



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Residential Site Approval Request

Does anyone in this house have sexually violent and/or predatory behaviors?
 Yes No

PARTICIPANT NAME(S) _____

AGENCY NAME _____

ADDRESS OF PROPOSED / CURRENT SITE _____

Site reviews will be conducted in accordance with DDA Policy 15.04, Standards for Community Protection Residential Services. Specific participant offense patterns should be considered when determining appropriate program locations. It may be necessary to identify the following: presence of minors and vulnerable adults residing in the immediate vicinity; site proximity to schools, childcare centers, churches, playgrounds, recreation / activity fields, and other similar settings where children / youth may play or congregate; and the nearest police and fire departments. From the interior of the house, note what is visible outside, including bedrooms. It is important to conduct site observations at different times and different days of the week. Attach additional information if necessary.

Check purpose of this review below.

- New proposed site Change in neighborhood Change in housemate configuration
 Other (specify): _____

	DATE AND DAY OF OBSERVATION	TIME OF OBSERVATION	DESCRIBE OBSERVATIONS	SIGNATURE OF OBSERVER
Daytime (Weekday, between 7:30 am – 9 am)				
Evening (Weekday, between 2:30 pm – 5 pm)				
Weekend (Mid day)				

Distance to nearest school: _____ Distance to nearest childcare center: _____

List modifications required, other than security alarm (if any): _____

Has this site been approved in the past for CPP participants? Yes No If yes, date: _____

To the best of my knowledge, the above site location is an appropriate location for this participant, and the residence is located a safe and reasonable distance from schools, childcare centers, and other areas where minors may congregate.

SUBMITTED BY: _____ DATE _____

For DDA Office Use Only

DDA CASE RESOURCE MANAGER DATE(S) AND TIME(S) OF SITE REVIEW(S)

DESCRIBE OBSERVATIONS

Did Case Resource Manager contact DCYF regarding childcare providers to determine presence in the area?

Yes No Not applicable

APPROVED IF DENIED, REASON:

Yes No

DDA CASE RESOURCE MANAGER'S SIGNATURE

DATE

APPROVED REGIONAL ADMINISTRATOR'S SIGNATURE

Yes No

DATE