

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					
environmental modifications. Attach add		MITIGATION PLAN			
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		

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		
Did you screen for local childcare setting and schools? Yes No					
Proximity of neare	st school:	Proximity of nearest childcare ce	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		