



Initial Inspection Process for Adult Family Homes (AFH)

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Residential Inspection and Quality Assurance Program (RIQAP) Manager

Resources - Regulations

Adult Family Home Minimum Licensing Requirements

[Washington Administrative Code WAC Chapter 388-76](#)

State Building Code Adoption and Amendment of the 2021 Edition of the International Residential Code, Section R330 – Adult Family Homes

[Washington Administrative Code 51-51-0330](#)

Residential Long-Term Care Services Training

[Washington Administrative Code Chapter 388-112A](#)

Resources

[Information for AFH Prospective Providers | DSHS \(wa.gov\)](#)

[AFH Initial Inspection Preparation Checklist](#)

[Initial Inspection Licensur Working Papers](#)

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Contact for AFH policy program manager - rcspolicy@dshs.wa.gov



Learning Objectives

- Identify resources available to those interested in opening an adult family home.
- Overview of the routing for adult family home applications at RCS.
- Explain the initial inspection process for adult family homes.

The Path to Licensure



Application submitted
to BAAU



BAAU sends
completed application
to RIQAP



Initial Inspection
Process conducted by
RIQAP



Recommended for
Licensure by RIQAP

- Applicant submits application to the Business Analysis and Applications Unit (BAAU).
- BAAU considers the application complete when all requested items are received.

Note: Incomplete documents may result in delays in the process. Review all submitted documents for completion. Even documents completed by others. Please check each section of the “Adult Family Local Building Inspection Checklist”, which is completed by your local building official, prior to submission.

The Path to Licensure



- Complete applications are sent to the Residential Inspection and Quality Assurance Program Unit (RIQAP).
- The application is assigned to a RIQAP licenser for the initial inspection process.
- The licenser recommends licensure when the applicant meets the minimum licensing requirements.

Initial Contact with Applicant

The RIQAP licenser will attempt to contact the applicant via email within 5 business days of the file being assigned to them for inspection.

- Initial inspection dates will be offered (these dates are typically 2-8 weeks out).
- The applicant may request a later date if additional time is desired to get ready.
- The licenser will also offer an optional video pre-inspection call.



Pre-Inspection Video Call (Optional)



The licensor will:

- Send an invite for the agreed upon date and time.
- Conduct the video call via Teams meeting or FaceTime.
- Go on a virtual walkthrough of the home.
- Look for potential issues that are not quick fixes (i.e., hand-rails on ramps).

Note that this pre-inspection video call is a courtesy, and an on-site visit will still be required.

File Review

The Licensor will review the BAAU provided file for the following:


- AFH building inspection checklist.
- Expiration dates (e.g., CPR).
- Missing documents.

PRE-INSPECTION PREPARATION	
Electronic Folder Contents:	COMMENTS
Application..... <input type="checkbox"/>	
Copy of floor plans (copies for each floor) <input type="checkbox"/>	
Building checklist..... <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	
Prior to Visit:	
Contact applicant to confirm appointment..... <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	

Email Confirmation

The email confirmation will include:

- Agreed upon on-site visit date and time.
- Discrepancies in the application or dates that will expire soon.
- The most current AFH Initial Inspection Preparation Checklist.

 AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA) ADULT FAMILY HOME (AFH)	
AFH Initial Inspection Preparation Checklist	
<p>This checklist is designed to assist the applicant in preparation for the initial inspection. You are responsible for meeting the requirements of the current Washington Administrative Code (WAC) and Revised Code of Washington (RCW). WACs are listed for reference only and are subject to revision. The onsite initial inspection usually takes between three and five hours depending on the size of the home, the organization of the applicant and any unforeseen onsite environmental challenges. The home should be move in ready on the day of initial inspection. <u>Please only schedule your initial inspection when you have confirmed your home meets all minimum licensing requirements.</u></p>	
Interior Physical Environment	WAC 388-76:
Posting: In a visible location for staff, visitor, and residents to view	
<input type="checkbox"/> Post the AL TSA / Complaint Resolution Unit (CRU) hotline abuse / neglect contact information	

Entrance

Upon entrance the licenser will give an overview of the process for the day and gather basic information related to the home and people that will have access to the residents.

Entrance Interview				Attachment B ¹	
INTERVIEW					
<input type="checkbox"/> Introductions / hand out business card		<input type="checkbox"/> Identify total number of toilets in home: _____		Type of home (check one):	
<input type="checkbox"/> Review process for day		<input type="checkbox"/> Identify total number of toilets for resident use: _____		<input type="checkbox"/> Single level <input type="checkbox"/> Multi-level	
<input type="checkbox"/> Are the primary caregiver for another person living in the home:		<input type="checkbox"/> Inquire if firearms in home			
<input type="checkbox"/> Caregiver plan: _____		<input type="checkbox"/> Inquire if pets in home			
<input type="checkbox"/> Review application for changes and accuracy		<input type="checkbox"/> Type of residents / anticipated types of care needs: _____			
<input type="checkbox"/> Review floor plan and building inspection checklist		<input type="checkbox"/> Specialty(ies): _____			
IDENTIFY WHO CURRENTLY LIVES IN THE HOME (ANY PERSON OVER THE AGE OF 11 WILL REQUIRE A WASHINGTON STATE NAME AND DATE OF BIRTH BGI)					
NAME(S)		RELATIONSHIP		NAME(S)	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
NAME(S) OF OTHERS WHO WILL HAVE UNSUPERVISED ACCESS TO RESIDENTS					
NAME(S)		RELATIONSHIP		NAME(S)	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
PETS LIVING IN THE HOME					
PET NAME(S) / TYPE(S)		RABIES VACCINATION		TEMPERMENT	
1. _____		<input type="checkbox"/> Yes		_____	
2. _____		<input type="checkbox"/> Yes		_____	
3. _____		<input type="checkbox"/> Yes		_____	
4. _____		<input type="checkbox"/> Yes		_____	

Administrative Records

The following documents will be reviewed:

- Orientation Checklist for new staff.
- Emergency Evacuation Log.
- Sewage/Septic system verification.
- Water system verification.
- Accident/Injury Log.

