

DMHA Recovery Residence Site Inspection Form

DATE: _____

Time In: _____ **Time Out:** _____

Recovery Residence Name: _____

Address: _____

Recovery Residence Person Present: _____

DMHA Residential Reviewers: _____

New Certification: _____ Recertification: _____ Move: _____

Housing Level – Level 2: _____ Level 3: _____ Level 4: _____

MATS Accepted – None: _____ Methadone: _____ Suboxone: _____ Vivitrol: _____ Other: _____

Kitchen & Dining Area

Stove: _____ Oven: _____ Refrigerator: _____ Freezer: _____

Dry Storage/Pantry Space: _____ Table/Chairs/Dining Area: _____ Available
cookware/dishes/flatware: _____

Fire Extinguisher(s): _____ Functioning/Date of last check? _____

Extinguisher(s) is marked with signage or in plain sight? _____

Smoke Detector in/near kitchen: _____ Extra Batteries: _____

If any appliance is gas-run, functioning carbon monoxide detector: _____

Does each resident have their own food storage space? _____

All appliances are in working order: _____

Kitchen/dining space large enough accommodate communal meal(s)? _____

Evidence that residents are involved with food prep: _____

Additional Notes: (Cleanliness of kitchen space)

Common Spaces (Living room, rec room, basement, etc.)

Space is large enough to reasonably accommodate community living and meetings: _____

Furnishings are typical of those found in single family homes/apartments (not institutional like):

Furnishings are in good condition: _____

Group areas have seating for informal socializing, and it looks comfortable and promotes social engagement: _____

All residents have access to common areas of the home: _____

Interior is in functional, safe, and clean condition and free of fire hazards: _____

Entrances/exits are home-like (e.g., residents have their own key or code to enter and leave):

Exit signs are posted above all exits: _____

Additional Notes: (Cleanliness of common spaces)

Exterior/Outdoor Living Space(s)

The property and the structure are consistently maintained YES____ NO____

Exterior of the property is in a functional, safe and clean condition and free of fire hazards
YES____ NO ____

Exterior furniture is intended for outdoor use only/is not interior-type furniture YES ____ NO ____

Smoke-free living environment policy and/or designated smoking area outside of the residence
YES____ NO____

Parking courtesy rules where street parking is scarce, or setting does not have own
driveway/parking lot YES____ NO____

If recovery residence is in a residential neighborhood, there are no external indications that the property is anything other than a single-family household typical of the neighborhood

YES _____ NO _____

Additional Notes: (Cleanliness of outdoor spaces)

Bedrooms

#1 Bedroom – Bed Total: _____ Hanging space of 2ft for each person: _____
2-4 drawers (equaling approx. 36 inches) for each person: _____ Smoke detector: _____

Evacuation Safety Map posted on/by door: _____

#2 Bedroom – Bed Total: _____ Hanging space of 2ft for each person: _____

2-4 drawer (equaling approx. 36 inches) for each person: _____ Smoke detector: _____

Evacuation Safety Map posted on/by door: _____

#3 Bedroom – Bed Total: _____ Hanging space of 2ft for each person: _____

2-4 drawers (equaling approx. 36 inches) for each person: _____ Smoke detector: _____

Evacuation Safety map posted on/by door: _____

#4 Bedroom – Bed Total: _____ Hanging space of 2ft for each person: _____

2-4 drawer (equaling approx. 36 inches) for each person: _____ Smoke detector: _____

Evacuation Safety map posted on/by door: _____

#5 Bedroom – Bed Total: _____ Hanging space of 2ft for each person: _____

2-4 drawer (equaling approx. 36 inches) for each person: _____ Smoke detector: _____

Evacuation Safety map posted on/by door: _____

Grievance policy: _____ Weekly activity schedule: _____ Community/residence meetings held weekly: _____

Household chores list/schedule: _____ Emergency numbers: _____

Emergency procedures (protocol for overdose): _____ NARCAN & Instructions: _____

Community Resources: _____ Paid Work Arrangements: _____

Resident's Rights & Requirements: _____

Accounting – System produces clear statements of financial dealings: _____ Reasonable time frames for statements: _____ Accurate recording of charges/payments: _____

3rd party payments are noted: _____

Evidence residents share in household expenses: _____

Staff files – Training/certification for cultural responsiveness and competence: _____

Evidence of ongoing performance development appropriate to staff roles and residence level: _____

Evidence that management/supervisory staff acknowledge staff achievements and professional development: _____

Resident files – Signed/dated Statement of Understanding of Rights and Requirements for each resident: _____ Emergency contact information: _____

Documentation that resident's are encourage to do at least one: work/school/volunteer (Lvl 2 + 3)_____, participate in mutual aid/caregiving_____, participate in social/physical/creative activities_____, participate in daily/weekly community activities_____, participate in daily/weekly programming (Lvl 3+4)_____

Evidence that residents help develop and participate in individualized recovery planning with exit plan/strategy: _____

Housing Files – Documentation of annual inspections/maintenance for smoke & carbon monoxide detectors and fire extinguishers: _____

Evidence that fire/emergency drills taken place regularly with supporting documentation: _____

Additional Notes:
