

## Residential Care Facilities Worksheet

Project Address: \_\_\_\_\_

Please provide this information on the plans, indicating number and type of clients per bedroom. **Building Classification:**

- Occupancy Group **R3.1**
- Type of construction \_\_\_\_\_
- Number of stories \_\_\_\_\_
- Number of exits \_\_\_\_\_

### 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 bed ridden 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 R325.5.2
- 7) Please provide the sizes of all existing and new windows for T-24 energy review.