ADMINISTRATIVE RECORDS			
Documents:			
	CHECK ONE		
	*M	N	N/A
Orientation checklist for new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Evacuation Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage / Septic system* Verification – Copy Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system Verification* – Copy Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident / Injury Log – Copy Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administrative Records – Sewage/Septic System

The following is required for Sewage/Septic System Verification:

Independent (septic)	Public
Obtain a document from the local health/inspecting authority showing the system: <ul style="list-style-type: none"> Has been inspected. Is approved for utilization in an AFH. The number of people (not bedrooms) the septic system can accommodate. 	Obtain a document from the service provider that shows the: <ul style="list-style-type: none"> Proposed AFH site address. Current bill paid on the day of inspection.

ADMINISTRATIVE RECORDS			
Documents:			
	CHECK ONE		
	*M	N	N/A
Orientation checklist for new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Evacuation Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage / Septic system* Verification – Copy Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system Verification* – Copy Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident / Injury Log – Copy Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administrative Records – Water System

The following is required for Sewage/Septic System Verification:

Private (well)	Public
Obtain a document from the local health/inspecting authority showing the system has: <ul style="list-style-type: none">• Been inspected and approved.• Group B Water rating.	Obtain a document from the service provider that shows the: <ul style="list-style-type: none">• Proposed AFH site address.• Current bill paid on the day of inspection.

ADMINISTRATIVE RECORDS			
Documents:			
	CHECK ONE		
	*M	N	N/A
Orientation checklist for new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Evacuation Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage / Septic system* Verification – Copy Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system Verification* – Copy Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident / Injury Log – Copy Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample Resident File

The Licensors will also review a sample resident file.

Resident Records / Applicant Interview				
*M	N	N/A	WAC	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notice of rights and service requirements	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Recordkeeping – SECTION ONLY 10320	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident Information Sheet – MUST HAVE FORM / SECTION 10320	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment / Preliminary Svc Plan – SECTION ONLY 10330 - 10340	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negotiated Care Plan – SECTION ONLY 10355 - 10385	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Documents – SECTION ONLY 10325	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Belonging Inventory – MUST HAVE FORM / SECTION 10320	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse Delegation Paperwork – MUST HAVE SECTION 10320	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Log – MUST HAVE FORM 10475	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Professional Orders – MUST HAVE SECTION 10320	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosure of Charges – MUST HAVE FILLED OUT FORM 10540	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability of files	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan to keep files confidential	<input type="checkbox"/>

Staff Records

The licenser will review this information verbally with the applicant. This information is obtained from the application. Any discrepancies or expired dates will be addressed.

Staff Records			Attachment C
EXEMPT STAFF			
PLEASE ANSWER THE FOLLOWING:	APPLICANT	RESIDENT MANAGER	ENTITY REPRESENTATIVE
NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
WHY EXEMPT?	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOH EXPIRATION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
REVISED FUNDAMENTALS DATE COMPLETED	<input type="text"/>	<input type="text"/>	<input type="text"/>
CPR EXPIRATION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST AID EXPIRATION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
FOOD SAFETY EXPIRATION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
WA BGI COMPLETION DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINGERPRINT DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
MENTAL HEALTH	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEVELOPMENTAL DISABILITIES	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEMENTIA	<input type="text"/>	<input type="text"/>	<input type="text"/>
NON-EXEMPT STAFF			
NAME OF NON-EXEMPT STAFF		<p>Exempt LTC Workers: LPN, RN, CNA, persons in an approved CNA training program, Medicare Certified Home Health aide, or person with special education training and an endorsement granted by the Superintendent of Public Instruction. LTC worker employed in LTC setting between 01/01/2011 to 01/06/2012 AND met educational requirements at the time.</p> <p>Non-Exempt LTC Workers: Staff must have direct supervision until he/she has completed Core Basic Training within 120 days.</p> <p>Caregiver Specialty: HCA - Need certificate within 120 days of hire. HCA exempt-need certificate within 90days of hire.</p>	
NAME	HCA EXPIRATION DATE		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Interview Questions

These questions are asked for every new applicant.

They will not be asked when the file is a Multiple Home Provider (MHP) or a relocation.

APPLICANT INTERVIEW – NOT REQUIRED FOR MHP OR RELOCATION FILES	
1. BEFORE A RESIDENT MOVES IN, HOW WILL YOU DETERMINE YOU CAN MEET THEIR NEEDS?	<input type="text"/>
2. HOW WILL YOU PLAN MEALS AND ACTIVITIES FOR THE HOME?	<input type="text"/>
3. WHAT WILL YOU TAKE INTO CONSIDERATION WHEN PLANNING STAFFING FOR YOUR HOME?	<input type="text"/>
4. HOW WILL YOU GO ABOUT MAKING A RESIDENT FEEL COMFORTABLE HERE AND MAKE THEM FEEL LIKE THIS IS THEIR HOME?	<input type="text"/>
5. HOW WILL YOU RESPOND TO RESIDENT CONCERNS?	<input type="text"/>
6. WHAT WAYS WILL YOU HELP RESIDENTS MAINTAIN THEIR INDEPENDENCE?	<input type="text"/>
7. WHAT WOULD YOU DO IF YOU SAW, SUSPECTED, OR WERE TOLD THAT A RESIDENT WAS BEING ABUSED, NEGLECTED, OR FINANCIALLY EXPLOITED?	<input type="text"/>
8. HOW WILL YOU HONOR RESIDENT'S RIGHTS AND PROTECT THEIR PRIVACY?	<input type="text"/>

Bedrooms - Windows

Windows do not meet the requirement if they are missing privacy covering.

Screens do not meet the requirements if they have holes or are bent (because it could allow for entry of insects or bugs).

