



ADULT FAMILY HOME (AFH)

AFH **Relocation** 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 Initial	12 MONTH DATE
FM PHONE		LICENSOR'S NAME			
Licensors Tracking and Inspection Activity Log Attachment A ¹					
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BAAU RECEIVED APPLICATION DATE		RIQAP RECEIVED APPLICATION DATE		APPLICATION WITHDRAWN / DENIED / VOIDED DATE	
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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Manager Intake Tracking and Inspection Activity Log Attachment A ²					
Section 1: Systems and Processes					
First contact with applicant _____		Preparation checklist - emailed _____			
Schedule visit or agree to postpone _____		Confirmation letter - emailed _____			
Dates					
Section 2: Inspection Activity Log Notes					
DATE	NOTES				INITIALS



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Attachment A³[illegible]



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Entrance Interview

Attachment B¹

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"/> 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 B¹

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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Pre-Inspection Preparation and Records Review

Attachment B²

PRE-INSPECTION PREPARATION		ADMINISTRATIVE RECORDS
Electronic Folder Contents: Application <input type="checkbox"/> Copy of floor plans (copies for each floor) <input type="checkbox"/> Building checklist <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"/>	COMMENTS	Documents: <div style="text-align: right;">CHECK ONE</div> <div style="text-align: right;">*M N N/A</div> 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"/> MHP: Staffing Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operational Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parking Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

* 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	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		<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	

COMMENTS



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				12 MONTH DATE	

Resident Bedroom / Bathroom Worksheet

Attachment E¹

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 Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2	Subtotal Sq. Ft. = - Closet / Storage - Door Swing - Other - Other = Usable Sq. Ft.			
Exit does not pass through another room: *M N N/A <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.		
Window:** Unobstructed Windowsill height does not exceed 44" Screens Privacy Open-able Lighting: Door: Lock Doorway width minimum 27 inches	*M N N/A <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"/> <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"/> <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 opening device Clean: Closet / Storage: Open-able Floor Guides Heat Source:	<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"/> <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"/>	
Bathroom attached to Bedroom A 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 <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	General: Sanitation..... Toxics inaccessible TP holder..... Toilet grab bars secure..... Window cover / screens.... Lighting..... Other	<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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



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Resident Bedroom / Bathroom Worksheet - Continued

Attachment E¹

Bedroom B 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		

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	
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windowsill height does not exceed 44"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screens	<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"/>	
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"/>	
Door opening device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closet / Storage:	<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"/>	
Heat Source:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Bathroom attached to Bedroom B	*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"/>
Door:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitation.....	<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"/>
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TP holder.....	<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"/>
Shower / Tub:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window cover / screens....	<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"/>
Non-Skid Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>



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		AFH NAME						
FIELD MANAGER'S NAME		EMAIL ADDRESS		DISTRICT / UNIT		COUNTY	INSPECTION TYPE Initial	12 MONTH DATE
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Resident Bedroom / Bathroom Worksheet - Continued

Attachment E³

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 Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2	Subtotal Sq. Ft. = - Closet / Storage - Door Swing - Other - Other = Usable Sq. Ft.			
Exit does not pass through another room: <div style="display: flex; justify-content: space-between;"> <div> Window:** Unobstructed Windowsill height does not exceed 44" Screens Privacy Open-able Lighting: Door: Lock Doorway width minimum 27 inches </div> <div> *M N N/A <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>		Door opening device Clean: Closet / Storage: Open-able Floor Guides Heat Source:		
Bathroom attached to Bedroom C 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 <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"/> <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"/> <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"/>	General: Sanitation..... Toxics inaccessible TP holder..... Toilet grab bars secure..... Window cover / screens.... Lighting..... Other	

**** 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.**



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	EMAIL ADDRESS			
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Resident Bedroom / Bathroom Worksheet - Continued

Attachment E⁵

Bedroom E 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. =							
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2	- 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.			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 E	*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 E⁶

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		

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	
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windowsill height does not exceed 44"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screens	<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"/>	
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"/>	
Door opening device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closet / Storage:	<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"/>	
Heat Source:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Bathroom attached to Bedroom F	*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"/>
Door:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitation.....	<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"/>
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TP holder.....	<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"/>
Shower / Tub:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window cover / screens....	<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"/>
Non-Skid Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>



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AFH **Relocation** Initial Licensing Inspection

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

Resident Bedroom / Bathroom Worksheet - Continued

Attachment E⁷

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

Accessibility Level:

☐ I ☐ I / A

*M N N/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.....

☐ ☐ ☐

Location:

Additional Bathroom

Accessibility Level:

☐ I ☐ I / A

*M . N N/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.....

