FACILITY VISIT CHECKLIST
FOSTER FAMILY HOME

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

LICENSE ANNIVERSARY DATE _____	DATE SUBMITTED
Health Screening Report (LIC 503) and TB Test	
Verification of Education, Training and Experience of Licensee (CPR and First Aid) H&S 1529.2 12 hrs New, 8 hrs Annual	
Personnel Report (LIC 500) Updated*	
NOTICE of Employee's Rights (LIC 9052)	
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)	
Criminal Record statement (LIC 508) (updated for current staff subject to fingerprint requirements)	
Criminal Record Clearance (Fingerprint Card)	
Child Abuse Index Check (LIC 198 or LIC 198A)	
Exemptions	
Affidavit Regarding Client/Resident Cash Resources (LIC 400)*	
Surety Bond (LIC 402) - (if applicable)	
Plan of Operation	
Facility Floor/Plot Plan (LIC 999)	
Transportation Procedures (Driver's License)	
Admission Agreement Guide - Residential Facilities (LIC 604)*	
Emergency Disaster Plan (LIC 610B)	
Fire Clearance (consistent with terms and limitations of license)	
Bacteriological Analysis of Private Water Supply (if applicable)	
Documented Alternative Plan	
(Bedrooms) LIC 973	
(Telephones) LIC 974	
Exceptions and Waivers	
Individualized Health Care Plans for Special Health Care Needs Children (if applicable)	
Meet Pool Fence Requirements (if applicable)	

NOTES AND COMMENTS

*Other verifying documents may be substituted for these LIC forms