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|  | | | 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  Choose an item. | AGES | | | CONTRACT REVIEW  Yes  No | | ACCREDITATION BY  COA  JC CARF  EAGLE TFA 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)** | | | | | | **Building, Grounds & Equipment (Section 35-71.080)** | | | | |  | | Outdoor Space/Equipment Swimming/Wading Pools |
|  | The license is posted in a conspicuous place | | | | |  | Buildings, Grounds and furnishings maintained, clean & safe | | | |  | | Sleeping Equipment |
|  | The License reflects accurate information | | | | |  | Sleeping Rooms – adequate space and furnished with windows | | | |  | | Tables, Seating and Play Equipment |
| **Personnel (Section 35-71.045)** | | | | | |  | Restroom accommodations adequate for capacity, and furnished | | | | **Specialized Standards (Section 35-71.130)** | | |
|  | Personnel Records | | | | |  | Combustible, poisonous, or flammable substances appropriately stored and locked | | | |  | | Staff: Child Ratios |
| **Protection & Care of the Child (Section 35-71.070)** | | | | | |  | Lighting sufficient and safely shielded | | | |  | | Locked Isolation |
|  | Critical Incident Reports | | | | | **Record Keeping (Section 35-71.090)** | | | | | **Intensive Residential Care (Section 35-71.140)** | | |
|  | Hygiene & Clothing | | | | |  | Children’s Records | | | |  | | Staff: Child Ratios |
|  | Food & Nutrition | | | | | **Infant/Toddler Care (Section 35-71.100 $ 110** | | | | | **Residential Contract** | | |
| **Health Care (Section 35-71.075)** | | | | | |  | General Physical Space Requirements | | | |  | Residential Treatment Review | |
|  | | Medication: Storage and Documentation | | | |  | Diapering Space | | | |  | | |

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| Comments: |