|  |  |
| --- | --- |
| NAME OF SCHOOL | DATE OF INSPECTION |
| NAME OF SCHOOLCONTACT | REVIEWER(S) |
| Place appropriate CODE in space provided.  **M =** Requirement Met **NM** = Requirement Not Met **W =** Requirement Waived **N/A =** Requirement Not Applicable | |

|  | |  | | **Site-Licensing Process** | | **Comments/facility specific summary** |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | **Adequate Space for:**   * Storage of staff and client files * Administrative purposes |  |
|  | |  | | | **Facility shift logs:**   * Incident logs and/or incident reports * Child specific supervision needs * Staffing coverage records * Staffing between shifts |  |
|  | |  | | | **Student accessible telephone on premises** |  |
|  | |  | | | **Indoor Recreation area:**   * Equipment is kept up in a safe manner and stored securely * Clean furniture |  |
|  | |  | | | **Facility and Equipment:**   * Clean, safe, in operating condition * Emergency lighting provided * Lighting adequate for safety and comfort * Premises free of pests * Doors and windows open easily (unless fire marshal approves sprinkler system) |  |
|  | |  | | | **Kitchen/Cafeteria:**   * Proper food storage * Food labeled for expiration * Food handlers permit for all staff who manage food |  |
|  | |  | | | **Site free of hazardous conditions** |  |
|  | |  | | | **First Aid supplies located within the facility near dorm rooms** |  |
|  | |  | | | **Dangerous substances and cleaning supplies are inaccessible when appropriate based on population** |  |
|  | |  | | | **Bathrooms have:**   * Soap and individual towels * Grab bars * Stall doors/curtains for toileting and showering privacy * Hygiene products when applicable |  |
|  | |  | | | **Facilities and bathrooms are ventilated** |  |
|  | |  | | | **Outdoor Recreation Requirements:**   * No hazardous conditions. Supervision noted if necessary for the population |  |
|  | |  | | | **Water/Garbage/Sewage:**   * Must maintain adequate sewage and garbage service * Public or approved by local authority (current) |  |
|  | |  | | | **Laundry:**   * Facility provided * Chemicals kept locked if needed based on population * Clean and free from hazards |  |
|  |  | | | | **Bedrooms:**   * Adequate ceiling height * Windows open to the outside and permit emergency access and there is unrestricted access to outdoors and common areas, unless there is a sprinkler system approved by fire officials * Adequate floor space for safety and comfort * Bed is appropriate size, clean bedding, comfortable mattress * Clean and free of hazards * Provides for resident privacy |  |
|  |  | | | | Electronic video and audio monitoring prohibited in dorm rooms and bathroom facilities |  |
|  |  | | | Pets and animals at site meet local ordinance standards, safe around students and cared for in a sanitary manner | |  |
|  |  | | **Site-Fire Safety & Emergency Practices** | | | **Comments/facility specific summary** |
|  |  | | | **Staff Safety Procedures:**   * Students can escape from each floor * Windows are large enough for emergency staff, unless the facility has approved sprinkler system * Must have access to all rooms in the residential facility * Emergency vehicles must be able to easily locate and access facility * Safety ladders as appropriate * WSP Fire Marshal Inspection completed | |  |
|  | |  | | **Emergency Plan:**   * Floor plan posted at each exit | |  |
|  | |  | | **Smoke Detectors:**   * Inside and outside all sleeping areas, on each floor and all play areas | |  |
|  | |  | | **Carbon Monoxide:**   * Detector installed in or near sleeping areas and on each level of facility | |  |
|  | |  | | **Fire Drills:**   * Must be completed monthly | |  |
|  | |  | | **Fire Extinguisher:**   * Must be approved size and located on each level of facility (up to date) | |  |
|  | |  | | **Medication Management** | | **Comments/facility specific summary** |
|  | |  | | **Medication Management:**   * Medication locked and inaccessible to students unless student plan allows for self-administration. * Life Saving medications accessible in an emergency * Parental consent documented for students to handle and dispense their own medications | |  |

| **POLICY AND PROCEDURE REVIEW** | | | | |
| --- | --- | --- | --- | --- |
| Place appropriate CODE in space provided  **C = Compliant**          **NC=** Non-Complaint       **N/A =** Policy Not Applicable | | | | |
|  |  | **Policy** | | **Comments** |
|  |  | | **Staff Coverage** |  |
|  |  | | **Fire/disaster protocol** |  |
|  |  | | **Supervision around bodies of water (when applicable)** |  |
|  |  | | **Addressing harmful items on campus such as weapons, drugs, hazardous materials, bio-hazardous materials** |  |
|  |  | | **Conducting searches of student’s belongings** |  |
|  |  | | **Behavioral management** |  |
|  |  | | **Incident reporting** |  |
|  |  | | **Non-discrimination** |  |
|  |  | | **Mental health response** |  |

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| **STUDENT FILE CHECKLIST** | | | | | | | |
| Place appropriate CODE in space provided  **M =** Requirement Met          **NM=** Requirement Not Met       **N/A =** Requirement Not Applicable | | | | | | | |
|  | **Description** | | **Student**  **Initials** | **Student**  **Initials** | **Student**  **Initials** | **Student**  **Initials** | **Student**  **Initials** |
|  |  |  |  |  |
|  | | Date of Birth |  |  |  |  |  |
|  | | Section in file for basic medical information such as allergies, and medications listed in a way that is easily accessible by all staff |  |  |  |  |  |
|  | | Date of student/parent/guardian orientation |  |  |  |  |  |
|  | | Contact information for parent/guardian/emergency contact |  |  |  |  |  |
|  | | Supervision requirements noted if exceptional |  |  |  |  |  |
|  | | Behavioral plan if applicable |  |  |  |  |  |
|  | | Parent/guardian consent for emergency and routine medical care initiated by the schools |  |  |  |  |  |
|  | | Parent/guardian consent for consumption of homemade goods such as canned food, eggs, milk and meats if applicable |  |  |  |  |  |
|  | | Parent/guardian consent for participation in hazardous activities if applicable |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFF FILE CHECKLIST** | | | | | | | | |
| Place appropriate CODE in space provided  **M =** Requirement Met          **NM=** Requirement Not Met       **N/A =** Requirement Not Applicable | | | | | | | | |
|  | **Description** | | **Staff**  **Initials** | | **Staff**  **Initials** | **Staff**  **Initials** | **Staff Initials** | **Staff**  **Initials** |
|  | |  |  |  |  |
|  | | Application/education/work history |  | |  |  |  |  |
|  | | Job description |  | |  |  |  |  |
|  | | Signed mandated reporter statement/proof of training |  | |  |  |  |  |
|  | | Proof or orientation/trainings |  | |  |  |  |  |
|  | | Medication disbursement training when applicable |  | |  |  |  |  |
|  | | First Aid and CPR |  | |  |  |  |  |
|  | | Bloodborne Pathogens |  | |  |  |  |  |
|  | | Food handlers permit when applicable |  | |  |  |  |  |
|  | | Copy of valid driver’s license if transporting students or photo ID if not |  | |  |  |  |  |
|  | | Copy of auto insurance if using private vehicle to transport |  | |  |  |  |  |
|  | | Current background check |  | |  |  |  |  |
|  | | Ongoing evaluation and corrective actions |  | |  |  |  |  |
| **SIGNATURE** | | | | | | | | |
| LICENSOR SIGNATURE | | | | LICENSOR NAME | | | DATE | |
| FOLLOW UP INSPECTION OR COMPLIANCE AGREEMENT NEEDED FOR APPROVAL? | | | | | | | COMPLETION DATE | |
| NOTES | | | | | | | | |