

Adult Foster Care Off-Year Review

License Holder:		License Expiration:	
Address:		Date Review Due:	
Review Period:			

Please list all current and former household members and care givers in the past 12 months:

Name	Address	Date Hired (if applicable)	Date Left (if applicable)

Please attach any additional information to this sheet.

Please list current and former residents (clients) in the past 12 months:

Name	DOB	Social Worker/Case Manager	County of Financial Responsibility	Date Left AFC	Reason Left Adult Foster Care

Please attach any additional information to this sheet.

Over →

Adult Foster Care Off-Year Review

Please check each box and sign below verifying completion of annual and ongoing requirements:

	All care givers have a NETStudy background study clearance notice (or variance or set aside) on file prior to having unsupervised contact with residents according to MN Statute 245C.
	All new mandated reporters received orientation and training within 72 hours of first providing direct contact services as required by MN Statute 245A.65, Subd. 3; training is documented.
	All care givers received Vulnerable Adult Act training within the past 12 months; training is documented.
	All care givers received Maltreatment Reporting Policy training within the past 12 months; training is documented.
	All care givers received Internal Review Policy training within the past 12 months; training is documented.
	All care givers received Program Abuse Prevention Plan training within the past 12 months; training is documented. (N/A – DD Waiver)
	All caregivers received training on each individual resident’s needs prior to providing direct contact services; training is documented.
	The fire extinguisher was serviced & tagged by an extinguisher maintenance company within the past 12 months.
	Fire drills have been conducted at least every three months. The fire drill log is on file at the home.
	Training logs have adequate training hours documented. (12 hrs/yr for 0-5 yrs; 6 hrs/yr for 6+ yrs experience) (N/A – DD Waiver)
	Program Abuse Prevention Plan is posted in a prominent place. (N/A – DD waiver)
	Maltreatment Reporting Policy and Internal Review Policy are posted in a prominent place.
	Internal Reviews have been completed for any known VA reports made from or regarding the licensed facility.
	Emergency supplies are stocked and readily accessible. (first aid kit, flashlight, radio)
	Emergency numbers and escape plans are posted.
	Individual Resident Placement Agreements have been updated annually for persons not on the DD waiver.
	Individual Abuse Prevention Plans or Risk Management Plans have been updated within the past 12 months.
	Well-water was tested and results were satisfactory within the past 12 months.
	Water temperature from the tap does not exceed 120 degrees Fahrenheit.
	Pet immunizations are current.
	Controlled substances are locked.
	Weapons and ammunition are stored and locked separately.
	Food is stored separately from all toxic substances. (medicines, cleaning supplies, etc.)
	Furnace has been checked within the past 12 months.
	No items are stored with 36 inches of any heating source.
	Smoke detectors are operable and are checked monthly; smoke detectors are less than 10 years old.
	A carbon monoxide detector is located within 10 feet of each sleeping room.
	Exit doors and windows are not obstructed and are easily opened from the inside.
	All residents have an individual resident record containing the following documents: (N/A – DD Waiver)
	<ul style="list-style-type: none"> • Resident’s Demographic Information (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Medical Information (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Medication Record (see MN Rule 9555.6225)
	<ul style="list-style-type: none"> • Cash Resource Record (if required by case manager/family/legal guardian) (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Incident Reports (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Individual Abuse Prevention Plan or Risk Management Plan (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Individual Service Plan (DD individuals only) (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Individual Resident Placement Agreement (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Individual Mobility Checklist (see MN Rule 9555.6245)
	<ul style="list-style-type: none"> • Transfer or Discharge Information (see MN Rule 9555.6245)

By signing below, I am verifying that all of the above items have been completed, and all required records, documentation, logs and notices are on file (or posted as required) in the AFC home for the licensor to review at the next relicensing visit.

License Holder’s Signature

Date