



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

APPLICANT'S / ER'S NAME			
APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
AFH NAME			
AFH SITE ADDRESS		EMAIL ADDRESS	
		DISTRICT / UNIT	COUNTY
		INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME

### Manager Intake Tracking and Inspection Activity Log

Attachment A<sup>1</sup>

#### Section 1: Systems and Processes - Residential Inspection and Quality Assurance Program (RIQAP) Manager Completes

BAAU RECEIVED APPLICATION DATE	RIQAP RECEIVED APPLICATION DATE	APPLICATION WITHDRAWN / DENIED / VOIDED DATE
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#### Section 2: Initial Inspection Activity Log Notes - Licensor Completes

DATE	NOTES	INITIALS
	File received from the BAAU and assigned to Licensor for inspection	



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### Licensors Tracking and Inspection Activity Log

Attachment A<sup>2</sup>

#### Section 1: Systems and Processes

##### Dates

First contact with applicant \_\_\_\_\_ Preparation checklist - emailed \_\_\_\_\_  
Schedule visit or agree to postpone \_\_\_\_\_ Confirmation letter - emailed \_\_\_\_\_

#### Section 2: Inspection Activity Log Notes

DATE	NOTES	INITIALS



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### Licensors Tracking and Inspection Activity Log

Attachment A<sup>3</sup>

## Section 2: Inspection Activity Log Notes (continued)

[illegible]



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### Entrance Interview

Attachment B<sup>1</sup>

#### INTERVIEW

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Introductions / hand out business card                           | <input type="checkbox"/> Identify total number of toilets in home:            | Type of home (check one):<br><input type="checkbox"/> Single level <input type="checkbox"/> Multi-level |
| <input type="checkbox"/> Review process for day   | <input type="checkbox"/> Identify total number of toilets for resident use:   |   |
| <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)	RELATIONSHIP

#### NAME(S) OF OTHERS WHO WILL HAVE UNSUPERVISED ACCESS TO RESIDENTS

NAME(S)	RELATIONSHIP	NAME(S)	RELATIONSHIP

#### PETS LIVING IN THE HOME

PET NAME(S) / TYPE(S)	RABIES VACCINATION	TEMPERMENT	PET NAME(S) / TYPE(S)	RABIES VACCINATION	TEMPERMENT
1.	<input type="checkbox"/> Yes		3.	<input type="checkbox"/> Yes	
2.	<input type="checkbox"/> Yes		4.	<input type="checkbox"/> Yes	



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### Entrance Interview

Attachment B<sup>1</sup>

#### OTHER BACKGROUND INQUIRIES (BGI) INCLUDED WITH THE AFH APPLICATION

NAME(S)	RELATIONSHIP	DATE BGI COMPLETED	NAME(S)	RELATIONSHIP	DATE BGI COMPLETED
1.			17.		
2.			18.		
3.			19.		
4.			20.		
5.			21.		
6.			22.		
7.			23.		
8.			24.		
9.			25.		
10.			26.		
11.			27.		
12.			28.		
13.			29.		
14.			30.		
15.			31.		
16.			32.		



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		<b>AFH NAME</b>		
<b>AFH SITE ADDRESS</b>	<b>EMAIL ADDRESS</b>			
	<b>DISTRICT / UNIT</b>	<b>COUNTY</b>	<b>INSPECTION TYPE</b> <b>Initial</b>	<b>12 MONTH DATE</b>
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### Pre-Inspection Preparation and Records Review

