



QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) DESIGNATION ATTESTATION

State Form 53038 (1-22)

The Department of Child Services Residential Licensing Unit:

1. Completes this form to confirm the designation of an agency as a QRTP pursuant to DCS Policy 17.03 Verification of QRTP Designation or an appropriately exempt non-QRTP program;
2. Provides the completed form to the agency as documentation of the designation; and
3. Maintains the completed form in the Residential Licensing file.

TYPE OF DESIGNATION: <input type="checkbox"/> INITIAL QRTP <input type="checkbox"/> ONGOING QRTP <input type="checkbox"/> EXEMPT PROGRAM (Non-QRTP)			
Agency name	License number	License begin date	License end date
TYPE OF LICENSE: <input type="checkbox"/> Child Caring Institution (CCI) <input type="checkbox"/> Group Home (GH) <input type="checkbox"/> Private Secure Facility (PSF)			
Agency address		City	
State	ZIP code	County	
Name of treatment program	Facility administrator	Title	

A review of the following QRTP requirements was conducted and verified the Treatment Program:

- Has a defined trauma-informed treatment model that is evidenced-based and designed to address the needs of children with serious emotional or behavioral disorders or disturbances, including clinical needs as appropriate;
- Has policies that reflect the defined trauma-informed, evidenced-based treatment model;
- Has demonstrated the implementation of policies and the evidenced-based treatment model in the treatment of the youth;
- Is able to implement the treatment identified for the child by the assessment of the child;
- Has registered or licensed nursing staff according to the identified, evidenced-based treatment model;
- Has licensed clinical staff according to the identified evidenced-based treatment model;
- Provides clinical care and treatment within the scope of their practice as defined by State law;
- Provides care on-site according to the evidenced-based treatment model referred to above;
- Provides care 24 hours a day, 7 days a week;
- Documentation, practices, and policies support the facilitation and participation of family members in the child's treatment program, to the extent appropriate, and in accordance with the child's best interests;
- Facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for all known biological family members and fictive kin of the child;
- Provides discharge planning and family-based aftercare support for at least six (6) months post-discharge based on Department of Child Services (DCS) Standard Aftercare Definition and Service Description;
- Has an active CCI, PSF, or GH license by the state of Indiana

The Treatment Program is accredited by any of the following independent, not-for-profit organizations:

- The Commission on Accreditation of Rehabilitation Facilities (CARF);
- The Joint Commission on Accreditation of Healthcare Organizations (TJC);
- The Council on Accreditation (COA);
- Educational Assessment Guidelines Leading toward Excellence (EAGLE);
- Teaching Family Association; and/or
- Any other independent, not-for-profit accrediting organization approved by the Secretary. Name of organization:

Designation outcome:

- The Treatment Program was found to have met all applicable QRTP requirements on:
- The Treatment Program was found to have met criteria as an exempt program on:

Exemption granted due to: Pregnant / Parenting Youth Victims of Trafficking Supervised Independent Living 18+

SIGNATURES		
Residential Licensing Specialist signature	Printed name	Date
Residential Licensing Unit Manager signature	Printed name	Date