

Bulletin

January 2, 2008

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- county directors
- social services supervisors and staff
- tribal social services directors and staff
- county attorneys
- tribal attorneys
- private foster care agencies

ACTION/DUE DATE

For your review.

EXPIRATION DATE

January 2010

DHS Announces Procedures for Emergency Relative Foster Care Placements

TOPIC

Emergency relative placement procedures.

PURPOSE

To guide county and tribal social services agencies that use emergency relative foster care procedures to place a child immediately with an unlicensed relative.

CONTACTS

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Background Studies:

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CHARLES E. JOHNSON

Assistant Commissioner

Children and Family Services

TIM WILKIN

Assistant Commissioner

Operations

Unlicensed Emergency Relative Placement Procedures and Requirements

Under Minnesota Statutes, Chapter 245A, county social services agencies may not place a child in unlicensed foster care. An exception to this is for emergency relative placements. Minnesota Statutes, section 245A.035 provides a process for suitable relatives to immediately receive related children for emergency placement until they are licensed.

County social services agencies responsible for placement of children may make unlicensed emergency relative placements in the following circumstances:

1. when the child is on a law enforcement hold (assisting law enforcement regarding where to place the child);
2. when the agency has care and placement responsibility through a Voluntary Placement Agreement; or
3. when the child is in protective care under the legal responsibility of the agency pursuant to Minnesota Statutes, section 260C. 178, or the agency has legal custody of the child pursuant to Minnesota Statutes, section 260C.201;
4. when the child is under the jurisdiction of juvenile court regarding a probation violation or delinquency, and the child is taken into custody pursuant to Minnesota Statutes, section 260B.198 to address placement.

When the social services agency has placement and care responsibility, an individualized determination must be made to select a foster care placement that best meets the child's needs under Minnesota Statutes, section 260C.193, subdivision 3; section 260C.201, subdivision 1; or section 260C.212, subdivision 2. **For all foster care placements, relatives are to be given first consideration for placement.** Relatives include persons related by blood, marriage, adoption or with whom the child has previously lived or had a significant relationship. In addition, Minnesota Statutes, section 260C.007, subdivision 27, requires that, for an Indian child, a relative includes members of the child's extended family as defined by the child's tribe.

When the county social services agency has child placement and care responsibility through a Voluntary Placement Agreement or court order, the child is considered to be in foster care. When a child is in foster care, all Minnesota foster care requirements apply, whether the home is licensed or whether the home is an emergency placement, even when the home will not accept payment for care. [45 CFR 1355.20 and Minnesota Statutes, section 260C.007, subdivision 18]

Prior to Placement: Making the Placement Decision

The county social services agency considering emergency placement of a child with a relative may obtain criminal history, and history of maltreatment of children or adults, from locally available sources to aid them in determining, in part and on a preliminary basis, whether the child will be safe in the home of the relative. [Minnesota Statutes, section 260C.209] If the county agency chooses to access criminal records available through local sources, they may:

- use any source that is available to the public, such as records of criminal convictions in state/district court using the court's information system, and any public law enforcement data
- obtain signed consents from the relative to access criminal history items that are not available to the public.

When criminal records are reviewed as part of an emergency placement process, the review will be done by the county social services agency. It does not take the place of an Adam Walsh background check that must be completed by DHS prior to licensure. The preliminary review should be considered an initial screening for possible criminal or social service history that would be part of an immediate assessment of whether placing the child in the household would endanger their health, safety, or welfare, and to assess the suitability of the relative to care for the child. A preliminary screening by the county social services agency does not determine disqualification for licensure, but may be used for assessment purposes to determine placement decisions.

Initial Inspection of the Relative's Home

The county social services agency responsible for the child's emergency placement must conduct an initial inspection of the relative's home. When possible, this inspection must occur prior to placing the child in the relative's home, but no later than three working days after the child is placed in the home.

During the initial home visit with the relative, the home safety checklist (DHS 0644) must be completed to ensure the health and safety of the child. In addition, the relative must be informed that the Application for Child Placement (DHS 4258a or SSIS 170), and other necessary paperwork, is to be completed within 10 calendar days of the child's emergency placement and sent to the county social services agency in the relative's county of residence, or a private foster care licensing agency.

Relative Foster Care License Application

After the licensing agency receives the application from the relative, it must initiate a background study through NETstudy, obtains fingerprint cards, and sends these cards to DHS.

The relative would submit the following to the licensing agency to complete the application:

- Application for Child Placement (DHS 4258a or SSIS 170) Attachment A
- Home Safety Checklist (DHS 0644) Attachment B
- initial background study information, see Minnesota Statutes, section 245C.05, subdivision 1.
- classifiable finger prints on finger print cards provided by DHS
- notice of privacy practices—county's form.

