

# FACILITY VISIT CHECKLIST

## GROUP HOMES

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
License Fee Received	
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements)	
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)	
Administrative Organization (LIC 309)*	
Designation of Administrative Responsibility (LIC 308)*	
Personnel Report (LIC 500) Updated*	
Affidavit Regarding Client/Resident Cash Resources (LIC 400)*	
Surety Bond (LIC 402) - (if applicable)	
Facility Floor/Plot Plan (LIC 999)	
Fire Clearance (consistent with terms and limitations of license)	
Qualifications of Administrator/Social Worker/Facility Manager	
Articles of Incorporation, Constitution and Bylaws (if applicable)	
Partnership Agreement (if applicable)	
Control of Property	
Emergency Disaster Plan (LIC 610C)	
Plan of Operation	
Admission Policies and Procedures	
Health Screening Report - Facility Personnel (LIC 503)	
Rules of Discipline	
Bacteriological Analysis of Private Water Supply (if applicable)	
Current Consultant Contract	
Inservice Training Program	
Medication Procedures	
Transportation Procedures	
Exemptions, Waivers and Exceptions	

**NOTES AND COMMENTS**

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\*Other verifying documents may be substituted for these LIC forms