox"/>	5. Resident Record: pre-admission assessment, individual service plan, documentation of physician’s orders and visits, health screening, medication administration records, resident evacuation assessment
<input type="checkbox"/>	6. DHS 12 and DHS 13 requirements
<input type="checkbox"/>	7. Fire drill requirements [DHS 88.05(4)(d)2]
<input type="checkbox"/>	8. Medication administration system and requirements [DHS 88.07(3)]
<input type="checkbox"/>	9. Smoke detectors tested monthly [DHS 88.05(4)(b)2]