Resident Bedroom / Bathroom Worksheet										Attachment E ¹	
Bedroom A Measurements: Length (L) x Width (W) divided by 144 = Square Feet (Sq. Ft.)											
Evacuation Level <input type="checkbox"/> I <input type="checkbox"/> I/A		Subtotal Sq. Ft. =									
		- Closet / Storage									
		- Door Swing									
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2		- Other									
		- Other									
		= Usable Sq. Ft.									
Exit does not pass through another room:				*M N N/A		** Window specifications: Minimum height – 24", Minimum width – 20", Minimum square footage opening – 5.7 sq. ft. except at grade level where it may be 5 sq. ft.					
				*M N N/A							
Window:**		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Door opening device		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Unobstructed		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Clean:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Windowsill height does not exceed 44"		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Closet / Storage:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Screens		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Open-able		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Privacy		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor Guides		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Open-able		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Heat Source:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Lighting:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Door:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Lock		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Doorway width minimum 27 inches		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

Bedrooms – Windows – Size and Windowsill Height

At least one window **opening** in each bedroom must meet **each** of the following **minimum** requirements:

- ☐ Opening height 24" (2 feet)
- ☐ Opening width 20" (1.67 ft)
- ☐ Opening 5.7 square feet (820.8")
- ☐ Ground Level opening 5.0 square feet (720")

Note: A window opening that meets the minimum height and width requirements is only 3.34 sq ft. and therefore does not meet the requirements.

Additionally, the windowsill height must not be more than 44" above the floor.

The purpose of these requirements are to ensure that exit or rescue could occur through the window in an emergency.

There is an information sheet available to break this down with more detail:

[AFH Information Sheet Window Requirements.docx \(live.com\)](#)

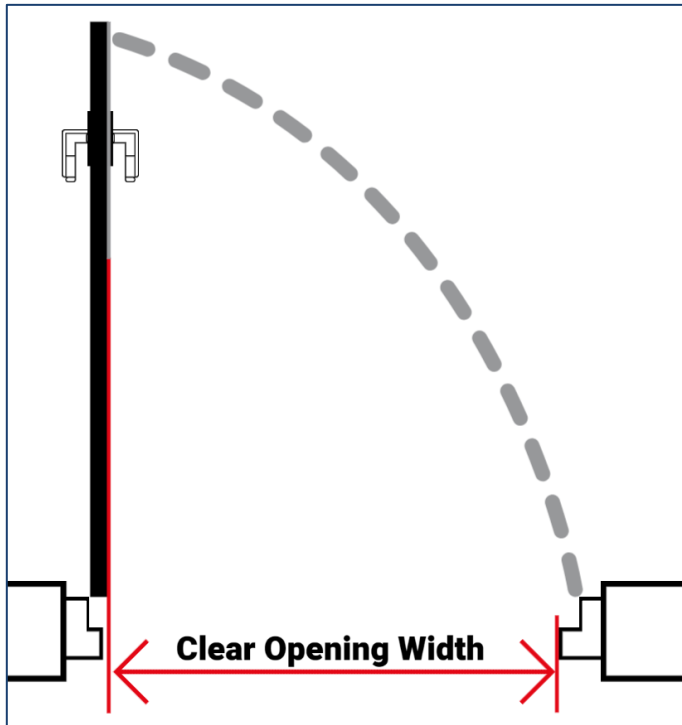
Bedrooms - Doors

Door handles shall be operable with one hand and shall not require tight grasping, pinching or twisting of the wrist. Lever style door handles meet the requirements.

Resident Bedroom / Bathroom Worksheet										Attachment E ¹	
Bedroom A Measurements: Length (L) x Width (W) divided by 144 = Square Feet (Sq. Ft.)											
Evacuation Level		Subtotal Sq. Ft. =									
<input type="checkbox"/> I <input type="checkbox"/> I/A		- Closet / Storage									
		- Door Swing									
		- Other									
Capacity		- Other									
<input type="checkbox"/> 1 <input type="checkbox"/> 2		= Usable Sq. Ft.									
Exit does not pass through another room:				*M N N/A		** Window specifications: Minimum height – 24", Minimum width – 20", Minimum square footage opening – 5.7 sq. ft. except at grade level where it may be 5 sq. ft.					
				*M N N/A							
Window:**		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Door opening device		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Unobstructed		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Clean:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Windowsill height does not exceed 44"		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Closet / Storage:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Screens		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Open-able		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Privacy		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor Guides		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Open-able		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Heat Source:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Lighting:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Door:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Lock		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Doorway width minimum 27 inches		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

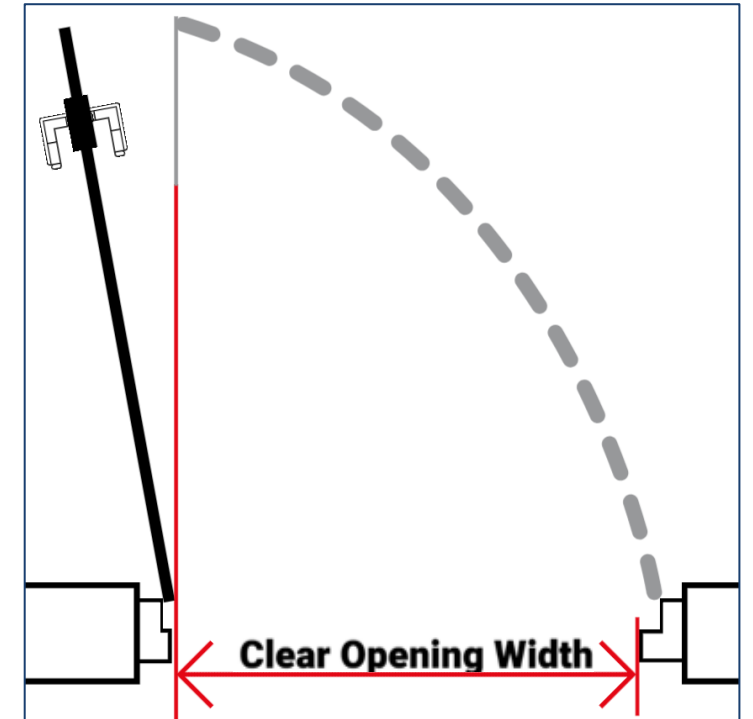
Bedrooms - Doors

Doorways must have a **clear opening width** of at least 27"



Clear opening width is the size of the gap any person/object can pass through freely when the door is opened fully.

It is measured as the gap from the closest point of the door leaf to the jamb on the other side.