Attachment B<sup>2</sup>

#### PRE-INSPECTION PREPARATION

##### Electronic Folder Contents:

Application ..... ☐

Copy of floor plans  
(copies for each floor) ..... ☐

Building checklist ..... ☐

\_\_\_\_\_ ..... ☐

##### Prior to Visit:

Contact applicant to confirm appointment..... ☐

\_\_\_\_\_ ..... ☐

\_\_\_\_\_ ..... ☐

\_\_\_\_\_ ..... ☐

\_\_\_\_\_ ..... ☐

\_\_\_\_\_ ..... ☐

COMMENTS

#### ADMINISTRATIVE RECORDS

##### Documents:

CHECK ONE

\*M    N    N/A

Orientation checklist for new staff..... ☐ ☐ ☐

Emergency Evacuation Log..... ☐ ☐ ☐

Sewage / Septic system\* Verification – Copy Required..... ☐ ☐ ☐

Water system Verification\* – Copy Required..... ☐ ☐ ☐

Accident / Injury Log – Copy Required ..... ☐ ☐ ☐

##### MHP:

Staffing Plan ..... ☐ ☐ ☐

Operational Plan..... ☐ ☐ ☐

Parking Plan ..... ☐ ☐ ☐

\* Septic system documentation must be from the local health authority and must address the following information:

- 1) Septic system has been inspected and approved; 2) How many people (not bedrooms) can be accommodated by the septic system; and 3) Local health authority is aware the system will be utilized in an AFH.

\* Water sewer verification must show the proposed AFH site address as the service address and must show the water / sewer bill is paid current on the day of inspection.

\* Well water must be approved as group B. Must have documentation from the local health authority.



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### Staff Records

Attachment C

#### EXEMPT STAFF

PLEASE ANSWER THE FOLLOWING:	APPLICANT (NOT APPLICABLE FOR ENTITIES)	RESIDENT MANAGER	ENTITY REPRESENTATIVE
NAME			
WHY EXEMPT?			
DOH EXPIRATION DATE			
REVISED FUNDAMENTALS DATE COMPLETED			
CPR EXPIRATION DATE			
FIRST AID EXPIRATION DATE			
FOOD SAFETY EXPIRATION DATE			
WA BGI COMPLETION DATE			
FINGERPRINT DATE			
MENTAL HEALTH			
DEVELOPMENTAL DISABILITIES			
DEMENTIA			

#### NON-EXEMPT STAFF

NAME OF NON-EXEMPT STAFF		<b>Exempt LTC Workers:</b> 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. <b>Non-Exempt LTC Workers:</b> Staff must have direct supervision until he/she has completed Core Basic Training within 120 days. <b>Caregiver Specialty:</b> HCA - Need certificate within 120 days of hire. HCA exempt- need certificate within 90days of hire.
NAME	HCA EXPIRATION DATE	

COMMENTS



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### Resident Records / Applicant Interview

Attachment D

*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"/>	Financial Recordkeeping – <b>SECTION ONLY</b> ..... 10320 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resident Information Sheet – <b>MUST HAVE FORM / SECTION</b> ..... 10320 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment / Preliminary Svc Plan – <b>SECTION ONLY</b> ..... 10330 - 10340 ..	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negotiated Care Plan – <b>SECTION ONLY</b> ..... 10355 - 10385 ..	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Documents – <b>SECTION ONLY</b> ..... 10325 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Belonging Inventory – <b>MUST HAVE FORM / SECTION</b> ..... 10320 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse Delegation Paperwork – <b>MUST HAVE SECTION</b> ..... 10320 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Log – <b>MUST HAVE FORM</b> ..... 10475 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Professional Orders – <b>MUST HAVE SECTION</b> ..... 10320 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosure of Charges – <b>MUST HAVE FILLED OUT FORM</b> ..... 10540 .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability of files .....	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan to keep files confidential .....	





