



# LICENSED HOME INSPECTION CHECKLIST

State Form 46739 (R6 / 01-25)  
 FAMILY AND SOCIAL SERVICES ADMINISTRATION  
 OFFICE OF EARLY EDUCATION AND OUT-OF-SCHOOL LEARNING

Name		Identification number	System identification number
Address (number and street, city, state, and ZIP code)			
Telephone number (      )		County	
Purpose of visit		Class	Check one <input type="checkbox"/> CPS substantiation against a person <input type="checkbox"/> Consent agreement
Date of visit (month, day, year)	Quarter due	Start time	Date of expiration (month, day, year)
Licensed capacity	Range of ages From                      To	Ages (check all that apply) <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Number of children present	<input type="checkbox"/> 0 - 15 months <input type="checkbox"/> 16 months - 3 years <input type="checkbox"/> 3 - 6 years <input type="checkbox"/> Grade 1 + <input type="checkbox"/> Related 7 & over		Child to staff ratio :

CODE	ITEM	REQUIREMENT	YES	NO	NA	REMARKS
<b>470 IAC 3-1.</b>		<b>Documentation &amp; Postings</b>				
1-28(a)(3)	1a	Application completed and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-28(a)(4)	1b	Submit a statement attesting that the applicant has not been convicted of a felony or misdemeanor relating to the health and safety of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-28(a)(1)	1c	Attended an orientation training arranged or approved by the CDFC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-46(u)	1d	Notification to the local fire department initially and annually of the licensed capacity and hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-47(b)	2*	Water test annually (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-32(a)(5)	3	Documentation of certification of current first aid and annual CPR certification for all caregivers and volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:-----
1-34(a)	4a	All staff have had physical examination by a physician indicating they are free from communicable disease, have no physical or other condition which would endanger the health or welfare of children in care, and have an annual Mantoux tuberculin test or chest x-ray.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-28.5(c)(1)	4b	Annual Mantoux tuberculin test or chest x-ray for direct child care providers and all family members over eighteen (18).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
12-17.2-5-3.5(a)	5a	Drug screens histories for all caregivers and adult household members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-32(a)(3)	5b	Annual Child Protective Services and Sex Offender Registry for employees, volunteers, and all household members who are at least eighteen (18) years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
12-17.2-5-3(d)(2) & (e)	5c	Every three (3) years, national criminal history check for licensee, employees, volunteers, and all household members who are at least eighteen (18) years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-32(a)(12)	6	Current vaccination for pets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-33(b)	7	Caregivers under age twenty-one (21) notified parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-29.5(d)	8a	License publicly displayed in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-32(a)(14)	8b	Written plan of evacuation in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-44(e)	8c	Numbers for ambulance, police, fire department, poison control center, and nearest hospital by the telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-3.5(a)	8d	Tobacco, alcohol, potentially toxic substances and possession of an illegal substance is prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CODE	ITEM	REQUIREMENT	YES	NO	NA	REMARKS
<b>470 IAC 3-1.</b>		<b>Children's Records</b>				
1-37(a)(1)	9a	Complete and signed enrollment form for the child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-32(a)(6)(D)	9b	Enrollment form includes the names of adults authorized to pick the child up from the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-40(a)	9c	Written parental permission for field trips or any other activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-41(a)	9d	Written copy of the discipline policy of the child care home given to parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17-2-1-1(8)	9e	Birth certificate documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-37(a)(2)	10	Release for emergency medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-37(b)	11	Medical statement regarding general health with doctor's signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-37(b)(2)	12	Current immunization records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>470 IAC 3-1.</b>		<b>Staff Requirements</b>				
1-33.5(a)	14a	Fire safety training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-33.5(b)(2)	14b	Confidential treatment of records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-33.5(b)(2)	14c	Child care regulations training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-33.5(b)(3)	15a	Procedures for preventing, detecting, and reporting suspected child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-37(f)	15b	Unscheduled visits by a custodial parent or guardian shall be permitted at any time the home is in operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-37(e)	15c	Neither licensee nor caregiver shall discriminate relative to admission of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-33(c)	16	Student assistants age fourteen (14) to seventeen (17) under direct supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-33.5(d)	17	A CPR certified provider is always present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>470 IAC 3-1.</b>		<b>Capacity &amp; Ratio</b>				
1-36.5(a)	18*	Maximum capacity in a Class I child care home shall be twelve (12) children at any one time plus three (3) during the school year who are enrolled in at least full day kindergarten. A related child who is at least seven (7) shall not be counted in determining whether the child care home is within the capacity limit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-36.5(e)	19*	Infant / toddler mix – 6 : 1, with two (2) of the six (6) children at least sixteen (16) months old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-36.5(e)	20*	Mixed age group (children over three (3) and children under three (3) – 10 : 1; only three (3) children can be under sixteen (16) months old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-36.5(e)	21*	Children over three (3) years – 12 : 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-36.5(c)	22	Only direct providers counted as staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>470 IAC 3-1.</b>		<b>Supervision</b>				
1-36.5(b)	23a*	Children not left unattended and are within sight or sound at all times including naptime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	23b*	Children over one (1) year of age do not have their heads covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	23c*	All doors to rooms where children are sleeping are completely open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	23d*	Provider can see the rise and fall of the child's chest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-39(b)	24*	Children supervised in pool with extra staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CODE	ITEM	REQUIREMENT	YES	NO	NA	REMARKS
<b>470 IAC 3-1.</b>		<b>Health, Sanitation &amp; Safety</b>				
1-45(a)	25a	Home in good state of repair and maintained in a clean, sanitary condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-45(b)	25b	Home has adequate space for children's activities and rest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-45(a)	26	Premises free of hazards, indoors and out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-47(d)	27	Garbage kept in container with tight fitting lids and removed from premises weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(n)	28a	Trash, flammable and combustible materials not permitted to accumulate upon the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-48(c)	28b	Poisonous or hazardous materials that would harm children should be inaccessible to children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-48(d)	28c	Implements and tools are inaccessible to children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-48(e)	28d	All firearms and ammunition are locked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-45(e)	29	Rooms are well lighted and ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-47(a)	30	Screens are maintained when windows and doors are kept open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-45(d)	31*	Outdoor play area is fenced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-39(d)	32	Ponds, pools, hot tubs are inaccessible; pools fenced separately with locked gates; wading pools prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-44(g)	33a	Pets must present no danger to children in the child care setting and are the sole