|  |  |
| --- | --- |
| 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  |  |  |  |  |  |

|  |
| --- |
| **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      |