

Residential Care Facilities Worksheet

Project Address: _____

Please provide the following information on the plans, include number and type of clients per bedroom.

Licensing:

Is this facility currently licensed through the State of California? Yes No
If yes, please provide the State of California license number: _____

Building Classification:

- Occupancy Group **R3.1**
- Type of construction _____
- Number of stories _____
- Number of exits _____
- Building has an existing fire sprinkler system: Yes No

Operations Information:

- 1) How many clients are you housing? _____ (Max 6)
- 2) How many ambulatory clients are you housing? _____
- 3) How many non-ambulatory clients are you housing? _____

Non-ambulatory persons are persons unable to leave a building unassisted under emergency conditions. It includes, but is not limited to, persons who depend on mechanical aids such as crutches, walkers and wheelchairs and any person who is unable to physically and mentally respond to a sensory signal approved by the State Fire Marshal or an oral instruction relating to fire danger. Per CRC Sec R202

- 4) How many bedridden clients are you housing? _____

Bedridden person means a person, requiring assistance in turning and repositioning in bed, or being unable to independently transfer to and from bed, except in facilities with appropriate and sufficient care staff, mechanical devices if necessary, and safety precautions as determined in Title 22 regulations, by the Director of Social Services or his or her designated representative. Per CRC Sec R202.

- 5) How many hearing impaired clients are you housing? _____

Additional Information:

- 6) Please locate all smoke detectors. Per CRC Sec R335.5.2
- 7) Please provide the sizes of all existing and new windows for T-24 energy review.