

## Adult Foster Care & Community Residential Setting - Home Safety Checklist

**Adult Foster Care (AFC)** – A home safety checklist, approved by the commissioner, must be completed by the operator and the commissioner before licensure each year a fire marshal inspection is not made. (Minnesota Rules, part 9555.6125, subpart 2)

**Community Residential Setting (CRS)** – A home safety checklist, approved by the commissioner, must be completed for a community residential setting by the license holder and the commissioner before the satellite license is reissued. (Minnesota Statutes, section 245D.21, Subdivision 2 (2))

Name of License Holder/Program: \_\_\_\_\_

### Emergency Procedures

The following items must be posted and/or readily accessible in a prominent location in a common area of the home where they can be easily observed by a person responding to an incident.

- |     |    |  |
|-----|----|--|
| Yes | No | 1. A list of emergency phone numbers.  |
| Yes | No | 2. A written fire/emergency escape plan.   |
| Yes | No | 3. An operable flashlight and radio or television set that does not require electricity. |
| Yes | No | 4. Accessible first-aid supplies.  |
| Yes | No | 5. An operable telephone.  |

### Physical Environment

- |     |    |   |
|-----|----|---|
| Yes | No | 1. Exit doors and windows are not obstructed and are easily opened from the inside.                                       |
| Yes | No | 2. The wiring appears safe; no known hazards exist.   |
| Yes | No | 3. Extension cords are appropriately used and are not used in place of permanent wiring.                                  |
| Yes | No | 4. A fire extinguisher with a minimum rating of 2A:10BC is maintained in the home.  |
| Yes | No | 5. All smoke detectors work and are properly installed on all levels of the home.   |
| Yes | No | 6. All interior doors can be unlocked from the outside and the opening device is readily accessible in case of emergency. |
| Yes | No | 7. The home is clean and free from accumulations of dirt, grease, garbage, peeling paint, vermin and insects.             |
| Yes | No | 8. Outside property is free from debris and safety hazards. Exterior stairs and walkways are free of ice and snow.        |
| Yes | No | 9. When in use, fireplaces, wood burning stoves, and hot surfaces that could cause burns are protected by guards.         |
| Yes | No | 10. The heating system in the home is maintained in good working condition.   |

## Home Safety & Health

- Yes No 1. Knives, tools, matches, and other potentially hazardous materials are not accessible to persons receiving services, as identified in the individual resident placement agreement, individual abuse prevention plan, or other service plan.
- Yes No 2. Chemicals, detergents, and other toxic substances are not stored with food products or accessible in any way that poses a risk to persons receiving services.
- Yes No 3. Combustible items are properly stored at least 36" from any heating sources.
- Yes No 4. Individual clean bed linens, towels, wash cloths are provided for each person receiving services.
- Yes No 5. Food is handled and properly stored to prevent contamination, spoilage, or a threat to the health of a person.
- Yes No 6. Schedule II controlled substances are stored in a locked storage area permitting access only by persons and caregivers authorized to administer the medication.  
If there are no Schedule II controlled substances in the home, check here:
- Yes No 7. There is a safe water supply in the home.
- Yes No 8. The water temperature does not exceed 120 degrees Fahrenheit in order to prevent scalding.
- Yes No 9. Weapons and ammunition are stored separately in locked areas that are not accessible or visible to persons receiving services. Weapons include firearms and other instruments or devices designed for and capable of producing bodily harm.  
If there are no weapons in the home, check here:

**If applicable, document obvious safety hazards or concerns and any follow-up required. Include the date each item was corrected for a new application or the date a correction order was issued for an existing license:**

1.

2.

3.

4.

\_\_\_\_\_  
Applicant/License Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Worker

\_\_\_\_\_  
Date

*Items on this home safety checklist must not be altered or deleted.*