

RESIDENTIAL FACILITY QUESTIONNAIRE

Applicant's Name: _____

Date: _____

SECTION I

Location Addresses	Number of Beds	Type of Facility (i.e. youth residential treatment, group home for DD/MR, drug/alcohol rehab, etc.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Please provide a copy of your written admission criteria

SECTION II

(a.) Please complete the following section for facilities serving adults.

Please indicate the number of clients in each of the following categories, by location	Locations							
	1	2	3	4	5	6	7	8
8. Physically Challenged								
a.) Mildly to moderately challenged								
b.) Severely / profoundly challenged								
9. Mentally Challenged								
a.) Mildly to moderately challenged								
b.) Severely / profoundly challenged								
10. Intermediate Care Facility								
a.) Developmentally Disabled / Mentally Retarded								
b.) Elderly								
c.) Other (please describe)								
11. Drug / Alcohol Rehabilitation								
12. Senior Citizens								
a.) Independent Living Only								
b.) Assisted Living								
c.) Other (please describe)								
13. Non-ambulatory								
Number of non-ambulatory on 1 st floor								

Mailing Address: P.O. Box 948, Minneapolis, MN 55440-0948

Street Address: 222 South Ninth Street, Suite 2700, Minneapolis, MN 55402-3365

(b). Please complete the following section for facilities serving youthful clients

Please indicate the number of clients in each of the following categories, by location	Locations							
	1	2	3	4	5	6	7	8
14. Orphans								
15. Abused / Neglected								
16. Juvenile Delinquent / Adjudicated								
17. Psychiatric clients								
18. Drug / Alcohol Rehabilitation								
19. Runaways								
20. Mentally Challenged								
a.) Mildly to moderately challenged								
b.) Severely to profoundly challenged								
21. Physically Challenged								
a.) Mildly to moderately challenged								
b.) Severely to profoundly challenged								
22. Non-ambulatory								
Number of non-ambulatory on 1 st Floor								

SECTION III

Questions for all facilities	
23. Are secured detention services provided? If yes, indicate at which buildings/locations and number of beds:	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Do you provide residential services: a.) As an alternative to incarceration? b.) For offenders being released from jail / prison?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Are bed checks done? If yes, how often? Are bed checks scheduled or unscheduled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Is more than one staff member on duty at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. How is staff-to-client contact monitored?	
28. How is overnight staff monitored?	
29. Are security cameras used to monitor operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION IV

Physical characteristics of buildings at each location:

	Locations							
	1	2	3	4	5	6	7	8
30. Year built/age								
31. Number of stories								
32. Automatic fire sprinklers <i>(Yes or No)</i>								
33. What % of building has fire sprinklers?								
34. Is smoking permitted in sleeping room? <i>(Yes or No)</i> <i>If yes, do you have smoke/heat detectors in sleeping rooms? (Yes or No)</i>								
35. Smoke/heat detectors in hallways and commons area? <i>(Yes or No)</i> <i>If yes, are detectors wired to a central (reporting) station? (Yes or No)</i>								
36. If over 3 stories, are there fire doors on each landing? <i>(Yes or No)</i> If no, please explain: If yes, are these doors equipped with self-closing devices? <i>(Yes or No)</i>								
37. If building is over 30 years old, has the electrical system been updated? <i>(Yes or No)</i> When?								
38. Number of fire escapes (total)								
39. Number of exits (total)								
40. Do you have a written emergency evacuation plan? <i>(Yes or No)</i> Are emergency procedures and floor plan posted? <i>(Yes or No)</i> Have you established a central meeting place outside the building? <i>(Yes or No)</i> How often do you have evacuation drills?								
41. Is building inspected by Fire Department or another outside inspection company? <i>(Yes or No)</i>								