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| Transforming Lives |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Residential Site Approval Request** |
| PARTICIPANT NAME | AGENCY NAME |
| ADDRESS OF PROPOSED / CURRENT SITE |
| Site reviews must be conducted in accordance with DDA Policy 15.04, Standards for Community Protection Residential Services and should consider specific participant offense patterns and other identified risk factors.It may be necessary to identify the following: * The presence of minors and vulnerable adults residing in the immediate vicinity;
* Proximity to schools, childcare centers, churches, playgrounds, recreational and activity fields, and other settings where children or youth may play or congregate and which may be accessible from the residence or viewable from within the house; and
* The nearest police and fire departments and other essential community services.

From the interior of the house, note what is visible outside, including yards, public areas, and interiors of other houses. It is important to conduct site observations at different times and different days of the week. |
| **Section A:** Check purpose of this review below.[ ]  New proposed site [ ]  Change in neighborhood [ ]  Change in housemate configuration[ ]  Other (specify):  |
| **Section B:** Describe any identified risk factors and what measures will be taken to minimize the risk, including environmental modifications. Attach additional information if necessary. |
| RISK FACTOR | MITIGATION PLAN |
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| **Section C:** Description of environment (if proximity to minors is a risk factor, skip to Section D) |
| DATE AND DAY OF OBSERVATION | TIME OF OBSERVATION | DESCRIBE OBSERVATIONS | SIGNATURE OF OBSERVER |
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| **Section D:** Description of environment (this section is for clients with proximity to minors as a risk factor. If this is not a risk factor, skip this section).The site visits should include **Daytime** (weekday, between 7:30 a.m. – 9 a.m.), **Evening** (weekday, between 2:30 p.m. – 6:30 p.m.), and **Weekend** (mid-day). |
| DATE AND DAY OF OBSERVATION | TIME OF OBSERVATION | DESCRIBE OBSERVATIONS | SIGNATURE OF OBSERVER |
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| Did you screen for local childcare setting and schools? [ ]  Yes [ ]  NoProximity of nearest school:  Proximity of nearest childcare center:   |
| **To the best of my knowledge, the above site location is an appropriate location for the listed participant given their identified risk factors** |
| SUBMITTED TO ADMINISTRATOR BY (IF NOT PREPARED BY ADMINISTRATOR): | DATE |
| APPROVED BY (RESIDENTIAL AGENCY ADMINISTRATOR): | DATE |