The notice of privacy practices relates to the use and sharing of data gathered during a licensing/background study, and outlines the right to appeal when a prospective license holder believes their privacy rights have been violated.

If the county social services agency responsible for placing the child in the relative's home and the county social services agency where the relative lives are different, the two counties should communicate and develop an agreement about which agency:

- gives the notice of privacy practices and fingerprint cards to the relative
- provides initial training and support to the relative, and
- ensures that the child's safety and well-being issues are addressed.

It is essential for a child's placement stability that when two different county social services agencies are involved, they each communicate to the relative foster parent their respective role regarding placement, support, training, and related licensing duties.

Supporting the Child's Safety and Placement Stability

The county social services agency responsible for the child's emergency placement in the relative's home should:

- remove a child from the emergency relative placement if a determination is made that anyone in the relative's home requiring a background study for licensure is disqualified under Minnesota Statutes, Chapter 245C, and the disqualification cannot be set aside by the commissioner, or if the relative fails to cooperate with the agency to complete the licensing process.
- support the relative with regular contact during the first 10 days of placement to ensure that the relative completes the foster care application, fingerprint cards, and returns them to the licensing agency.
- share all information gathered at the initial emergency relative home inspection with the county social services agency in the relative's county of residence or the private agency licensing the home as soon as possible.

Completing the Foster Care License for a Relative Placement

The county social services agency in the relative's county of residence, or a private foster care agency, completes the foster care license process with the relative, including:

- Minnesota Statutes, section 245C.03 requires a background study for all adults applying for a foster care license, and individuals over age 13 living in the home. Background studies must be conducted on other individuals listed in Minnesota Statutes, section 245C.03, when applicable. The county agency submits the background study information using NETStudy, the Web-based application used to submit background studies and receive results online. The licensing agency would always be the one to submit and receive the background study information from NETStudy.
- the home study is completed according to the requirements of Minnesota Rules, part 2960.3060.
- the agency licensing the emergency relative home may also determine that additional inspections or information may be necessary to be consistent with the requirements of Minnesota Statutes, Chapters 245A, 245C and Minnesota Rules, Chapter 2960.

The agency responsible for licensing the relative's home should communicate to the county social services agency responsible for the child's emergency placement the following licensing activities:

- receipt of the foster care application, fingerprint cards, necessary paperwork, and initiation of NETstudy
- completion of the relative's home study assessment and licensing recommendations, including information about correction orders or approved variances
- verification that the home is licensed by sending a copy of the license and home study assessment.

Relatives accepting a child for foster care placement are required to cooperate with the licensing process. If the relative fails to cooperate and complete the licensing process, the agency cannot verify that the child is safe and is required to remove them from the home.

The DHS Web site includes a list of all licensed foster homes in Minnesota. The county social services agency responsible for the child's emergency placement in the relative home can use the Web site to confirm licensure. The list is updated weekly at:

<http://licensinglookup.dhs.state.mn.us/>

Minnesota Rules, part 2960.3070, requires that the relative foster parents receive orientation within 30 days of placement. The information provided to the relative foster parents includes:

- emergency procedures
- relevant laws and rules
- understanding of cultural diversity
- roles and responsibilities of a foster parent
- requirements of the licensing agency.

Payment for Emergency Relative Foster Care Placements

Relatives must receive foster care payments from the first day of foster care placement, whether licensed or an emergency relative placement. The placing agency would determine the foster care payment rate using maintenance standards and difficulty of care rates, according to Minnesota Rules, parts 9560.0650 to 9560.0656.

Minnesota Rules, part 9560.0665 provides notice to the foster parent of the rate determination as well as the appeal procedures if a request for foster care payment is denied. The written notice provides information about how to request a fair hearing.

Minnesota Statutes, section 256.045 gives the right to a state administrative hearing to "any person whose claim for foster care payment according to a placement of a child resulting from a child protection assessment under Minnesota Statutes, section 626.556 is denied or not acted upon with reasonable promptness regardless of the funding source."

Questions

For questions about emergency placement decisions, general policies, and need for obtaining a license, contact Deborah Beske-Brown at deborah.beske.brown@state.mn.us.

For questions about general foster care licensing requirements, contact Mary Kelsey at: mary.kelsey@state.mn.us.

For questions about background study policies, procedures, requirements, contact: DHS.AWbackgroundstudy@state.mn.us.

For questions about using the NETstudy for online submission of information, such as passwords, the system not accepting information, etc., go to: DHS.NETstudyAdmin@state.mn.us.

