

## COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) INITIAL LICENSURE CHECKLIST

Name - CBRF			
Name – Reviewer			Date Form Completed
Address - Facility (Street Address)	City	County	Zip Code

**A. A completed application includes the following items.**

<input type="checkbox"/>	1. Completed CBRF Initial License Application (DHS form F-60287)
<input type="checkbox"/>	2. Background check completed by Office of Caregiver Quality on the licensee and all non-residents age 10 and older.
<input type="checkbox"/>	3. Floor plan. <i>DHS 83.05(2)(b)</i>
<input type="checkbox"/>	4. A biennial licensing fee of \$389, plus \$50.25 per resident based on capacity of facility. <b>NOTE:</b> For a PROBATIONARY LICENSE, the fee for 12 months is 1/2 this amount.
<input type="checkbox"/>	5. Evidence of financial ability to operate for 60 days. <i>DHS 83.05(2)(f)</i>
<input type="checkbox"/>	6. Balance sheet. <i>DHS 83.05(2)(e)</i>
<input type="checkbox"/>	7. Program statement. <i>DHS 83.05(2)(a)</i>
<input type="checkbox"/>	8. Fire inspection. <i>DHS 83.05(2)(c)</i>
<input type="checkbox"/>	9. The Department (DHS) has received a response to the hazard request from the municipality or thirty (30) days have elapsed since DHS sent the hazard request to the municipality.

**B. The following items will be requested or may be reviewed on-site.**

<input type="checkbox"/>	1. Emergency plan. <i>DHS 83.47(2)</i>
<input type="checkbox"/>	2. Admission agreement. <i>DHS 83.29</i>
<input type="checkbox"/>	3. Community Advisory Committee documentation. <i>DHS 83.05(3)</i> and <i>Chapter 50.03(4)(g), Wis. Stats.</i>
<input type="checkbox"/>	4. Resident rights, house rules policy. <i>DHS 83.32</i>
<input type="checkbox"/>	5. Grievance procedure. <i>DHS 83.33</i>
<input type="checkbox"/>	6. Evidence of site approval if the land is zoned for commercial, industrial, or manufacturing use.
<input type="checkbox"/>	7. Approval by the Department of Natural Resources where a public water supply is not available.
<input type="checkbox"/>	8. Documentation of approval of building plans by DHS and/or Dept. of Commerce.
<input type="checkbox"/>	9. Documentation of final inspection of the building by DHS and/or Dept. of Commerce.
<input type="checkbox"/>	10. Documentation of sprinkler plan approval for new construction or documentation of sprinkler system inspection for existing buildings.
<input type="checkbox"/>	11. Documentation of smoke and heat detection system compliance.

**C. The following items will be reviewed during the on-site visit or tour of the facility.**

<input type="checkbox"/>	1. Background Information Disclosure (DHS form F-82064) and completed background check for employees.
<input type="checkbox"/>	2. Well water test results. <i>DHS 83.46(3)</i>
<input type="checkbox"/>	3. Resident room size (60/80/100). <i>DHS 83.54(4)</i>
<input type="checkbox"/>	4. Administrator qualifications. <i>DHS 83.15(1)</i>
<input type="checkbox"/>	5. Furnace and chimney inspection results. <i>DHS 83.46(1)(c)</i>

<input type="checkbox"/>	6. Carpet flame spread rating. <i>DHS 83.61(2)</i>
<input type="checkbox"/>	7. Clothes dryer vented with rigid metal ducting. <i>DHS 83.44(1)(c)</i>
<input type="checkbox"/>	8. Windows operate easily, are screened, and have window coverings. <i>DHS 83.60</i>
<input type="checkbox"/>	9. Water temperature at 115 degrees F or less. <i>DHS 83.55(6)(b)</i>
<input type="checkbox"/>	10. Fire extinguishers with current tags mounted at the proper height and in the proper locations. <i>DHS 83.47(4)(a-b)</i>
<input type="checkbox"/>	11. Posting of house rules, resident rights, grievance procedure, activity schedule, and exit diagram. <i>DHS 83.13(3)</i>
<input type="checkbox"/>	12. Emergency plan readily available to all employees. <i>DHS 83.47(2)(a)</i>
<input type="checkbox"/>	13. Menus available to residents. <i>DHS 83.41(2)(c)2</i>
<input type="checkbox"/>	14. Medication storage area (locked). <i>DHS 83.37(3)(c)</i>
<input type="checkbox"/>	15. Accessibility requirement in bathrooms, bedrooms, and common areas. <i>DHS 83.54(1)(a), 83.55(2), and 83.52(2)</i>
<input type="checkbox"/>	16. The facility has proper exits. If exits are ramped, the ramps comply with requirements. <i>DHS 83.59(1) and (6)</i>
<input type="checkbox"/>	17. Properly located smoke detectors, heat detectors, and sprinkler heads. <i>DHS 83.48(4), (6), and (8)</i>
<input type="checkbox"/>	18. All doors have one-hand-one-motion door hardware. <i>DHS 83.59(2)(a)</i>
<input type="checkbox"/>	19. Food storage areas meet requirements. <i>DHS 83.41(3)(b)</i>
<input type="checkbox"/>	20. Pet vaccinations. <i>DHS 83.39(5)</i>

#### **D. Miscellaneous Review and Discussion Items**

<input type="checkbox"/>	1. Background Information Disclosure (DHS form F-82064) and criminal background check on staff. Must be 18 years of age.
<input type="checkbox"/>	2. Employees screened for illness detrimental to residents, including TB, within 90 days. <i>DHS 83.17(2)</i>
<input type="checkbox"/>	3. Staff Orientation. <i>DHS 83.19</i>
<input type="checkbox"/>	4. Department Approved Training. <i>DHS 83.20</i>
<input type="checkbox"/>	5. Employee Training. <i>DHS 83.21</i>
<input type="checkbox"/>	6. Task Specific Training. <i>DHS 83.22</i>
<input type="checkbox"/>	7. Training Exemptions. <i>DHS 83.24</i>
<input type="checkbox"/>	8. Continuing Education. <i>DHS 83.25</i>
<input type="checkbox"/>	9. Training Documentation. <i>DHS 83.26</i>
<input type="checkbox"/>	10. Resident Record: Statement of financial condition/resource center referral, pre-admission assessment, individual service plan, documentation of physician's orders and visits, health screening, medication administration records, resident evacuation assessment, admission agreement, annual satisfaction evaluation.
<input type="checkbox"/>	11. DHS 12 and DHS 13 requirements; Chapter 50, Wis. Stats.; and DHS 94 (if applicable).
<input type="checkbox"/>	12. Fire and other evacuation drill requirements, including simulated night time. <i>DHS 83.47(2)(d) and (e)</i>
<input type="checkbox"/>	13. Medication administration system and requirements.
<input type="checkbox"/>	14. Smoke and heat detection system testing requirements. <i>DHS 83.48(1)(b) and (3)</i> .
<input type="checkbox"/>	15. Sprinkler system testing requirements. <i>DHS 83.48(8)(b)1</i>
<input type="checkbox"/>	16. Investigation, notification, and reporting requirements. <i>DHS 83.12</i>
<input type="checkbox"/>	17. Management of resident funds. <i>DHS 83.34</i>
<input type="checkbox"/>	18. DHS 83 available for review.
<input type="checkbox"/>	19. Hospice and respite care requirements.
<input type="checkbox"/>	20. Restraints (Department approval required). <i>DHS 83.32(3)(g)</i>
<input type="checkbox"/>	21. Annual fire inspection requirement. <i>DHS 83.47(3)</i>