

Adult Foster Home Licensing Evaluation

Name: _____

1. Are you using the same bedroom(s) in your home for adult residents as you were at the time of your last licensing visit? _____ Yes _____ No

If **NO**, please measure your room and record square footage of the space being used for foster care.

Is this room used for one resident? _____ Two residents? _____

2. Have all residents who share a bedroom (no more than two residents to a bedroom) mutually agreed to share a bedroom? _____

Have they provided written consent to share a bedroom? _____

Is that consent on file in the individuals' files? _____

3. Is there adequate ventilation and lighting in all rooms used by residents? _____

4. Are all stairways well lit, in good repair and free of clutter and obstruction? _____

5. Are the clients' rooms furnished by you or the clients? _____

The beds must be in good repair.

Each client needs personal storage space.

6. Does the temperature control on your hot water work properly? _____

At what temperature setting do you maintain your hot water? _____

7. Do you transport clients? _____

If **YES**, are seat belts used by all clients? _____

Is your auto properly insured according to state law? _____

8. If you live in a rural area, do you have your assigned fire number posted in the locations designated by the fire department? _____

9. Do you have the telephone number of each resident's physician, family contact, dentist and social service agency? _____ Do you have them quickly accessible in case of an emergency? _____

10. Have all caregivers been trained in proper fire and safety procedures? _____

11. Do bedroom escape windows open easily from the inside? _____ Are they obstructed by screens which are nailed on _____, plastic _____ or other obstructions? _____

12. Do all door locks open from the inside without the use of a key? _____

13. Has an emergency escape plan been developed for each resident? _____

14. Are fire and storm drills conducted quarterly? _____ A log must be maintained by the provider.

15. Are approved first aid supplies available and maintained? _____ Do you have the following items:

bandages	_____	sterile compresses	_____
scissors	_____	ice bag or cold pack	_____
oral/surface thermometer	_____	mild liquid soap	_____
adhesive tape	_____	first aid manual	_____

16. Are there any pets in your home? _____

If so, what are they? _____

Are shots up to date? _____

17. Describe leisure time and recreational activities in which your resident(s) participates, either individually or with your family? _____

18. Are special dietary needs of each resident met (as prescribed by the resident's physician or dietitian)? _____

Do you eat with the clients? _____

If not, describe eating arrangements: _____

Are the balanced meals per day served? _____

Are nutritious snacks available between meals? _____

If **NO**, to any of the above, please explain: _____

19. Do you carry liability insurance? _____

20. What are the plans for substitute care in the event of an emergency? _____

21. Since your last licensing visit: Have you had any suspected cases of physical or sexual abuse or neglect in your home? _____ If **YES**, please explain: _____

22. Have/are you or anyone in your household working with the residents in your home:
- a. ever been convicted of a felony or misdemeanor? _____
 - b. awaiting trial for a felony or misdemeanor? _____
 - c. had their own parental rights terminated or had any of their children placed in foster care or residential treatment? _____
 - d. been convicted of or admitted to, or is there substantial evidence indicating incest, physical abuse, sexual abuse or neglect by that person? _____
 - e. received treatment or counseling for chemical dependency since your last visit? _____
 - f. received any other counseling (psychiatric, psychological, family, marital, etc) or been in contact with a social service agency for any reason? _____
 - g. been diagnosed as mentally retarded? _____
 - h. been diagnosed as mentally ill? _____

23. Who resides in your home more than 30 days in a 12 month period? (This includes: friend or relative, adult children home summer months, foster children, someone who rents part of your home from you.) _____

24. Have there been any changes in your household membership this past year? _____
If **YES**, please explain: _____

25. Do you understand why the clients are placed in your home, what the plans for them are and your part in the plans? _____

26. Do you feel that you receive adequate help from the agencies responsible for your clients? _____

27. Are there any areas in which you would like to have the agency offer training or help? _____

28. Are you receiving clear information regarding payment and other relevant procedures of the agency? _____

29. What have you liked most about being a provider this past year? _____

30. What have you liked least? _____

31. Do you have any suggestions as to how this agency could be more helpful? _____

32. Would you like to change your license in any way? _____

33. Additional comments: _____

34. Comments of Licensing Worker: _____

Date: _____ Signed: _____
Adult Foster Home Provider

Date: _____ Signed: _____
Licensing Worker