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



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**Resident Bedroom / Bathroom Worksheet**Attachment E<sup>1</sup>**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 - Other - Other = Usable Sq. Ft.	
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2		

<b>Exit does not pass through another room:</b>			<b>*M   N   N/A</b>	<b>** 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.</b>
<b>Window:**</b>	<b>*M   N   N/A</b>			
Unobstructed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Door opening device	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Windowsill height does not exceed 44"	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Clean:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Screens	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Closet / Storage:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Privacy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Open-able	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Open-able	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor Guides	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Lighting:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Heat Source:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Door:</b>	<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"/>			
<b>Bathroom attached to Bedroom A</b>	<b>*M   N   N/A</b>	<b>*M   N   N/A</b>		
<b>Accessibility Level:</b> <input type="checkbox"/> I <input type="checkbox"/> I / A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>General:</b> .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Door:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sanitation.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lock with opening device	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toxics inaccessible .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Unobstructed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TP holder.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Doorway width minimum 27 inches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toilet grab bars secure .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Shower / Tub:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Window cover / screens....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Shower / tub grab bars secure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lighting .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Non-Skid Surface	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	





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## Resident Bedroom / Bathroom Worksheet - Continued

Attachment E<sup>3</sup>

Bedroom C 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 - 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.			
Window:**	*M	N	N/A				
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door opening device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windowsill height does not exceed 44"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closet / Storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open-able	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-able	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Source:	<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"/>				
Bathroom attached to Bedroom C	*M	N	N/A	*M	N	N/A	
Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I / A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lock with opening device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxics inaccessible .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TP holder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doorway width minimum 27 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet grab bars secure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower / Tub:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window cover / screens....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower / tub grab bars secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Skid Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Resident Bedroom / Bathroom Worksheet - Continued**Attachment E<sup>4</sup>**Bedroom D** 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	
- Other		
- Other		
= Usable Sq. Ft.		
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2		

<b>Exit does not pass through another room:</b>		<b>*M   N   N/A</b>	<b>** 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.</b>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Window:**</b>	<b>*M   N   N/A</b>		
Unobstructed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Door opening device	
Windowsill height does not exceed 44"	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Clean:</b>	
Screens	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Closet / Storage:</b>	
Privacy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Open-able	
Open-able	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor Guides	
<b>Lighting:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Heat Source:</b>	
<b>Door:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/>		
<b>Bathroom attached to Bedroom D</b>	<b>*M   N   N/A</b>	<b>*M   N   N/A</b>	
<b>Accessibility Level:</b> <input type="checkbox"/> I <input type="checkbox"/> I / A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>General:</b> .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Door:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sanitation.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lock with opening device	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toxics inaccessible .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unobstructed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TP holder.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Doorway width minimum 27 inches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toilet grab bars secure .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Shower / Tub:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Window cover / screens....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Shower / tub grab bars secure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lighting .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Non-Skid Surface	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>





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		AFH NAME			
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		DISTRICT / UNIT		COUNTY	INSPECTION TYPE <b>Initial</b>
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**Resident Bedroom / Bathroom Worksheet - Continued**Attachment E<sup>6</sup>**Bedroom F** 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	
- Other		
- Other		
= Usable Sq. Ft.		
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2		

<b>Exit does not pass through another room:</b>		<b>*M   N   N/A</b>	<b>** 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.</b>
<b>Window:**</b>	<b>*M   N   N/A</b>		
Unobstructed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Door opening device	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Windowsill height does not exceed 44"	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Clean:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Screens	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Closet / Storage:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Privacy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Open-able	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Open-able	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor Guides	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Lighting:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Heat Source:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Door:</b>	<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"/>		
<b>Bathroom attached to Bedroom F</b>	<b>*M   N   N/A</b>	<b>*M   N   N/A</b>	
<b>Accessibility Level:</b> <input type="checkbox"/> I <input type="checkbox"/> I / A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>General:</b> .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Door:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sanitation.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lock with opening device	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toxics inaccessible .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Unobstructed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TP holder.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Doorway width minimum 27 inches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Toilet grab bars secure .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Shower / Tub:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Window cover / screens....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Shower / tub grab bars secure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lighting .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Non-Skid Surface	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

AFH SITE ADDRESS		APPLICANT'S / ER'S NAME						
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER				
		AFH NAME						
FIELD MANAGER'S NAME		EMAIL ADDRESS		DISTRICT / UNIT		COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
		FM PHONE		LICENSOR'S NAME				

### Resident Bedroom / Bathroom Worksheet - Continued

Attachment E<sup>7</sup>

**Main Bathroom** – Water Temperature: °F (Minimum 105°F; Maximum 120°F)

**Accessibility Level:**

☐ I ☐ 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

☐ ☐ ☐

☐ ☐ ☐

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☐ ☐ ☐

☐ ☐ ☐

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☐ ☐ ☐

\*M N N/A

**General:**.....

Sanitation .....

