

### CFSD FACILITY PROFILE CHECKLIST

New 6/13 (Completed bi-annually to coincide with Legislative sessions or at the request of CFSD to update program information and/or changes)

<b>ALWAYS COMPLETE THIS SECTION</b>	
DATE FORM COMPLETED:	
*FACILITY NAME:	
*FACILITY ADDRESS/PHONE/FAX:	
*FACILITY DIRECTOR/PHONE/FAX:	
*FACILITY CONTACT FOR REFERRALS/PHONE/FAX:	
NAME OF CORPORATION (IF DIFFERENT FROM FACILITY):	
ADDRESS OF CORPORATION (IF DIFFERENT FROM FACILITY)	
EXECUTIVE DIRECTOR OF CORPORATION:	
PERSON COMPLETING CHECKLIST :	
PHONE/FAX/E-MAIL:	
CURRENT LIST OF BOARD OF DIRECTORS:	
	*(If more than one facility list each facilities name/address/phone/fax)

**ONLY COMPLETE TABLE BELOW IF INFORMATION OR POLICY HAS CHANGED SINCE LAST SUBMISSION OF FACILITY PROFILE OR CHECKLIST.**

If a change has occurred please describe the change and electronically include the NEW or REVISED section of your Policy and Procedure Manual.

<input type="checkbox"/>	FLOORPLAN
<input type="checkbox"/>	TYPE OF FACILITY (Current)
	<input type="checkbox"/> TYGH
	<input type="checkbox"/> TYFC
	<input type="checkbox"/> YGH
	<input type="checkbox"/> YSH
	<input type="checkbox"/> GH/SH
<input type="checkbox"/>	TARGET POPULATION
	<input type="checkbox"/> AGE RANGE (YOUNGEST TO OLDEST)
	<input type="checkbox"/> QAD Licensed capacity
	<input type="checkbox"/> MINIMUM IQ ACCEPTED
	<b>CHARACTERISTICS OF YOUTH SERVED</b>
	<p><b>CFSD recognizes that facilities have limitations with regard to the ability to serve particular populations of youth, which often revolves around the severity of youth’s issues or behaviors.</b></p> <p>If a change has occurred in type of youth accepted indicate the <b>EXACT location</b> in the section of your policy and procedure manual where the requested information can be found or provide a brief explanation or provide new Policy section.</p>

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	(Language in P& P Manual must accurately reflect ARM.)
<input type="checkbox"/>	FETAL ALCOHOL SYNDROME
<input type="checkbox"/>	MEDICAL CONDITION OR PHYSICAL DISABILITY
<input type="checkbox"/>	PREGNANCY (LATEST TRIMESTER ACCEPTED)
<input type="checkbox"/>	TEEN PARENT AND CHILD
<input type="checkbox"/>	RUNAWAY <input type="checkbox"/> Isolated Incidents <input type="checkbox"/> Chronic runaway history
<input type="checkbox"/>	PHYSICAL AGGRESSION ISSUES <input type="checkbox"/> History of destruction of property <input type="checkbox"/> History of verbal assault or threat <input type="checkbox"/> History of assault towards animals <input type="checkbox"/> History of assault towards persons <input type="checkbox"/> History of homicidal ideation <input type="checkbox"/> History of homicidal acts
<input type="checkbox"/>	SEXUALLY REACTIVE
<input type="checkbox"/>	SEXUAL OFFENDER ISSUES <input type="checkbox"/> Incomplete evaluation <input type="checkbox"/> No sex offender treatment history <input type="checkbox"/> Currently in sex offender treatment <input type="checkbox"/> Completed sex offender treatment <input type="checkbox"/> Incomplete sex offender treatment <input type="checkbox"/> Unsuccessful discharge from sex offender treatment
<input type="checkbox"/>	SUBSTANCE USE/ABUSE/DEPENDENCY <input type="checkbox"/> History of use, not evaluated <input type="checkbox"/> Identified as needing outpatient treatment <input type="checkbox"/> Identified as needing Inpatient treatment <input type="checkbox"/> Completed treatment <input type="checkbox"/> Incomplete treatment <input type="checkbox"/> Unsuccessful discharge from treatment
<input type="checkbox"/>	SUICIDAL <input type="checkbox"/> History of suicidal ideation <input type="checkbox"/> Past attempts- more than one year ago <input type="checkbox"/> Recent attempts – within the last year <input type="checkbox"/> History of self-abuse/self-mutilation
<input type="checkbox"/>	FIRE SETTING <input type="checkbox"/> Act that was not committed for the purpose of causing harm or property damage <input type="checkbox"/> Deliberate act to cause harm or property damage
<input type="checkbox"/>	COURT STATUS <input type="checkbox"/> Adjudicated youth in need of care <input type="checkbox"/> Adjudicated youth in need of Intervention <input type="checkbox"/> Delinquent Youth <input type="checkbox"/> Criminally Convicted Youth <input type="checkbox"/> Other (Parental Agreements, Consent Decrees, Emergency Placements)

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<input type="checkbox"/>	<p>DOES THE FACILITY ACCEPT YOUTH PLACED PRIVATELY BY PARENTS?  <input type="checkbox"/> YES <input type="checkbox"/> NO          If yes, are admission requirements different for private referrals? <input type="checkbox"/> YES <input type="checkbox"/> NO          If yes, explanation is required.</p>
<input type="checkbox"/>	<p>DOES THE FACILITY ACCEPT YOUTH FROM OUT OF STATE? (ICPC laws apply)  <input type="checkbox"/> YES <input type="checkbox"/> NO          If yes, are admission requirements different for out of state referrals?  <input type="checkbox"/> YES <input type="checkbox"/> NO          If yes, explanation is required</p>
<input type="checkbox"/>	<p>DOES THE FACILITY SERVE ANY OTHER YOUTH AS A RESULT OF THE PROGRAM'S PROVISION OF SERVICES THROUGH ANOTHER PROGRAM/GRANT (E.G. RUNAWAY ACT, ETC)? <input type="checkbox"/> YES <input type="checkbox"/> NO          If YES explain</p>
	<p><b>CHARACTERISTICS OF FACILITY PROGRAMS, SERVICES AND RESOURCES</b>          (Check and explain ONLY if different from last Facility Profile submitted)</p>
<input type="checkbox"/>	TREATMENT PHILOSOPHY AND SERVICES. Explain
<input type="checkbox"/>	STAFF TRAINING. Explain
<input type="checkbox"/>	RELIGIOUS/CULTURAL NEEDS MET. Explain
<input type="checkbox"/>	HOUSE RULES. Explain
	<p><b>ADDITIONAL PROGRAMMING-Describe if provided.</b>          (Check and explain ONLY if different from last Facility Profile submitted)</p>
<input type="checkbox"/>	ON SITE SCHOOL OR DAY TREATMENT PROGRAM. Explain
<input type="checkbox"/>	ADDITIONAL ACADEMIC SUPPORT SERVICES. Explain
<input type="checkbox"/>	UNIQUE PHYSICAL OR NON-PHYSICAL RECREATIONAL RESOURCES. Explain
<input type="checkbox"/>	SPECIAL PROGRAMMING FOR SUMMER/HOLIDAYS. Explain
<input type="checkbox"/>	INDEPENDENT LIVING PROGRAMMING. Explain
<input type="checkbox"/>	FOLLOW UP AFTER DISCHARGE. Explain
	<b>OVERALL COMMENTS:</b>