Special Needs

This information is available in other forms to persons with disabilities by calling (651) 431-4671, or contact us through the Minnesota Relay Service at 1 (800) 627-3529 (TTY) or 1 (877) 627-3848 (speech-to-speech relay service).



Attachment A

Application For Child Placement

AGENCY _____	
TYPE OF APPLICATION: <input type="checkbox"/> New application <input type="checkbox"/> Renewal/update	APPLYING FOR: <input type="checkbox"/> Foster/adopt <input type="checkbox"/> Foster <input type="checkbox"/> Treatment <input type="checkbox"/> Adopt
TYPE OF CHILD YOU ARE INTERESTED IN: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either Age Range _____ <input type="checkbox"/> Sibling group	
<input type="checkbox"/> Specific child _____	For International adoption only, indicate specific country or area requested _____

Applicant - Contact information

Applicant #1		Applicant #2	
NAME (LAST, FIRST, MIDDLE)		NAME (LAST, FIRST, MIDDLE)	
E-MAIL ADDRESS		E-MAIL ADDRESS	
FORMER NAMES		FORMER NAMES	
PAGER OR CELL PHONE NUMBER	WORK PHONE NUMBER	PAGER OR CELL PHONE NUMBER	WORK PHONE NUMBER
HOME ADDRESS		HOME PHONE NUMBER	
CITY		STATE	ZIP CODE
DIRECTIONS TO HOME FROM AGENCY			
EMERGENCY CONTACT		RELATIONSHIP TO YOU	
TELEPHONE NUMBER		If no phone, how can you be contacted?	

Household - Identifying information

List all adults and children (not including foster children) living or working in the home (if more than six people, add another sheet)

Applicant #1			
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK
Applicant #2		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Household member #1		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK
Household member #2		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK
Household member #3		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK
Household member #4		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK
Household member #5		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK
Household member #6		RELATIONSHIP TO APPLICANT #1	
NAME (LAST, FIRST, MIDDLE)		BIRTH DATE	LANGUAGES SPOKEN
RACE	ETHNIC BACKGROUND	CULTURAL HERITAGE PRACTICED	RELIGION
HIGHEST GRADE COMPLETED	AREA OF SPECIALIZED EDUCATION	OCCUPATION	NUMBER OF HOURS OF WORK WEEK

Home (Description of home as it pertains to adoption or foster care of children.)

SCHOOL DISTRICT IN WHICH HOME IS LOCATED
--

Children placed in the home would attend the following schools:

ELEMENTARY	MIDDLE/JUNIOR HIGH
HIGH SCHOOL	SCHOOL TRANSPORTATION <input type="checkbox"/> Bus <input type="checkbox"/> Other _____

Does applicant plan to home school?

☐ Yes ☐ No

If yes, has applicant's home school plan been approved by the public school district?

☐ Yes ☐ No

Does any family member smoke? ☐ Yes ☐ No Is smoking allowed in the house? ☐ Yes ☐ No

Are there pets in the home? ☐ Yes ☐ No If so, what type(s) of pet(s)? _____

Do pets meet local safety requirements? ☐ Yes ☐ No Do pets have current vaccinations? ☐ Yes ☐ No

Dwelling information (Check all that apply):

☐ Own ☐ Rent ☐ Mobile Home ☐ Multi-unit ☐ Single Family House ☐ Second Floor ☐ Above Second Floor
☐ Basement ☐ Attached Garage ☐ Wood Burning Stove or Fireplace

Briefly describe home neighborhood. Include information regarding the type of community (e.g., rural, urban, residential, industrial), ethnic composition, and information regarding resources such as medical facilities, churches, shopping, and recreational opportunities. For purposes of international adoption include description of the home and property.

Sleeping arrangements (Indicate where a foster or adopted child will sleep.)

Bedroom	Floor / Level	Occupants	Type of bed(s) Crib, Single, Double, Bunk (if bunk, indicate upper-U, or lower-L.)	Storage space for personal possession (Use only for child foster care)
1.				
2.				
3.				
4.				
5.				

Experience with foster care/adoption

Has applicant(s) previously applied, worked with, or working with another foster care/adoption agency? ☐ Yes ☐ No

AGENCY'S NAME	ADDRESS
DATES OF INVOLVEMENT AND OUTCOME	

Does applicant operate a business from the residence? ☐ Yes ☐ No

Explain _____

If childcare, is applicant licensed? ☐ Yes ☐ No Is business adult foster care? ☐ Yes ☐ No

Is business board and lodge? ☐ Yes ☐ No

If applicable, describe impact of home business on foster/adoption plan:

Transportation

If you own vehicles:

Are there age appropriate infant care seats?

