**Residential Setting**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Type (Circle): Intensive, Moderate, ILP**

**ADAP Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Indicators** | **Description** |
| **Admissions** | * Number: * Type: |
| **Length of Stay** |  |
| **Bed Ownership** | * DMH: * DHR: * Multi-Needs: |
| **Capacity**  **Census** | * Capacity: * Census: |
| **Program Demographics** | * Gender: * Age Range: |
| **Certification/Accreditation** | * DHR Site Visit: * DMH Site Visit * Accreditation: |
| **Reimbursement Rate** | * /Per Diem |
| **Grievance Process** | * Grievance Form: Yes or No Grievance Box: Yes or No * Advocate: Yes or No * Process Description: |
| **Intake Procedure** | * Process Description: |
| **Restraints** | * Program Description: |
| **Seclusion Room** | * Number of Rooms: * Locations: * Cameras: * Observation Practices/Policy: |
| **Time Out Room** | * Number of Rooms: * Locations: * Cameras: * Observation Practices/Policy |
| **School Services** | * Principal: * Location: * School Day Length: * Special Education Teachers: * Special Education Students: * Credit Recovery: Yes or No * Vocational Services: Yes or No |
| **Camera System** | * Number: * Locations: * System Description: * Preservation/System Usage: |
| **Program Description**  **(CBT, Trauma Informed, PPC)** |  |
| **Licensed Staff**  **(RN, MD, Therapist, SW, OT/PT)** |  |
| **Student Handbook (Copy)** | * Levels System: |

**Recommendations regarding remediation of any setting not meeting the criteria above:**

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