Door Swing Calculations

CALCULATIONS: FOR 'DOOR SWINGS'			
DOOR WIDTH IN INCHES = SQ FT FOR ¼ OF CIRCLE SWING			
DR WIDTH"	SQ FT ¼ SWING	DR WIDTH"	SQ FT ¼ SWING
25"	3.41 SQ FT	33"	5.94 SQ FT
26"	3.69 SQ FT	34"	6.30 SQ FT
27"	3.98 SQ FT	35"	6.68 SQ FT
28"	4.28 SQ FT	36"	7.07 SQ FT
29"	4.59 SQ FT	37"	7.47 SQ FT
30"	4.91 SQ FT	38"	7.88 SQ FT
31"	5.24 SQ FT	39"	8.30 SQ FT
32"	5.59 SQ FT	40"	8.73 SQ FT

Door swing is calculated using the formula for the area of a circle divided by 4.

The width of the door equals the radius.

$$\text{Door swing} = \pi r^2 / 4$$

The door swing is subtracted from the total room square footage when determining usable floor space.

Bedrooms – Usable Floor Space

Usable floor space means resident bedroom floor space exclusive of

1. Toilet rooms;
2. Closets;
3. Lockers;
4. Vestibules (small room or hall between an outer door and main part of the resident room);
5. Door swing if the bedroom door opens into the resident bedroom.

The above spaces will be subtracted when calculating usable floor space.

Bedrooms - Cleanliness

A basic resident right is a clean and home like environment. The room can be bare of furniture, but carpets, walls, windows, windowsills, etc., are expected to be clean.

Resident Bedroom / Bathroom Worksheet										Attachment E ¹	
Bedroom A Measurements: Length (L) x Width (W) divided by 144 = Square Feet (Sq. Ft.)											
Evacuation Level		Subtotal Sq. Ft. =									
<input type="checkbox"/> I <input type="checkbox"/> I/A		- Closet / Storage									
		- Door Swing									
		- Other									
Capacity		- Other									
<input type="checkbox"/> 1 <input type="checkbox"/> 2		= Usable Sq. Ft.									
Exit does not pass through another room:					*M	N	N/A	** Window specifications: Minimum height – 24", Minimum width – 20", Minimum square footage opening – 5.7 sq. ft. except at grade level where it may be 5 sq. ft.			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Window:**	*M	N	N/A	Door opening device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Windowsill height does not exceed 44"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closet / Storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open-able	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Open-able	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Source:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lighting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Door:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Doorway width minimum 27 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Bedrooms - Closets

Every closet door must open from the inside and outside. For sliding closet doors this means they must have either:

- 1) a graspable handle on both sides, or
- 2) a stopper that prevents the door from closing all the way and allows residents to use their hand to open.

Resident Bedroom / Bathroom Worksheet										Attachment E ¹	
Bedroom A Measurements: Length (L) x Width (W) divided by 144 = Square Feet (Sq. Ft.)											
Evacuation Level		Subtotal Sq. Ft. =									
<input type="checkbox"/> I <input type="checkbox"/> I/A		- Closet / Storage									
		- Door Swing									
		- Other									
Capacity		- Other									
<input type="checkbox"/> 1 <input type="checkbox"/> 2		= Usable Sq. Ft.									
Exit does not pass through another room:										*M N N/A	
										<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Window:**		*M N N/A		Door opening device		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		** Window specifications: Minimum height – 24", Minimum width – 20", Minimum square footage opening – 5.7 sq. ft. except at grade level where it may be 5 sq. ft.			
Unobstructed		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Clean:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Windowsill height does not exceed 44"		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Closet / Storage:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Screens		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Open-able		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Privacy		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Floor Guides		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Open-able		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Heat Source:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Lighting:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Door:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Lock		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Doorway width minimum 27 inches		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

Bedrooms – Heat Source

Cadet style or baseboard heaters that get hot to the touch require a stable flame-resistant barrier that does not get hot to the touch and prevents any contact by residents, or any flammable materials is required.

Resident Bedroom / Bathroom Worksheet										Attachment E ¹	
Bedroom A Measurements: Length (L) x Width (W) divided by 144 = Square Feet (Sq. Ft.)											
Evacuation Level		Subtotal Sq. Ft. =									
<input type="checkbox"/> I <input type="checkbox"/> I/A		- Closet / Storage									
		- Door Swing									
		- Other									
Capacity		- Other									
<input type="checkbox"/> 1 <input type="checkbox"/> 2		- Other									
		= Usable Sq. Ft.									
Exit does not pass through another room:				*M N N/A		** Window specifications: Minimum height – 24", Minimum width – 20", Minimum square footage opening – 5.7 sq. ft. except at grade level where it may be 5 sq. ft.					
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Window:**				Door opening device		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Unobstructed				Clean:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Windowsill height does not exceed 44"				Closet / Storage:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Screens				Open-able		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Privacy				Floor Guides		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Open-able				Heat Source:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Lighting:											
Door:											
Lock											
Doorway width minimum 27 inches											

Bathrooms - Water Temperature

Ensure water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at the main bathroom used by or accessible to residents.

Between 105° and 120°

Resident Bedroom / Bathroom Worksheet - Continu									
Main Bathroom		Water Temperature: <input type="text"/> °F (Minimum 105°F; Maximum 120°F)						Location: <input type="text"/>	
Accessibility Level:		*M		N		N/A		*M N N/A	
<input type="checkbox"/> I <input type="checkbox"/> I/A		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Door:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lock with opening device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unobstructed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Doorway width minimum 27 inches		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Shower / Tub:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Shower / tub grab bars secure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Non-Skid Surface		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Additional Bathroom		*M		N		N/A		*M N N/A	
Accessibility Level:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> I <input type="checkbox"/> I/A		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
General:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Sanitation		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Toxics inaccessible		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
TP holder		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Toilet grab bars secure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Window cover / screens		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lighting		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Location:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Only tested at the main bathroom used by or accessible to residents

Bathrooms - Doors

All adult family homes must ensure the home has toilets and bathing facilities that provide each resident with privacy.

Pocket or barn doors are allowed if they provide visual and auditory privacy for residents.

