

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Overnight Planned Respite Services (OPRS)
Certification Evaluation

PROVIDER'S NAME	CONTRACT NUMBER	CONTRACT END DATE
MAILING ADDRESS		
PROVIDER EMAIL ADDRESS	PROVIDER PHONE NUMBER	
EVALUATION LENGTH RECOMMENDATION BY PROGRAM MANAGER (24 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE UNIT MANAGER	
CERTIFICATION EVALUATION DATES to	NEXT REVIEW DATE (FILLED OUT BY UNIT MANAGER)	

The Evaluator confirms, by signing below, that he/she does not have any interest and/or obligation in the above stated OPRS program.

EVALUATOR'S SIGNATURE	DATE	PRINTED NAME
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Participants

OPRS PROVIDER'S NAME	PROVIDER QUALITY ASSURANCE SPECIALIST'S NAME	RESPITE COORDINATOR'S NAME
OTHER NAME AND ROLE	OTHER NAME AND ROLE	OTHER NAME AND ROLE
OTHER NAME AND ROLE	OTHER NAME AND ROLE	OTHER NAME AND ROLE

Section A. Provider Qualifications and Responsibilities					
Standards		Program Compliance			
1. The provider has a current signed contract to provide overnight planned respite. WAC 388-829R-025 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provider and their employees meet each of the following minimum qualifications: WAC 388-829R-060		YES	NO	P	N/A
a. Have a high school diploma or GED equivalent, unless hired before September 1, 1991;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is at least 18 or older; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have a clear understanding of job responsibilities, person-centered service plans, and overnight planned respite services individualized agreements.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES					
3. Provider has followed all background check rules and procedures described in WAC 388-829R , which includes:		YES	NO	P	N/A
a. Ensuring all employees, administrators, owners, direct support professionals, volunteers, and any other employees who may have unsupervised access to a DDA client have a non-disqualifying background check at least every two years; WAC 388-829R-030		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ensuring fingerprint based check done for initial hires after January 1, 2016; WAC 388-825-615		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ensuring no staff with a disqualifying background check works in a capacity that may involve unsupervised access to clients; WAC 388-825-650		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ensuring a documented character, competence, and suitability review is on file for any staff with a non-disqualifying crime or negative action; and WAC 388-825-650		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Verifying any provisional hire meets the conditions described under: WAC 388-825-675 to 690 . DDA Policy 5.01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES					
4. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements:		YES	NO	P	N/A
a. 75 hours certificate or exempt from this requirements; WAC 388-829-0030 through 388-829-0045		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 12 hours of Continuing Education per year (non-credentialed by the end of the calendar year, DOH-required CE by their date of birth); WAC 388-829-0085		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>(vi) What the service provider will do in the event they become aware a client is no longer safe to take their own medications. WAC 388-829R-070</p> <p>EVALUATOR COMMENTS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
<p>CORRECTIVE ACTION PLAN / TIMELINES</p>																	
<p>7. The provider:</p> <p>a. Has trained employees on its policies and procedures;</p> <p>b. Maintains current written policies and procedures; and</p> <p>c. Makes them available upon request to all employees, clients, primary caregivers, client legal representatives, and DDA. WAC 388-829R-070</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>											
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<p>CORRECTIVE ACTION PLAN / TIMELINES</p>																	
<p>8. The provider has trained all direct support professionals on client's overnight planned respite services individualized agreement before working alone with the client as verified by a signature on the agreement. WAC 388-829R-065</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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<p>CORRECTIVE ACTION PLAN / TIMELINES</p>																	
<p>9. Provider or direct support professionals transporting clients have proof of automobile insurance as required by law and staff providing transportation have a valid driver's license. WAC 388-829R-090</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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<p>CORRECTIVE ACTION PLAN / TIMELINES</p>																	

Section B. Client Services					
Standards		Program Compliance			
1. The provider ensures transportation needs are met during the respite stay as identified in the overnight planned respite services individualized agreement. WAC 388-829R-085 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provider maintains the following when participating in nurse delegation:		YES	NO	P	N/A
a. Written instructions for performing the delegated task from the delegating RN;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Documentation of validation of nursing assistant registrations or certifications;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A consent is in place, signed by the client, or legal representatives; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Verification of nurse delegation training for staff. WAC 388-829R-135 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The provider:		YES	NO	P	N/A
a. Serves no more than one unrelated client at a time in each respite residence; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provides services in a residence maintained and furnished by the provider. WAC 388-829R-140 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Records and Reports					
Standards		Program Compliance			
		YES	NO	P	N/A
<p>1. The provider:</p> <p>a. Completes an overnight planned respite services individualized agreement with the client's primary caregiver and legal representative if the client has one at least three days before the state date for respite services which:</p> <p>(i) Outlines supports and services that may be provided during the respite stay; and</p> <p>(ii) Is signed by the client, or the legal representative, if the client has one, and the client's primary caregiver before the client's start date for respite services. An email approval is acceptable if the provider is unable to obtain a signature.</p> <p>(iii) Is sent to DDA before the start date for respite services. WAC 388-829R-020, WAC 388-829R-075</p> <p>b. Provides supports and services as outlined in the overnight planned respite services agreement; WAC 388-829R-020</p> <p>c. Provides adequate staff to administer the program and meet the needs of clients; and WAC 388-829R-020</p> <p>d. Ensures clients have access to employees or the means to contact employees at all times. WAC 388-829R-020</p>					
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
<p>2. All record entries:</p> <p>a. Are made at the time of or immediately following the event; WAC 388-829R-150</p> <p>b. Maintain both the original and corrected entries when an error in the record is made; WAC 388-829R-150</p> <p>c. Legible, in ink, signed and dated; and WAC 388-829R-150</p> <p>d. Electronic entries identify the date entry was made and the person making the entry by a unique user ID. WAC 388-829R-150</p>					
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
<p>3. The provider maintains the following records for each client and has available for an evaluation: WAC 388-829R-170</p> <p>a. Client's name and address;</p> <p>b. Name, address, and telephone number of the client's primary caregiver and legal representative if they have one;</p> <p>c. A copy of the most recent Person Centered Service Plan;</p> <p>d. A copy of the overnight planned respite services individualized agreement;</p> <p>e. Direct support professional time sheets specific to locations worked;</p> <p>f. Payment records;</p>					

