

Type FD name and address here

## Statement of Compliance

		Facility ID Number	
Facility Name		Email Address	
Address (Street, City, Zip Code)		County	
Facility Type <input type="checkbox"/> RCF-Residential Care Facility <input type="checkbox"/> DCC-Day Care Center <input type="checkbox"/> ALF-Assisted Living Facility <input type="checkbox"/> LE-License Exempt Facility <input type="checkbox"/> FDCH –Family Day Care <input type="checkbox"/> Other <input type="checkbox"/> GH-Group Day Care or Group Home		<b>ATTACHMENT CHECKLIST</b>  Pictures Emailed: <input type="checkbox"/> Yes <input type="checkbox"/> No  Receipts Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Administrator	
<b>HAZARDS: SEE FIRE SAFETY INSPECTION SURVEY or STATEMENT of DEFICIENCIES</b>			
<b>TO INSURE YOUR LICENSE IS RENEWED WITHOUT INTERRUPTION, THIS FORM MUST BE RETURNED TO THE INSPECTOR BY THIS DATE:</b>			
<b>ATTACH ALL RECEIPTS FOR ITEMS PURCHASED, A SHORT DESCRIPTION AND ANY CERTIFICATIONS OR DOCUMENTATION OF THE WORK COMPLETED AS REQUIRED BY THE INSPECTOR.</b>			
THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, HAVE MADE AN ASSESSMENT OF THE PRECEEDING CITATIONS OF HAZARDS IN THE ABOVE NAMED FACILITY, AND FIND THAT THE CORRECTIVE MEASURES ARE ESSENTIALLY IN COMPLIANCE WITH THE REQUIREMENTS OF THE APPROPRIATE CODE OF STATE REGULATION INSOFAR AS ANY INSTALLATION OR CORRECTIVE ACTION IS CONCERNED, AND ALL FEATURES ARE IN SAFE OPERATING CONDITION .			
Signature		Print Name	Title
Name of Company		Telephone Number	Date
Address (Street, City, Zip Code)			
Return To: Inspector Email Address: Inspector Address:		<b>OFFICE USE ONLY</b> <b>DATE RECEIVED:</b>  <b>DATE REVIEWED:</b>  <b>REVIEWED BY:</b>	