responsibility of the child care home licensee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-44(h)	33b	Direct child care providers shall restrict all animals from food areas during preparation and serving of food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-45(a)	33c	The licensee shall ensure that no conditions exist in the home or on the grounds where child care services are provided that would endanger the health, safety, or welfare of the children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-35(a)	34	The caregiver shall report immediately suspected physical abuse, sexual abuse, child neglect, or child exploitation to Child Protective Services or local law enforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-45(c)	35	Telephone is in working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-44(a)	36a	Red Cross First Aid Manual or its equivalent is in the child care home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-44(b)	36b	First aid supplies are adequate with the current date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-38(a)	37a	Program is appropriate to the age and needs of each child, including active and quiet play, indoor / outdoor play, and rest / sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-38(b)	37b	Opportunity to play outdoors daily except when the weather poses a safety or health hazard, or documented health reason provided by legal guardian or physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-43(a)	38a	Individual, appropriate place to rest with clean bedding for each child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-43(b)	38b	Opportunity for rest provided to children under five (5) years old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-41(b)(1)	39a	No cruel, harsh, threatening, or unusual punishment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-41(b)(2)	39b	Withdrawal or the threat of withdrawal of scheduled meals or snacks, rest, or bathroom opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-48(b)	40	Fans and heaters are inaccessible to children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CODE	ITEM	REQUIREMENT	YES	NO	NA	REMARKS
<b>470 IAC 3-1.</b>		<b>Food &amp; Nutrition</b>				
1-45(f)(1)	41a	Kitchen is equipped with a stove or microwave.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-45(f)(2)	41b	Kitchen is equipped with a refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-40(f)(3)	41c	Kitchen equipped with a sink with hot and cold running water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-47(c)	42	Food preparation areas and utensils are washed and sanitized daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-44(c)	43	Children's hands are washed before meals, snacks, and after bathroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-42(a)	44	Nutritious meals are served timely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>470 IAC 3-1.</b>		<b>Transportation</b>				
1-40(b)	45a	Driver meets age requirement (at least eighteen (18) years old), current driver's license, vehicle insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-40(c)	45b	Children shall be transported in safety restraint equipment that is in compliance with state laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-40(d)	45c	Direct child care providers shall not leave children unattended in a vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>470 IAC 3-1.</b>		<b>Fire Safety</b>				
1-46(c)	46	There are two (2) ways to escape from all rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(a)	47a	There are two (2) approved remotely located means of egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(g)	47b	Exits in the child care home shall not be blocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(d)	48	Approved exits are operable from inside without the use of a key.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(b)	49	A child care provider located in a basement has at least one (1) direct exit at ground level and the level area outside of the door is at least thirty-two (32) square feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(l)	50	Operable smoke detectors are located at the top of stairs and adjacent to napping area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(m)	51	Two and a half (2.5) pound or greater ABC fire extinguisher located on each floor of the building with an additional extinguisher in the kitchen area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection date:
1-48(a)	52	Electrical outlets are covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(j)	53a	If fireplace is ever used, it must be safe, clean and inspected annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-46(k)	53b	If fireplace is ever used, the ashes must be disposed of properly in a noncombustible, covered receptacle, placed on the ground away from buildings or combustibles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date:
1-46(n)	54	Trash, flammable and combustible materials have not accumulated on the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(o)	55	Flammable liquids are inaccessible, labeled, and no more than five (5) gallons stored on the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(q)	56	Gas, water, and electrical shut-offs are accessible and identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(t)	57	No exposed or uninsulated wiring, and extension cords are no longer than six (6) feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-46(s)	58	Quarterly fire drills are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-29.5(g)	59a	Multiple licenses in the same structure meet requirement of independent homes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-29.5(e)	59b	Multiple licenses in the same structure have a signed design professional form on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CODE	ITEM	REQUIREMENT	YES	NO	NA	REMARKS
<b>470 IAC 3-1.</b>		<b>Infant &amp; Toddler</b>				
2-4(a)	60	Stairways are gated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-6(a)	61	There is a washable surface for diaper changing, and waterproof material between child and the surface of the changing table.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-6(b)	62a	The licensee shall supply a covered container for wet or soiled diapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-6(c)	62b	Direct child care providers changing diapers shall wash their hands with soap and running water after each diaper change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-6(d)	63	Toilet chairs are emptied after each use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-7(b)	64	Bottles are labeled if there is more than one infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-7(c)	65	Bottles are never propped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-7(a)	66	Infants and Toddlers are fed according to dietary needs and shall be held during feedings where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-4(b)(2)	67	Infants and toddlers are given opportunities for play and exploration of the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-4(b)(3)	68a	Periodically change the available toys and the place and position of infants not yet able to move about on their own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-4(b)(1)	68b	Establish flexible routines for naps, feedings, diapering, and toilet training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-5(a)	69a	A separate safe, sturdy crib or playpen is provided for each child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-5(a)	69b	Children less than twelve (12) month old do not have any soft bedding such as pillows, quilts, blankets, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-5(a)	69c	There are no toys, stuffed animals, crib bumpers, positioning devices, or extra bedding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-5(b)	70	Children under twenty-four(24) months old sleep in a crib or playpen (unless a waiver is approved).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-2	71	Cribs meet 06/28/11 CPSC guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IC 12-17.2-5-3.7(a)(1)	72a	Licensee had completed safe sleep training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IC 12-17.2-5-3.7(a)(2)	72b	Safe sleep practices are being followed for children less than one (1) year of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IC 12-17.2-5-3.7(a)(2)	72c	Caregivers of children twelve (12) months of age or younger have completed the approved safe sleep training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- The Department expects that any violations will be corrected as soon as possible.
- Failure to correct regulation violations may be cause for a disciplinary licensing action.
- Failure to correct critical (\*) items may result in revocation of the license, denial of application, or refusal to renew the license.
- The provider shall submit written notification to the Department explaining how compliance was achieved, a follow up visit maybe required.