Resident Bedroom / Bathroom Worksheet - Continu										
Main Bathroom – Water Temperature: <input type="text"/> °F (Minimum 105°F; Maximum 120°F)								Location: <input type="text"/>		
Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A			*M N N/A			General:				
Door: Lock with opening device Unobstructed Doorway width minimum 27 inches			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Sanitation Toxics inaccessible TP holder Toilet grab bars secure Window cover / screens Lighting			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Shower / Tub: Shower / tub grab bars secure Non-Skid Surface			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Additional Bathroom								Location: <input type="text"/>		
Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A			*M..N N/A			General:				
Door: Lock with opening device Unobstructed Doorway width minimum 27 inches			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Sanitation Toxics inaccessible TP holder Toilet grab bars secure Window cover / screens Lighting			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Shower / Tub: Shower / tub grab bars secure Non-Skid Surface			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

Bathrooms - Windows

If the window opens, a screen is required. Each window must have a privacy cover if residents would be seen from the window on the outside. A frosted window may meet requirements if it provides privacy.

Resident Bedroom / Bathroom Worksheet - Continu										
Main Bathroom – Water Temperature: <input type="text"/> °F (Minimum 105°F; Maximum 120°F)								Location: <input type="text"/>		
Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A			*M N N/A			General:				
Door: Lock with opening device Unobstructed Doorway width minimum 27 inches			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Sanitation Toxics inaccessible TP holder Toilet grab bars secure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Shower / Tub: Shower / tub grab bars secure Non-Skid Surface			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Window cover / screens Lighting			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Additional Bathroom								Location: <input type="text"/>		
Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A			*M..N N/A			General:				
Door: Lock with opening device Unobstructed Doorway width minimum 27 inches			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Sanitation Toxics inaccessible TP holder Toilet grab bars secure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Shower / Tub: Shower / tub grab bars secure Non-Skid Surface			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Window cover / screens Lighting			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



Bathrooms – Grab Bars

Toilet and bathing unit grab bars must be securely fastened. WAC [51-51-0330](#) lists requirements regarding grab bar strength, dimensions, spacing, and more. These requirements are looked at by the building official prior to this initial inspection.

The Licensor will verify at least one grab bar is available at each shower, bath and toilet available for resident use and that all installed grab bars can support the weight of the licensor.

Unobstructed Doorway width minimum 27 inches... Shower / Tub: Shower / tub grab bars secure Non-Skid Surface				TP holder Toilet grab bars secure Window cover / screens Lighting				Location:
Additional Bathroom Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A Door: Lock with opening device Unobstructed Doorway width minimum 27 inches... Shower / Tub: Shower / tub grab bars secure Non-Skid Surface				*M..N N/A General: Sanitation Toxics inaccessible TP holder Toilet grab bars secure Window cover / screens Lighting				

Bathrooms - Toxic Items

Keep all toxic substances and hazardous material in locked storage and in their original containers.

Anything with a warning such as “Toxic, keep out of reach of children” will be considered a toxin for this review.

Resident Bedroom / Bathroom Worksheet - Continu											
Main Bathroom – Water Temperature: <input type="text"/> °F (Minimum 105°F; Maximum 120°F)										Location: <input type="text"/>	
Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A			*M N N/A			General:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Door: Lock with opening device			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Sanitation			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Unobstructed			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Toxics inaccessible			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Doorway width minimum 27 inches ..			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			TP holder			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Shower / Tub:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Toilet grab bars secure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Shower / tub grab bars secure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Window cover / screens			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Non-Skid Surface			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Lighting			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Additional Bathroom											
Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A			*M..N N/A			General:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Door: Lock with opening device			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Sanitation			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Unobstructed			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Toxics inaccessible			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Doorway width minimum 27 inches ..			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			TP holder			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Shower / Tub:			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Toilet grab bars secure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Shower / tub grab bars secure			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Window cover / screens			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Non-Skid Surface			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Lighting			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
										Location: <input type="text"/>	

Interior Physical Environment – Smoke Detectors

Smoke detectors are reviewed by the local building official on the “AFH Local Building Official Inspection Checklist” the licensor will not test them at the visit.

GENERAL		
	YES	NO
Bathroom doors are easily and quickly openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide alarms are installed as required in R315 on each level of the home.	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms are installed on all levels of the dwelling, in each resident sleeping room, outside each separate sleeping area in the immediate vicinity of sleeping rooms (R314).	<input type="checkbox"/>	<input type="checkbox"/>
Smoke and Carbon Monoxide alarms are installed in such a manner so that the audible warning may be heard in all parts of the dwelling upon activation of a single device.	<input type="checkbox"/>	<input type="checkbox"/>

Interior Physical Environment – Inspection Postings

Postings	*M	N	N/A	Notes
DSHS / ALTSA CRU Number.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DRW Information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-month inspection report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-year inspection posting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place to hang license.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Areas:				
	*M	N	N/A	*M N
Accessibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating / furnishings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone				
	*M	N	N/A	Notes
Telephone Working.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Available for resident use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General / Safety				
	*M	N	N/A	Notes
Call system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** The adu barrier t
Heating / cooling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trip hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor ramps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean / good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other safety issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The licensor will look for:

1.) A location in a common area where copies of most recent inspections from past 12 months can be easily viewed by residents.

2.) A posted notice stating that copies of the following are available for review if requested:

- a. Inspection reports and related cover letters received during the past three years.
- b. Complaint investigations and related cover letters received during the past three years.

Interior Physical Environment – Evacuation Plan

Postings	*M	N	N/A	Notes
DSHS / ALTSA CRU Number.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DRW Information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-month inspection report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-year inspection posting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place to hang license.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Areas:				
	*M	N	N/A	*M N
Accessibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating / furnishings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone				
	*M	N	N/A	Notes
Telephone Working.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Available for resident use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General / Safety				
	*M	N	N/A	Notes
Call system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** The adult barrier t
Heating / cooling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trip hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor ramps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean / good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other safety issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The adult family home must develop an emergency evacuation plan for each level of the home that:

- Is accurate and include **all** rooms, hallways, and exits (such as doorways and windows) to the outside of the home;
- **Illustrates the emergency evacuation route(s)** to exit the home, with the route to the emergency exit door being easily identifiable; and
- Identifies the **designated safe location** for the residents to meet outside the home.