☐ Yes ☐ No ☐ Will Obtain

Do you have insurance for all vehicles?

☐ Yes ☐ No

Do you have access to a city bus? ☐ Yes ☐ No If yes, distance to nearest bus stop _____

Describe alternative transportation plan if family does not own an operating vehicle or live on a bus line:

References - Required at Initial Licensure Only (*Non-related individuals*)

1. Name			
LAST	FIRST	MI	
STREET ADDRESS		TELEPHONE	
CITY	STATE	ZIP CODE	
2. Name			
LAST	FIRST	MI	
STREET ADDRESS		TELEPHONE	
CITY	STATE	ZIP CODE	
3. Name			
LAST	FIRST	MI	
STREET ADDRESS		TELEPHONE	
CITY	STATE	ZIP CODE	

The information that I have provided on this application is true and accurate. If the Commissioner of Human Services grants me a license, I agree to comply with the requirements contained in Minnesota Rules at all times during the term of the license. I agree that the Commissioner's representative has the right to request any documentation required by Minnesota Rules or Laws and to inspect my home and its grounds at any time during the hours that I provide care. Further, I agree that the documentation and inspection required by the rules is necessary for the Commissioner to determine whether I am complying with Minnesota Rules and Laws.

Finally, I agree that any documentation that I provide or representations that I make to the Commissioner's representative during the time that I am licensed or throughout the adoption assessment process or during the license application process will be true and accurate and that any misrepresentations or other violations of Minnesota Rules and Laws may result in immediate suspension, suspension, revocation or denial of the license.

I (we) understand that failure to disclose complete and accurate information may result in termination of adoption services or denial of the application.

APPLICANT #1 SIGNATURE	DATE	APPLICANT #2 SIGNATURE	DATE
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Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែឥតមានគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທຣີ ຫາຕາມເລກໂທຣີ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda machuumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB #2 (10-06)

This information is available in other forms to people with disabilities by contacting us at (651) 431-4199 or toll free at (800) 657-3954. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

DHS-0644-ENG
(2-04)

Home Safety Checklist

☐ Adult Foster Care ☐ Child Foster Care ☐ Family Child Care

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. Reference MN Rules, part 9555.6125, subp. 2.

CHILD FOSTER CARE (CFC) - Prior to licensure, the foster home must be inspected by a licensing agency employee using the home safety checklist from the commissioner of Human Services. Reference MN Rules, part 2960.3050, subp. 1

FAMILY CHILD CARE (FCC) - The Home Safety Checklist may be used as part of the licensing study. Reference MN Rules, parts 9502.0425-9502.0445.

Emergency Procedures

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. The emergency phone numbers are posted near the phone. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Emergency procedures are planned, written, and posted. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. A battery powered flashlight and radio/TV is available and operable. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. First-aid supplies are readily available. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. An operable telephone is located within the residence. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Exit doors and windows are not obstructed and are easily opened from the inside. |

Physical Environment

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. The wiring appears safe; no known hazards exist. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Extension cords are appropriately used and are not used in place of permanent wiring. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. A fire extinguisher is maintained in the kitchen cooking area or area approved by the fire marshal.
Fire extinguisher rating: _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. All interior doors can be unlocked from the outside and the key is easily accessible in the case of an emergency. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. If there is an attached garage, a proper fire separation is maintained between the house and garage. (FCC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. The water temperature is set to prevent scalding, as appropriate; in day care homes the temperature does not exceed 120° F. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Fireplaces, wood burning stoves, and other hot surfaces are protected by guards to prevent burns. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Furnaces are checked regularly and maintained in good working condition. |

Home Safety & Health

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Knives, tools, matches, and other potentially hazardous materials are inaccessible to children, unless used with appropriate supervision. (FDC, CFC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Combustible items are properly stored at least 36" from any heating sources. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Food is handled and properly stored to prevent contamination, spoilage, or a threat to health. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Residence is clean and free from accumulations of dirt, rubbish, peeling paint, rodents and insects. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Chemicals, detergents, medicines, and other toxic substances are stored separately from food products. When appropriate, these substances are inaccessible to clients. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Any Schedule II controlled substances are stored in a locked area. (AFC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. There is a safe water supply in the residence; water from privately-owned wells is tested annually by a certified laboratory. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Individual clean towels, wash cloths, and bedding are provided for each client. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Weapons and ammunition are stored separately in locked areas. |

Remarks (Please explain all "NO" answers): _____

Obvious safety hazards or concerns?: _____

Provider Signature:	Date
Licensing Worker:	Date