

**SUPPLEMENTAL LIFE-SAFETY INSPECTION REPORT**

|   |                |                  |      |
|---|----------------|------------------|------|
| NAME (Last, First, M.I.)                |                | DATE             | TIME |
| ADDRESS (No., Street, City, State, ZIP) |                |                  |      |
| PHONE NO.<br>( )                        | E-MAIL ADDRESS | LICENSING AGENCY |      |

|                        |                 |
|------------------------|-----------------|
| <b>SAFETY MEASURES</b> | <b>COMMENTS</b> |
|------------------------|-----------------|

**Check (✓) box circle "N/A" if not-applicable (guidelines are on the reverse)**

|   | In Compliance: Yes           | No                       |  |       |
|---|------------------------------|--------------------------|--|-------|
| <b>General Safety:</b>  |                              |                          |  |       |
| 1. Home appears clean and free of damage that poses a hazard .....  | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 2. Home is agreeable in temperature, lighting, smell, etc. ....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 3. Appliances for food storage and cooking are working .....  | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 4. Home has at least 1 working toilet, sink, and shower/tub per 10 residents .....  | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 5. Ramps, tubs, and showers have slip resistant flooring.....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 6. Home has an operable telephone .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 7. Medications ( <i>prescription and over-the-counter</i> ) are locked up, medications requiring ready access are safeguarded .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 8. Cleaning supplies are safeguarded.....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 9. Highly toxic substances are kept in locked storage .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 10. Alcoholic beverages are safeguarded .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 11. Firearms and ammunition are separately locked and inaccessible. ....  | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 12. Firearms have trigger locks or are inoperable.....  | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 13. Dogs obtained since last inspection have rabies vaccination .....   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 14. Animals do not appear to pose a hazard ( <i>behavior/disease</i> ).....   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 15. Home is free of insect or vermin infestation.....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 16. A working carbon monoxide detector is in place on each level that has a fuel-burning appliance .....  | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| <b>Additional Requirements within the Home:</b>   |                              |                          |  |       |
| 17. Furnishings and equipment in the home appear in good repair .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 18. Bedrooms for individuals receiving care are finished rooms with lighting, ventilation, a door with a working doorknob, floor to ceiling walls, and a usable exit to the outside. .... | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 19. Mattress, pillow and bedding are clean and appropriate to weather ...   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| <b>Exterior of the Home:</b>  |                              |                          |  |       |
| 20. Yard/outside appears clean, in good repair and free of damage that poses a hazard.....  | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 21. Outside play areas appear free of insect or vermin infestation .....  | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 22. Pools/spas appear clean .....   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 23. Shepherds crook & ring buoy are maintained in the pool area ..  | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 24. Pools/spas are fenced and gates are locked.....   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| <b>Vehicle used to transport individuals receiving care:</b>  |                              |                          |  |       |
| 25. Is equipped with a seat belt for each passenger .....   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 26. Has an appropriate car seat for children under 5 years of age ...   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 27. Has floor mounted seat belts and wheelchair lock-downs for individuals transported in wheelchairs.....  | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| <b>Fire Safety:</b>   |                              |                          |  |       |
| 28. Portable heaters appear safe/not the primary source of heat .....   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 29. Flammables/combustibles are stored >3 ft. from heat sources .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 30. Each working fireplace is protected by a fire screen .....  | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |
| 31. Each level of home has a fire extinguisher with a minimum rating of 2A:10BC .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 32. Working smoke detectors are in each bedroom and on each level .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 33. The emergency evacuation plan is available in the setting .....   | <input type="checkbox"/>     | <input type="checkbox"/> |  | _____ |
| 34. Individuals receiving care are familiar with the emergency evacuation plan.....   | N/A <input type="checkbox"/> | <input type="checkbox"/> |  | _____ |

This inspection represents the condition of the home and premises only at the time of the inspection.