☐ ☐ ☐

Location:

Additional Bathroom

Accessibility Level:

☐ I ☐ I / A

*M . N N/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

☐ ☐ ☐

Location:



ADULT FAMILY HOME (AFH)

AFH **Relocation** 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 Initial	12 MONTH DATE
		FM PHONE		LICENSOR'S NAME				

Interior Physical Environment								Attachment F ¹
Common Areas:						Notes		
	*M	N	N/A	*M	N	N/A		
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"/>		
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"/>		
General / Safety						Notes		
Call system (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	** 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.				
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						Notes		
Plan (if not home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Must provide an infection control plan if residents would be required to pass through the kitchen to access the laundry area.				
Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Kitchen / Dining Area						Notes		
Safe storage for toxics	<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"/>					
Firearms						Notes		
In locked storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					



ADULT FAMILY HOME (AFH)

AFH **Relocation** 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 Initial	12 MONTH DATE
FIELD MANAGER'S NAME	FM PHONE
LICENSOR'S NAME	

Exterior Physical Environment

Attachment F³

Emergency Exit Door(s):

	*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"/>

Notes

Ramps:

	*M	N	N/A	*M	N	N/A
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"/>

Notes

Deck

	*M	N	N/A
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"/>

Notes

Steps

	*M	N	N/A
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"/>

Notes



ADULT FAMILY HOME (AFH)

AFH **Relocation** Initial Licensing Inspection

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

Exterior Physical Environment - Continued

Attachment F⁴

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 **Relocation** Initial Licensing Inspection

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

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 m²), 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:



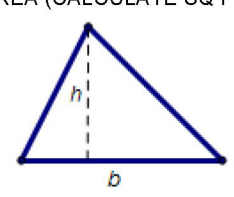
ADULT FAMILY HOME (AFH)

AFH **Relocation** Initial Licensing Inspection

AFH SITE ADDRESS		APPLICANT'S / ER'S NAME			
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
FIELD MANAGER'S NAME		AFH NAME			
		EMAIL ADDRESS			
		DISTRICT / UNIT	COUNTY	INSPECTION TYPE Initial	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) OF THE TRIANGLE
MEASURE THE HEIGH (h) OF THE TRIANGLE
MULTIPLY THE BASE BY THE HEIGHT (b X h)
DIVIDE THIS AMOUNT BY 2 (TWO)



ADULT FAMILY HOME (AFH)

AFH **Relocation** Initial Licensing Inspection

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	AFH NAME			
	EMAIL ADDRESS			
	DISTRICT / UNIT	COUNTY	INSPECTION TYPE Initial	12 MONTH DATE
	FIELD MANAGER'S NAME		FM PHONE	LICENSOR'S NAME

Exit Summary Worksheet

Attachment G¹

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

Please review the notice letter carefully.

Finding(s) and Comments



ADULT FAMILY HOME (AFH)

AFH **Relocation** 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 Initial	12 MONTH DATE
FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME

Exit Summary Worksheet

Attachment G²

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 Initial	12 MONTH DATE
FM PHONE		LICENSOR'S NAME	

Exit Summary Worksheet

Attachment G²

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.**

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Finding(s) and Comments

[illegible]



ADULT FAMILY HOME (AFH)

AFH **Relocation** Initial Licensing Inspection

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

Exit Summary Worksheet

Attachment G²

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



ADULT FAMILY HOME (AFH)

AFH **Relocation** 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 Initial	12 MONTH DATE
FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME

Exit Summary Worksheet

Attachment G²

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



ADULT FAMILY HOME (AFH)

AFH **Relocation** 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 Initial
FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME	

Adult Family Home Initial Licensing Inspection Notes

Attachment H



ADULT FAMILY HOME (AFH)

AFH **Relocation** Initial Licensing Inspection

AFH SITE ADDRESS FIELD MANAGER'S NAME		APPLICANT'S / ER'S NAME			
		APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
		AFH NAME			
		EMAIL ADDRESS			
		DISTRICT / UNIT	COUNTY	INSPECTION TYPE Initial	12 MONTH DATE
		FM PHONE		LICENSOR'S NAME	
Post Inspection – Meets Requirements Attachment I					
Applicant meets minimum licensing requirements and is recommended for licensure.					
Discuss:		Check if discussed:			
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 https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx		<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.		N/A		Discussed	
NOTES					
DATE	CAPACITY	SPECIALTIES APPLICANT RESIDENT MANAGER			CONTRACT
		<input type="checkbox"/> Dementia <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disabilities			<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTES					