

ABBREVIATED DEVELOPMENTAL HOME COMPLIANCE REVIEW

VISIT INFORMATION

Date of Visit: _____ Start Time: _____ End Time: _____

Licensee(s): _____ License ID: _____

License Expiration: _____ Scheduled Visit Unannounced Visit

Address: _____

Agency: _____ Licensing Worker: _____

SETTING INSPECTION

GENERAL REQUIREMENTS	Yes	Corrected at Inspection	No	N/A
1. Interior and exterior are in good repair and free from damage that poses a hazard. Damage that constitutes a hazard includes broken glass, surfaces that are rusted, have sharp or jagged edges, or have nails protruding; holes in walls, ceilings or floors.				
2. The setting is clean and sanitary to the degree that it does not constitute a hazard. Conditions that constitute a hazard include rotting food, accumulated urine or feces or an accumulation of mold.				
3. Home is agreeable in temperature, lighting and smell. Interior temperature should be between 65-85 degrees F.				
4. Appliances for food storage and cooking are working.				
5. The hot water temperature does not exceed 120 degrees F.				
6. The home and outside play area are free from insect or vermin infestation.				
7. Furnishings and equipment in the home appear in good repair.				
8. Bedrooms for members receiving care are finished rooms with lighting, ventilation, a door with a working doorknob, floor to ceiling walls, and a usable exit to the outside.				
9. Mattress, pillow, and bedding are clean and appropriate to weather.				
10. Yard/outside appears clean, in good repair, and free of damage that poses a hazard.				
11. Home has an operable telephone. If no land line is present, the provider has a plan to ensure that phone service is always available when member is present in the home.				
SAFEGUARDING HAZARDS	Yes	Corrected at Inspection	No	N/A
12. Ramps, tubs, and showers have slip resistant flooring.				
13. Medications (prescription and OTC) are locked.				
A. Medications that must be readily accessed are safeguarded.				
B. Exemption verified by Planning Document, if applicable.				
14. Cleaning supplies are safeguarded. Cleaning supplies include laundry detergent, furniture polish, spray cleaners and dishwasher detergent.				
15. Highly toxic substances are kept in locked storage unless otherwise specified in the Planning Document. Highly toxic substances include gasoline, lighter fluid, bleach, pesticides, drain cleaner, and ammonia based products.				
Exemption verified by Planning Document if applicable.				

SAFEGUARDING HAZARDS (Continued)	Yes	Corrected at Inspection	No	N/A
16. Number of firearms present in the home:				
17. Firearms are locked in an unbreakable container.				
18. Firearms are trigger-locked or rendered inoperable.				
19. Ammunition locked separately from firearms.				
20. Animals do not appear to pose a hazard (behavior/disease).				
21. All dogs are current on rabies vaccination.				
POOLS & SPAS	Yes	Corrected at Inspection	No	N/A
22. Pools are maintained, not stagnant, and the water is clear enough to see to the bottom of the pool.				
23. Shepherds crook & ring buoy are maintained in the pool area.				
24. Pools/spas are fenced and gates are locked.				
25. Gate to the pool area is self-closing and self-latching.				
FIRE SAFETY	Yes	Corrected at Inspection	No	N/A
26. A working carbon monoxide detector is in place on each level that has a fuel-burning appliance.				
27. Portable heaters appear safe/not the primary source of heat.				
28. Flammables/combustibles are stored a minimum of 3 feet distance from heat sources.				
29. Each working fireplace is protected by a fire screen.				
30. Each level of home has a fire extinguisher with a minimum rating of 2A-10BC.				
31. Working smoke detectors are in each bedroom and on each level.				
32. The emergency evacuation plan is available in the setting.				
33. Members receiving care are familiar with the emergency evacuation plan.				

VISIT SUMMARY

Summarize visit, list any violations and corrective actions, summarize interactions or observations of members if present, list any follow-up items:

Provider Signature: _____

Date: _____

Licensing Worker's Signature: _____

Date: _____

OLCR
 2200 N. Central, Mail Drop 2HF1, Phoenix, AZ 85004
 P.O. Box 6123, Phoenix, AZ 85005
 Telephone (602) 771-4861 • Fax (602) 257-7045 • DDDOLCR@azdes.gov

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