Toxics inaccessible .....

TP holder.....

Toilet grab bars secure.....

Window cover / screens .....

Lighting.....

Location:

**Additional Bathroom**

**Accessibility Level:**

☐ I ☐ 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

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

\*M N N/A

**General:**.....

Sanitation .....

Toxics inaccessible .....

TP holder.....

Toilet grab bars secure.....

Window cover / screens .....

Lighting.....

Location:

**Additional Bathroom**

**Accessibility Level:**

☐ I ☐ 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

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

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\*M N N/A

**General:**.....

Sanitation .....

Toxics inaccessible .....

TP holder.....

Toilet grab bars secure.....

Window cover / screens .....

Lighting.....

Location:





ADULT FAMILY HOME (AFH)

**AFH Initial Licensing Inspection**

AFH SITE ADDRESS		APPLICANT'S / ER'S NAME						
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER				
		AFH NAME						
FIELD MANAGER'S NAME		EMAIL ADDRESS		DISTRICT / UNIT		COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
		FM PHONE		LICENSOR'S NAME				

**Interior Physical Environment**Attachment F<sup>1</sup>

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 <sup>st</sup> floor evacuation plan .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2 <sup>nd</sup> 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"/>				
<b>Common Areas:</b>	<b>*M</b>	<b>N</b>	<b>N/A</b>	<b>*M</b>	<b>N</b>	<b>N/A</b>	<b>Notes</b>
Accessibility .....	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seating / furnishings .....	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace safety .....	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Telephone</b>	<b>*M</b>	<b>N</b>	<b>N/A</b>	<b>Notes</b>			
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"/>				
<b>General / Safety</b>	<b>*M</b>	<b>N</b>	<b>N/A</b>	<b>Notes</b>			
Call system .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>** The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.</b>			
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"/>				
<b>Laundry</b>	<b>*M</b>	<b>N</b>	<b>N/A</b>	<b>Notes</b>			
Plan (if not home) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Must provide an infection control plan if residents would be required to pass through the kitchen to access the laundry area.</b>			
Supplies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Location .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

<b>AFH Initial Licensing Inspection</b>		APPLICANT'S / ER'S NAME			
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
		AFH NAME			
AFH SITE ADDRESS		EMAIL ADDRESS			
		DISTRICT / UNIT		COUNTY	INSPECTION TYPE <b>Initial</b>
FIELD MANAGER'S NAME		FM PHONE		LICENSOR'S NAME	

### Interior Physical Environment - Continued

Attachment F<sup>2</sup>

Kitchen / Dining Area	*M	N	N/A	Notes
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	Notes
1 <sup>st</sup> floor date: ..... <input type="checkbox"/> Mounted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Must be mounted or securely fastened in a stationary position at a minimum of four inches from the floor (when measured from the bottom) and a maximum of 60 inches from the floor (when measured from the top).</b>
2 <sup>nd</sup> floor date: ..... <input type="checkbox"/> Mounted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 <sup>rd</sup> floor date: ..... <input type="checkbox"/> Mounted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	*M	N	N/A	Notes
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	Notes
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	Notes
In locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

AFH SITE ADDRESS		APPLICANT'S / ER'S NAME						
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER				
		AFH NAME						
FIELD MANAGER'S NAME		EMAIL ADDRESS		DISTRICT / UNIT		COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
		FM PHONE		LICENSOR'S NAME				

