



Facility Requirements

This checklist is for the development of a program/facility in California, but may contain information that can help you develop your program.

Name:
Address of Facility:

Provider Name and Address:

Phone Number:
Fax Number:
Internet/E-Mail:
Other Names/Contact Numbers:

<p>Facility Requirements:</p> <p><input type="checkbox"/> Adult Residential Facility - OO (905)</p> <p><input type="checkbox"/> Adult Residential Facility – SO (915)</p> <p><input type="checkbox"/> Children Residential Facility -OO (910)</p> <p><input type="checkbox"/> Children Residential Facility– SO (920)</p> <p><input type="checkbox"/> CCL Orientation _____ (Date)</p> <p><input type="checkbox"/> CCL Administrator Certification _____ (Date)</p> <p><input type="checkbox"/> Regional Center RSO _____ (Date)</p> <p><input type="checkbox"/> First Aid _____ (Date)</p> <p><input type="checkbox"/> CPR _____ (Date)</p> <p><input type="checkbox"/> HIV training _____ (Date)</p> <p><input type="checkbox"/> TB training _____ (Date)</p> <p><input type="checkbox"/> Health Screening _____ (Date)</p> <p><input type="checkbox"/> Fingerprinting _____ (Date)</p> <p><input type="checkbox"/> CPI or Pro Act (Level 4 facilities) _____ (Date)</p>	<p>Setting Type:</p> <p><input type="checkbox"/> Residential Setting</p> <p><input type="checkbox"/> 300 foot rule:</p> <p>Funding Source:</p> <p><input type="checkbox"/> Medi-Cal (primary source)</p> <p><input type="checkbox"/> Regional Center (primary source)</p> <p><input type="checkbox"/> Dept. of Rehabilitation Funding</p> <p><input type="checkbox"/> Regional Center (secondary funding)</p> <p><input type="checkbox"/> Other: SSI</p>	<p>Staff to program participant ratio:</p> <p><input type="checkbox"/> 1:8 <input type="checkbox"/> 1:7 <input type="checkbox"/> 1:6 <input type="checkbox"/> 1:4</p> <p><input type="checkbox"/> 1:3 <input type="checkbox"/> other:</p> <p>Residential Service Level:</p> <p><input type="checkbox"/> L1 <input type="checkbox"/> L2</p> <p><input type="checkbox"/> L3 <input type="checkbox"/> L4</p> <p>_____</p> <p>Licensed/Reg Ctr. Vended Capacity</p> <p>Male/Female</p> <p>Current # of participants</p> <p>Age Group Served</p>
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City Planner Contact Name, Address and Phone Number:

Fire Marshall Contact Name, Address and Phone Number:

For the development of a residential facility an Administrator must have the following experience:

Knowledge in the implementation of specialized services to clients with developmental disability.

Service Level 2	6 months of paid working experience
Service Level 3	9 months of paid working experience
Service Level 4	12 months of paid working experience

Contact the Regional Center Resource Developer of your area to ensure that you will meet the required experience. Also ask the following questions:

1. What is the vendored/licensed capacity of your area?
2. What areas are recommended for my development?
3. What cities should I avoid?
4. Are there any special considerations when choosing a house? (no two story, etc.)
5. In your needs assessment, what programs are needed for your area?
6. Are there any Board Resolutions or Best Practices that I must be aware of for my development?