g. Direct support professional training records;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h. Progress notes;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. Incident reports;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j. A list of personal property upon arrival and departure;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k. A record of money or gift cards managed by the respite provider on behalf of the client during the respite stay as indicated in the overnight planned respite services individualized agreement; and	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l. Medication documentation, including a medication intake form and medication administration records, if applicable.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	

Section D. Incident Management						
Standards			Program Compliance			
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and the DDA overnight planned respite services coordinator or designee. DDA Policy 6.12 Incident Reporting, WAC 388-829R-180			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
2. The provider additionally reports any allegation of sexual or physical assault to law enforcement immediately, as required per RCW 74.34. <input type="checkbox"/> The provider understands this requirement. DDA Policy 6.12			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
3. Provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting an incident report to DDA. DDA Policy 6.12			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
4. In an emergency, the provider: <ol style="list-style-type: none"> Immediately calls 911 if it is a life-threatening emergency; Provides emergency services; Notifies DDA; Notifies the client's legal representative or backup caregiver; and Submits written report to DDA. WAC 388-829R-165			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Restrictive Procedures					
Standards		Program Compliance			
<p>1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary.</p> <p><input type="checkbox"/> The provider understands this requirement.</p> <p>DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES					
<p>2. An incident report must be submitted to the DDA Case Manager for:</p> <p>a. An injury requiring first aid or medical care that is sustained during implementation of a restrictive procedure or intervention;</p> <p>b. A restrictive procedure is implemented under emergency guidelines; and</p> <p>c. A client's animal or pet is abused or neglected.</p> <p><input type="checkbox"/> The provider understands this requirement.</p> <p>DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES					
<p>3. Provider follows direction described in DDA Policy 5.17, Use of Physical Intervention Techniques, and avoids using any prohibited physical interventions.</p> <p><input type="checkbox"/> The provider understands this requirement.</p> <p>DDA Policy 5.17, DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES					

Section F. Physical and Safety Requirements					
Standards		Program Compliance			
		YES	NO	P	N/A
1. The provider ensures the following physical and safety requirements:					
a. A furnished home environment including a private, furnished bedroom for each respite client; WAC 388-829R-080; 42 CFR Section 441.301(c) (4)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Access to balanced, nutritional food choices that reflect the client's personal preference; WAC 388-829R-080 42 CFR Section 441.301(c) (4)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bedding and towels; WAC 388-829R-080		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Access to laundry facilities; WAC 388-829R-080		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Access to a telephone for local calls; WAC 388-829R-080		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Smoke detectors meet needs of clients' specialized needs, including any vision or hearing loss; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There is a fire extinguisher on each level of the home that is serviced and accessible.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
2. The provider ensures the following as identified in a client's overnight planned respite services individualized agreement:		YES	NO	P	N/A
a. Up to 24 hours support from a direct support professional for each day of the respite stay;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medication assistance under chapter 246-888 WAC and medication administration under WAC 246-840-910 through 246-840-970 as needed, including assistance with medical treatment prescribed by a health professional that does not require registered nurse delegation or professionally licensed services; WAC 388-829R-080		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Instruction and support services; WAC 388-829R-080		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transportation; WAC 388-829R-080		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supports for performing personal hygiene routines and activities of daily living; and WAC 388-829R-080		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Activities within the home and community. WAC 388-829R-080 42 CFR Section 441.301(c) (4)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
3. The provider regulates the water temperature:		YES	NO	P	N/A
a. The water temperature is kept between 105 and 120 degrees Fahrenheit;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The provider checks the water temperature at least every six months; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. The provider documents compliance with this requirement and maintains monitoring records.

[WAC 388-829R-145](#)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES

Section G. Quality Review						
Standards			Program Compliance			
1. The client has a private bathroom and their own bedroom that meets their accessibility needs and includes a door that locks from the inside, unless the client's Person Centered Service Plan indicates that it is unsafe for the client to have a locking door, and with a window suitable for egress. EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The client has sufficient space for personal belongings. EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The provider is knowledgeable about the client's preferences regarding the care provided. EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The provider supports the client to keep in touch with their family and have visitors as preferred by the client. EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The client's individual privacy provided and respected. EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The provider shows respect for the client. EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door). EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>8. The provider ensures client has access to balanced, nutritional food choices that reflect the client's personal preference.</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>9. There is a posting listed the APS number to report suspected abuse / neglect / exploitation.</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>10. Feedback from client feedback surveys is generally positive.</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Additional comments regarding evaluation</p>	