### Exterior Physical Environment

Attachment F<sup>3</sup>

Emergency Exit Door(s):	*M	N	N/A	*M	N	N/A	*M	N	N/A	Notes
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"/>							



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

AFH SITE ADDRESS		APPLICANT'S / ER'S NAME						
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER				
		AFH NAME						
FIELD MANAGER'S NAME		EMAIL ADDRESS		DISTRICT / UNIT		COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
		FM PHONE		LICENSOR'S NAME				

### Exterior Physical Environment - Continued

Attachment F<sup>4</sup>

General Safety Issues	*M	N	N/A	Notes
Located on busy street .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated safe meeting location: Outdoor resident use area location: ** Any outdoor security cameras must not interfere with resident privacy.
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 areas, structures, or living quarters on the AFH property must be inspected for safety.
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"/>	
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, pond, etc.



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

	APPLICANT'S / ER'S NAME			
	APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
	AFH NAME			
AFH SITE ADDRESS	EMAIL ADDRESS			
	DISTRICT / UNIT	COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME	
<b>Physical Environment</b> Attachment F <sup>5</sup>				

### Types of locking devices and door activation:

WAC 51-51-0330 R 330.4

Operable parts of door handles, pulls, latches, locks, and other devices installed in adult family homes shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. Pocket doors shall have graspable hardware available when in the closed or open position.

The force required to activate operable parts shall be 5.0 pounds (22.2 N) maximum. Required exit doors shall have no additional locking devices.

Required exit door hardware shall unlock inside and outside mechanisms when exiting the building allowing reentry into the adult family home without the use of a key, tool, or special knowledge.

### Window Well Requirements:

#### R310.2.3 Window wells.

The horizontal area of the window well shall be not less than 9 square feet (0.9 m<sup>2</sup>), with a horizontal projection and width of not less than 36 inches (914 mm). The area of the window well shall allow the emergency escape and rescue opening to be fully opened.

**Exception:** The ladder or steps required by Section R310.2.3.1 shall be permitted to encroach not more than 6 inches (152 mm) into the required dimensions of the window well.

#### R310.2.3.1 Ladder and steps.

Window wells with a vertical depth greater than 44 inches (1118 mm) shall be equipped with a permanently affixed ladder or steps usable with the window in the fully open position. Ladders or steps required by this section shall not be required to comply with Sections R311.7 and R311.8. Ladders or rungs shall have an inside width of not less than 12 inches (305 mm), shall project not less than 3 inches (76 mm) from the wall and shall be spaced not more than 18 inches (457 mm) on center vertically for the full height of the window well.

### Formulas and Reference:



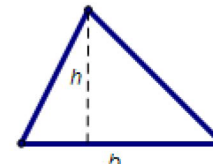
ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

AFH SITE ADDRESS		APPLICANT'S / ER'S NAME			
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
		AFH NAME			
FIELD MANAGER'S NAME		EMAIL ADDRESS			
		DISTRICT / UNIT	COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
FM PHONE		LICENSOR'S NAME			

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

TRIANGLE AREA (CALCULATE SQ FT)



$A = \frac{1}{2} (bh)$

MEASURE THE BASE ( <b>b</b> ) OF THE TRIANGLE
MEASURE THE HEIGH ( <b>h</b> ) OF THE TRIANGLE
MULTIPLY THE BASE BY THE HEIGHT ( <b>b X h</b> )
DIVIDE THIS AMOUNT BY 2 (TWO)



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

APPLICANT'S / ER'S NAME			
APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
AFH NAME			
AFH SITE ADDRESS		EMAIL ADDRESS	
		DISTRICT / UNIT	COUNTY
		INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME

### Exit Summary Worksheet

Attachment G<sup>1</sup>

**Applicant:** Below is a preliminary list of findings and comments.

**Please review the notice letter carefully.**

#### Finding(s) and Comments




APPLICANT'S / ER'S NAME			
APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
AFH NAME			
EMAIL ADDRESS			
DISTRICT / UNIT	COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
FM PHONE		LICENSOR'S NAME	

