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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**RESIDENTIAL TREATMENT AGENCY SUPERVISORY REVIEW** |
| DATE      | NAME OF AGENCY/SITE      | ADDRESS      |
| LICENSURE PERIOD      | NAME OF PERSON(S) ATTENDING CONFERENCE      |
| CAPACITY      | GENDERChoose 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:       |