Signature of licensee

Date (month, day, year)

Signature of consultant

Date (month, day, year)

# CLASS II HOME REPORT

Part of State Form 46739 (R5 / 11-18)

CODE	ITEM	REQUIREMENT	YES	NO	NA	REMARKS
<b>Qualifications / Documentation</b>						
470 IAC 1-1.3-1	1	Meets all requirements of Class I Child Care Home license.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
470 IAC 1-1.1-28(a)(3)	2	Class II Design Professional Statement signed and notarized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Physical Plant</b>						
12-17.2-5-6. 5(b)(1)	3a	At least one (1) year experience in child care home or center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(b)(2)	3b	One (1) year experience in child care home or center or current Class I licensee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(4)	4	Meets all requirements of Design Professional Statement (E-3 code).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(1)	5	Provide care on first floor or meets 6-8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(1)	6	Home equipped with sprinkler system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(1)	7	Two (2) exits exclusively for second floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(1)	8	Children under twenty-four (24) months old are not allowed on the second floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(2)	9	Smoke detectors hard wired throughout house and all activating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(3)	10	Fire extinguisher in each room used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(5)	11	Minimum of thirty-five (35) square feet for each child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17.2-5-6. 5(a)(6)	12	Monthly fire drill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### SIGNATURES – CLASS II LICENSING REPORT ONLY

Signature of licensee	Date (month, day, year)
Signature of consultant	Date (month, day, year)

### LICENSEE / STAFF / ASSISTANT WORK SHEET

Name	CPR	First Aid	UP	TB	Drug Screen	NCHC	Physical
<b>End Time</b>							