

## Agencies Providing Residential Supports for Individuals with DD Butler County, Ohio

**Directory Information:**

Agency Name: ResCare Ohio (ALS/HOO, Camelot Lake, Sonny Spot and Sonny Spot Too)  
 Local Address: 5059 Camelot Drive  
 City, State, Zip: Fairfield, OH 45014  
 Telephone: 513.858.4550  
 Web address: www.rescare.com  
 Fax: 513.858.4555  
 Local Director: Shayla McKinney Becze, Tammy Stalgren, Milly Schwegman  
 Email: smmckinney@rescare.com, tstalgren@rescare.com, mschwegman@rescare.com  
 Local Agency Intake Name if Different:  
 Office hours: Mon-Fri 8am-5pm

**Staff Supports Provided:****Number of Individuals Served/Program:**

(Check those that apply in Butler Co.)

Services listed are provided in the individual's home unless otherwise specified.

		Current No. Served	Accepting New Referrals	
IO Waiver	<input checked="" type="checkbox"/>	31	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Homemaker/Personal Care				
Level 1 Homemaker/ Homemaker/Personal Care	<input checked="" type="checkbox"/>	11	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Foster Care	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Services	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licensed Group Home (4-6 people)	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ICF/MR	<input checked="" type="checkbox"/>	33	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Planned Respite Care	<input checked="" type="checkbox"/>	1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Emergency Respite Care	<input checked="" type="checkbox"/>	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Leisure/Recreation	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation	<input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	# of Bldgs.	# Individuals Per building	# Served	Capacity
Licensed Group Home	_____	_____	_____	_____
Licensed ICF/MR			33	36

TOTAL SERVED

33

36

Planned Respite Care Capacity: \_\_\_\_\_

Emergency Respite Care Capacity: \_\_\_\_\_

Day Habilitation/Supported Employment Yes  No **Refer Butler County DD Adult Services link for more information.****Main Office Information** (if applicable)

Address: City, State, Zip: Telephone: Chief Executive Officer Office hours:	5059 Camelot Drive Fairfield, Ohio 45014 513.858.4550 Shayla McKinney Becze 8am-5pm
---	---

<p><b>Counties/States Served by Agency:</b>  <u>County/City/State</u>      <u>No. Served</u></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">         Butler-144          Hamilton/Cincinnati- 56          Clermont/Batavia- 36       </div> <p><b>History:</b>          Total years providing services: since 1974          Years providing service in Butler Co.: 15+</p>	<p><b>Agency Type:</b></p> Ownership: Private Proprietary <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>  Profit <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/>
<p>(if Private Proprietary or Partnership)          Owner Name(s):</p>	

**Experienced in providing services to individuals with: (Check those that apply)**

Autistic Behavior	<input checked="" type="checkbox"/>	Behavioral Challenges	<input type="checkbox"/>
Brain Injury	<input checked="" type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Children	<input type="checkbox"/>	Medically Fragile	<input checked="" type="checkbox"/>
Hearing Impairment	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Mental Retardation	<input checked="" type="checkbox"/>	Physical Impairment	<input checked="" type="checkbox"/>
Seniors	<input type="checkbox"/>	Visual Impairment	<input checked="" type="checkbox"/>
Developmental Disability	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

**Direct Service Staff Information: (Butler County Staff only)**  
 Educational / Experience Requirements for Direct Service Staff: High School diploma/GED, Valid DL

Description of Agency Orientation: 2 week orientation process

Do Direct Service staff drive?    Yes    No  
 If YES, what are the driving requirements? As needed to meet the needs of the ind

Are they covered under the agency auto policy?    Yes    No

Standard requirements for all Direct Service Staff:  
 18 or older, BCII background check, Nurse Aid Registry check,  
 Abuser Registry Check, HS Diploma, SS Card, 8 hours of pre-service  
 training

Average In-service Training Hours Per Year: 24

Number of Direct Service Staff (Full-time equivalents): 300

Staff Length of Service:	Years	No. of Staff
	0 – 1 yrs	_____
	1 – 3 yrs	_____
	3 – 5 yrs	_____
	5 + yrs	_____

Number of terminations per year  
 ----- X 100  
 Average number of employees

Average Turnover per Year: \_\_\_\_\_

Pay Range: \$8 SL, \$9.25 Camelot/Sonny S

Benefits Offered: Medical/Dental/Vision Insurance, 401K, short/long term Disability

**Describe Supervisory/Administrative Structure:** (Butler County Staff Only)

Describe Additional Educational / Experience/Training Requirements for Frontline Supervisory Staff:

Bachelor Degree preferred

Average In-service Training Hours Per Year: 40+

Average Number of Sites Supervised: Depending on programs

Average Number of Individuals Served: Depending on programs

Ratio of Frontline Supervisory Staff to Frontline Staff: Depending on Programs

Average Length of Service: 1-20

Average Turnover per Year: Depending on Programs

**Service Recipient References:**

Name:  
Address:  
City, State, Zip:  
Telephone:

Name:  
Address:  
City, State, Zip:  
Telephone:

**Other:**  
Name:  
Address:  
City, State, Zip:  
Telephone:

**Family/Guardian/Advocate References:**

Name  
Address:  
City, State, Zip:  
Telephone:

Name:  
Address:  
City, State, Zip:  
Telephone:

**Other:**  
Name:  
Address:  
City, State, Zip:  
Telephone:

**Additional Information About the Agency:**

Agency Mission/Philosophy:

Respect and Care

Supervision/Support Provided to Direct Service Staff:

Accreditation/Licensure Status: (if applicable)

Internal System for Quality Assurance:

System for Accounting and Auditing Individual Finances:

Additional Agency Information:

**Agency is certified by DODD as:**

- Supported Living provider
- Individual Options Waiver Services provider
- Level 1 Waiver
- Transportation provider for Supported living
- Other (specify):

**For additional information, please visit our agency website at:**

www.rescare.com