## Exit Summary Worksheet

Attachment G<sup>2</sup>

**Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**

**Please review the notice letter carefully.**

### Finding(s) and Comments

[illegible]





APPLICANT'S / ER'S NAME			
APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
AFH NAME			
EMAIL ADDRESS			
DISTRICT / UNIT	COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
FM PHONE		LICENSOR'S NAME	

## Exit Summary Worksheet

Attachment G<sup>3</sup>

**Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**

**Please review the notice letter carefully.**

### Finding(s) and Comments

[illegible]



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

AFH SITE ADDRESS	APPLICANT'S / ER'S NAME			
	APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
	AFH NAME			
FIELD MANAGER'S NAME	EMAIL ADDRESS			
	DISTRICT / UNIT	COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
	FM PHONE		LICENSOR'S NAME	

### Exit Summary Worksheet

Attachment G<sup>4</sup>

**Applicant:** Below is a preliminary list of findings and comments; however, the department will send you a certified notice letter describing the complete list of issues addressed today.

Please review the notice letter carefully.

#### Finding(s) and Comments




APPLICANT'S / ER'S NAME			
APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
AFH NAME			
EMAIL ADDRESS			
DISTRICT / UNIT	COUNTY	INSPECTION TYPE <b>Initial</b>	12 MONTH DATE
FM PHONE		LICENSOR'S NAME	

## Exit Summary Worksheet

Attachment G<sup>6</sup>

**Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**

**Please review the notice letter carefully.**

### Finding(s) and Comments

[illegible]



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

APPLICANT'S / ER'S NAME			
APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
AFH NAME			
AFH SITE ADDRESS	EMAIL ADDRESS		
	DISTRICT / UNIT	COUNTY	INSPECTION TYPE <b>Initial</b>
FIELD MANAGER'S NAME	FM PHONE	12 MONTH DATE	
		LICENSOR'S NAME	

### Adult Family Home Initial Licensing Inspection Notes

Attachment H



ADULT FAMILY HOME (AFH)

## AFH Initial Licensing Inspection

<b>AFH Initial Licensing Inspection</b>		APPLICANT'S / ER'S NAME			
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
		AFH NAME			
AFH SITE ADDRESS		EMAIL ADDRESS			
		DISTRICT / UNIT		COUNTY	INSPECTION TYPE <b>Initial</b>
FIELD MANAGER'S NAME		FM PHONE		LICENSOR'S NAME	
<b>Post Inspection – Meets Requirements</b> Attachment I					
Applicant meets minimum licensing requirements and is recommended for licensure.					
<b>Discuss:</b>		<b>Check if discussed:</b>			
Licensure recommendation; approval process		<input type="checkbox"/>			
BAAU will: mail license and background check results		<input type="checkbox"/>			
Request Medicaid contract, if desired		<input type="checkbox"/>			
Identify District / Unit – Field Manager		<input type="checkbox"/>			
AFH Locator will list home at <a href="https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx">https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx</a>		<input type="checkbox"/>			
AFH Locator will indicate Medicaid contract, once the contract has been signed		<input type="checkbox"/>			
Emergency food / water requirement once licensed		<input type="checkbox"/>			
Complete floor plan and key with identified, approved resident bedrooms, capacity, and evacuation level		<input type="checkbox"/>			
Floor plan of home does have limited space that may or may not accommodate larger mobility aids. Applicant was informed: if the home accepts or retains residents that can use mobility aids independently, they must be able to safely and freely self-propel / navigate through doorways, hallways, bathroom, and/or any part of the home the residents needs or wants to use.		<b>N/A</b>		<b>Discussed</b>	
NOTES					
DATE	CAPACITY	SPECIALTIES APPLICANT RESIDENT MANAGER			CONTRACT <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Dementia <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disabilities			
NOTES					