|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **RESIDENTIAL TREATMENT AGENCY SUPERVISORY REVIEW** | | | | | | | | | | |
| DATE | | NAME OF AGENCY/SITE | | | | | ADDRESS | | | | | |
| LICENSURE PERIOD | | | | | | | NAME OF PERSON(S) ATTENDING CONFERENCE | | | | | |
| CAPACITY | | | GENDER | AGES | | | | CONTRACT  Yes  No | | ACCREDITATION BY  COA  JC  CARF  N/A | | |
| A survey of your facility has been conducted, and you are hereby notified of the standard findings as stated below. | | | | | | | | | | | | |
| (Items marked indicate non-compliance) | | | | | | | | | | | | |
|  | ITEM | | | |  | ITEM | | | | |  | ITEM |
|  | **Basic Core Requirements**  **(Section 35-71.040)** | | | |  | Fire Drills | | | | |  | **Record Keeping (Section 35-71.090)** |
|  | The license is posted in a conspicuous place | | | |  | Work Experience | | | | |  | Children’s Records |
|  | The License reflects accurate information | | | |  | Recreation | | | | |  | **Infant/Toddler Care**  **(Section 35-71.100 $ 110** |
|  | **Organization and Administration**  **(Section 35-70.040)** | | | |  | Living Arrangements | | | | |  | General Physical Space Requirements |
|  | **Governing Body Responsible** | | | |  | Hygiene & Clothing | | | | |  | Diapering Space |
|  | Financial Management | | | |  | Food & Nutrition | | | | |  | Outdoor Space/Equipment Swimming/Wading Pools |
|  | **Personnel (Section 35-71.045)** | | | |  | Religious Requirements | | | | |  | Sleeping Equipment |
|  | **Personnel Manual** | | | |  | Education | | | | |  | Tables, Seating and Play Equipment |
|  | Personnel Records | | | |  | Transitional Living | | | | |  | Child Care Program |
|  | **Staff Qualifications & Requirements**  **(Section 35-71.050)** | | | |  | **Health Care (Section 35-71.075)** | | | | |  | **Maternity Care (Section 35-71.120)** |
|  | Administrative & Supervisory Personnel | | | |  | Health Care Procedures | | | | |  | Health Care |
|  | Professional Personnel | | | |  | Medication: Storage and Documentation | | | | |  | Program |
|  | Direct Care Staff (Staff: Child Ratios) | | | |  | **Building, Grounds & Equipment**  **(Section 35-71.080)** | | | | |  | **Specialized Standards**  **(Section 35-71.130)** |
|  | **Social Services Program (Section 35-71.060)** | | | |  | Building(s) meets zoning and building codes | | | | |  | Personnel Requirements |
|  | Intake & Admission | | | |  | Buildings, Grounds and furnishings maintained, clean & safe | | | | |  | Staff: Child Ratios |
|  | Evaluation & Planning | | | |  | Sleeping Rooms – adequate space and furnished with windows | | | | |  | Locked Isolation |
|  | Discharge from Care | | | |  | Restroom accommodations adequate for capacity, and furnished | | | | |  | **Intensive Residential Care**  **(Section 35-71.140)** |
|  | **Protection & Care of the Child**  **(Section 35-71.070)** | | | |  | Combustible, poisonous, or flammable substances appropriately stored and locked | | | | |  | Personnel Requirements |
|  | Incident Reports | | | |  | Sanitation, Sewage, water and fire inspections all updated and approved | | | | |  | Staff: Child Ratios |
|  | Discipline & Control | | | |  | Lighting sufficient and safely shielded | | | | |  | **Residential Contract** |
|  | Physical Restraint | | | |  |  | | | | |  | Residential Treatment Review |
| COMMENTS: | | | | | | | | | | | | |
| AGENCY REPRESENTATIVE | | | | | | | | | LICENSING CONSULTANT | | | |