

**MR/DD  
NEW SITE INSPECTION CHECKLIST**

<b>Contracted Provider Making Request:</b>		<b>Date Request Emailed to the Region:</b>	
<b>Contracted Provider's CRA #:</b>		<b>Region of Responsibility for the Individual:</b>	
<b>Person Responsible for Ensuring Placement Meets Requirements:</b>			
<b>Phone:</b>	<b>Ext:</b>	<b>Email:</b>	<b>Targeted Move-In Date for the Individual:</b>
<b>Reason for Move:</b>		<b>Support Coordination Agency:</b>	
_____ <b>New Allocation</b> _____ <b>Internal Move w/in Agency</b> _____ <b>New Admission to Agency</b> _____ <b>Other (Explain):</b>		_____ <b>Support Coordinator:</b> _____	

*Complete the following section(s) for EACH individual identified for placement in the home:*

<p><b>#1: Name</b> _____ <b>Axis I</b> _____                  _____ <b>Axis II</b> _____ <b>Axis III</b> _____ <b>Requires Assistance: Ambulation</b> ___ <b>Transfer</b> ___ <b>Uses Medical Equipment: (describe)</b> _____                  _____  <b>Medical Issues: (describe)</b> _____                  _____  <b>Behavior Issues: (describe)</b> _____                  _____</p>	
<p><b>#2: Name</b> _____ <b>Axis I</b> _____ <b>Axis II</b> _____ <b>Axis III</b> _____                  _____ <b>Requires Assistance: Ambulation</b> ___ <b>Transfer</b> ___ <b>Uses Medical Equipment: (describe)</b> _____                  _____  <b>Medical Issues: (describe)</b> _____                  _____  <b>Behavior Issues: (describe)</b> _____                  _____</p>	
<p><b>#3: Name</b> _____ <b>Axis I</b> _____                  _____ <b>Axis II</b> _____ <b>Axis III</b> _____ <b>Requires Assistance: Ambulation</b> ___ <b>Transfer</b> ___ <b>Uses Medical Equipment: (describe)</b> _____                  _____  <b>Medical Issues: (describe)</b> _____                  _____  <b>Behavior Issues: (describe)</b> _____                  _____</p>	
<p><b>#4: Name</b> _____ <b>Axis I</b> _____ <b>Axis II</b> _____ <b>Axis III</b> _____                  _____ <b>Requires Assistance: Ambulation</b> ___ <b>Transfer</b> ___ <b>Uses Medical Equipment: (describe)</b> _____                  _____  <b>Medical Issues: (describe)</b> _____                  _____  <b>Behavior Issues: (describe)</b> _____                  _____</p>	

<b>Sub Contractor Name:</b>		<b>Sub Contractor Phone:</b>	
<b>Site Name (if applicable):</b>		<b>Alternate Phone:</b>	
<b>Street:</b>		<b>Additional SubContractor Info / Extenuating Circumstances (if any):</b>	
<b>City:</b>	<b>Zip:</b>		
<b>County:</b>			
<b>Licensed PCH: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		<b>Licensed CLA: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	
<b>Host Home: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		<b>Host Home Family Name:</b>	
<b>If YES, License #:</b>		<b>Host Home Family Name:</b>	
<b>License Date (From):</b>		<b>(To):</b>	<b>Capacity:</b>
<b>Met</b>	<b>Criteria</b>		
	<b>OVERALL CONDITION OF THE HOME</b>		
	Home is clean, no odors		
	Heating and air conditioning systems operational and provides adequate heat and air		
	No needed repair work around the home, yard, deck		
	All areas are lighted sufficiently		
	Provides an area for use by residents and visitors that affords privacy		
	Furnishings and housekeeping present a clean and orderly appearance		
	No visible evidence of infestation		
	<b>KITCHEN/LAUNDRY</b>		
	Provides laundering facilities, at minimum 1 washer and 1 dryer		
	Provides common space, such as living room, and kitchen, for use by the residents without restriction		
	Food is stored properly		
	Maintains a 3-day supply of non-perishable foods for emergency needs. Check expiration dates on food		
	<b>RESIDENT BEDROOMS</b>		
	All bedrooms provide at a minimum 80 square feet for each resident		
	Bedrooms have at least one window		
	All bedrooms have standard non portable bed with springs and clean mattress		
	No Bedroom is a pass-through to reach another room or bathroom		
	All bedrooms have an adequate closet or wardrobe for each resident		
	All Bedrooms have lighting fixtures sufficient for reading and other activities		
	Sufficient bedding for all residents: Two sheets/pillow/pillowcase/blanket/bedspread for each bed		
	All bedrooms have doors that can be closed; occupant & staff have keys; no double-cylinder locks		

Met	Criteria
	<b>BATHROOMS</b>
	Provides at least one functional toilet, lavatory, and bath/shower per 4 residents
	One fully handicap accessible bathroom if any resident requires handicap access
	Grab bars and non-skid surfacing in all showers/bath areas
	Bath linens are present and sufficient
	Bathrooms and toilet facilities have a window that can be opened or forced ventilation
	Tub/ shower has a shower curtain or door
	Plumbing/bathroom fixtures are in good working order & are clean & sanitary
	Toilet tissue is available for use at each commode
	Hand-washing facilities have hot and cold running water, liquid soap, and paper towels
	<b>EXTERIOR/ YARD</b>
	The yard area is free from hazards, nuisances, refuse, and litter
	Residents dependent upon a wheelchair have at least 2 accessible exits
	Proper storage/disposal of garbage
	<b>SAFETY</b>
	Space heaters are not present
	Stairways/ramps have handrails; exterior stairways/decks/porches w/handrails on open sides unless low to ground
	Sufficient AC powered smoke detectors, with battery back up (Should keep record of when changed)* or Sufficient and operable smoke and carbon monoxide dectectors in Host/Life Sharing Homes.
	Charged, 5 lb multipurpose ABC fire extinguisher on each floor & basement and checked w/in the last 12 months
	Exterior doors are equipped with locks that do not require keys to open the door from the inside
	The storage/disposal of biomedical wastes/hazardous wastes comply with applicable rules and standards
	Wall-mounted electric outlets and lamps or light fixtures are safe and operational
	Poisons, caustics, dangerous materials are to be stored in labeled, appropriate containers away from medication & food
	Provides sufficient hot water not exceeding 120 degrees Fahrenheit
	An evacuation plan w/ clear instructions is provided and a diagram posted (Posted diagram not required for Host Home)
	Supply of first-aid materials available w/ band aids, antiseptic, gauze, tape, and a appropriate thermometer in home
	Sufficient safety precautions taken to prevent unauthorized access to in-ground or above ground swimming pool
	(Host Homes) Fire arms stored in locked cabinet and ammunition store seperately
	Fireplace securely screened and/or equipped with protective guards while in use.
	Stairways, halls, doorways and exits from the rooms and from the house are unobstructed.
	Flammable and combustibile supplies/equipment stored away from the heat sources.
	First Aid Kit in vehicle and Fire extinguisher in vehicle

**Notes and Information:**

**SITE MEETS ALL CRITERIA: YES NO LICENSE ATTACHED: YES NO**

<b>Inspector Signature</b>	<b>Date:</b>
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<b>Printed Name:</b>	<b>Title</b>
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<b>RC or Support Coord. Signature</b>	<b>Date Reviewed:</b>
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<b>Printed Name:</b>	<b>Title</b>
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<b>Regional Coordinator or Designee Signature</b>	<b>Date Approved:</b>
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