Interior Physical Environment – Common Areas

Postings	*M	N	N/A	Notes
DSHS / ALTSA CRU Number.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DRW Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-month inspection report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-year inspection posting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st floor evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place to hang license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Areas:	*M	N	N/A	*M N
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating / furnishings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	*M	N	N/A	Notes
Telephone Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Available for resident use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General / Safety	*M	N	N/A	Notes
Call system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** The adu barrier t
Heating / cooling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trip hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean / good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other safety issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Capacity:

Large enough for all residents to use at the same time (a seat for each resident the home will be licensed for).

Fireplaces:

Fireplaces that get hot to the touch require a stable flame-resistant barrier that does not get hot to the touch and prevents any contact by residents, or any flammable materials is required.

A sign or statement in notice of rights that the fireplace is not for use meets requirements.

Interior Physical Environment – Telephone

Postings	*M	N	N/A	Notes
DSHS / ALTSA CRU Number.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DRW Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-month inspection report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-year inspection posting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st floor evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place to hang license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Areas:				
	*M	N	N/A	*M N
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating / furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	*M	N	N/A	Notes
Telephone Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Available for resident use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General / Safety	*M	N	N/A	Notes
Call system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** The adu barrier t
Heating / cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trip hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean / good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other safety issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The licensor will:

- Call the telephone to ensure phone is working and connected at the time of inspection.
- Ensure it allows for resident privacy and reasonable access to make and receive phone calls (a corded phone will not allow privacy if the resident is restricted in a common area.)

Interior Physical Environment – Call Systems and Trip Hazards

Postings	*M	N	N/A	Notes
DSHS / ALTSA CRU Number.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DRW Information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-month inspection report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-year inspection posting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place to hang license.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Areas:				
	*M	N	N/A	*M N
Accessibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating / furnishings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone				
	*M	N	N/A	Notes
Telephone Working.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Available for resident use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General / Safety				
	*M	N	N/A	Notes
Call system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** The adu barrier t
Heating / cooling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trip hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor ramps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean / good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other safety issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Call System:

Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use,

unless

the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

Trip hazards:

Thresholds may be a trip hazard.

Interior Physical Environment – Steps

Postings	*M	N	N/A	Notes
DSHS / ALTSA CRU Number.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DRW Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-month inspection report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-year inspection posting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st floor evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place to hang license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Areas:				
	*M	N	N/A	*M N
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating / furnishings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone				
	*M	N	N/A	Notes
Telephone Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Available for resident use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General / Safety				
	*M	N	N/A	Notes
Call system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** The adu barrier t
Heating / cooling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trip hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean / good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other safety issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Steps:

Handrails are required on both sides if utilized by residents.

If the adult family home will provide care and services for residents with wheelchairs, walkers and canes, any steps that are accessible to residents need a plan to prevent falls. A barrier may be sufficient.

Interior and exterior ramps are subject to the same requirements, these are reviewed on [slide 46](#).

Interior Physical Environment – Laundry

12-month inspection report.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-year inspection posting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 st floor evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor evacuation plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place to hang license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Common Areas:	*M	N	N/A	*M N
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating / furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	*M	N	N/A	Notes
Telephone Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available for resident use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General / Safety	*M	N	N/A	Notes
Call system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** The adu barrier t
Heating / cooling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trip hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor steps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean / good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	*M	N	N/A	Notes
Plan (if not home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Must prov
Supplies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laundry:

If

residents are required to pass through the kitchen with soiled laundry to get to the washer

then

there must be an infection control plan (i.e., all soiled laundry goes in heft bag that gets sealed and cannot be opened until it gets to the washer).

Interior Physical Environment - Kitchen

Stocked and Ready:

The kitchen should be set up as if a resident were going to move in that day (not food, but dishes, pots, pans, cups, silverware, etc.).

Kitchen / Dining Area				*M	N	N/A
Stocked (pots / pans, dishes, equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safe storage for toxics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Extinguisher (5 lbs.)				*M	N	N/A
1 st floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications				*M	N	N/A
Adequate locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plan for refrigerated meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Supplies				*M	N	N/A
Lighting (for each resident)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid manual or guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Firearms				*M	N	N/A
In locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NOTES						

Interior Physical Environment – Fire Extinguishers

The home must ensure fire extinguishers are:
Five-pound 2A:10B-C rated
Mounted on each level of the home

- Mounted or securely fastened in a stationary position at a maximum of four inches from the floor and a maximum of sixty inches from the floor.
Between 4"-60"
- Inspected and serviced annually. During the initial inspection this means that it requires proof of purchase or service within the last year.

Kitchen / Dining Area				*M	N	N/A
Stocked (pots / pans, dishes, equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safe storage for toxics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Extinguisher (5 lbs.)				*M	N	N/A
1 st floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 rd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications				*M	N	N/A
Adequate locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plan for refrigerated meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Supplies				*M	N	N/A
Lighting (for each resident)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid manual or guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Firearms				*M	N	N/A
In locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NOTES						

Interior Physical Environment – Medication Storage

The adult family home must ensure all prescribed and over-the-counter medication are stored:

- In locked storage,
- In original container with legible and original labels,
- Appropriately for each medication, i.e., refrigerated medication is kept in the refrigerator in locked storage.

Kitchen / Dining Area				*M	N	N/A
Stocked (pots / pans, dishes, equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safe storage for toxics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Extinguisher (5 lbs.)				*M	N	N/A
1 st floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications				*M	N	N/A
Adequate locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plan for refrigerated meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Supplies				*M	N	N/A
Lighting (for each resident)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid manual or guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Firearms				*M	N	N/A
In locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NOTES						

Interior Physical Environment – Emergency Supplies

Ensure the flashlights have batteries and are out of their package ready for use.

The licenser will test each flashlight (one for each planned resident).

