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## STRENGTHENING THE VOICES OF CASA STATEWIDE

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### FACILITY INFORMATION

Name of facility:

Date of site visit:

Facility email:

Address:

City:

State:

Zip code:

Phone number:

Fax number:

Director and/or contact person:

Does this site provide an emergency shelter? Yes  No

If yes, what is the maximum number of days the child(ren) can stay at shelter?

Can they get an extension to stay longer? Yes  No

Does this site have a Residential Treatment Center? Yes  No

Does this site have a lock-down unit? Yes  No

Does this site have a foster care program? Yes  No

Does this site have accommodations for Independent Living? Yes  No

If yes, please provide the maximum age for Independent Living and a description of the accommodations.

Does the program have access to Independent Living skills for older youth? Yes  No

Level of care this site accommodates: Basic  Moderate  Specialized  Intensive

Please identify any restrictions that would exclude certain populations of children:

Counties majority of children, placed at the facility, are from:

Age range of children placed at this facility:

Total number of children currently in each residence:

Total number of children that can legally reside at each residence:

Number of residences at this site:

Does the site have 24/7 supervision? Yes  No  House parents? Yes  No

Please provide details:

Are the rapists available on site? Yes  No

Location of school:

Restrictions on a child's personal possessions:

Restrictions on contact/visitation:

How are phone calls and visits scheduled?

History of incidents:

Number of incidents in the past year:

Type of incidents in the past year:

Number of incidents in the past two years:

Type of incidents in the past two years:

Please attach the following documents if available:

- General daily schedule
- Discipline policies
- Photo(s) of the facility (if allowed)