Licensing Worker's Comments:

|  |                              |
|--|------------------------------|
| LICENSING WORKER'S NAME (Please Print) | LICENSING WORKER'S SIGNATURE |
|--|------------------------------|

I acknowledge that the findings of this inspection have been reviewed with me.

|                                     |                      |
|-------------------------------------|----------------------|
| FOSTER PARENT'S NAME (Please Print) | PROVIDER'S SIGNATURE |
|-------------------------------------|----------------------|

Routing: The licensing worker shall maintain the **original** inspection report and shall provide the care-giver with a **copy** of the inspection report within 10 days of the inspection and OLCR with a **copy** of the inspection report as required by OLCR.

## Guidelines for Life-Safety Inspections

“Not Applicable” or N/A has the following meanings for these numbered items on the report:

11. There are no firearms or ammunition in the home or on the premises.
12. There are no firearms in the home or on the premises.
13. There are no new dogs in the home.
14. There are no pets or animals in the home.
16. There are no fuel burning appliances in the home.
22. The home does not have a pool/spa.
23. The home does not have a pool/spa deeper than 4 feet.
24. The home does not have a pool or spa **OR** does not provide care to children under the age of 6 or with developmental disabilities.
25. The home does not provide transportation in personal vehicles.
26. All individuals receiving care are 5 years of age or older and they weigh more than 40 pounds.
27. No individuals receiving care are transported in wheelchairs.
28. The home does not have a portable heater.
30. The home does not have a fireplace.
34. The individuals receiving care are not developmentally skilled to understand the emergency evacuation plan **OR** an individual is not placed in the home at the time of the inspection.

For items 1, 14, and 20 on the report, the following definition applies to the use of the word “hazard.” “Hazard” means a condition or situation that may cause or result in physical injury or illness to a child or vulnerable adult.

For item 5 on the report, the following definition applies to the use of the phrase “slip-resistant surface.” “Slip-resistant surface” means the flooring provides friction to help prevent falls when the surface is wet. A slip-resistant surface may be achieved by rippling or corrugating the surface, applying textured strips, installing a secured carpet, using rubber mats, and other similar measures.

For items 7, 8, and 10 on the report, the following definition applies to the use of the word “safeguard.” “Safeguard” means to take reasonable measures to eliminate the risk of harm to an individual receiving care. Where a specific method is not otherwise prescribed, safeguarding may include:

- Locking up a particular substance or item.
- Putting a substance or item out of reach.
- Erecting a barrier that prevents an individual receiving care from reaching a particular place, items or substances.
- Using protective safety devices. **OR**
- Providing supervision.

For items 22-24 on the report, the following definition applies to the use of the word “pool.” “Pool” means any natural or man-made body of water that:

- Could be used for swimming, recreational, or decorative purposes.
- Is greater than 18 inches in depth. **AND**
- Includes swimming pools, spas, hot tubs, fountains, and fish-ponds.

For items 24 on the report, the following guidelines apply to the fence enclosure for a pool:

- The exterior side of the fence is at least 5 feet high.
- If the fence is chain link, the mesh measures less than 1  $\frac{3}{4}$  inches horizontally.
- If the fence is constructed of vertical bars or wooden slats, the openings between bars/slats measure less than 4 inches.
- The exterior side of the fence is free of hand-holds or foot-holds or other means that could be used to climb the fence.
- Gates for the fence are self-closing, self-latching, and open out or away from the pool.
- The gate latch is at least 54 inches above the ground and is equipped with a key or combination lock.
- The gate to the enclosure is locked, except when there is an adult within the enclosure to supervise the area.

Additionally, if the home or building used to provide care or supervision constitutes part of the enclosure:

- The enclosure does not interfere with safe egress from the setting.
- A door from the setting does not open within the pool enclosure.
- A window from the setting and located in a room that is designated as a bedroom for an individual receiving care is not positioned within the pool enclosure.
- Other windows from the setting and within the pool enclosure are permanently secured to open no more than 4 inches.

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1.