Kitchen / Dining Area				*M	N	N/A
Stocked (pots / pans, dishes, equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safe storage for toxics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Extinguisher (5 lbs.)				*M	N	N/A
1 st floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor date:	<input type="checkbox"/>	Mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications				*M	N	N/A
Adequate locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plan for refrigerated meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Supplies				*M	N	N/A
Lighting (for each resident)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
First Aid manual or guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Firearms				*M	N	N/A
In locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NOTES						

Exterior Physical Environment – Emergency Exit Door

Exterior Physical Environment											
Doors / Entrances / Exits:											
	*M	N	N/A	*M	N	N/A	*M	N	N/A		
EMG unlocked lever handle / hinged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum doorway width is 32 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum door way height 78 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Threshold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Doorway / hallway limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Door alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Door to garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Resident can exit without special knowledge or assistance 10715(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ramps:											
	*M	N	N/A	*M	N	N/A	Notes				
Bilateral handrails secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Handrails extend full length of slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Smooth transition at ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Non-skid surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
General safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Deck											
	*M	N	N/A	Notes							
Wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Barriers on sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Secure / sturdy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Steps off deck have barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Good condition – no gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Threshold in / out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Non-skid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Steps											
	*M	N	N/A	Notes							
Steps off landing have barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Handrails on both sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

AFH INITIAL LICENSING INSPECTION
DSHS 15-550 (REV. 03/2023)

*M = Meets requirements N – Does not

At least one door leading to the outside must be designated as an emergency exit.

The doorway must:

Be a minimum of 32" wide and 78" high.

Have a lever door handle on both sides and hardware that allows residents to exit when the door is locked and immediately reenter without a key, tool, or special knowledge or effort by residents.

Be free of trip hazards (i.e., threshold).

Exterior Physical Environment – Emergency Exit Door



https://www.youtube.com/watch?v=9Fla_ynXJOc

Sharing this video is not a recommendation or endorsement of a specific brand. The purpose of sharing this video is to show how an interconnected lock works.

Exterior Physical Environment – Ramps

Exterior Physical Environment											
Doors / Entrances / Exits:											
	*M	N	N/A	*M	N	N/A	*M	N	N/A		
EMG unlocked lever handle / hinged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum doorway width is 32 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum door way height 78 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Threshold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Doorway / hallway limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Door alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Door to garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Resident can exit without special knowledge or assistance 10715(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ramps:											
	*M	N	N/A	*M	N	N/A	Notes				
Bilateral handrails secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Handrails extend full length of slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Smooth transition at ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Non-skid surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
General safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Deck											
	*M	N	N/A	Notes							
Wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Barriers on sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Secure / sturdy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Steps off deck have barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Good condition – no gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Threshold in / out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Non-skid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Steps											
	*M	N	N/A	Notes							
Steps off landing have barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Handrails on both sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

AFH INITIAL LICENSING INSPECTION
DATE: 11/11/2011 BY: [Signature]

*M = Meets requirements N – Does not meet requirements

Handrails for ramps must:

be on **BOTH** sides,

extend full length of slope (starting at top and go all the way down).

The building inspector will measure the actual slope prior to this visit. Information on slope requirements in WAC 51-51-0330.

These requirements apply to interior or exterior ramps, the pictured working papers are for documenting exterior ramps.

Exterior Physical Environment – Deck

Exterior Physical Environment											
Doors / Entrances / Exits:											
	*M	N	N/A	*M	N	N/A	*M	N	N/A		
EMG unlocked lever handle / hinged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum doorway width is 32 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum door way height 78 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Threshold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Doorway / hallway limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Door alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Door to garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Resident can exit without special knowledge or assistance 10715(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ramps:											
	*M	N	N/A	*M	N	N/A	Notes				
Bilateral handrails secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Handrails extend full length of slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Smooth transition at ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Non-skid surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
General safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Deck											
	*M	N	N/A	Notes							
Wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Barriers on sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Secure / sturdy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Steps off deck have barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Good condition – no gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Threshold in / out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Non-skid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Steps											
	*M	N	N/A	Notes							
Steps off landing have barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Handrails on both sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

AFH INITIAL LICENSING INSPECTION

*M = Meets requirements N – Does not meet requirements

The licenser will check for:

- sturdy barriers,
- trip or fall hazards (i.e., threshold),
- accessibility for residents in wheelchairs.

Interior and exterior steps are subject to the same requirements, these are reviewed on [slide 37](#).

Exterior Physical Environment – General Safety

The licenser will:

- ask about the safety plan (i.e., barrier) if the home is on a busy street or there are drop off areas.
- assess if house numbers are visible from street, not obstructed by shrub or décor.
- assess the designated safe meeting place for accessibility by all residents.

General Safety Issues	*M	N	N/A	Notes
Located on busy street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated safe meeting lo
Located at top of ravine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor resident use area k
Drop off areas such as rock walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Any outdoor security car
Walkways used by residents (no trip / fall hazards).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
House numbers visible from street...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor resident use area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designated safe meeting place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Front, Back, Side Yards	*M	N	N/A	Notes
No hazards, toxic materials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Any outdoor storage are
No debris, broken glass.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions egress residence windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yards maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Hazard Identified	*M	N	N/A	Notes
*** Type: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secured by locking any doors, screens, or gates that lead directly to or surround the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires fencing 48 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires door alarm and lock for any gate leading to the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-potable water identified.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor Buildings	*M	N	N/A	Notes
Locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Step(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** i.e., fountain, hot tub, pool, natural body of water such as stream, river, lake, p

Exterior Physical Environment – Yards

The licenser will observe that all yards (front, back, side) are free of hazards, toxins, and yard debris that are accessible to residents.

General Safety Issues	*M	N	N/A	Notes
Located on busy street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated safe meeting lo
Located at top of ravine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor resident use area l
Drop off areas such as rock walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Any outdoor security car
Walkways used by residents (no trip / fall hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
House numbers visible from street ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor resident use area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designated safe meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Front, Back, Side Yards	*M	N	N/A	Notes
No hazards, toxic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Any outdoor storage are
No debris, broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions egress residence windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yards maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Hazard Identified	*M	N	N/A	Notes
*** Type: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secured by locking any doors, screens, or gates that lead directly to or surround the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires fencing 48 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires door alarm and lock for any gate leading to the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-potable water identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor Buildings	*M	N	N/A	Notes
Locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Step(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** i.e., fountain, hot tub, pool, natural body of water such as stream, river, lake, p

Exterior Physical Environment – Water Hazard

Water Hazards that are more than 24" deep require:

- The hazard itself must be fully enclosed fences and gates **at least** 48" high.
- Audible alarm that sounds when any door, screen, or gate that directly leads to or surrounds the water hazard is opened.
- Are secured by locking any doors, screens, or gates that lead directly to or surround the water hazard.

General Safety Issues	*M	N	N/A	Notes
Located on busy street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated safe meeting lo
Located at top of ravine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor resident use area k
Drop off areas such as rock walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Any outdoor security car
Walkways used by residents (no trip / fall hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
House numbers visible from street ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor resident use area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designated safe meeting place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Front, Back, Side Yards	*M	N	N/A	Notes
No hazards, toxic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Any outdoor storage are
No debris, broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions egress residence windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yards maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Hazard Identified	*M	N	N/A	Notes
*** Type: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secured by locking any doors, screens, or gates that lead directly to or surround the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires fencing 48 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires door alarm and lock for any gate leading to the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-potable water identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor Buildings	*M	N	N/A	Notes
Locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Step(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** i.e., fountain, hot tub, pool, natural body of water such as stream, river, lake, p

Exterior Physical Environment – Outdoor Buildings

Outdoor buildings must be accessible during the inspection even if they will not be used.

General Safety Issues	*M	N	N/A	Notes
Located on busy street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated safe meeting lo Outdoor resident use area k ** Any outdoor security car
Located at top of ravine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drop off areas such as rock walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walkways used by residents (no trip / fall hazards).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
House numbers visible from street...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor resident use area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designated safe meeting place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Front, Back, Side Yards	*M	N	N/A	Notes
No hazards, toxic materials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** Any outdoor storage are
No debris, broken glass.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions egress residence windows.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
** No obstructions walkways.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Yards maintained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Hazard Identified	*M	N	N/A	Notes
*** Type: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secured by locking any doors, screens, or gates that lead directly to or surround the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires fencing 48 inches.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires door alarm and lock for any gate leading to the water hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-potable water identified.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor Buildings	*M	N	N/A	
Locked.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Step(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** i.e., fountain, hot tub, pool, natural body of water such as stream, river, lake, p

Floor Plan Key

The Floor Plan “Key” is reviewed, signed, and dated.

Adult Family Home Licensing Inspection Floor Plan “Key”						
Each Bedroom <u>approved</u> for resident use is <u>automatically approved</u> for independent residents.						Date: Total Capacity:
BEDROOM DESIGNATION	BEDROOM CAPACITY (CHECK ONE)		BEDROOM LABEL ¹ (CHECK ONE)		N/A ²	
A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
C	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
D	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
E	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
G	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
H	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> I	<input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
¹ LABEL THE EVACUATION LEVEL OF EACH RESIDENT BEDROOM ON THE AFH FLOOR PLAN AS (I) OR (I/A). ² CHECK “N/A” IF THE BEDROOM IS NOT BEING LICENSED. NOTE: FLOOR PLAN AND KEY MUST MATCH.						
388-76-10870 RESIDENT EVACUATION CAPABILITY LEVELS - IDENTIFICATION REQUIRED The adult family home must ensure that each resident's assessment identifies, and each resident's preliminary care plan and negotiated care plan describes the residents ability to evacuate the home according to the following descriptions: (1) Independent: Resident is physically and mentally capable of safely getting out of the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one verbal cue; (2) Assistance required: Resident is not physically or mentally capable of getting out of the house without assistance from another individual or mobility aids.				388-76-10865 Resident evacuation from adult family home (1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less. (2) The home must ensure that residents who require assistance are able to evacuate the home as follows: (a) Through the primary egress door; (b) Via a path from the resident's bedroom that does not go through other bedrooms; and (c) Without the resident having to use any of the following: i. Stairs; ii. Elevator (3) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must comply with WAC 51-51. (4) Homes that serve residents who are not able to hear the fire alarm warning must install visual fire alarms.		
I acknowledge receipt and understanding of the “Evacuation Label” of each bedroom in my Adult Family Home.				NAME 		DATE

Floor Plan Key – Evacuation Level

The signature acknowledges receipt and understanding of the evacuation level of each bedroom.

Independent (I)

The Resident **is** physically and mentally capable of safely getting out of the home with the assistance of another individual or the use of mobility aids.

The department will consider a resident independent if capable of getting out of the home after one verbal cue.

Assistance Required (I/A)

The Resident **is not** physically or mentally capable of safely getting out of the home without assistance of another individual or the use mobility aids.

Multiple Home Providers

Multiple Home Providers must have plans for each of the following for each home under their management:

- Twenty-four hour a day, seven day a week staffing.
- Managing the daily operations of each home.
- Emergencies, deliveries, staff and visitor parking.

The applicant interview questions will not be asked for an MHP.

MHP:
Staffing Plan.....
Operational Plan.....
Parking Plan.....

Relocations

When the initial inspection process is conducted for a relocation, some items **will not** be reviewed. This is because the current licensed adult family home will already have the processes and items in place.

Documents and policies that **will not** be reviewed for a relocation:

- Orientation checklist for new staff
- Emergency evacuation drill log
- Accident/injury log
- Medication log
- Resident sample record
- Applicant interview
- Postings

The following items **are not** required at the initial inspection for a relocation:

- Furniture in the common areas
- Working telephone lines
- Stocked Kitchen
- Fire Extinguishers
- Emergency Supplies

Applicant interview will not be conducted.

Relocations

The following items will be discussed during an initial inspection for a relocation:

Call bell system

- If the old home does not have a call bell system, and it will be required to be in the new home at the time of the initial inspection and will be reviewed consistent with [slide 37](#).
- If the old home does have a system, and it will be required in the new home, it will not be reviewed. This is so that the system can remain in place at the current adult family home.

Laundry

- Layout dependent, if laundry will go through the kitchen an infection control plan will be discussed.

Medication Storage plan